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OVERREPRESENTATION OF PEOPLE WHO IDENTIFY AS LGBTQ+ IN THE CRIMINAL LEGAL SYSTEM

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More information is available at www.SafetyandJusticeChallenge.org.



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INTRODUCTION

Individuals who identify as lesbian, gay, bisexual, transgender, queer, or who hold other marginalized sexual orientation and/or gender identities (LGBTQ+) are overrepresented within the criminal legal system.^[1-4] LGBTQ+ people of color and LGBTQ+ people with disabilities experience even higher rates of criminal legal system involvement than their White LGBTQ+ peers.^[1, 2, 4] This report will review factors contributing to these disparities. Additionally, the report will highlight the work of organizations addressing the needs of LGBTQ+ individuals involved in the criminal legal system and outline recommendations to address overrepresentation.

A Note on Terminology

Defining LGBTQ+ identities is challenging because conceptualizations of sexual orientation and gender identity are constantly evolving at individual and cultural levels. The definitions provided here are intended to clarify how terms are used in this report, yet these definitions do not represent how all individuals conceptualize or use these terms. In addition to the identities represented by the letters of the acronym (see [Key Terms](#)), the + denotes others who hold marginalized sexual orientation and/or gender identities but do not use one of the terms in the acronym. Other members of the broader LGBTQ+ community, including intersex and gender expansive individuals, are also likely overrepresented within the criminal legal system. Even less data is available about individuals who hold these identities. This report uses the acronym LGBTQ+ to match available research, but it is not the author's intention to exclude intersex and gender expansive individuals or other individuals who hold marginalized sexual orientation and/or gender identities. This report uses the term "criminal legal system" to refer broadly to the system of law enforcement that includes surveillance, arrest, prosecution, defense, sentencing, and punishment.

Key Terms:^[5-7]

Sexual orientation: Used to describe patterns of sexual, emotional, and romantic attraction. Dimensions of sexual orientation include attraction, how one self-identifies (i.e., the labels or terms one uses), and behavior (i.e., with whom one engages in sexual or romantic activity). The expression of these dimensions is unique to each individual and can change across the life course.

Gender identity: Used to describe how one self-identifies and conceptualizes gender. Dimensions of gender identity include how one self-identifies, gender expression (i.e., how one chooses to present their gender, including clothing), and body (i.e., the range of decisions one may or may not make to medically affirm one's gender). The expression of these dimensions is unique to each individual and can change across the life course. Gender identity and sexual orientation may overlap yet are distinct concepts. Gender identity and biological sex are also different concepts.

Lesbian: A sexual orientation label often used by individuals who identify as women and are sexually, emotionally, and/or romantically attracted to women.

Gay: A sexual orientation label often used by individuals who are sexually, emotionally, and/or romantically attracted to people of their same gender identity.

Bisexual: A sexual orientation label often used by individuals who are sexually, emotionally, and/or romantically attracted to people of their same gender identity and people of different gender identities than their own.

Transgender: Often used by individuals whose gender identity differs from sex assigned at birth and/or whose gender identity falls outside of the male/female binary.

Gender expansive: Often used by individuals whose gender identity falls outside of the male/female binary. Used interchangeably with the term "gender nonconforming" in this report.

Heterosexual: A sexual orientation label often used by individuals who are sexually, emotionally, and/or romantically attracted to people of different gender identities than their own.

Cisgender: Often used by individuals whose gender identity aligns with sex assigned at birth.

Queer: This term has multiple meanings. It is often used to describe a sexual orientation and/or gender identity that falls outside of heterosexual and/or cisgender norms. It is also used as an umbrella term for the LGBTQ+ community (i.e., "the queer community").

RATES OF CRIMINAL LEGAL SYSTEM INVOLVEMENT

Documenting the number of LGBTQ+ individuals within the criminal legal system is difficult for several reasons. First, evolution of identity terminology makes it difficult to capture broad population estimates of the LGBTQ+ community, regardless of criminal legal involvement.^[8] Secondly, data regarding sexual orientation and gender identity is not uniformly collected by criminal legal system institutions or researchers.^[9] Lastly, even when these data are collected, many LGBTQ+ individuals may not feel comfortable disclosing their identities for fear of discrimination or abuse.

ARREST

Despite difficulties with data collection, emerging data indicate that LGBTQ+ individuals experience high rates of arrest and incarceration.^[10-13] According to an analysis of data from the National Survey on Drug Use and Health, gay, lesbian, and bisexual individuals were 2.25 times as likely to be arrested in the last year when compared to heterosexual individuals.^[10] Furthermore, this analysis found that lesbian and bisexual women were four times more likely to be arrested than straight women. Emerging research suggests that transgender individuals are at heightened risk for arrest and that transgender women of color experience the highest rates of arrest.^[1, 11] Data from the 2015 National Transgender Discrimination Survey (NTDS) assessed arrest just within the last year and found that while 2% of all respondents had been arrested within the last year, 6% of Black transgender women and 6% of Native American transgender women reported at least one arrest.^[1] By comparison, an estimated 3% of the overall U.S. population is arrested each year.^[12] An analysis of data from the National Longitudinal Study of Adolescent Health found that lesbian, gay, and bisexual youth were significantly more likely to be stopped by the police than their heterosexual peers.^[13]

INCARCERATION AND DETENTION

According to a study using data from the National Inmate Survey, the incarceration rate of people who self-identified as lesbian, gay, or bisexual was three times that of the general U. S. population.^[2] Again, lesbian and bisexual women were found to be particularly overrepresented; the survey found that 9.3% of cisgender men in prison and 6.3% of cisgender men in jail identified as sexual minorities, while 42.1% of cisgender women in prison and 35.7% of cisgender women in jail identified as sexual minorities.^[2] Transgender individuals experience particularly high rates of incarceration.^[1, 4, 14] For example, 16% of transgender and gender nonconforming respondents to the 2010 NTDS reported being incarcerated in their lifetime.^[14] However, only 6.6% of the U.S. population is likely to be incarcerated at some point

in their life.^[15] The 2010 NTDS reported particularly high rates of incarceration among transgender people of color, with 47% of Black and 30% of Native American respondents reporting a history of incarceration.^[14] LGBTQ+ youth are particularly overrepresented within the juvenile detention system; a study using data from the second National Survey of Youth in Custody found that 39.4% of girls and 3.2% of boys in juvenile correctional facilities identify as lesbian, gay, or bisexual.^[4]

DISCRIMINATION BY CRIMINAL LEGAL SYSTEM ACTORS

LGBTQ+ individuals report high rates of discrimination and harassment by criminal legal system actors, including police, judges, and prison staff.^[1, 14, 16] A study of lesbian, gay, bisexual, and transgender individual's experiences of discrimination within the criminal legal system conducted by Lambda Legal found that 73% of respondents had face-to-face contact with the police within the past five years.^[16] Almost a quarter (21%) reported that police had a hostile attitude towards them, 14% reported being verbally harassed by police, 3% reported sexual harassment by police, and 2% were physically assaulted by police. Furthermore, the study found that, among respondents who had been involved in the court system in the last five years, 19% overhead a judge, attorney, or other court employee make negative comments about their sexual orientation, gender identity, or expression.

CONDITIONS OF CONFINEMENT

Inside jails and prisons, LGBTQ+ individuals experience heightened harassment and abuse.^[1, 3, 14, 16-19] Prison and jail staff are often the perpetrators of this victimization; according to Lambda Legal's report, among survey respondents with a history of incarceration 7% were sexually assaulted, 12% were physically assaulted, 27% were sexually harassed, and 57% were verbally assaulted or harassed by jail or prison staff.^[16] Staff also fail to prevent victimization; according to a survey conducted by Black & Pink of incarcerated LGBTQ+ individuals, 76% of respondents believe that prison staff intentionally placed them in situations where they were likely to be sexually assaulted by another prisoner.^[17] Research indicates that incarcerated transgender individuals experience particularly high rates of violence and victimization.^[1] Among respondents to the 2015 NTDS with a history of incarceration with the last year, 20% reported being sexually assaulted by facility staff or other inmates during that time period, five times higher than the rates of sexual assault by staff or other inmates reported by the general U.S. incarcerated population.^[1] Transgender inmates are often housed according to sex assigned at birth, which heightens the risk of victimization, discrimination, and adverse mental health outcomes.^[17, 18] LGBTQ+ youth in juvenile detention report vastly higher rates of victimization than their heterosexual peers; according to the 2013 National Survey of Youth in Custody, 10.5% of lesbian, gay, and bisexual youth in custody reported being sexually victimized by other youth while they were in custody compared to 1.5% of heterosexual youth.^[19]

SOLITARY CONFINEMENT

Incarcerated LGBTQ+ youth and adults report high rates of placement in solitary confinement while incarcerated.^[3, 17] Black & Pink's survey of incarcerated LGBTQ+ individuals found that 85% had ever been in solitary confinement.^[17] Many respondents were placed in solitary confinement to protect them from victimization; 38% of respondents who had been housed in solitary confinement were placed there at their own request in order to protect them from victimization, yet 50% of respondents were placed in solitary confinement against their will. Solitary confinement is associated with a range of adverse mental health outcomes, including anxiety, depression, paranoia, and psychosis.^[20]

HEALTHCARE

LGBTQ+ inmates are routinely denied inclusive health care, particularly transgender affirming care and HIV treatment.^[1, 17, 23] Black & Pink's survey of LGBTQ+ inmates found that 67% of respondents had been diagnosed with a mental illness, yet 48% of those with a diagnosis were not receiving mental health care.^[17] Many transgender individuals choose to receive hormone therapy as a component of medically affirming one's gender.^[21] Hormone therapy has been found to improve quality of life and reduce depression and anxiety among transgender individuals.^[22] Of respondents to the 2015 NTDS who had been taking hormones prior to incarceration, 37% were prohibited from receiving hormones while in jail or prison.^[1] A study of incarcerated transgender women in Massachusetts identified a combination of structural barriers (e.g., requiring specific documentation of prior hormone usage in order to receive hormones while incarcerated) and interpersonal barriers (e.g., medical staff who were unfamiliar with providing care to transgender individuals or who refused to provide care due to anti-transgender bias) responsible for restricting hormone access.^[23]

Rates of HIV are higher among incarcerated populations as compared to the general U.S. population; it is estimated that the HIV prevalence rate in prisons in 2015 was 1.3% among incarcerated individuals compared to 0.3-0.4% among the general population.^[24-26] Nationwide, Black gay men and transgender women bear a disproportionately high burden of HIV.^[27] Efforts to increase access to HIV treatment among incarcerated individuals have generally contributed to improved treatment outcomes during incarceration. Yet research indicates that, once released, formerly incarcerated individuals experience a decrease in HIV treatment, often to levels lower than those prior to incarceration.^[28]

PATHWAYS AND PIPELINES INTO THE CRIMINAL LEGAL SYSTEM FOR LGBTQ+ INDIVIDUALS

The following section highlights just a few of the pathways and pipelines funneling LGBTQ+ individuals into the criminal legal system and contributing to overrepresentation. Each subsection begins with a short vignette, an anonymous composite based upon experiences shared by LGBTQ+ individuals and prior research meant to illustrate the pathway or pipeline. Examining these pathways and pipelines helps to untangle the complex web of social and structural inequality driving overrepresentation of LGBTQ+ individuals within the criminal legal system and can help inform prevention efforts.

CRIMINALIZATION OF LGBTQ+ IDENTITIES

It is necessary to situate pathways and pipelines into the criminal legal system within a broader context of historical and present-day criminalization of LGBTQ+ identities and the crisis of mass incarceration. Bias and stigma against LGBTQ+ individuals contribute to perceptions of LGBTQ+ individuals as deviant.^[29] People of color are similarly construed as criminal or threatening;^[30] as a result, LGBTQ+ people of color are particularly impacted by these stereotypes. Mogul, Richie, and Whitlock^[29] argue that the origins of criminalization of LGBTQ+ identities are rooted in racism, stating “Indigenous peoples, enslaved Africans, and immigrants, particularly immigrants of color, were systematically policed and punished based on actual or projected ‘deviant’ sexualities and gender expressions, as an integral part of colonization, genocide, and enslavement” (p. 1).

In more recent U.S. history, stereotypes about deviance were perpetuated by laws targeting LGBTQ+ communities, such as those that criminalized homosexual sex and wearing clothing of the “opposite” sex.^[29] These laws have, for the most part, been overturned or repealed, or are no longer enforced, yet they contributed to lasting cultural representations and perceptions of LGBTQ+ individuals as deviant. More recent laws criminalize aspects of LGBTQ+ identities in less direct ways. For example, in recent years many states have attempted to pass legislation restricting access to public restrooms and locker rooms for transgender individuals.^[31, 32] While many of these have not been passed, the governor of Tennessee signed two new bills into law in May of 2021.^[33] Some of these legislative attempts, if passed into law, could have resulted in transgender individuals being arrested and charged with indecent exposure for using public restrooms that align with their gender identity.^[34] Regardless of engagement in criminalized activities, LGBTQ+ people are

subjected to heightened police surveillance due to these perceptions of deviance.^[16, 35] Additionally, this bias contributes to disparities in charges filed, adjudication, and sentencing of LGBTQ+ individuals.^[16, 29]

SCHOOL-TO-PRISON PIPELINE

Victoria¹ is a 15-year-old Latinx woman who identifies as queer. Her family is very supportive of her identity, but she has a lot of trouble at school. Her school has policies prohibiting public displays of affection between students, yet they are never enforced for straight students. However, Victoria and her girlfriend have gotten detention several times for holding hands at school. Victoria has also experienced a lot of bullying by other students, including being called derogatory names, receiving threatening notes in her locker, and being pushed or tripped in the hallways. One day, Victoria and her girlfriend were sitting together in the cafeteria. A group of students walked by and pushed their trays off the table, spilling their lunches onto the floor. One of the students called them a derogatory name as they all started to walk away. Out of frustration, Victoria stood up and pushed one of the students. The student turned and started hitting and punching Victoria. Victoria fell to the ground and put her hands up to protect herself. A school resource officer rushed in to break up the fight and everyone was sent to the principal’s office. The other students were suspended, but because Victoria already had several detentions on her record, she was expelled.

Advocates and organizers use the term “school-to-prison pipeline” to describe the direct and indirect impact of policies that push students out of schools and into the criminal legal system.^[36] A component of the school-to-prison pipeline is the enactment of zero tolerance policies, which are intended to prevent victimization and bullying by harshly punishing violence in schools through suspensions and expulsions.^[37] These policies increase the likelihood of youth coming into contact with law enforcement, particularly because many schools have police officers, often referred to as “school resource officers,” stationed there to handle rule infractions.^[35, 38-40] Zero tolerance policies have contributed to disproportionate rates of detention, suspension, and expulsion among students of color.^[41, 42] Additionally, research suggests that LGBTQ+ youth are disproportionately impacted by zero tolerance policies.^[40, 43] Like Victoria, many LGBTQ+ students experience bullying in school.^[39] According to the most recent National School Climate Survey, 82% of lesbian, gay, bisexual, and transgender respondents had experienced verbal harassment at school, and 36.7% reported being physically harassed.^[39] Yet many do not receive help from

¹All of the vignettes in this report are composites based on experiences shared by LGBTQ+ individuals and existing research.^[3, 13, 40, 43]

school staff and instead defend themselves, which often results in punishment in accordance with zero tolerance policies.^[40] Additionally, LGBTQ+ youth, particularly LGBTQ+ youth of color, are more likely to be punished for non-violent school infractions, such as public displays of affection and dress code violations.^[40]

Bullying and discrimination by school staff lead many LGBTQ+ students to skip school or drop out; according to the National School Climate Survey, 34.9% of respondents intentionally missed at least one day of school in the past month because they felt unsafe or uncomfortable at school.^[39] Among 18-24-year-old respondents to Lambda Legal's survey, 9% reported being verbally assaulted by school security or police and 23% said they heard school security or police use anti-LGBTQ+ language.^[16] School pushout due to unsafe school climates, in turn, contributes to heightened risk for criminal legal system involvement. For example, youth who are not in school can be arrested for truancy, and LGBTQ+ youth are more likely to be charged with truancy when compared to their heterosexual peers.^[44] Not finishing high school increases the likelihood of criminal legal system involvement.^[45]

HOMELESSNESS, UNEMPLOYMENT, AND POVERTY

Mia² is a 29-year-old Black transgender woman. Mia came out to her mother when she was 16. Her mother is very religious and is unsupportive of Mia's transition. She kicked Mia out of the house, and Mia became homeless. Despite being homeless, Mia finished high school and started college. However, she had difficulty finding a job because her IDs did not match her name or gender identity. She'd heard that, in order to legally change her name, she'd need her birth certificate. Her birth certificate was at her mom's house and her mom still refused to talk to her, so she stopped looking into the legal name change process. When she was 19, a friend asked if she wanted to participate in a robbery. Mia didn't want to do it, but she was still experiencing homelessness, had no money, and no way to meet her basic needs. She agreed to join her friend, but she ended up getting arrested. She served four years in prison in a men's facility. After being released from prison, she was unable to change her name due to a state law that bars individuals with felony convictions from changing their names for ten years after completing their sentences. And with a felony conviction on her record, she is having an even harder time finding a job.

Due to a complex web of family rejection, homelessness, unemployment, poverty, bias, and discrimination, LGBTQ+

individuals may turn to criminalized activities like theft, panhandling, and sex work in order to survive.^[1, 18, 46] Heightened police surveillance increases the likelihood of LGBTQ+ individuals being arrested and charged for forms of criminalized survival.^[1, 16, 35] LGBTQ+ individuals experience high rates of homelessness.^[47] Of respondents to the 2015 NTDS, 30% had experienced homelessness at some point in their lives.^[1] Family rejection plays a large role in homelessness, particularly among LGBTQ+ youth.^[48] According to a national survey of social service providers who work with LGBTQ+ homeless youth, 46% of respondents became homeless because they ran away from home due to family rejection of their sexual orientation and/or gender identity, and 43% were forced out by parents because of their identity.^[48] Homelessness itself is criminalized; many cities in the U.S. have laws prohibiting sleeping outside or in a vehicle, "camping" in public spaces, panhandling, loitering, or sitting or lying down in particular public places.^[49]

Both unemployment and poverty can result in engaging in criminalized activities in order to survive. LGBTQ+ individuals experience high rates of unemployment.^[50] According to data from the Williams Institute, 9% of lesbian, gay, bisexual, and transgender adults surveyed were unemployed compared to only 5% of adults who do not identify as lesbian, gay, bisexual and/or transgender.^[50] Unemployment rates are even higher among transgender individuals.^[1] As Mia experienced, the lack of identity documents that reflect individuals' names and gender identities can pose a barrier to employment. Processes for obtaining legal name and gender marker changes differ state to state, but often require producing identity documents, obtaining documentation from mental health or medical providers, appearing before a judge, and paying court filing fees. While Mia may have been able to obtain a new birth certificate to replace the one at her mother's house, many individuals are unsure how or cannot afford the expense.^[1] Even with the necessary documents, filing for a name change is prohibitive for many; of respondents to the 2015 NTDS, 35% said they have not attempted a legal name change because they could not afford it.^[1] Yet name changes can play an important role in interrupting the pathway into the criminal legal system; one study examining the impact of legal name changes among transgender women of color found that women who had obtained a name change were significantly more likely to have stable housing and a higher monthly income compared to the pre-name change group.^[51] Poverty and involvement in the criminal legal system are closely linked, and rates of poverty are higher among lesbian, gay, bisexual, and transgender individuals. The Williams Institute reports that 22% of lesbian, gay, bisexual, and transgender people are estimated to live in poverty in the U.S. compared to 16% of cisgender, straight adults.^[52] LGBTQ+ people of color report even higher poverty levels.^[1, 52] On top of all of these disparities and inequalities, LGBTQ+ individuals with a history of criminal legal system involvement experience heightened discrimination and exclusion from employment, education, and other opportunities because of their records, leading to continued homelessness, unemployment, and poverty. This creates a revolving door back into the system.^[53, 54]

²All of the vignettes in this report are composites based on experiences shared by LGBTQ+ individuals and existing research.^[1, 3, 18, 46]

VIOLENCE AND VICTIMIZATION

Jay³ is a 34-year-old White gay man. He lives with his partner, Robbie. Robbie has been emotionally abusive towards Jay in the past and occasionally physically abusive. During one terrifying incident, Jay locked himself in the bathroom of their apartment and called 911. When the officers arrived, they separated Jay and Robbie. Jay told the officers what happened but could tell that they were being dismissive. They didn't arrest Robbie, and Jay overheard one of them saying on the way out "this isn't a domestic violence incident, it's just two roommates fighting." After that, Jay was hesitant to call the police and felt like he had no way to protect himself. A few weeks later Robbie became physically abusive again. This time he had his arm pressed up against Jay's neck, and Jay was struggling to breathe. Jay had a pocket knife in his pocket, and quickly pulled it out and stabbed Robbie in the leg. Robbie called the police that time, and when they came, they only arrested Jay.

LGBTQ+ individuals experience high rates of violence and victimization, including child abuse, intimate partner violence, sexual assault, and bias-related victimization.^[1, 55-59] Yet many LGBTQ+ individuals feel uncomfortable seeking support, especially from the police.^[16] Lambda Legal's survey found that 62% of LGBTQ+ respondents who had been victims of a physical assault felt that the police did not fully address their complaints.^[16] Additionally, 41% of respondents to the Lambda Legal survey who had experienced intimate partner violence and 39% of respondents who experienced sexual assault felt that the police did not fully address their complaints.^[16] Among respondents to the 2015 NTDS, 57% reported feeling either somewhat or very uncomfortable asking the police for help.^[1] As in Jay's example, in situations involving intimate partner violence, LGBTQ+ individuals experience higher rates of dual arrest and wrongful arrest when compared to cisgender, heterosexual individuals.^[60] According to a study using data from the National Incident-Based Reporting System, incidents with same-sex couples were substantially more likely to result in dual arrest when compared to heterosexual couples.^[60] LGBTQ+ individuals are also deterred from accessing other supportive services, including shelters for survivors of intimate partner violence or counseling, due to anti-LGBTQ+ discrimination.^[57, 58, 61, 62]

Lacking legal or other supportive services, many LGBTQ+ individuals are left with few good options to protect themselves from victimization. There are no available data regarding the number of LGBTQ+ individuals who have been arrested or incarcerated for defending themselves from victimization. However, the links between experiencing victimization and

criminal legal system involvement among cisgender women are well-established.^[35, 63] Given the high rates of victimization among LGBTQ+ individuals, it likely plays an important part in shaping pathways into the criminal legal system, yet more research is necessary to better understand these connections. Among LGBTQ+ individuals, victimization likely also has indirect effects on criminal legal system involvement; for example, victimization at work or school may result in decreased employment or educational opportunities and increase the likelihood of turning to criminalized activities in order to survive.^[1, 3, 4, 18, 37, 40, 46]

PATHWAYS AND PIPELINES SUMMARY

The pathways and pipelines outlined in this report are just a few examples of the many social and structural factors contributing to the overrepresentation of LGBTQ+ individuals within the criminal legal system. These factors are similar to those driving overrepresentation of other communities within the criminal legal system, including heterosexual and cisgender people of color and people with disabilities or mental health conditions.^[29, 35, 44] Tracing these pathways and pipelines also illuminates broader problems with our reliance on the criminal legal system to maintain social control and the role that the criminal legal system plays in perpetuating inequality. Interrupting these pathways and pipelines requires diverting resources from the criminal legal system and funding social and educational services. The following section highlights several organizations that are already engaged in these efforts.

³All of the vignettes in this report are composites based on experiences shared by LGBTQ+ individuals and existing research.^[16, 58]

SPOTLIGHTING ORGANIZATIONS

There are a growing number of organizations working to address the overrepresentation of LGBTQ+ individuals within the criminal legal system. The work of a few organizations and individuals are highlighted below. Many of these organizations connect their work to broader efforts to address mass incarceration, acknowledging that the same structural inequalities impacting LGBTQ+ individuals are also drivers of the broader crisis of mass incarceration, including discrimination and poverty. Their work demonstrates the importance of operating on multiple levels, including providing direct support to formerly and currently incarcerated LGBTQ+ individuals, advocating for resources to be diverted from the criminal legal system and toward services and programs that will interrupt pathways and pipelines into the system, and creating cultural shifts in how we think about criminality, violence, and punishment.

BREAK OUT!

Based in New Orleans, Break Out!'s goal is to end the criminalization of LGBTQ+ youth through organizing, advocacy, and support. Their work spans many areas, but each is intrinsically linked to the pathways by which LGBTQ+ youth are funneled into the criminal legal system. For example, they engage in organizing and advocacy work to interrupt the school-to-prison pipeline. They help students start LGBTQ+ youth groups in high schools with the goal of increasing school safety. They also assist young people who have been pushed out of school to earn a general education diploma. They have successfully advocated to reduce the fees associated with legal name changes in Orleans Parish. Additionally, they provide know-your-rights trainings for young people and staff at youth-serving organizations.

TRANSFORMATIVE JUSTICE LAW PROJECT

Based in Chicago, the Transformative Justice Law Project (TJLP) provides legal advocacy and support to transgender and gender expansive individuals. In addition to criminal defense work, TJLP operates the Name Change Mobilization project. Launched in 2011, the Name Change Mobilization supports individuals as they navigate the legal name change process. Staff and trained volunteers assist petitioners with filling out paperwork, obtaining necessary documentation, and filing the petition. TJLP can also help with requesting fee waivers, which requires that petitioners appear before a judge. Petitioners can request that a volunteer or attorney attend their name change hearing and accompany them to the DMV to obtain their new driver's license or state identification. Additionally, TJLP provides information about how to change other legal documents, including birth certificates, social security cards, and passports. In Illinois, individuals with felony convictions are unable to change their names for ten years after completing their sentences, and those with identity theft convictions or who are required to

be on the sex offender registry are barred for life, making Illinois one of only nine states in the U.S. to enforce waiting periods or permanent restrictions due to criminal records.^[61] Attempts to change the law through legislation have, to date, been unsuccessful. Thus, in 2019, TJLP filed a federal lawsuit to challenge the constitutionality of the name change restrictions. The case is pending. For more information, see www.tjlp.org.

BLACK & PINK

Black & Pink is a national organization working to address the needs of LGBTQ+ people in the criminal legal system. Black & Pink provides support to currently incarcerated LGBTQ+ individuals through a newsletter distributed to 19,000 incarcerated individuals and a pen pal program matching incarcerated individuals with allies on the outside. Black & Pink describes their pen pal program as a harm reduction strategy because it connects incarcerated individuals to a network outside of prison with whom they can share experiences of discrimination or victimization. Pen pals can then share this information with Black & Pink to help inform advocacy efforts. Centered in Omaha, Nebraska, Black & Pink also supports eleven volunteer-led chapters around the country. In addition to pen pal matching, chapters engage in mutual aid projects, connecting community volunteers to currently and formerly incarcerated LGBTQ+ individuals to help meet basic needs. In 2014, Black & Pink conducted a survey of LGBTQ+ incarcerated individuals, among the largest surveys of LGBTQ+ people in prison.^[17] Recognizing the need for housing and other basic resources to prevent criminal legal system involvement and support recently incarcerated individuals, in 2020 Black & Pink opened a Lydon House in Omaha. Named for Black & Pink's founder, in its first year Lydon House provided housing to six residents and wrap around services to 50 community members impacted by incarceration. For more information, see www.blackandpink.org.

CITY AND COUNTY OF SAN FRANCISCO OFFICE OF THE DISTRICT ATTORNEY

In 2021, San Francisco District Attorney Chesa Boudin announced a new policy mandating practices related to pronoun use for people with whom their office works, including people accused of crimes, witnesses, and victims.^[64] Noting the disproportionately high number of transgender individuals who come into contact with the criminal legal system and the detrimental impact of misgendering transgender individuals, the policy directive states that these practices is an important first step in mitigating the "harmful norms around sexuality and gender identity [that] are reinforced in our courtrooms and throughout the legal system" (p. 2). The policy requires that prosecutors and staff members of the district attorney's office ask about pronouns and note an individual's pronouns in their file. Additionally, the policy includes direction for prosecutors to note if an individual's chosen name differs from their legal name and to use the chosen name. Furthermore, prosecutors must ask the defense about pronouns of anyone accused of a crime, and to document and use those pronouns.

RESEARCH, POLICY, AND DIRECT SERVICE RECOMMENDATIONS

Addressing the overrepresentation of LGBTQ+ individuals within the criminal legal system requires concerted efforts at multiple levels, including research, policy, and direct services for LGBTQ+ individuals. As illustrated in the previous section, there are many organizations and individuals already engaged in this work. Much of this work is happening outside of the criminal legal system. Working within the system poses many challenges, including needing to navigate around institutional policies and practices that may be biased against LGBTQ+ individuals. However, as demonstrated by the example from the San Francisco District Attorney's Office, individuals working within the criminal legal system can also play important roles in increasing safety and providing direct support to LGBTQ+ individuals. The following recommendations are starting points for this important work. Additional information and recommendations can be found in the [For Further Learning](#) section at the end of this report.

ADDRESSING THE CRIMINALIZATION OF LGBTQ+ IDENTITIES

As detailed in this report, perceptions of LGBTQ+ individuals, particularly LGBTQ+ people of color, as deviant and criminal contribute to the overrepresentation of LGBTQ+ individuals in the criminal legal system. Addressing these perceptions is a part of the larger work of combatting hetero/cissexism, racism, and other forms of oppression. There are many steps that individuals and organizations can take to engage in this work, including:

- Engage in on-going education and self-reflection to combat hetero/cissexism and bias.
- Learn about the historical and present-day criminalization of LGBTQ+ identities.
- Ensure that the voices of LGBTQ+ communities are centered in efforts to address mass incarceration by including LGBTQ+ individuals in organizations and leadership roles.
- Organize and advocate to redirect funds from the criminal legal system and toward meeting basic needs of LGBTQ+ and other marginalized communities.
- Implement mechanisms to hold criminal legal system actors accountable for bias against LGBTQ+ individuals.
- Organize against new waves of anti-LGBTQ+ legislation, including bills aimed at restricting access to public restrooms and locker rooms.

RESEARCH

This report highlights the need for on-going research to better understand the rates of arrest and incarceration of LGBTQ+ individuals, particularly those who have been overlooked by research to date (i.e., intersex and gender expansive communities). Further research is also necessary to understand the experiences of incarcerated LGBTQ+ individuals and their

needs upon re-entry. Understanding the pathways and pipelines by which LGBTQ+ individuals enter the criminal legal system is also critical for informing prevention efforts. The following are suggestions for future research:

- Include questions regarding gender identity and sexual orientation on surveys conducted among people in jails and prisons and returning to communities. However, it is imperative that confidentiality and safety be prioritized in data collection, including barring police, prison guards, or other criminal legal system actors from obtaining access to the identities of specific individuals in their facilities. Surveys should also collect data criminal legal system involvement and experiences of other members of the broader LGBTQ+ community, including intersex and gender expansive individuals.
- In keeping with best practices related to collection of gender identity and sexual orientation data,^[65] survey responses should include a write-in option instead of or in addition to multiple choice options. This practice allows individuals to self-identify and is more respectful of the evolving and complex nature of identity labels and terminology.

INTERRUPTING PATHWAYS AND PIPELINES AND PROMOTING ALTERNATIVES TO THE CRIMINAL LEGAL SYSTEM

Addressing the overrepresentation of LGBTQ+ individuals requires interrupting the pathways and pipelines funneling LGBTQ+ individuals into the system. Individuals and organizations working within and outside of the criminal legal system can all play roles in this work. In addition to the examples shared previously in this paper, here are several recommendations for ongoing prevention:

- Engage in creative program development to interrupt pathways into the criminal legal system for LGBTQ+ individuals. For example:
 - Create restorative justice programs in schools to address bullying and victimization without involving the police
 - Provide support and counseling to families of LGBTQ+ individuals to reduce family rejection
 - Offer assistance to transgender and gender expansive individuals as they navigate the legal name change process and advocate to reduce barriers to obtaining name changes
 - Create housing programs specifically for LGBTQ+ individuals to reduce homelessness
 - Develop employment and educational opportunities for LGBTQ+ individuals to reduce poverty
 - Ensure that services for survivors of victimization are inclusive of LGBTQ+ individuals
- Advocate for the decriminalization of factors contributing to pathways. For example, eliminate legislation criminalizing homelessness and sex work. Instead of relying on the criminal legal system to address forms of criminalized survival, use restorative justice practices and referrals to programs to help individuals meet their basic needs.

ADDRESSING CONDITIONS OF CONFINEMENT FOR LGBTQ+ INDIVIDUALS

Individuals working within prisons and jails can play a crucial role in ensuring safety and meeting the basic needs of currently incarcerated LGBTQ+ individuals. While these efforts will not reverse overrepresentation, they are still important harm reduction strategies. Some suggestions include:

- Inside jails and prisons, provide LGBTQ+ inclusive medical and mental health services, including treatment by qualified clinicians following informed consent models for gender-affirming care.^[21]
- Link recently released individuals to medical treatment to ensure ongoing access to medical care received while incarcerated, particularly HIV treatment.
- Develop and follow best practices for making housing designations that reflect an individual's gender identity and safety needs.
- Include professionals and experts from outside jails and prisons in boards or committees that oversee housing transfer requests based on gender identity. Prison and jail staff may not have the necessary experience to make these decisions and/or may be biased. The inclusion of outside professionals provides additional oversight for these decisions.

MEETING RE-ENTRY NEEDS OF LGBTQ+ INDIVIDUALS

LGBTQ+ individuals may not feel welcome in re-entry programs and services or may have specific needs such as LGBTQ+-affirming and/or HIV-related health care. Organizations like Black & Pink are already working to address this gap by providing LGBTQ+-specific re-entry services. Additional recommendations for individuals and organizations working in re-entry include:

- Ensure that existing re-entry services, including housing, employment training, and substance use services, are inclusive of LGBTQ+ individuals.
- Simultaneously, design new re-entry services that meet the distinct needs of LGBTQ+ communities.

FOR FURTHER LEARNING

GENERAL INFORMATION REGARDING LGBTQ+ IDENTITIES

PFLAG [resources for allies](#)

Human Rights Campaign guide, "[Human Rights Campaign resources for allies](#)"

UC Davis LGBTQIA Resource Center, "[Basic tips for expanding your allyship](#)"

ORGANIZATIONS

[Black and Pink](#)

Report, "[Coming out of concrete closets](#)"

[Hearts on a Wire](#)

[Just Detention International](#)

[LGBT Books to Prisoners](#)

[Survived and Punished](#)

[Sylvia Rivera Law Project](#)

[Transgender Law Center](#)

[Transformative Justice Law Project of Illinois](#)

REPORTS

Center for American Progress

Report, "[Beyond bullying: How hostile school climate perpetuates the school-to-prison pipeline for LGBT youth](#)"

The Fenway Institute

Report, "[Emerging best practices for the management and treatment of incarcerated lesbian, gay, bisexual, transgender, and intersex, \(LGBTI\) individuals](#)"

Lambda Legal

Report, "[Protected and Served?](#)" survey exploring discrimination by police, courts, prisons and school security against LGBT people and people living with HIV in the U.S.

Movement Advancement Project

Report, "[Unjust: How the broken criminal justice system fails LGBT people of color](#)"

National Center for Transgender Equality

Report, "[Standing with LGBT prisoners: An advocate's guide to ending abuse and combating imprisonment](#)"

Prison Policy Initiative

Briefing, "[Visualizing the unequal treatment of LGBTQ people in the criminal legal system](#)"

Williams Institute

Reports, briefs, and fact sheets on [LGBTQ+ communities and criminalization](#)

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www.SafetyAndJusticeChallenge.org

PRISON POLICY INITIATIVE

Visualizing the unequal treatment of LGBTQ people in the criminal justice system

LGBTQ people are overrepresented at every stage of our criminal justice system, from juvenile justice to parole.

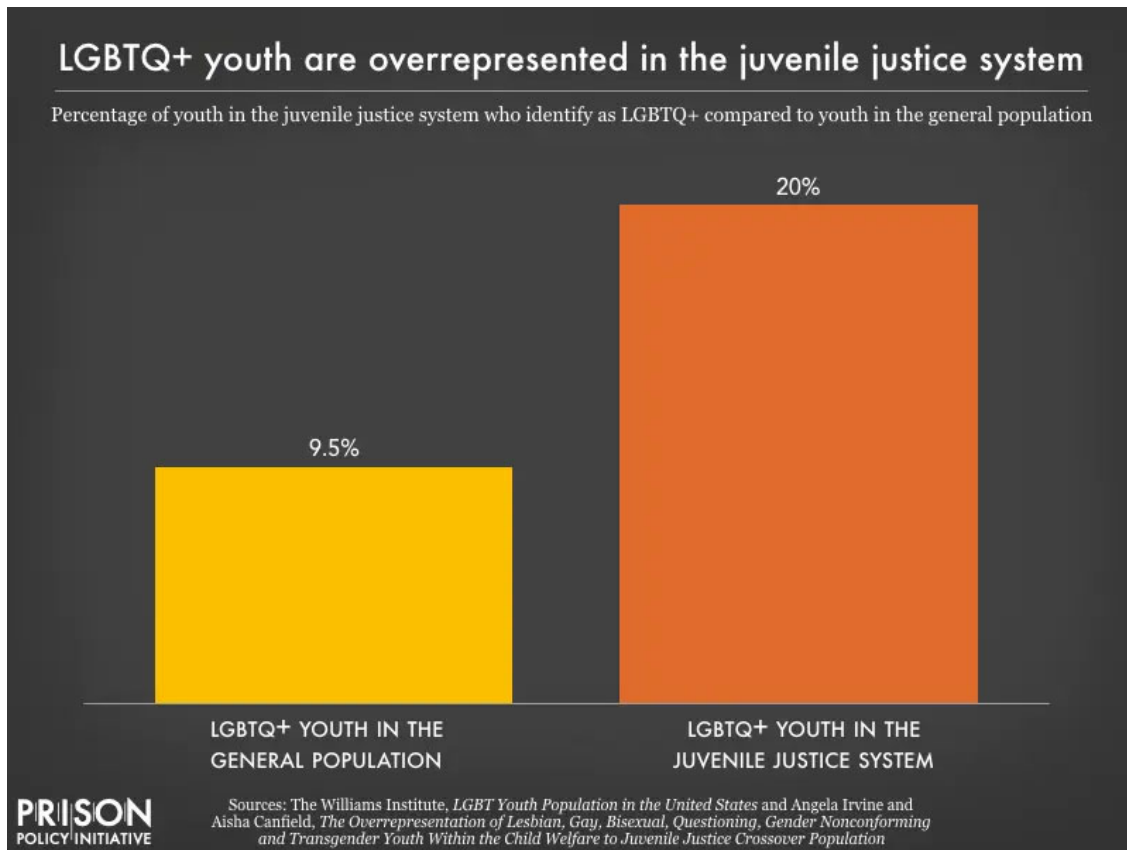
by Alexi Jones, March 2, 2021

The data is clear: lesbian, gay, bisexual, transgender, and queer (LGBTQ ^①) people are overrepresented at every stage of criminal justice system, starting with juvenile justice system involvement. They are arrested, incarcerated, and subjected to community supervision at significantly higher rates than straight and cisgender people. This is especially true for trans people and queer women. And while incarcerated, LGBTQ individuals are subject to particularly inhumane conditions and treatment.

For this briefing, we've compiled the existing research on LGBTQ involvement and experiences with the criminal justice system, and – where the data did not yet exist – analyzed a recent national data set to fill in the gaps. (Namely, we provide the only national estimates for lesbian, gay, or bisexual arrest rates and community supervision rates that we know of.) We present the findings for each stage of the criminal justice system with available data, and pair them with new graphics illustrating the dramatic disparities in the system related to sexuality and gender identity.

LGBTQ+ youth in the juvenile justice system

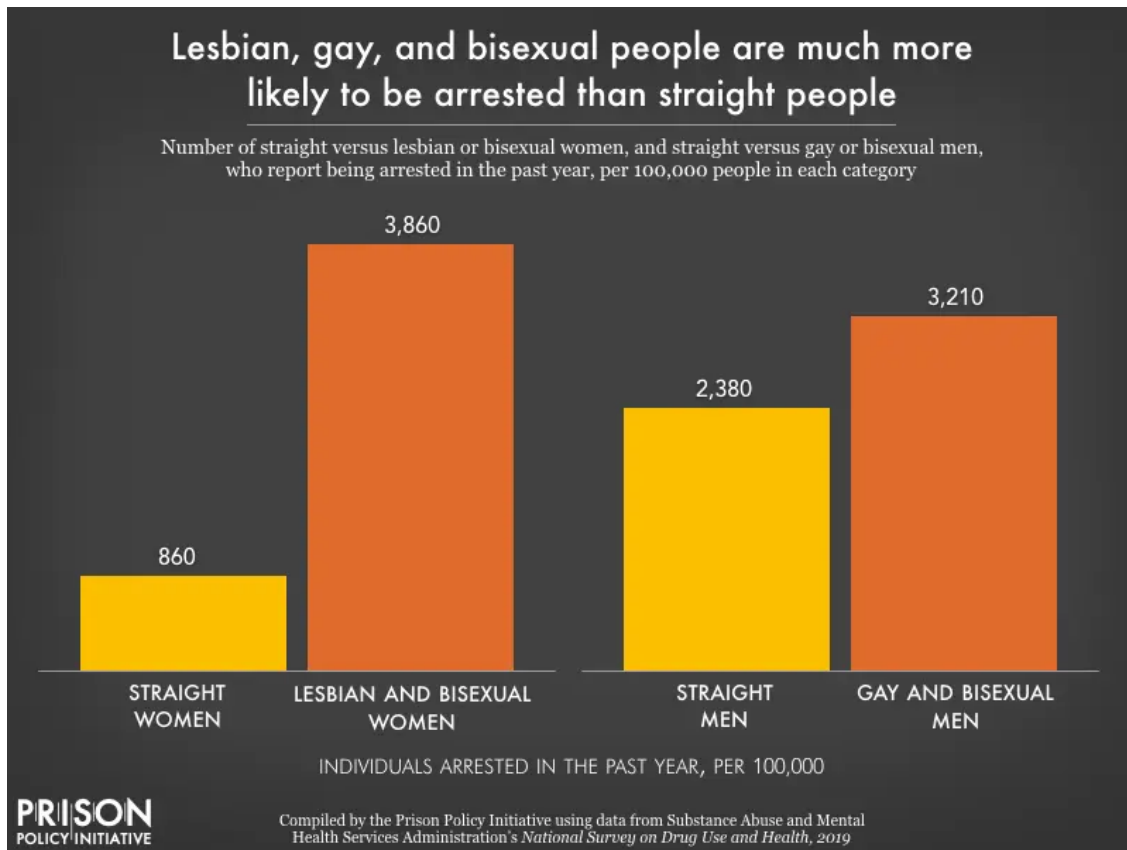
For LGBTQ people, criminal justice involvement often starts at a young age. LGBTQ youth are extremely overrepresented in the juvenile justice system. Researchers estimate that 20% of youth in the juvenile justice system are lesbian, gay, bisexual, questioning, gender nonconforming, or transgender compared with 4-6% of youth in the general population. The same research shows that 40% of girls (who were assigned female at birth) in the juvenile justice system identify as LBQ and/or gender nonconforming. ^② This overrepresentation is largely due to the obstacles that LGBTQ youth face after fleeing abuse and lack of acceptance at home because of their sexual orientation or gender identity. In order to survive, LGBTQ youth are pushed towards criminalized behaviors such as drug sales, theft, or survival sex, which increase their risk of arrest and confinement.



Lesbian, gay, and bisexual adults in the criminal justice system

Arrest

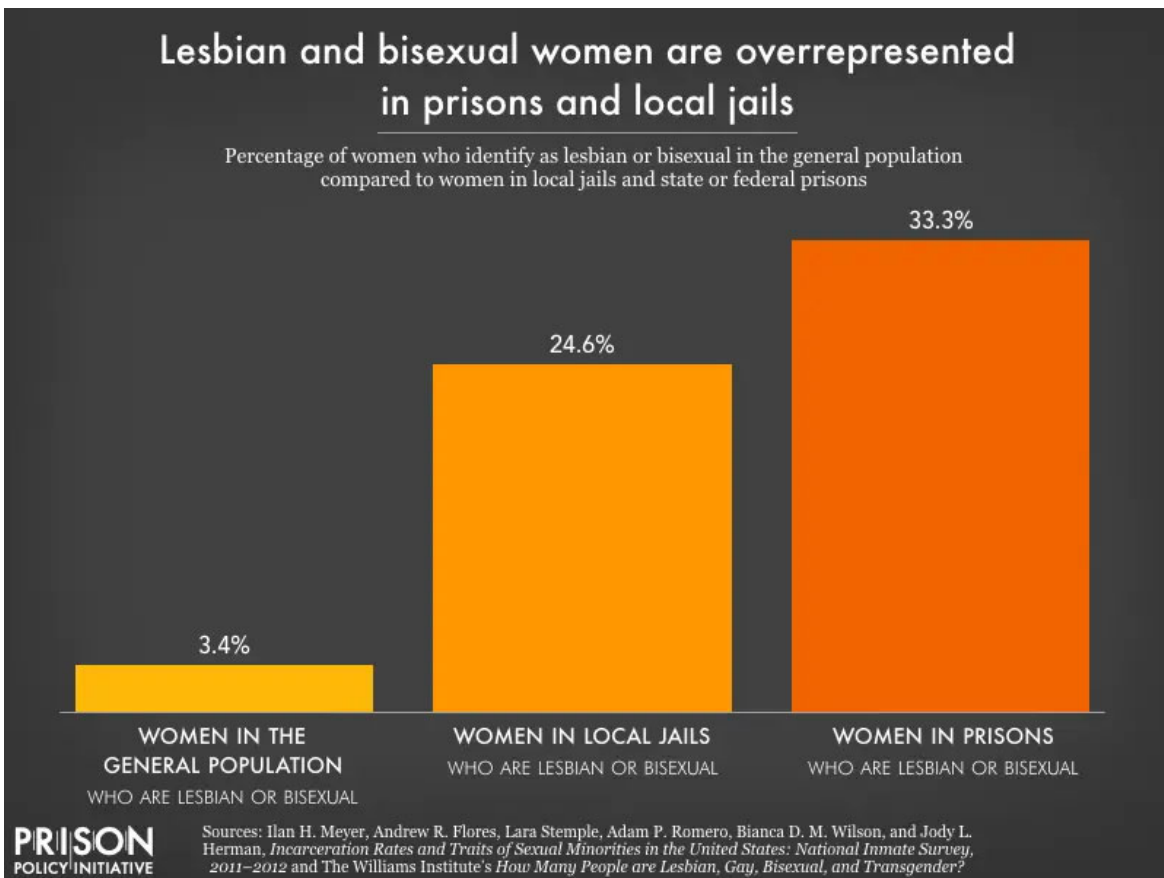
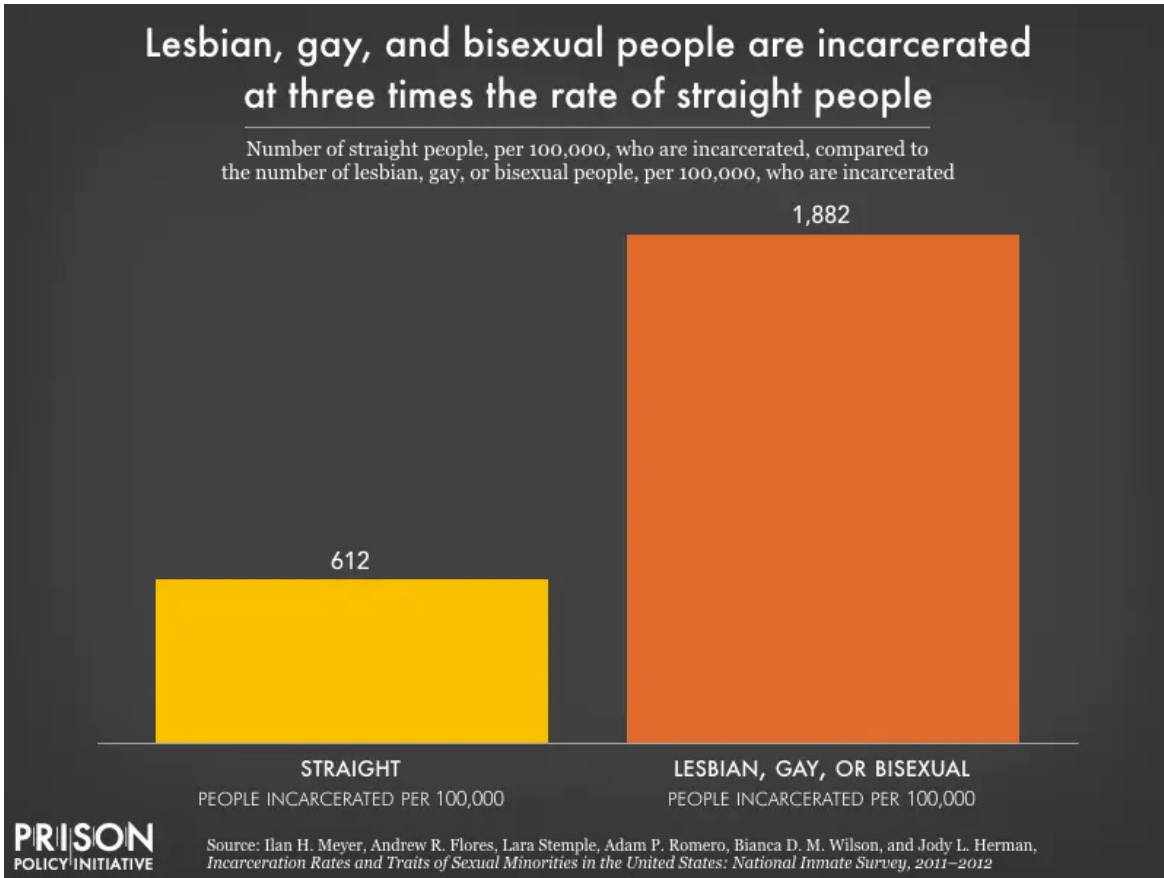
High rates of criminal justice system contact continue into adulthood. Our analysis of data from the National Survey on Drug Use and Health (NSDUH) reveals that in 2019, gay, lesbian, and bisexual individuals (with an arrest rate of 3,620 per 100,000) were 2.25 times as likely to be arrested in the past twelve months than straight individuals (with an arrest rate of 1,610 per 100,000). This disparity is driven by lesbian and bisexual women, who are **4 times as likely to be arrested than straight women** (with an arrest rate of 3,860 per 100,000 compared to 860 per 100,000). Meanwhile, gay and bisexual men are 1.35 times as likely to be arrested than straight men (with a rate of 3,210 arrested per 100,000 compared to 2,380 per 100,000):^③



Sentencing and incarceration

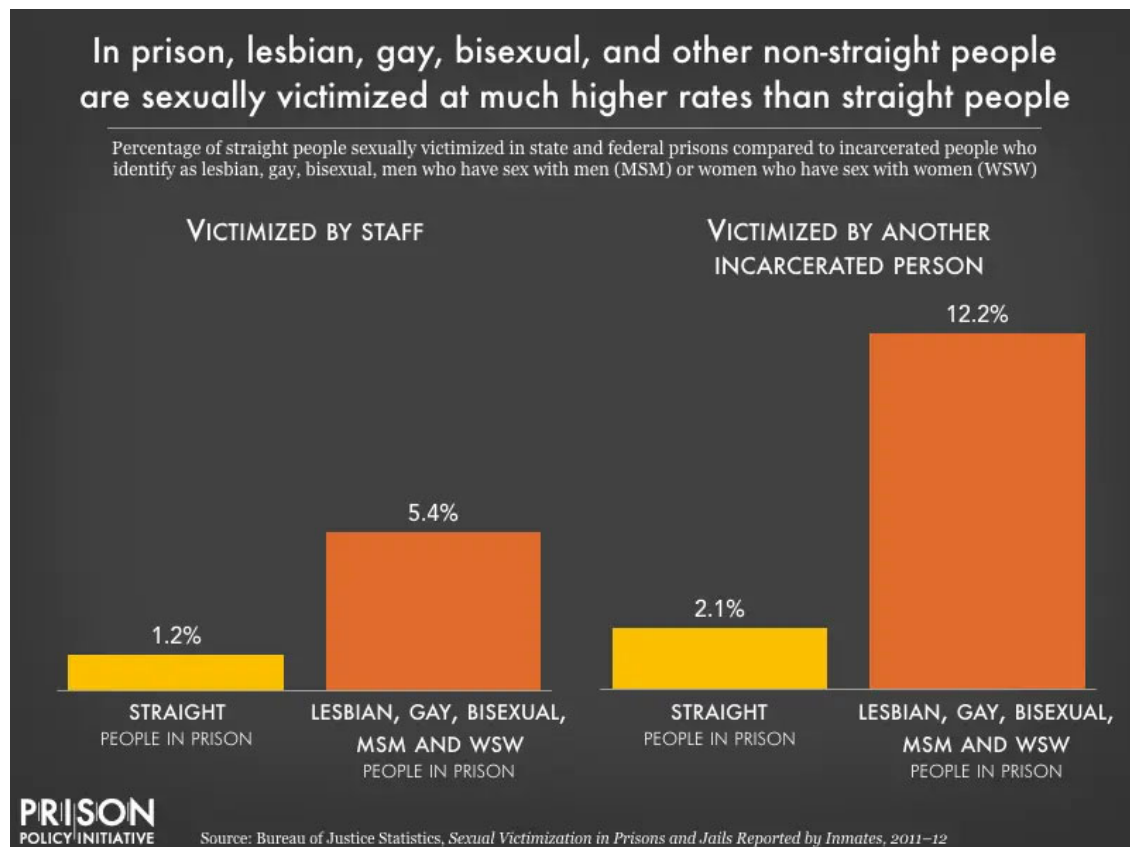
Gay, lesbian, and bisexual people are also overrepresented in prisons and jails, especially lesbian and bisexual women. Researchers analyzing the most recent National Inmate Survey found that LGB people are incarcerated at a rate over three times that of the total adult population: 1,882 per 100,000 lesbian, gay, and bisexual people are incarcerated, compared with 612 per 100,000 U.S. residents aged 18 and older. This disparity, again, is largely driven by queer women, as evidenced by the researchers' breakdown of the data by sex. Compared to the general population, in which 3.6% of men and 3.4% of women identify as gay, lesbian, or bisexual:

- 1 in 20 (5.5%) men in prison identify as gay or bisexual and an additional 3.8% report having had sex with men before arrival at the facility but do not self-identify as gay or bisexual. ⁴
- 1 in 3 (33.3%) women in prison identify as lesbian or bisexual and another 8.8% report having sex with women, but do not identify as lesbian or bisexual.
- And almost 1 in 4 (24.6%) women in county and municipal jails identify as lesbian or bisexual, with another 9.3% who report having sex with women, but do not identify as lesbian or bisexual.



The high rates of gay, lesbian, and bisexual people behind bars can in part be attributed to the longer sentences courts impose on them. The same study of the National Inmate Survey data found that in both prisons and jails, lesbian or bisexual women were sentenced to longer periods of incarceration than straight women. And gay and bisexual men were more likely than straight men to have sentences longer than 10 years in prison.

While locked up, gay, lesbian, and bisexual people are subjected to especially inhumane treatment. The National Inmate Survey study showed these “sexual minorities” were more likely to be put in solitary confinement than straight men and women in prisons and jails. In Black and Pink’s survey of 1,118 LGBTQ incarcerated people, a staggering 85% of respondents reported that they had been held in solitary confinement at some point during their sentence. And BIPOC LGBTQ incarcerated people were twice as likely to put in solitary compared to white LGBTQ incarcerated people. This is often done in the name of “protecting” queer individuals behind bars, despite the well documented, long-lasting harms of solitary confinement. And according to the Bureau of Justice Statistics, LGB men and women, as well as men who have sex with men (MSM) and women who have sex with women (WSW), are also 10 times as likely to be sexually victimized by another incarcerated person and 2.6 times as likely to be victimized by staff as heterosexual incarcerated people:

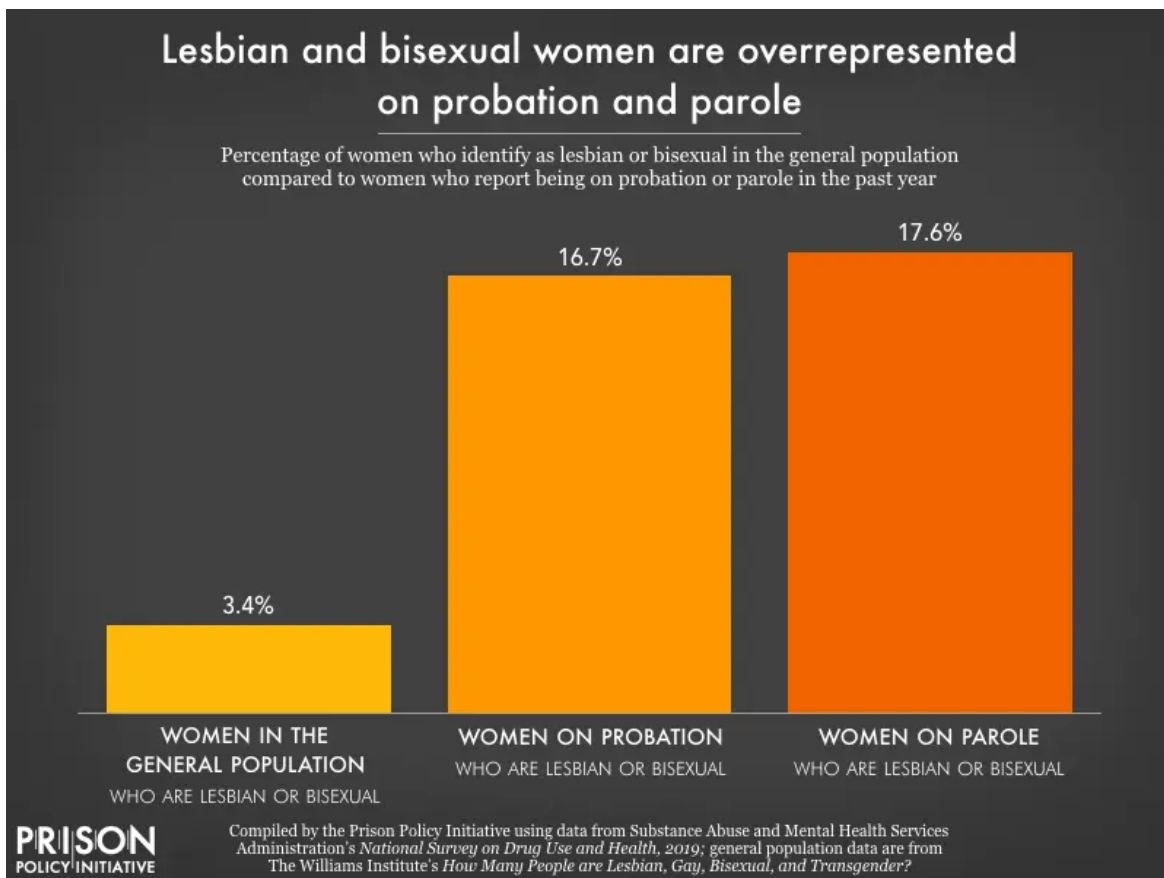


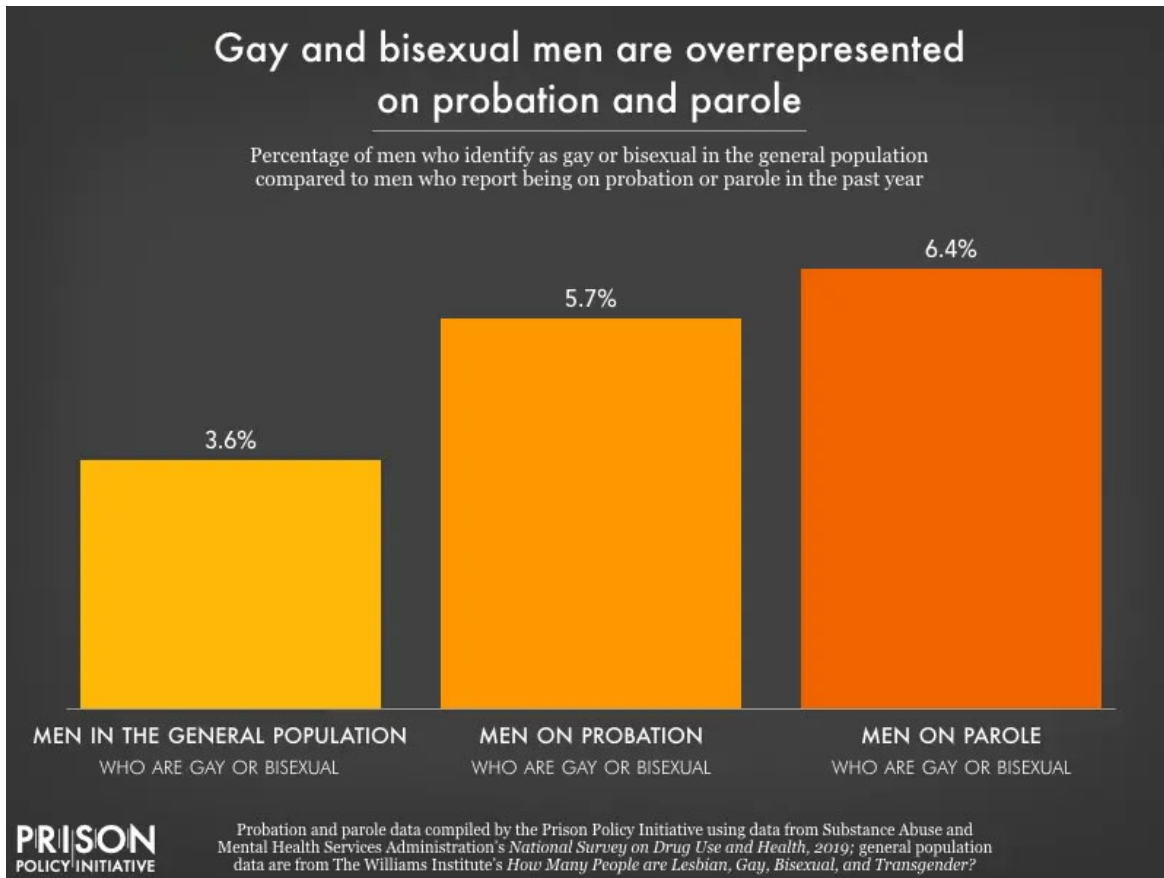
Probation and parole

Finally, gay, lesbian, and bisexual people are overrepresented in the community supervision population. Our analysis of the NSDUH data reveals that people on probation and parole are

almost twice as likely to be lesbian, gay, or bisexual than people not on probation and parole – and again, lesbian and bisexual women are especially overrepresented:

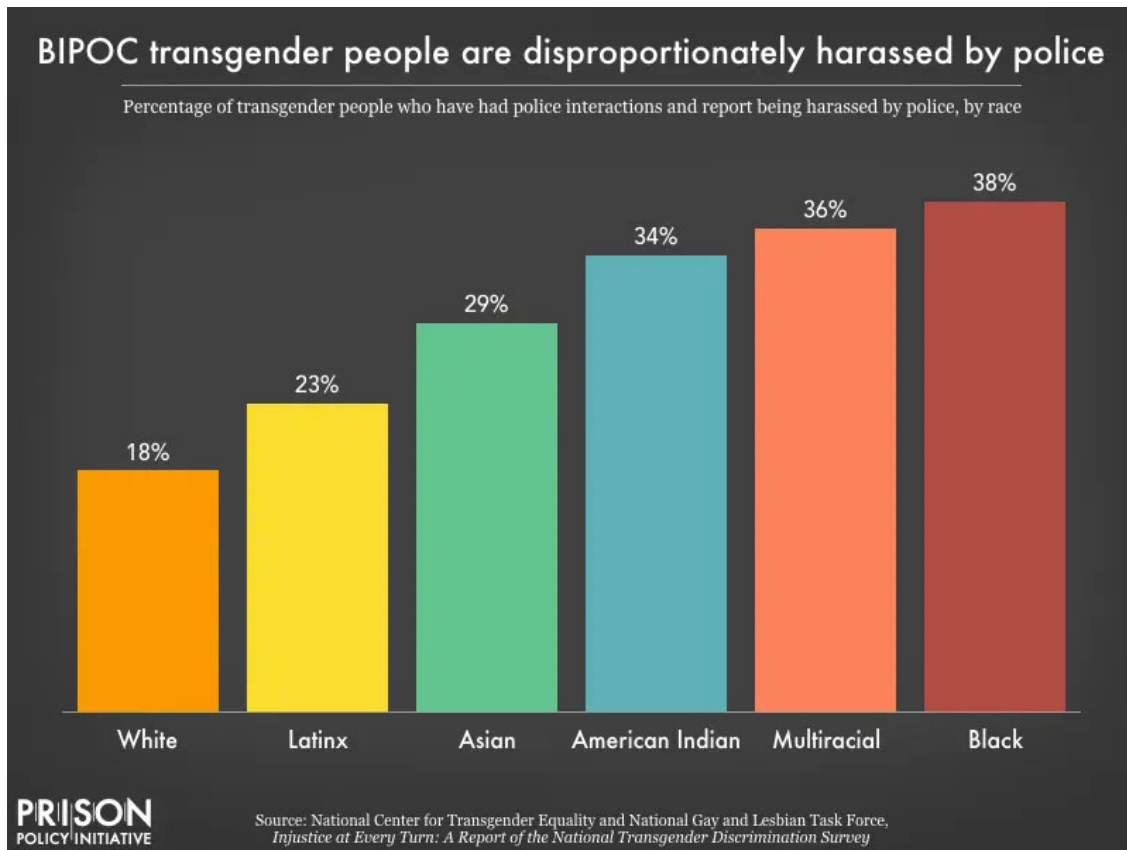
- Men on probation are somewhat more likely to be gay or bisexual (5.7%) as men not on probation (4.1%).
- Women on probation are nearly three times as likely to be lesbian or bisexual (16.7%) as women not on probation (6.3%).
- Men on parole are nearly twice as likely to be gay or bisexual (7.9%) as men not on parole (4.1%).
- And women on parole are nearly three times as likely to be lesbian or bisexual (17.6%) as women not on parole (6.4%).



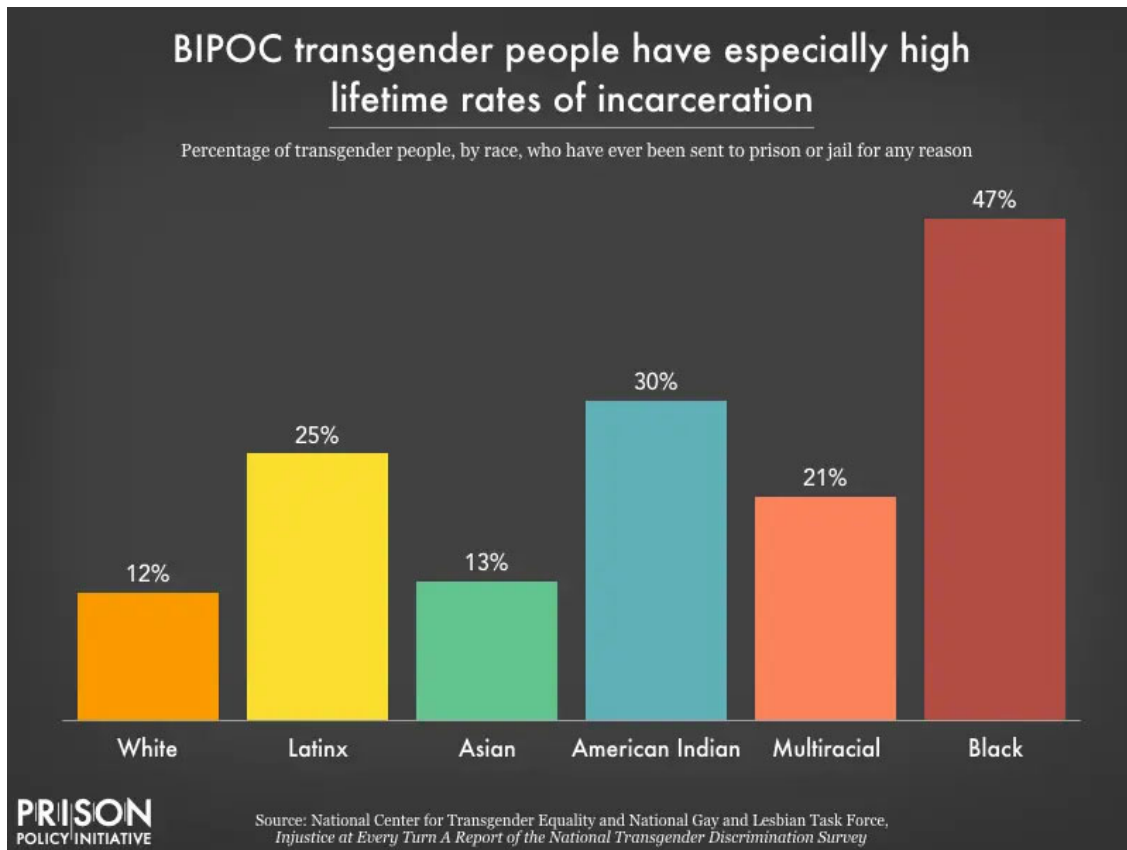


Trans people in the criminal justice system

There is significantly less data available on trans individuals in the criminal justice system. There is no data on transgender arrest rates, but other research shows police are extremely biased against trans people, especially Black trans people. According to the National Center for Transgender Equality and the National Gay and Lesbian Task Force's *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*, **nearly half of trans people reported that they do not feel comfortable seeking help from police**. 1 in 5 trans people who have had police contact reported that they have been harassed by police, include 38% of Black trans individuals. Six percent reported that police have physically assaulted them and 2% reported that police have sexually assaulted them. Assault rates were even higher for Black trans people, with 15% reporting physical abuse and 7% of them reporting sexual assault by police.



There is also limited data on trans incarceration. The Bureau of Justice Statistics estimates that there are over 3,200 transgender people in U.S. prisons and 1,827 in local jails nationwide. However, this might be an underestimate: In 2020, NBC News found that there were 4,890 transgender people locked up in state prisons alone. And according to data from *The National Transgender Discrimination Survey*, **1 in 6 trans people have been incarcerated** at some point, and nearly half (47%) of Black trans people have been incarcerated:



Once behind bars, trans people face extremely high rates of harassment and physical and sexual assault, are frequently denied routine healthcare, and are at high risk of being sent to solitary confinement. Black and Pink found that 44% of transgender, nonbinary gender, and Two-Spirit in their sample were denied access to hormones they requested. And as our previous study found, most states do not have policies ensuring basic protections for trans people behind bars. And most prisons in the U.S. currently house transgender people by their sex assigned at birth or according to genital characteristics, not their gender identity, which only increases their risk of harassment and assault.

Conclusion and recommendations

The data consistently shows that LGBTQ people are overrepresented throughout the criminal justice system and that they are subjected to especially harmful conditions behind bars. The Movement Advancement Project and Center for American Progress have explained how discrimination and stigma – like family rejection, poverty, unsafe schools, and employment discrimination – leads to criminalization. They argue that ending the criminalization of LGBTQ people will require broad social and policy changes, including (but not limited to):

- Increasing support for LGTBQ youth within families, schools, communities, and other institutions

- Eliminating discrimination against LGBTQ people in housing, employment, and other realms
- Eliminating homelessness among the LGBTQ population
- Ending the criminalization of sex work
- Enacting drug policy and sentencing reforms

While the central goal should be keeping LGBTQ people out of prison in the first place, far more needs to be done to ensure their safety behind bars, by preventing harassment and sexual assault, improving systems for addressing assault when it occurs, providing access to appropriate housing, health care, and clothing to incarcerated transgender people, and enacting and enforcing non-discrimination policies for staff.

Footnotes

1. A note about language used in this briefing: We most often use the term LGBTQ to refer to gay, lesbian, bisexual, transgender, and queer people in the criminal justice system, to best match the data sources we used. In a few places, we depart from the LGBTQ acronym to reflect other groups explicitly included in the data source we reference (for instance, in the section about youth in the juvenile justice system, where “questioning” youth are included), or where a group is explicitly excluded (the studies analyzing the National Inmate Survey, for example, do not address people who identify as transgender). Unfortunately, government data on gender and sexuality in the criminal justice system do not allow us to see whether intersex, asexual, gender nonconforming, two spirit people, and other groups within the queer community are also overrepresented in our criminal justice system. ↩
2. Specifically, [Irvine & Canfield \(2016\)](#) “found that 60.1% of girls in the juvenile justice system are ↩
- heterosexual and gender conforming; 7.8% are heterosexual and gender nonconforming (more masculine presenting or behaving); 22.9% of girls are lesbian, bisexual, or questioning and gender conforming; and 9.2% of girls are lesbian, bisexual, or questioning and gender nonconforming.” (Chart 2, page 249) ↩
3. Future researchers should note that a breakdown of the offenses for which LGBTQ people are disproportionately arrested is a remaining data gap. ↩
4. Gay and bisexual men are not overrepresented in jails, where 3.3% are gay or bisexual men and 2.9% report having had sex with men before arrival at the facility but do not self-identify as gay or bisexual. ↩

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UNJUST: HOW THE BROKEN CRIMINAL JUSTICE SYSTEM FAILS TRANSGENDER PEOPLE

May 2016



Center for American Progress



MAP

movement advancement project ▶

Authors



Partners

This report was authored by:**Center for American Progress**

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Movement Advancement Project

The Movement Advancement Project (MAP) is an independent think tank that provides rigorous research, insight, and analysis that help speed equality for LGBT people. MAP works collaboratively with LGBT organizations, advocates and funders, providing information, analysis and resources that help coordinate and strengthen efforts for maximum impact. MAP's policy research informs the public and policymakers about the legal and policy needs of LGBT people and their families.

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This report was developed in partnership with:**Advancement Project**

Advancement Project is a next generation, multi-racial civil rights organization. Rooted in the great human rights struggles for equality and justice, we exist to fulfill America's promise of a caring, inclusive and just democracy. We use innovative tools and strategies to strengthen social movements and achieve high impact policy change. Learn more at www.advancementproject.org.

Forward Together

Forward Together is a multi-racial, multi-issue organization that is changing how we think, feel, act, and make policy about families. Whether chosen or biological, we work to ensure that all families have the power and resources they need to thrive. We work at the intersections of race, gender, and sexuality—and find ways to shift our culture and policy in the areas of reproductive justice, economic justice, and ending mass incarceration. For more information, visit www.forwardtogether.org.

JustLeadershipUSA

JustLeadershipUSA is dedicated to cutting the U.S. correctional population in half by 2030, while reducing crime. JLUSA empowers people most affected by incarceration to drive policy reform. Learn more at www.justleadershipusa.org.

National Center for Transgender Equality

The National Center for Transgender Equality (NCTE) is the nation's leading social justice advocacy organization winning life saving change for transgender people. NCTE was founded in 2003 by transgender activists who recognized the urgent need for policy change to advance transgender equality. For more information, visit www.transequality.org.

National LGBTQ Task Force

The National LGBTQ Task Force advances full freedom, justice and equality for all LGBTQ people. We are building a future where everyone can be free to be their entire selves in every aspect of their lives. Today, despite all the progress we've made to end discrimination, millions of LGBTQ people face barriers in every aspect of their lives: in housing, employment, healthcare, retirement, and basic human rights; these barriers must go. They also face persecution, harassment and violence for simply being themselves; this must change. That's why the Task Force is training and mobilizing millions of activists across our nation to deliver a world where you can be you. For more information, visit www.thetaskforce.org.

Transgender Law Center

Transgender Law Center (TLC) changes law, policy and attitudes so that all people can live safely, authentically, and free from discrimination regardless of their gender identity or expression. Founded in 2002, TLC employs an integrated multidisciplinary approach—including impact litigation, policy advocacy, public education, and movement building—to protect and advance the rights of transgender and gender nonconforming people from coast to coast. For more information, visit www.transgenderlawcenter.org.

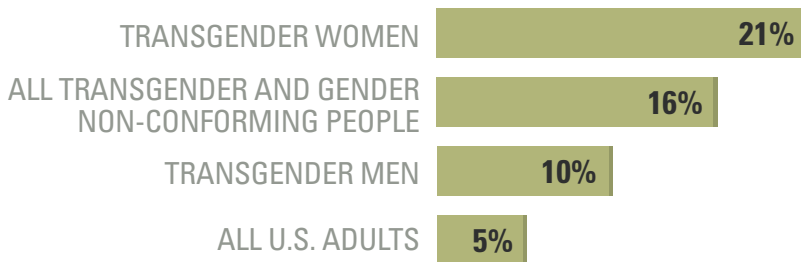
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HOW THE JUSTICE SYSTEM FAILS TRANSGENDER PEOPLE

TRANSGENDER PEOPLE ARE OVERREPRESENTED

PERCENT OF ADULTS REPORTING TIME SPENT IN PRISON OR JAIL



WHY ARE TRANSGENDER PEOPLE OVERREPRESENTED?

TRANSGENDER PEOPLE ARE MORE VULNERABLE

Family Rejection & Homelessness



Unsafe Schools & Unfair Disciplinary Policies



Pervasive Discrimination in All Areas of Life



Employment



Housing



Identity Documents



Health Care

TRANSGENDER PEOPLE ARE PUSHED INTO THE SYSTEM

Bad Laws



- HIV Criminalization Laws
- Drug Laws
- Criminalization of Sex Work

Policing Strategies



- Profiling
- Collaboration Between Police and Immigration Enforcement
- Misgendering and Inaccurate Identity Documents
- Discrimination and Mistreatment
- Violence When Seeking Assistance

Sources: Jaime M. Grant et al., "Injustice at Every Turn: A Report of the National Transgender Discrimination Survey," Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011; Allen J. Beck and Thomas P. Bonczar, "Lifetime Likelihood of Going to State or Federal Prison" (Bureau of Justice Statistics, March 6, 1997).

HOW THE JUSTICE SYSTEM FAILS TRANSGENDER PEOPLE

HOW ARE TRANSGENDER PEOPLE TREATED IN THE SYSTEM?

DISCRIMINATION IN COURTS



- Discrimination by Court and Legal Staff
- Discrimination by Juries

HARASSMENT & ABUSE IN PRISONS, JAILS, AND IMMIGRATION DETENTION FACILITIES



- Unsafe Placement
- Harassment and Assault by Facility Staff
- Harassment and Assault by Other Inmates
- Lack of Access to Health Care
- Disrespect in Daily Life

HOW ARE TRANSGENDER PEOPLE TREATED UPON RELEASE?



Lack of support in reentry programs and restrictive requirements during probation and parole



Difficulty obtaining name changes and accurate identity documents create serious obstacles to success

WHAT IS THE IMPACT ON TRANSGENDER PEOPLE?

DISCRIMINATION + CRIMINAL RECORD

= **SUBSTANTIAL CHALLENGES TO REBUILDING LIVES**



Unemployment



Denied Housing



Lacking Needed Health Care

INTRODUCTION

This report offers a snapshot of how the U.S. criminal justice system not only fails transgender people, but also targets them. As shown in the graphics on the previous two pages, transgender and gender non-conforming people^a face high levels of discrimination in many areas of life that put them at risk for economic insecurity, homelessness, and reliance on survival economies. Combined with policing strategies that profile and target transgender people, particularly transgender women of color, the end result is high rates of criminalization of transgender people. Once within the criminal justice system, transgender people are often discriminated against, verbally and sexually assaulted, refused adequate medical care, and treated with disregard for their identity and dignity. And when trying to rebuild their lives with a criminal record, transgender people face added challenges.

Throughout this report, we highlight the unique impact of the criminal justice and immigration systems on documented and undocumented transgender immigrants. This report is not, however, meant to provide a detailed analysis of these added challenges. For a more thorough exploration, please see the resources listed on the bottom of page 15.

This report is a companion to a broader report released in February 2016 entitled *Unjust: How the Broken Criminal Justice System Fails LGBT People*. That report provides more detailed analyses and statistics, examples of innovative programs and personal stories, and detailed recommendations for change. This companion report is designed to be a primer highlighting the key issues that arise for transgender people within the criminal justice system.

PERVASIVE DISCRIMINATION PUSHES TRANSGENDER PEOPLE INTO THE CRIMINAL JUSTICE SYSTEM

From youth to adulthood, transgender people face high levels of discrimination in many areas of life that put them at risk for economic insecurity, homelessness, and reliance on survival economies. Transgender people are also disproportionately affected by discriminatory laws, and are often victims of hate violence and police profiling. For transgender people, and especially transgender people of color and transgender immigrants, the combined effect of these factors is increased potential interactions with law enforcement and the criminal

justice system. The infographic on the following page demonstrates the ways in which transgender people are pushed into the system.

Lack of Support at Home, at School, and in Communities

Family Rejection and Homelessness

Transgender and gender non-conforming youth may experience family rejection and isolation, which can result in homelessness and a lack of support network. In a national survey of transgender adults, 57% experienced family rejection.¹

57% OF TRANSGENDER ADULTS HAVE EXPERIENCED FAMILY REJECTION

Transgender people of color, particularly multiracial, Native American, and Latino respondents, were more likely to report this experience. According to the National Transgender Discrimination Survey, an astounding one in five transgender people report having experienced homelessness at some time in their lives because of discrimination and family rejection.² Individuals who reported experiencing family rejection were also at increased risk for incarceration and substance use compared to those who were supported by their families.

1 IN 5 transgender people report having experienced homelessness at some time in their lives because of discrimination and family rejection

Unsafe Schools and Unfair Disciplinary Policies

School is a difficult place for many LGBT students, particularly transgender and gender non-conforming students, and some students are pushed out of school as a result of bullying, violence, and disciplinary policies. The 2013 National School Climate Survey found that three-quarters (75%) of transgender middle and high

^a **Transgender.** The term transgender is independent of sexual orientation and describes individuals whose sex assigned at birth is different from who they know they are on the inside. At some point in their lives, many transgender people decide they must live their lives as the gender they have always known themselves to be, and transition to living as that gender.

Gender non-conforming. This report uses the term gender non-conforming to describe a person who has, or is perceived to have, gender-related characteristics and/or behaviors that do not conform to traditional or societal expectations. This term is also independent of sexual orientation. For example, gender non-conforming women may or may not also identify as lesbian, gay, or bisexual.

PERVASIVE DISCRIMINATION PUSHES TRANSGENDER PEOPLE INTO THE CRIMINAL JUSTICE SYSTEM

TRANSGENDER YOUTH LACK SUPPORT AT HOME, AT SCHOOL, AND IN COMMUNITIES



Family Rejection & Homelessness



Unsafe Schools & Unfair Disciplinary Policies

TRANSGENDER ADULTS FACE PERVASIVE DISCRIMINATION IN MANY AREAS OF LIFE



Employment Discrimination



Housing Discrimination



Health Care Discrimination



Challenges Obtaining ID Documents

BAD LAWS TARGET TRANSGENDER PEOPLE



HIV Criminalization Laws



Drug Laws



Bathroom Laws



Criminalization of Sex Work

NEGATIVE AND DANGEROUS POLICE INTERACTIONS



- Police Profiling
- Collaboration Between Police and Immigration Enforcement
- Misgendering and Inaccurate IDs
- Discrimination and Mistreatment by Police

IMPACT: INCREASED RISK FOR ECONOMIC INSECURITY, HOMELESSNESS, AND RELIANCE ON SEX WORK RESULTING IN POLICE INTERACTIONS AND INCARCERATION

school students felt unsafe at school because of how they expressed their gender.³ Of adults responding to the National Transgender Discrimination Survey, 78% who expressed a transgender identity or gender non-conformity during primary and secondary school had been harassed.⁴ Additionally, school facilities like restrooms and locker rooms present unique challenges for transgender and gender non-conforming students and can increase vulnerability to harassment and violence. Some students' experiences are so negative and dangerous that they skip school or drop out entirely. In the National Transgender Discrimination Survey, 15% of transgender and gender non-conforming adults reported leaving school as a result of the mistreatment they experienced.

Transgender and gender non-conforming youth, particularly transgender youth of color, are among the groups of students who are more likely to be suspended, expelled, or otherwise removed from school settings—often for relatively minor offenses—and pushed into the juvenile justice and broader correctional systems.⁵ For example, the 2013 National School Climate Survey revealed that transgender students were more likely to have experienced school disciplinary actions—including detention, suspension, or expulsion—than non-transgender LGB students.⁶ In its work in New York State, the New York Civil Liberties Union received many complaints of transgender youth being disciplined for wearing clothes that were consistent with their gender identity or for using the “wrong” restroom.⁷ Legislation like that passed in April 2016 in North Carolina places restrictions on how transgender students can use the restroom, increasing the chances that transgender students will be disciplined in schools (for more about laws targeting transgender people, particularly around restroom access, see pages 8-9). In May 2016, the U.S. Departments of Education and Justice sent a joint letter to schools notifying them that prohibiting a transgender student from using a restroom in accordance with their gender identity, along with other discrimination based on gender identity or expression, constitutes a violation of Title IX's prohibition on discrimination based on sex.

What's more, when young people don't complete their educations, they face limited employment opportunities and are more likely to rely on survival or underground economies. In the National Transgender Discrimination Survey, respondents who reported being physically assaulted at school were twice as likely to have extremely low incomes of \$10,000 or less a year, to

have done sex work or other work in the underground economy, and they were 50% more likely to have been incarcerated at some point in their lives.⁸

Discrimination in Many Areas of Life

Transgender people experience extremely high rates of discrimination in employment, housing, and health care. This is compounded by an inability to update the gender marker on their identity documents, effectively “outing” transgender people whether they are applying for a job or an apartment. Barriers to employment and housing can result in increased economic insecurity and homelessness. The combination of poverty, unemployment, and homelessness contributes to higher rates of incarceration and justice system interactions among transgender people, particularly when transgender people are forced to rely on underground economies to survive, such as trading sex or selling drugs.

Employment Discrimination

Transgender and gender non-conforming people report shockingly high rates of employment discrimination; 78% of respondents to the National Transgender Discrimination Survey said they'd experienced discrimination in the workplace.⁹ In a study conducted by the District of Columbia Office of Human Rights, employers favored less qualified candidates over qualified transgender candidates in nearly half (48%) of cases.¹⁰

More Qualified Transgender Candidates Rejected
in Nearly Half of Cases



Employment discrimination and harassment has negative results for transgender people, namely unemployment and poverty. Transgender individuals reported twice the average national unemployment rate at the time the National Transgender Discrimination Survey was conducted; 14% compared to 7% of the general population.¹¹



The same survey also found that African American transgender people had substantially higher rates of unemployment than white transgender people (28% compared to 12%). Transgender and gender non-conforming respondents were nearly four times more likely to have a household income under \$10,000 per year than the population as a whole (15% vs. 4%). This is true despite the finding that 87% of those surveyed completed at least some college and 47% have obtained a college or graduate degree—rates that are much higher than those for the general population.

The lack of employment opportunities for transgender people can lead some transgender people to engage in underground economies, like trading sex for money or shelter or selling drugs. For undocumented transgender immigrants in particular, lack of employment opportunities can lead to increased involvement in underground economies. These factors put transgender people, particularly transgender people of color, at heightened risk for engagement with the criminal justice system. And, as discussed on pages 32-33, once an individual has a criminal record, the cycle of unemployment and homelessness becomes even more challenging to break.

Housing Discrimination

Nearly one in five (19%) transgender people in the National Transgender Discrimination Survey reported they had been refused a home or apartment because of their gender identity/expression, and 11% had been evicted for the same reason.¹² Eviction rates were even higher for African American transgender respondents (37%). When transgender people experience housing discrimination or cannot afford adequate housing, they may become homeless. The National Transgender Discrimination Survey found that nearly one in five people (19%) had been homeless at some point.¹³

One in five transgender people (19%) have been homeless



Transgender people facing homelessness also face discrimination from agencies that should be helping them. A 2010 survey of transgender people found that

29% of individuals who had experienced homelessness had been turned away from a shelter because of their transgender status; 55% had been harassed by shelter staff or residents.¹⁴ Transgender people are frequently unable to stay in a shelter that matches their gender identity as opposed to their birth sex, making them less likely to seek shelter altogether.¹⁵

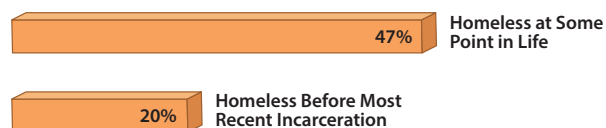
29% OF PEOPLE WERE TURNED AWAY FROM A SHELTER

55% OF PEOPLE WERE HARASSED BY SHELTER STAFF OR RESIDENTS BECAUSE OF THEIR TRANSGENDER STATUS

When transgender people are on the streets or struggling to make ends meet, they are often put in situations where they may encounter police and enter the criminal justice system.

Of transgender people in men's prisons in California, nearly half (47%) reported being homeless at some point in their lives, and 20% reported being homeless just before their most recent incarceration.¹⁶ By comparison, only 9% of the general prison population reported being homeless prior to being incarcerated.¹⁷ In the National Transgender Discrimination Survey, individuals who had experienced homelessness were 2.5 times more likely to have been incarcerated than who had not experienced homelessness.¹⁸

Transgender people in CA prisons:



Healthcare Discrimination and Health Disparities

For transgender people, even those with health insurance, needed health care isn't always covered. In a majority of states, insurance companies continue to exclude coverage for transition-related medical care, even when such care is deemed medically-necessary and the same care is covered for non-transgender people.¹⁹ These exclusions deny transgender people coverage for a range of vital services (including hormone

therapy, mental health services, and reconstructive surgeries). In May 2016, the U.S. Department of Health and Human Services released regulations stating that health insurance providers that discriminate based on sex, including gender identity or expression, including excluding services based on transgender status, are in violation of federal law. This rule applies to all health providers and insurers that participate in the state and federal insurance exchanges and those who receive federal funding. Transgender immigrants, particularly those lacking legal authorization to be in the United States, may be unable to access health insurance programs, including expanded health insurance options for low- and middle-income individuals.

To afford this medically necessary care, some transgender people purchase medication or medical services without a prescription or from unlicensed medical providers, putting their health at risk and increasing their chance of being arrested.²⁰ Some transgender people inject hormones as part of their transition-related medical care, so they may have syringes in their belongings.^b Transgender people may also be unfairly targeted by police for suspicion of drug use if they are found in possession of syringes. Others turn to survival economies to afford the out-of-pocket costs of transition-related care.

In addition to medical care related to transition, research finds that transgender people may have other unmet health needs, particularly in the area of mental health. More than one quarter (28%) of transgender people in the National Transgender Discrimination Survey postponed medical care when they were sick or injured, because they feared discrimination.²¹ Nearly one in five (19%) transgender people had been refused medical care because of their identity, and 28% had been harassed in a medical setting, including 24% in doctor's offices and hospitals and 11% in mental health clinics.

Some transgender people struggle with mental health concerns, which may go untreated because of discrimination or lack of access to health insurance. The National Transgender Discrimination Survey found that 41% of transgender and gender non-conforming respondents reported attempting suicide at some point during their lives.²² Additional analyses reveal that individuals who had experienced family rejection, discrimination and violence, and those who had experienced homelessness were more likely to report suicide attempts.²³

Healthcare discrimination combined with unemployment can combine to mean that few transgender people can access competent mental health care.

Challenge Obtaining Accurate Identity Documents

Transgender people face an ongoing struggle to obtain identity documents that match their lived gender. Many states have requirements that make updating documents difficult or impossible.²⁴ Some states also limit access to identity documents for undocumented immigrants, putting undocumented immigrants at particular risk. Having official, government-issued identity documents is crucial to many aspects of everyday life, including driving a car, paying with a credit card, applying for a job or school, voting, or boarding a plane.

According to the National Transgender Discrimination Survey, only one-fifth (21%) of transgender people were able to update all of their identification documents and records to match the gender they live as every day, and one-third did not update any of their documents.²⁵

One in five transgender people (21%) were able to update all of their identification documents and records to match the gender they live as every day...



... and one-third did not update any of their documents

Without access to accurate identity documents, transgender people face added barriers to finding employment, face challenges accessing social services, and are at increased risk of harassment by law enforcement (see pages 10-12 for more about abuse by law enforcement). When transgender people are stopped or detained, they are often subject to harassment and abuse if the legal name and gender marker on the document they present doesn't match their gender expression or the name they use in daily life. Additionally,

^b A troubling number of transgender people who lack adequate medical care and/or those who cannot find competent medical care use street hormones and may be at increased risk for blood-borne illnesses, such as HIV, if they share needles.

law enforcement may accuse a transgender person of committing fraud for giving a name that differs from the one on their identification; they may even be arrested on false impersonation charges.

Targeted by Bad Laws

HIV Criminalization Laws

Transgender people are among the groups most affected by the HIV epidemic. According to a recent study by the Transgender Law Center, transgender women of color are most likely to be affected, with one in two black transgender women and one in five transgender Latinas living with HIV.²⁶

1 in 2 black transgender women and 1 in 5 transgender Latinas live with HIV



People living with HIV, including transgender people, face a patchwork of outdated and reactionary laws that rely on misinformation rather than accurate science about the transmission of HIV.²⁷ These laws, frequently called “HIV criminalization laws,” penalize behavior by people living with HIV, even if those behaviors carry no risk of transmission or unintentionally expose others to the virus. HIV criminalization laws also further criminalize commercial sexual behavior between consenting adults, regardless of whether they use condoms and/or other forms of protection. For example, the Williams Institute found nearly all individuals (94%) who came into contact with the criminal justice system in California under any HIV-related criminalization statute had contact related to “solicitation while HIV positive.”²⁸

In a survey of people living with HIV, 57% of transgender respondents said they feared false accusations of nondisclosure, which could trigger criminal prosecution.²⁹ Virtually all of the transgender respondents said it would be very difficult to receive a fair chance in court if accused of nondisclosure.

Drug Laws

Current drug policy in the United States results in the incarceration of tens of thousands of individuals

each year—many of whom were convicted of nonviolent crimes such as possession of marijuana or another illegal substance. The intensity of the so-called “war on drugs” in the United States has disproportionately impacted urban communities, people of color, and those living in poverty.

Some transgender people may engage in selling drugs because of their disconnection from more traditional employment opportunities as a result of discrimination. Other transgender people may themselves use illegal drugs as a way to cope with the high rates of discrimination, violence, and harassment they experience in daily life. For example, transgender respondents to the National Transgender Discrimination Survey who reported losing a job due to bias were 70% more likely to drink or misuse drugs to cope with mistreatment.³⁰ Transgender respondents who experienced family rejection, who had been verbally harassed, physically or sexually assaulted, or expelled from school were also more likely to report using drugs or alcohol as a coping strategy. Given higher rates of drug use for LGBT people,³¹ homelessness and police stereotyping, it is likely that LGBT people, including transgender people, face significantly higher risks of drug-related arrest. For example, in the Black and Pink survey of currently incarcerated LGBTQ people, 55% had sold drugs prior to being incarcerated.³²

Bathroom Laws

As noted above, transgender people face discrimination and harassment in many areas of life—when looking for housing or employment, when accessing medical care, or when walking down the street.

For some transgender people, the simple act of using a public restroom can result in harassment and even violence. In a study of transgender and gender non-conforming people living in the District of Columbia, for example, 70% reported being denied access to the restroom or being verbally harassed or physically assaulted.³³ More than two-thirds of respondents (68%) had been told they were in the wrong facility, were told to leave, were questioned about their gender, stared at or given strange looks, ridiculed or made fun of, or otherwise verbally harassed.

While transgender people have long been at risk for harassment—even having the police called on them for using a restroom in accordance with their gender identity—over the past year, cities and states have debated, and in some cases passed, laws that criminalize

transgender people for using the restroom that matches the gender they live every day. In some instances, legislation requires individuals to use a restroom that matches their “biological sex” or the sex listed on their birth certificate. For example, in North Carolina all multi-occupancy restrooms in schools and public agencies may only be used by individuals in accordance with their “biological sex,” defined by the state as the sex listed on one’s birth certificate.³⁴ But many transgender people live in states that make it extraordinarily difficult, if not impossible, to update identity documents such as birth certificates. North Carolina requires proof of sex reassignment surgery to change the gender marker on a birth certificate, which means undergoing medical procedures not all transgender people want or can afford.³⁵ And for transgender people who are unable to update their birth certificates, these new bathroom laws make it impossible for them to safely use the restroom. For example, a transgender man who was assigned female at birth but has lived his adult life as a man (and who looks like a man, including full facial hair) would certainly risk violence and police involvement if he entered the women’s room—but if he enters the men’s room, he’s breaking the law. In the 2015-2016 legislative session, at least 20 states proposed this type of “no-win” legislation restricting restroom access for transgender people.³⁶

Despite claims made by some legislators in support of these laws, there is no evidence that transgender people using the restroom in accordance with their gender identity decreases safety for anyone.³⁷ In 2014, advocates contacted law enforcement officials, government employees, and victims’ rights advocates in 12 states that prohibit discrimination in places of public accommodation.³⁸ Not one state reported that the law had led to an increase in public safety incidents in restrooms.

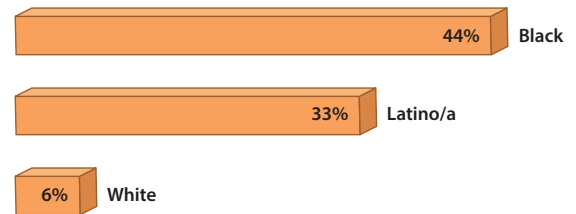
In fact, these ordinances and laws restricting restroom access actually contribute to a concerted effort to criminalize transgender people. Indiana lawmakers considered legislation that would have made it a misdemeanor crime for anyone above the age of 10 to use a restroom that did not match their sex assigned at birth.

The Criminalization of Sex Work

Faced with discrimination at school and work, high rates of homelessness, and limited access to meager safety net supports, some transgender people engage in sex work to earn income or trade for housing. For example:

- According to the National Transgender Discrimination Survey, 11% of transgender respondents had engaged in sex work in order to survive.³⁹ Black respondents had the highest rate of sex trade participation overall (44%), followed by those who identified as Latino/a (33%). Those who identified as “White only” had the lowest rate of participation at 6%.

Participation in sex trade by transgender people, by race



Nearly half (48%) of transgender people who engaged in sex work also reported experiencing homelessness, further compounding their likelihood of interaction with police.

- In a survey of transgender people in state prisons for men in California (the survey presumably reached mostly transgender women who were placed in men’s prisons), over 40% reported having participated in sex work.⁴⁰

Because transgender people, particularly transgender women of color, and undocumented transgender immigrants may be disproportionately represented among individuals engaged in sex work, they are frequent targets of laws criminalizing prostitution and related offenses. Police generally have wide discretion under these ordinances, and they often arrest individuals for vague violations such as “loitering with intent to solicit.”⁴¹

A newly released report entitled *Meaningful Work: Transgender Experiences in the Sex Trade* details these laws further.⁴² The report finds that police may classify an individual as a “known prostitute” or issue “stay away orders” which associate a physical location with a presumption of criminal activity, regardless of the legitimate, non-criminal reasons a person might have for being in an area. Profiling in this manner, particularly of transgender women of color, is commonly referred to as “walking while trans.”

In a number of cities and counties, police take these laws to an even greater extreme, considering possession or presence of condoms as evidence of prostitution.⁴³ Not only does this practice infringe on basic rights, but it also discourages individuals from carrying condoms, undermining efforts to reduce transmission of HIV and other sexually transmitted infections.

Particularly for transgender women, who are at increased risk for HIV,⁴⁴ this leaves them in a difficult situation—risking arrest for carrying condoms or endangering their health by not using protection. Among LGBTQ youth in New York City engaged in survival sex surveyed by the Urban Institute and Streetwise and Safe, 15% reported that condoms found during a stop, question, or frisk were used by police to justify lengthy questioning or arrests for prostitution-related offenses.

Negative and Dangerous Police Interactions

When law enforcement agencies, including city and state police, enforce laws and ordinances, they frequently do so in ways that disproportionately impact low-income people and people of color, including transgender people. For transgender people specifically, especially transgender women of color, interactions with police are not only negative but they are frequently dangerous. Transgender people experience profiling by police, frequently under the assumption they are engaged in sex work; they are treated with disrespect and are misgendered^c by police, and the lack of an accurate identity document can put an individual at increased risk for this; and they are subject to invasive searches and too often physical and sexual violence at the hands of law enforcement. Transgender immigrants are at constant risk of being pushed into immigration enforcement custody as law enforcement may profile or target them because of their real or perceived immigration status, their gender identity or expression, their race or ethnicity, or all three. Additionally, when transgender people seek assistance from police, they all too often are themselves arrested.

Police Profiling

Law enforcement officers frequently make judgment calls about when to question or interact with someone. In these situations, underlying biases and explicit prejudice can influence officers' decisions. "Profiling" refers to the practice by law enforcement of relying on an individual's

characteristics to make conclusions about whether or not that individual is participating in criminal activity.⁴⁵ When law enforcement officials profile, they are not focusing on evidence of wrongdoing, but are instead relying on stereotypes and bias.

An Amnesty International report found that transgender people in particular, as well as LGBT individuals generally, are subject to increased policing because they are perceived to transgress gender norms.⁴⁶ For example, police frequently assume that transgender women, particularly transgender women of color, are sex workers based on their perceived transgender status and their race, as well the fact that they are standing, walking, or driving in a particular area. As noted above, some LGBT people do engage in sex work or selling drugs, but the assumption by police is too frequently that any LGBT person, particularly a transgender woman of color, must be doing so. In New Orleans, for example, as part of the U.S. Department of Justice investigation and resulting consent decree, transgender women reported that officers frequently targeted and arrested them.⁴⁷

Surveys also show the disproportionate impact of stop-and-frisk policies on transgender people, particularly people of color and transgender women. Transgender women in New York City reported high levels of interactions with the police, which often included unnecessary and aggressive searches.⁴⁸

Collaboration Between Police and Immigration Enforcement

LGBT immigrants, particularly those who are also people of color, are at heightened risk of profiling by police because of their presumed undocumented immigration status or their religious or ethnic background. Even an arrest for a minor offense can result in detention and ultimately deportation for immigrants, in some cases regardless of immigration status. Under programs such as the Priority Enforcement Program, law enforcement checks fingerprints of those arrested against immigration databases, which can result in Immigration and Customs Enforcement (ICE) taking custody of individuals, regardless of whether they committed a crime. Other programs, such as the Criminal

^c The term "misgender" refers to when a transgender person is not recognized as the gender with which they identify but rather is referred to as and treated in accordance with their sex assigned at birth. For example, a transgender woman is misgendered when she is referred to as "he" or put into an all-male setting.

Story: Walking While Trans



#1: Bianca's Story

In 2011, 18-year-old Bianca Feliciano was walking with a friend in Cicero, a western suburb of Chicago. They were stopped by police under suspicion of prostitution. The police ordered them into a police car and proceeded to search Bianca's purse. The police officers refused to accept her ID, which had her legal name and gender marker. They then verbally harassed Bianca, saying, "You are not female, you have a dick between your legs." She was threatened with physical violence by the police, and they told her she could be accused of fraud. In 2012, she settled a lawsuit with the police, which included a stipulation that the police department would develop guidelines for respectful interactions with transgender people.

Adapted from "Transgender Woman Sues Cicero Police, Alleging Harassment," The Tran's Women's Healing Justice Project; Clifford Ward, "Transgender woman settles suit with Cicero, attorneys say," The Chicago Tribune, August 7, 2012.



#2: Antonia's Story

Antonia is a transgender Latina woman from Jackson Heights in Queens, NY. She has been stopped, frisked, profiled, and arrested multiple times for allegedly being engaged in prostitution. One day, Antonia was walking in her neighborhood with two other transgender women. While outside of one of their homes, two police officers pulled up in a police car, stopped them, and told them to go home. The officers then drove around the block and saw Antonia and her friends again. This time they did not ask; they just stopped and frisked them. Police told them they were looking for condoms; they said they stopped Antonia and her friends for prostitution. No condoms were found, but Antonia was arrested and taken to the detention center, where she was strip searched to the point that she was nearly naked as officers reportedly laughed at her. As a result, Antonia feels falsely accused, violated, and humiliated.

Adapted from Make the Road New York, "Transgressive Policing: Police Abuse of LGBTQ Communities of Color in Jackson Heights," October 2012.

Alien Program and the 287(g) program, intertwine law enforcement and immigration enforcement by allowing law enforcement to act as immigration officials and to increase immigration enforcement activities within prisons and jails.

Under the Obama administration, deportation has reached a record high. In 2013, the United States deported 240,000 people without criminal records and 198,000 people with criminal records.⁴⁹

Misgendering and Inaccurate Identity Documents

Being asked to present identity documents in interactions with police is a very vulnerable moment for transgender people. If one's identity document does not match an individual's gender expression or the officer's perception of what the person's gender is, this may result in increased scrutiny by law enforcement. Additionally, if an individual's name differs from the name on their identity documents, a simple traffic stop or stop on a street corner may escalate quickly. For transgender

immigrants, who may lack legal identity documents, these interactions can be particularly dangerous—both increasing the risk of harassment and interactions with immigration systems. Particularly troubling, officers may then conduct searches to try to ascertain "who someone really is," violating a transgender person's physical safety and subjecting them to humiliating treatment, and increasing the risk of physical and sexual assault. As noted above, there are numerous requirements and high costs associated with name change and gender marker changes in many states—and the impossibility in others—and, as a result, many transgender people have incongruent documents that can put them at increased risk of harassment, violence, and even arrest and possible deportation.

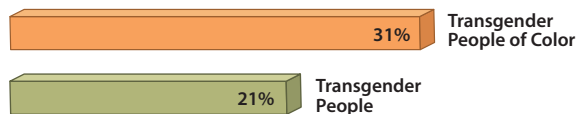
Discrimination and Mistreatment by Police

Transgender people, including many transgender people of color, have long suffered from discrimination, harassment, and violence at the hands of police.

Recent surveys have quantified these experiences, and they highlight some of the ways in which law enforcement not only targets transgender people, but also abuse their power and treat transgender people in deplorable ways.

In the National Transgender Discrimination Survey, 22% of respondents who had interacted with police experienced harassment.⁵⁰ The 2015 LGBT Health and Human Services Needs Assessment conducted in New York State found one in five transgender respondents (21%) had been unfairly arrested, harassed, or physically harmed with higher rates for transgender people of color (31%).⁵¹

Rate of Mistreatment by Police



Harassment and discrimination by law enforcement is higher among transgender people of color. The National Transgender Discrimination Survey revealed that transgender people of color, particularly black and multiracial transgender and gender non-conforming people reported even higher rates (38% and 36%, respectively), while 8% of Latino/a transgender and gender non-conforming people who interacted with police reported sexual assault compared to 2% of all respondents. Among transgender Latinas in Los Angeles County, for example, two-thirds report that they have been verbally harassed by law enforcement, 21% report being physically assaulted by law enforcement, and an astounding 24% report being sexually assaulted by law enforcement.⁵²

When Seeking Assistance From Police. The lack of a competent response from law enforcement when transgender people seek assistance can unfairly push some transgender people into the criminal justice system or immigration enforcement system. When transgender people seek assistance from the police, particularly in instances of intimate partner violence or a hate crime, they are often met with a lack of understanding. Sometimes they are even arrested alongside, or instead of, the perpetrator.

According to a 2014 study by the National Coalition of Anti-Violence Projects (NCAVP), transgender women and transgender people in general, are among the most at risk for severe violence.⁵³ Further, transgender women and transgender people of color were each

1.6 times more likely to experience physical violence than other LGBT people and people living with HIV.

Transgender women and transgender people of color are

1.6x

more likely to experience physical violence

Even with the high levels of violence they experience, NCAVP's report found that transgender women were less likely to report hate violence incidents to the police than were other survivors—probably because of poor treatment by police.⁵⁴ The National Transgender Discrimination Survey, for example, found that 46% of respondents reported being uncomfortable seeking assistance from police, likely resulting from high rates of experienced harassment or disrespect by police described above.⁵⁵

When transgender people do seek out assistance from law enforcement, they often do not have their complaint taken seriously or are not responded to quickly. Police may blame the transgender survivor for crimes against them, particularly in cases involving transgender people whom police officers may see as engaging in "gender fraud."⁵⁶ In addition, there have been documented cases where a transgender person involved in a hate incident was charged with a crime for defending themselves against a perpetrator, while the perpetrator was not charged.⁵⁷

Story: Transgender Man Imprisoned for Fighting Off Rapist

Ky Peterson, a black transgender man, is serving a 20-year sentence for involuntary manslaughter in the Pulaski State Prison in Georgia. His crime? He defended himself when he was being raped by a stranger.

On October 2011, Ky was walking home from a gas station. He was frequently harassed by strangers and had been raped before, so he kept a gun in his bag for protection. After ignoring the advances of a man drinking outside the gas station, Ky passed some abandoned buildings. There the man, Samuel Chavez, hit Ky over the head and raped him while screaming homophobic slurs. Ky's brothers heard his screams and helped pull Chavez off of Ky. As Chavez came charging toward him again, Ky shot the man.

Immediately, Ky wondered what to do. Would the police see him as a rape survivor who defended himself with the help of his brothers? Or would police see the young black men as thugs?

A rape kit came back positive and confirmed what Ky had told the police—he had been raped and had defended himself. Nevertheless, he was arrested for possession of a firearm and for shooting his rapist. Ky spent 366 days in the county jail awaiting formal charges. He wasn't given an opportunity to meet with a public defender.

Once he was formally charged, Ky met with a public defender who advised him to plead guilty to involuntary manslaughter. Ky's public defender had more than 200 active cases at the time and wasn't able to devote much time to the case. Ky's attorney told *The Advocate* he thought Ky had two strikes against him. "Number 1, you're African-American," the attorney recounted saying to Ky. "And these little old white ladies in South Georgia think that if [they] see an African-American outside their own neighborhoods, [they] need to be careful." The second strike, the attorney said, was that Ky looked "stereotypically gay." "The fact you're gay will be an issue that I have to address early on," the attorney recalled telling Ky. "That's two strikes that are against us from the get-go. And that factored extensively into my and my investigator's discussions about the case." Ky never told his public defender that he was transgender.

Ky was placed in a women's prison and is frequently harassed. "My identity [as a trans man] has not been respected at all. The officers still address me as 'ma'am,' which I don't like at all. But I have to go by it, because that's their rules that I have to go by," Ky told a reporter for *The Advocate*. "Here the staff's like 'girl' this and 'girl' that, and I have to catch myself sometimes like, 'You must be talking to someone behind me.' It's just not what I'm used to, even at home. Once I make it known to them [that I'm a trans man], it's always something extra like, 'No, you're just gay.'" Ky struggles with depression, and has yet to receive follow-up care or counseling related to the rape. There are also substantial delays in receiving routine medical care, including asthma medication, which took seven months for Ky to receive. In January 2016, Ky was finally approved to begin testosterone.

Adapted from Sunnive Brydum and Mitch Kellaway, "This Black Trans Man Is in Prison for Killing His Rapist," *The Advocate*, April 8, 2015.

Story: Transgender Man in Georgia Assaulted by Police



In East Point, Georgia, on October 23, 2014, Juan Evans was pulled over by police for speeding. An African American transgender man, he provided extensive information in response to the officers' questions. Since he didn't have his wallet with him, he offered his birth name, birthdate, social security number, and address. He disclosed to police that he was transgender after one of the officers accused him of lying.

The officer responded by demanding to search Juan and examine his genitals to determine whether he was a man or a woman. When Juan refused, he was arrested and taken to the police station where he was harassed by staff and outed, including being threatened with additional genital searches.

Adapted from Mitch Kellaway, "WATCH: Georgia Trans Man Called 'It' by Police Pushes for End to Harassment," *The Advocate*, November 2, 2014.

Story: Chicago Woman Charged with Attempted Murder For Defending Herself During Hate Crime



Photo permission from Windy City Times

On March 28, 2012, Eisha Love and Tiffany Gooden parked near a gas station in the Austin neighborhood of Chicago, Illinois. Eisha wanted to pick up a birthday present for her mom. Two men approached the women, including one who was verbally assaulting Eisha. As black transgender women in Austin, this wasn't surprising to her and Tiffany. Eisha says she was frequently harassed, but she learned to keep her head down and ignore her harassers.

The men continued bothering Eisha and Tiffany, and then one of the men punched Eisha in the face. When she heard one of the men calling friends for some support, Eisha realized they were in real danger, so Eisha and Tiffany ran for their car and drove away.

After the men gave chase both on foot and by car, Eisha lost control of her car, swerving and hitting one of the men. The man limped away and was later treated for a broken leg. Certain that the men were going to kill them, Eisha and Tiffany left their car and ran, finding a hiding spot from which she called her mother.

Later, Eisha and her mother returned with police to the location where the car had been left and explained what happened. Some of the men who had been involved were there, too. As Eisha arrived, several of the men pointed to Eisha and said, "There's the faggot that did it," and "We're going to get you."

Eisha was told to go to the police station. She thought the police would investigate her attack, but instead she was booked and ultimately indicted on charges of attempted first-degree murder and aggravated battery. Eisha spent three years and nine months in jail without a trial before being released in December 2015 after accepting a plea of guilty for aggravated battery. While in a maximum security men's jail, Eisha was verbally harassed and attacked by a correctional officer.

Several months after the incident, Tiffany Gooden was found dead in an abandoned building. She'd been stabbed. Her mother told a *Windy City Times* reporter that a friend of Tiffany's told her that someone was looking for Tiffany. "They were saying they was going to kill her. They were saying they were going to 'get his' ass because 'he' was riding in the car." Another transgender woman, Paige Clay, was murdered just a few blocks from where Tiffany's body was found a few weeks earlier.

Adapted from Gretchen Rachel Blickensderfer, "Trans* Woman Claims Self-Defense in Case," *Windy City Times*, September 17, 2014; Gretchen Rachel Blickensderfer, "A Tale of Two Murders: Connected or Not?," *Windy City Times*, September 24, 2014; Gretchen Rachel Hammond, "Transgender Woman Released from Jail after Nearly 4 Years without Trial," *Windy City Times*, December 17, 2015.

SPOTLIGHT



Transgender People Caught at the Intersections of the Immigration and Criminal Justice Systems

There are an estimated 267,000 LGBT-identified undocumented individuals in the United States.⁵⁸ And there are an additional 637,000 LGBT-identified documented immigrants, including those with green cards.⁵⁹ According to the National Transgender Discrimination Survey, of all transgender and gender non-conforming respondents, 4% in total were non-citizens, including 2% who reported they were undocumented.⁶⁰

Transgender immigrants are frequently caught at the intersections of the immigration and criminal justice systems with troubling outcomes both in terms of their ability to stay in the United States and for how they are treated by the system.

Background on immigration system. While it is not part of the criminal justice system, the immigration system in the United States functions as a justice system in many ways, relying on immigration enforcement officers and even law enforcement officers, immigration courts and attorneys, and immigration detention facilities. Programs such as the Priority Enforcement Program rely on local law enforcement to transfer certain immigrants over to immigration enforcement officials. Some of the more than 250 ICE detention facilities are even comprised of space rented from city or county jails and prisons.⁶¹

Individuals can enter federal immigration custody if they are apprehended at the border or at a port of entry, through immigration raids, being stopped by law enforcement, or after being convicted of certain crimes. For example, undocumented immigrants who are arrested by police or detained by immigration officials may be held in an immigration detention while awaiting deportation proceedings, asylum applications or other judgments. Documented immigrants, including those with a green card, can be detained and have deportation proceedings commenced for convictions of certain categories of crimes. ICE has broad authority to detain individuals without legal status to be in the United States, including those who are awaiting a determination of whether they should be deported and those awaiting deportation.⁶²

Transgender immigrants may be at increased risk of interaction with law enforcement. As noted above, heightened policing and profiling by police of immigrants, people of color, and LGBT people mean that LGBT people of color, particularly transgender women of color, may be more likely to be targets of law enforcement. Several immigration enforcement programs encourage collaboration between law enforcement and immigration enforcement. These programs can result in the detention and deportation of transgender immigrants, many of whom are returned to countries where they can face discrimination, persecution, and even death.

Transgender immigrants are frequently detained. It is likely that LGBT people are overrepresented in immigration detention facilities because of the number of LGBT people, particularly transgender women, who come to the United States to seek asylum based on persecution in their home countries based on sexual orientation, gender identity, and/or HIV status.

Many immigrants, particularly those who are detained or surrender at a border seeking asylum, are placed in immigration detention facilities. Some immigrants are subject to statutory mandatory detention, such as individuals with certain criminal convictions. However, ICE policies state that individuals who are found to have “credible fear” of persecution or torture if deported to their home country and who pose no flight risk or are no danger to the community should be eligible for release to await future immigration hearings.⁶³

NOTE: This section is designed to be a broad overview of the intersection of the criminal justice and immigration systems and how transgender people are treated within immigration detention facilities. For a deeper discussion and more information, see these resources from the [Movement Advancement Project and the Center for American Progress \(2016\)](#); [Human Rights Watch \(2016\)](#); and the [Center for American Progress \(2013\)](#).

SPOTLIGHT



Transgender People Caught at the Intersections of the Immigration and Criminal Justice Systems

(continued)

Despite this, research shows that LGBT undocumented immigrants, including asylum seekers, are more likely to be detained, compared to the general population of asylum seekers, putting them at increased risk for harassment, sexual assault, and lack of adequate medical care. A 2015 report by the Center for American Progress found that 68% of LGBT asylum seekers were detained, despite the fact that 70% of all cases were to be considered for release.⁶⁴ In a 2016 report by Human Rights Watch, nearly half of the transgender women held in immigration detention indicated they were detained because of low-level criminal convictions, such as sex work, false identification, or minor drug possession.⁶⁵ According to another investigation by the Center for American Progress, ICE documents showed that between October 2013 and October 2014, 104 immigrants told ICE they were afraid of being put in detention because of their sexual orientation and/or gender identity.⁶⁶ Of these, 81 were placed in detention anyway. Even when bond is available, since the ability of an individual to pay is not taken into account bond amounts are often set far too high for detainees to afford, resulting in transgender people remaining in detention for months, even years, simply because they are too poor to post bail.

Transgender people lack adequate counsel while in detention and challenges upon release. While criminal defendants, particularly those facing a potential prison or jail sentence, are generally entitled to legal representation even if they cannot afford it, individuals in immigration proceedings are not guaranteed counsel. Lacking counsel has serious consequences, particularly in complicated situations, like asylum cases or other instances where deportation could put an individual at grave risk, such as a transgender person from a country where she may be treated harshly. Research finds that a key factor in whether a person going through removal proceedings was ultimately deported was access to counsel.⁶⁷

During immigration court hearings, judges must make decisions about whether individuals should be able to remain in the United States or be deported. In asylum cases, in particular, there are numerous examples of judges showing a basic lack of understanding of the challenges facing transgender people in other countries. Immigration attorneys frequently hear judges refer to transgender asylum seekers using the wrong pronoun or using an applicant's legal name even after they have been told that an individual uses a name in accordance with their gender identity.

When a transgender person enters the United States seeking asylum from persecution, they have to complete an application within a year. Asylum seekers are not eligible for many public assistance programs and cannot work legally for at least 180 days after filing their application. As a result, they often struggle to make ends meet. Some rely on informal support networks, while others may work in survival economies, increasing their chances of arrest and prosecution. There are very few services available to asylum seekers in general upon release, and particularly for transgender individuals, there are even fewer culturally competent organizations providing direct relief. And when an individual has been convicted of drug offenses, crimes of moral turpitude, and other crimes, they can become ineligible for asylum.

Transgender immigrants are frequently mistreated in immigration detention facilities. Much like the inhumane and unsafe conditions described later in U.S. prisons and jails for transgender people, transgender people face extraordinary difficulties in immigration detention facilities.

Unsafe placement. In immigration detention facilities, LGBT detainees, particularly transgender detainees, are frequently placed in isolation or in segregated units. In some cases, this placement happens immediately when an individual identifies as LGBT or is identified by staff as LGBT; it also happens in response to a safety concern.⁶⁸ Complaints about the treatment of LGBT detainees prompted ICE to create a specialized facility to house LGBT immigrants at the Santa Ana City Jail in California.⁶⁹ Staff in this facility have received specialized training, but the number of beds is limited and individuals are transferred there only when space permits and it has been determined that the unit is the only safe option for a particular detainee.⁷⁰ Even at this facility, there continue to be complaints by transgender detainees about mistreatment, including strip searches, failure to provide medical attention, and lack of access to necessary medical care related to gender dysphoria.⁷¹ For LGBT detainees housed at the other hundreds of ICE facilities around the country, including many contract facilities in county or city jails or state prisons, being placed in isolation or in units that do not correspond with one's gender identity is a frequent occurrence.

SPOTLIGHT



Transgender People Caught at the Intersections of the Immigration and Criminal Justice Systems

(continued)

Despite PREA regulations, which are binding on the federal government, transgender detainees in immigration detention facilities are frequently housed in units according to the sex on their birth certificate rather than their gender identity, putting their physical safety at risk.⁷² According to the Government Accountability Office, 20% of substantiated assaults in immigration facilities involved transgender detainees.⁷³ When transgender detainees are placed in units that do not reflect their lived gender, it can present challenges in seeking asylum. For example, if a transgender woman detainee is unable to wear clothing in accordance with her gender identity, it can make her asylum case less persuasive to judges, many of whom conduct hearings via videoconference.

In June 2015, ICE released guidance on the treatment of transgender detainees.⁷⁴ Specifically, the guidance requires officials to explicitly ask detainees if they identify as transgender. If the answer is yes, officials are advised to consider placing transgender detainees in facilities that have capacity to provide medical care and appropriate placement for transgender people. Recent evidence continues to show, however, that transgender detainees are continuing to be put at risk for inappropriate placement, sexual violence and harassment, and lack of medical care.

High rates of physical and sexual assault. Transgender women, in particular, face safety concerns within immigration detention facilities. In a U.S. Government Accountability Office study of substantiated sexual abuse and assault allegations in Immigration and Customs Enforcement detention facilities between October 2009 and March 2013, 20% of cases involved transgender detainees.⁷⁵ This is despite the fact that transgender detainees comprise a small percentage of individuals detained overall (less than 10%).⁷⁶

Transgender people, in particular, are extremely vulnerable within immigration detention facilities. Many are seeking asylum from their home countries where they are persecuted for who they are, and yet they are placed in detention facilities with individuals from those same countries and who may carry the same hatred toward them. According to a study by the Center for American Progress, more than half of the complaints by LGBT detainees to the Department of Homeland Security's Office of Inspector General over a five-year period included reports of sexual or physical abuse.⁷⁷ A 2013 analysis found that transgender people comprise one out of every 500 individuals in immigration detention, but one out of every five confirmed sexual assault incidents involved a transgender person.⁷⁸

Lack of necessary medical care. In immigration detention facilities, medical care for all detainees, including LGBT people, has been consistently considered substandard, even for basic care. In July 2015, several organizations filed a complaint with the Department of Homeland Security about the lack of adequate medical care provided to individuals detained in facilities in Texas and Pennsylvania.⁷⁹ Included in the complaint were examples of individuals waiting up to 14 hours for medical care, never receiving follow-up care, and not receiving prescribed medications.

Individuals with HIV have reported difficulties continuing their medical regime while held in immigration detention facilities. For example, Bamby Salcedo, a transgender Latina immigrant from Mexico, was placed in the San Pedro Detention Center in California for 45 days. She'd been taking an HIV antiretroviral drug, which she needed to take twice a day. Even after notifying authorities upon arrival of her medication needs, she did not receive the drug for two weeks.⁸⁰

In some instances, transgender detainees in immigration detention facilities are required to prove they had been receiving medical care related to gender dysphoria, such as hormone therapy, before entering ICE custody. But, particularly for individuals seeking asylum from home countries where they face persecution for being transgender, this is frequently an impossible standard. Additionally, because of the geographic and physical isolation of immigrants in detention facilities, it can be very difficult to obtain medical records, if they even exist.⁸¹ For individuals who cannot demonstrate that they were receiving hormone therapy prior to being taken into ICE custody, ICE requires an assessment to determine whether treatment is medically necessary. Reports from detainees suggest that even after medical assessment, requests for medical care related to gender dysphoria have been denied.

Advocates argue that LGBT people, particularly transgender women, cannot be detained safely by ICE and should therefore be released to await hearings or deportation proceedings. This would not be unusual; many undocumented immigrants, including those seeking asylum, are released while awaiting immigration hearings.

TRANSGENDER PEOPLE EXPERIENCE DISCRIMINATION, DISRESPECT, AND VIOLENCE IN THE CRIMINAL JUSTICE SYSTEM

DISCRIMINATION IN LEGAL PROCEEDINGS



Court staff, judges, and attorneys lack basic transgender competency

Stigma and stereotypes hinder transgender people's ability to get a fair trial

RESULT: INCREASED RATES OF INCARCERATION AND LONGER SENTENCES

UNFAIR AND INHUMANE TREATMENT IN JAILS & PRISONS



UNSAFE PLACEMENTS

Result: Transgender people are frequently placed in facilities that do not reflect their gender identity, putting them at risk for harassment and violence



HARASSMENT & VIOLENCE

Result: Transgender people report high rates of harassment and physical and sexual assault by staff and other inmates



LACK OF COMPETENT HEALTH CARE

Result: Transgender people are refused medically necessary health care



DISCRIMINATION IN DAILY LIFE

Result: Transgender people are unable to express their gender in daily life, including clothing, names, and grooming

EXPERIENCES OF TRANSGENDER PEOPLE IN THE CRIMINAL JUSTICE SYSTEM

The U.S. criminal justice system is actually a complicated patchwork of systems—federal, state, and local law enforcement agencies, federal and state courts, and federal prisons, state prisons, and local city and county jails as well as juvenile courts and facilities and immigration courts and detention facilities. At all points of contact with the system, transgender people may experience discrimination, disrespect, and all too often violence and inhumane treatment, as shown in the infographic on the previous page.

Data about Transgender People in Jails, Prisons, and Juvenile Facilities

- Sixteen percent of transgender and gender non-conforming respondents to the National Transgender Discrimination Survey indicated they had spent time in jail or prison, with higher rates for transgender women (21%) and lower rates for transgender men (10%).⁸²
- The National Inmate Survey also found that in 2011-2012 there were approximately 5,000 transgender adults currently serving time in adult prisons and jails in the United States.⁸³
- In a survey of youth in six juvenile justice jurisdictions across the United States, 15% identified as LGBT or gender non-conforming, and the proportion held fairly steady by race.⁸⁴ The rates of detention varied greatly by sex, however; 11% of males identified as LGBT or gender non-conforming compared to 27% of females.
- Statistics about transgender people in immigration detention facilities are difficult to obtain. However, an investigation by the Center for American Progress found that between October 2013 and October 2014, 104 immigrants told ICE they were afraid of being put in detention because of their sexual orientation and gender identity.⁸⁵ Of these, 81 were placed in detention anyway.

Discrimination in Legal Proceedings

Transgender people are frequently mistreated by the justice system. Court and legal staff, including their own attorneys, may be unfamiliar with the issues facing transgender people, at best, and at worst may treat transgender people with disdain and hostility.

For example, judges and court staff may refuse to use a transgender person's correct pronoun or name, setting a dehumanizing tone for what should be a fair process. Of respondents to the National Transgender Discrimination Survey, 12% of transgender and gender non-conforming people indicated they'd been harassed or disrespected by a judge or court official, with transgender women reporting consistently higher rates of mistreatment by judges, courts, and legal service clinics than transgender men.⁸⁶ In a survey by Lambda Legal, of transgender and gender non-conforming respondents who had been in court anytime during the past five years, 33% heard a judge, attorney, or other court employee make negative remarks about a person's sexual orientation, gender identity, or gender expression.⁸⁷ Transgender and gender non-conforming people of color in the survey reported even higher rates; 53% had heard discriminatory comments in the courts.

In the immigration system, immigration judges must make decisions about whether individuals are to be deported or permitted to stay in the United States. Immigration attorneys frequently hear judges refer to transgender asylum seekers using the wrong pronoun or using an applicant's legal name even when they have been told that an individual uses a name in accordance with their gender identity.

Prosecutors and judges may also use misinformation and stereotypes during trials to persuade judges and juries of the guilt of transgender people, playing on many people's unfamiliarity with the transgender community. For example, an Oklahoma judge cited his belief that transgender people were "fraudulent" for seeking to change their names, and he quoted Bible passages in his opinions.⁸⁸ An appellate court later overturned the judge's rulings prohibiting transgender people from changing their names.⁸⁹ In Lambda Legal's survey, one quarter (26%) of transgender and gender non-conforming respondents who had been in court in the past five years indicated their gender identity had been raised

Story: Discrimination in the Justice System—Harmful Comments from Her Own Attorney

Destiny, a 16-year-old African American transgender girl, became involved with the juvenile court system at age 12. Over the course of the next four years, she repeatedly re-entered the system for shoplifting women's clothing and jewelry and fighting back against abuse at school. Even though Destiny had not committed any violent or sexual offenses, the court ordered that she be housed in the state's highest-security juvenile facility for boys because no other placement would accept a transgender girl.

During the year she was incarcerated, Destiny was regularly sexually assaulted and physically threatened by other youth, harassed by staff, and punished for her gender expression. Destiny's court-appointed attorney never advocated for programs to meet her needs and never challenged the abusive conditions of her confinement. Despite his refusal to advocate on her behalf, the court denied Destiny's requests for a new attorney.

The National Center for Lesbian Rights (NCLR) subsequently agreed to represent Destiny. When NCLR submitted a report with local co-counsel about the sexual assaults perpetrated against Destiny, her court-appointed attorney remarkably suggested to the judge that Destiny was exaggerating. He told the judge, "I think this young man has a lot of things—and I use the word man—to think about so I would just ask the court to be cautious in any decision that it makes."

Not only had the court-appointed attorney demonstrated a complete disrespect for Destiny's gender identity and failed to act when he became aware of Destiny's abuse, he argued in favor of continued commitment in the facility where she was clearly unsafe. As a result, the court continued Destiny's commitment at the facility until she completed the program.

Excerpted from Katayoon Majd, Jody Marksamer, and Carolyn Reyes, "Hidden Injustice: Lesbian, Gay, Bisexual and Transgender Youth in Juvenile Courts," Legal Services for Children, National Juvenile Defender Center, and National Center for Lesbian Rights, October 16, 2009.

as an issue in court when it was not appropriate, and 21% had been "outed" against their will in court.⁹⁰

In short, transgender and gender non-conforming people may not receive adequate, fair representation and that increases the likelihood that they will spend time in a detention facility and eventually be convicted of a crime.

Unfair and Inhumane Treatment in Jails and Prisons

The harassment, abuse, and discrimination that many transgender people experience in their communities—which puts them at increased risk for involvement with the criminal justice system—is heightened in confinement settings, like prisons, jails, and immigration detention facilities. Many correctional professionals receive no or only minimal training in how to work with transgender people, despite clear guidance from the federal government through the Prison Rape Elimination Act (see sidebar) identifying transgender people as particularly vulnerable in confinement settings. There are several key issues that

arise for transgender people in prisons and jails: unsafe placement, harassment and assault by facility staff and other incarcerated people, lack of health care, and general disrespect for transgender people in daily life. For transgender and gender non-conforming people placed in immigration detention facilities, many of these issues are similar. For more about these facilities specifically, see pages 15-17 and the resources listed at the bottom of page 15.

Unsafe Placement

Transgender people are almost exclusively placed in facilities based on their external anatomy or the sex recorded on their birth certificates. In other words, transgender women are almost always placed in men's facilities and transgender men are frequently housed in women's facilities. According to a study of California Department of Corrections facilities, over three-quarters (77%) of transgender people in men's prisons identified as women and lived their lives as women outside of prison.⁹¹ Despite PREA regulations, which are binding on the federal government and its confinement facilities,

transgender detainees in immigration detention facilities are frequently housed units according to their external anatomy, not their gender identity, putting their physical safety at increased risk, as discussed below.

77% of transgender people in men's prisons identified as women and lived their lives as women outside of prison

Placing transgender women in a men's prison not only ignores how these women understand themselves and live their lives, it also greatly increases the risk of harassment and violence by other incarcerated people and staff.

Unsafe placements also make it more difficult—if not impossible—for transgender people to receive appropriate services, including access to gender-specific clothing, personal care products, and medical care such as hormone therapy. When placed in facilities that are incongruent with their gender identity, every interaction with correctional officers too often results in a transgender person's gender identity being ignored.⁹²

Some prisons and jails frequently place incarcerated transgender people in isolation or segregation using the rationale of "safety."⁹³ However, segregating or isolating incarcerated people for long periods of time not only has serious mental health consequences, it also limits their ability to access programs and services available to the general prison population. Segregation also further stigmatizes transgender people—highlighting their status and increasing hostility.⁹⁴ Additionally, when prisoners are placed in protective custody or isolated, they can be at increased risk for harassment and abuse

by correctional officers because of reduced visibility and oversight. Placement in solitary confinement has documented negative outcomes for incarcerated people, including physical and mental health risks, such as higher risk of suicide attempt. For this reason, the U.S. Department of Justice released a report in late 2015 calling for limited use of restrictive housing.⁹⁵

In Black and Pink's 2015 survey of 1,100 LGBTQ prisoners currently incarcerated, nearly all respondents (85%) had been placed in solitary confinement during their time in prison or jail. The survey also found that transgender women are put into solitary confinement against their will at the highest rates.⁹⁶

Harassment and Assault by Facility Staff

Incarcerated transgender people report high levels of unnecessary searches, including strip searches, which are demeaning and can increase the risk of harassment and violence by other incarcerated people and correctional staff.⁹⁷ Additionally, because transgender people are frequently placed in facilities that do not reflect their gender identity, they may be subject to cross-gender searches and monitoring, making them particularly vulnerable to sexual assault. A Bureau of Justice Statistics survey conducted in 2011-2012 found that 16.7% of transgender people in prisons and jails reported being sexually assaulted by facility staff in the previous 12 months compared to 2.4% of all incarcerated adults.⁹⁸ This mirrors findings from a survey of transgender women in men's prisons in California in which 14% reported being sexual assaulted by a correctional staff member.⁹⁹

SPOTLIGHT



New Transgender Unit on New York City's Rikers Island

In November 2014, Rikers Island, which houses nearly 11,400 individuals held by the New York City Department of Corrections, opened a 30-bed facility specifically for transgender women. As deputy commissioner for the city's Department of Corrections, Erik Berliner, explained, "We are finding ways to keep people safe, giving them a place where they don't have to worry about being themselves. This is a place that can be sensitive to them. It is the right time for it. We are reassessing everything about safety and security."¹⁰⁰

Several LGBT advocacy and legal organizations, including the ACLU and the Sylvia Rivera Law Project, provided input and advice in the design of the facility. Placement in the facility is voluntary. Staff have been trained on transgender issues, and the facility is designed to provide supportive and social services to the transgender women housed there.

Adapted from from Andy Humm, "Exclusive: Rikers Ready With Housing Unit for Some Trans Inmates," *Gay City News*, November 18, 2014.

The Prison Rape Elimination Act (PREA) and Protections for Transgender and Gender Non-Conforming People

The 2003 Prison Rape Elimination Act is an important federal law that seeks to reduce sexual assault in confinement facilities across the United States. PREA is groundbreaking in establishing comprehensive standards for federal, state, and local detention facilities. At its core, this law seeks to enforce basic regulations that reduce and eliminate sexual assault within all facilities where individuals are held—both by other incarcerated people and by staff.



PREA includes standards for the placement of LGBT and intersex people, how they should be treated by staff and other incarcerated people, and standards for ensuring their safety. Specifically for transgender people, PREA sets the following standards:

- **PLACEMENT.** Placement decisions in all settings should be individualized and should take into consideration an individual's safety as well as the overall safety and day-to-day operations of the facility. All adult prisons and jails must conduct an intake screening within 72 hours of arrival to assess risk for sexual victimization and abuse, including whether an individual is, or is perceived to be, LGBT or gender non-conforming. This is based on the fact that LGBT people in prisons and jails are at increased risk for sexual assault. Additionally:
 - LGBT and intersex people may not be placed in "facilities, units, or wings solely on the basis of such identification or status";

The Prison Rape Elimination Act (PREA) and Protections for Transgender and Gender Non-Conforming People

(continued)

- Individualized decisions must be made in the placement of transgender and intersex people in men's and women's facilities, taking into consideration an individual's health and safety and overall facility management and safety;
- Transgender people must have opportunities to shower separately;
- Placement decisions must be assessed at least twice a year for transgender and intersex people;
- Staff may not search or examine a transgender or intersex person with the sole purpose of determining genital status.

In March 2016, the National PREA Resource Center released guidance clearly stating that any written policy or actual practice that assigns transgender people to gender-specific facilities solely because of their external anatomy is in violation of PREA.¹⁰¹ Rather, placement decisions are to be “truly individualized, case-by-case assessments.” Unfortunately, few prison or jail systems have complied with this standard to date.

PREA is significant for LGBT people, and transgender people in particular, given the high rates of violence against transgender people in confinement facilities. The law explicitly identifies LGBT people as a vulnerable population and provides specific guidance and regulations as to how LGBT people should be treated and protected. The law applies to both facilities housing adults and those housing young people, though it applies a little differently across different levels of government.

- **Federal facilities.** The law is mandatory for all federal facilities, including prisons, immigration detention facilities, and other confinement facilities with a contract with the federal government, such as state prisons or county jails, to house federal prisoners or detainees.
- **State facilities.** PREA's standards are binding on state prisons, but the federal government has a limited ability to enforce these requirements. States that do not certify that they have adopted the standards and are in compliance across all their facilities—or at least working to be in compliance—risk losing federal funding, but would not face other consequences from the federal government.¹⁰²
- **Local facilities.** Although PREA states that all confinement facilities are required to follow PREA standards, compliance of local jails is difficult to ensure, especially since state agencies do not generally regulate local jails.¹⁰³ Local county and city jails that do not contract with federal or state governments will not face financial penalties for noncompliance. However, local jails that house state detainees or that do contract with the federal government (including Immigration and Customs Enforcement) must comply with PREA standards or face financial penalties, including the loss of such contracts.
- **Immigration detention facilities.** Because immigration detention facilities are operated by the federal government, they are bound by PREA standards.¹⁰⁴ U.S. Immigration and Customs Enforcement, a division of the Department of Homeland Security, also sets forth its own detention standards through the Office of Detention Policy and Planning.¹⁰⁵ Many immigrants in detention are not held in facilities owned by ICE but operated under contract with ICE, such as private facilities or local jails. These facilities are technically bound by PREA standards, but the Department of Homeland Security has taken a more relaxed approach to requiring them to meet standards. Some are only required to meet PREA or department standards when contracts are renegotiated or there are “substantial contract modifications.”
- **Accrediting agencies.** Agencies that accredit correctional facilities risk losing their federal grant funding if they do not incorporate PREA standards into their accreditation. In other words, if an agency accredits an institution that does not adhere to PREA standards, it risks losing federal funding.

The Prison Rape Elimination Act (PREA) and Protections for Transgender and Gender Non-Conforming People

(continued)

As of May 15, 2015, the deadline by which states had to submit certifications or assurances of compliance with PREA, 11 states were fully in compliance; 34 states and the District of Columbia submitted assurances they were working toward compliance.¹⁰⁶ Four states—Alaska, Arkansas, Idaho, and Utah—declined to submit such certifications or assurances and were subject to the 5% decrease in federal grant funding as a result.¹⁰⁷

Despite the majority of states certifying they are either fully PREA compliant or working toward PREA compliance, there is little evidence to suggest that conditions for transgender people in these facilities have changed and meet the requirements set forth by PREA.¹⁰⁸ For example, the majority of facilities continue to house transgender people in facilities based on their external anatomy. In some cases, the reality on the ground for transgender people in these facilities may differ from the official policy in that state and in other instances, the state has certified it is compliant but has done little to update policies or practices within their facilities. Advocates, including the Transgender Law Center, continue to receive complaints from transgender people in prison who have experienced sexual and physical assault, including those who have been raped multiple times. Yet, to date, no facility has failed a PREA audit.

Although there are no financial penalties for noncompliance with PREA at the local level, many county and city jails have worked to incorporate PREA standards into their facilities, including in states that have not certified compliance with PREA standards for their state facilities.

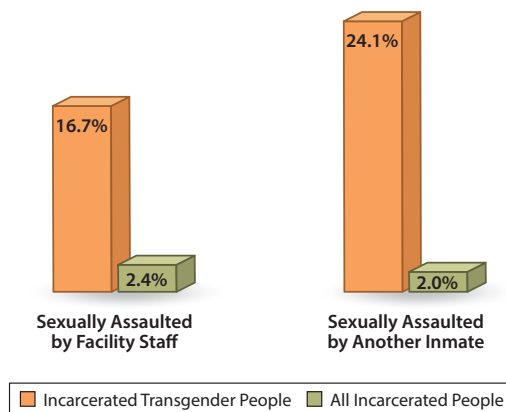
Harassment and Assault by Other Incarcerated People

Transgender people in prisons are also at increased risk for violence and sexual assault by other incarcerated people. For example:

- The 2011-2012 National Inmate Survey found that 24.1% of transgender people in prisons and jails reported being sexually assaulted by another inmate, compared to 2.0% for all people.¹⁰⁹
- Of those transgender women in the National Transgender Discrimination Survey who reported being incarcerated at some point during their lives, nearly half (47%) reported being harassed or assaulted in prison or jail; black, Latina, and mixed-race transgender women were more likely to be victimized than white transgender women.¹¹⁰
- In a survey of transgender women placed in men's prisons in California, more than half (59%) had been sexually assaulted compared to 4.4% of all male respondents—meaning that transgender people were 13 times more likely to be assaulted than incarcerated men.¹¹¹ Officers and guards were less likely to be aware of the incidents involving transgender people (29% compared to 61% of incidents involving all incarcerated people in the same facilities).¹¹² In a follow-up study two years later, researchers found that

the same percentage of transgender people reported sexual victimization (59%).

- According to the Government Accountability Office, 20% of substantiated assaults in immigration detention facilities involved transgender detainees.¹¹³



Story: Passion Star's Fight For Safety in a Texas Prison

Self-portrait printed with permission from Lambda Legal

Passion Star, a black transgender woman, has been in Texas Department of Criminal Justice prisons since 2003, when she pleaded guilty to a felony and was sentenced to 20 years in prison. Since that time, Passion has been in at least six male facilities, where she has endured sexual assault with little response from correctional staff.

For example, a gang member threatened to hurt her if she didn't perform sexual acts or pay him with commissary items. Passion complained to prison staff, telling them she feared for her safety. They did nothing, but instead disciplined her for refusing to leave her cell out of fear. In another incident, Passion was harassed by her cellmate. Guards did nothing, and a few days later, she was raped. She was moved to solitary confinement for two weeks after reporting the incident. In another facility, after telling staff about her fear for her safety, a guard told her, "You can't rape someone who's gay." Multiple sexual assaults have followed, and she once was violently attacked with a razor blade, requiring 36 sutures to her face.

Passion wrote to prison officials in November 2013: "I am gay and have been taken advantage of in the past. ... TDCJ does not control the gang-influenced general population enough to ensure ... homosexual offenders' safety from being assaulted, threatened or extorted." In July 2014, she wrote again to officials: "I have been told that I will be killed if I remain in population." A prison official responded to her fears by telling a committee, "It's a man's prison. You can't expect to walk around acting like that and not have problems."

After meeting with an attorney for Lambda Legal about her experiences in the prison in July 2014, Passion was placed in solitary confinement and remained there for more than 80 days. She was unable to attend church or work, or to speak with her family.

In November 2014, Passion was transferred to a different prison and again placed in the general population. In March 2015, after legal advocacy by Lambda Legal, Passion was finally placed in safekeeping, a status that increases attention paid to her safety but is not solitary confinement.

Adapted from "Complaint: Star v. Livingston," Lambda Legal, October 23, 2014.

Lack of Access to Health Care

Health care in prisons, jails, and immigration detention facilities varies greatly, but transgender people in these settings face difficulty accessing competent, appropriate transition-related health care. For example, even when hormone therapy or surgery is deemed medically necessary, some officials may delay or deny this care. As noted on page 17, for transgender immigrants held in immigration detention facilities, it can be extremely difficult to prove that one was receiving medical care related to gender dysphoria and evaluations by facility medical staff are frequently used to deny such care. Given the incomplete or inadequate medical care that confinement facilities often offer to transgender prisoners, some have turned to courts to seek the care they need. An article published in the *Journal of Correctional Health Care* examined letters written by transgender people in state and federal

facilities to the *TIP Journal* (Trans in Prison).¹¹⁴ Of 129 letters examined, 55% addressed transgender health issues and 42% reported abuse (23% involving physical abuse or harassment and 19% involving sexual abuse by other incarcerated people, corrections officers, or both).

Disrespect in Daily Life

In addition to denying transgender people access to medically-necessary health care, failing to ensure their physical safety, and placing them in facilities that do not reflect their gender identity, many facilities do not allow transgender people the ability to express their gender.¹¹⁵

For example, some states prohibit incarcerated people from changing their names or having access to cosmetics and gender-appropriate clothing, such as bras for transgender women housed in men's facilities, even if such items are available to incarcerated women.¹¹⁶ If

Access to Transgender-Related Health Care Across the Country

Individuals in state prisons and local jails have varied access to transgender-related care. For example:



California is home to the only two prisons in the country that have a physician dedicated to providing competent care for transgender people, including hormone therapy.¹¹⁷ They are: the California Medical Facility, a California Department of Corrections facility located in Vacaville that provides medical and psychiatric health care for male prisoners in California prisons ; and the California Men's Colony in San Luis Obispo.

In August 2015, the California Department of Corrections and Rehabilitation and the Transgender Law Center reached a settlement in the case of Shiloh Quine, a transgender woman held in a male prison (see page 27 for more about Shiloh's case). As part of the settlement, the state agreed to revise its policies regarding transgender people's access to medically necessary health care, including hormones and surgery. Incarcerated individuals' requests for transition-related surgery are now reviewed by a committee, and requests can be reviewed annually.¹¹⁸



Until recently, Wisconsin had a ban on providing hormone therapy to incarcerated individuals who were biologically male at birth but identify as female. In 2010, however, a federal judge found this state law was unconstitutional because it violated the equal protection clause and constituted cruel and unusual punishment by not taking into consideration an individual's medical needs or the judgment of their physicians.¹¹⁹ This decision was upheld by the Seventh Circuit Court of Appeals.¹²⁰



In 2013, the Illinois Department of Corrections issued an administrative directive regarding the evaluation and treatment of people with Gender Identity Disorder (GID).¹²¹ It states that individuals who self-identify as transgender or who may have GID should undergo a detailed medical and mental health examination within 24 hours of arriving at a facility. Based on these examinations, the Gender Identity Disorder Committee makes decisions about placement, hormone therapy, clothing, showers, and searches. However, any surgery for the purpose of gender confirmation is prohibited unless "in extraordinary circumstances"; and hormone therapy is to be offered only with prior approval from the medical director.

prisoners have prohibited items, they can be punished if they are discovered. As part of a survey of transgender, gender non-conforming, and intersex prisoners by Sylvia Rivera Law Project, a transgender woman reported she'd received a 30-day sentence of solitary confinement for possessing a bra.¹²²

Adding to the challenges for transgender people, prisons and other confinement facilities often have grooming standards by which incarcerated people must abide. Incarcerated transgender people placed in facilities in accordance with the sex on their birth certificate rather than their lived gender can face constant struggles. For example, in many prisons there are limitations on hair length for individuals in men's prisons, which may force a transgender woman to cut her hair. Also, they are not permitted access to grooming products listed in the catalog available in the women's prison. Some prisons and jails have begun to develop

more expansive commissary listings. For example in March 2016, the Pennsylvania Department of Corrections released updated general commissary directories, which allow individuals in both male and female facilities to purchase items such as undergarments and make up.¹²³

SPOTLIGHT



Incarcerated Transgender People Fight in the Courts for Medical Care



Individuals in prison who are diagnosed with gender dysphoria frequently seek medical care to affirm their gender. In some cases, that care includes hormones; for others, it may include surgeries, frequently called “sex reassignment surgeries” or “gender-affirming surgeries.” For transgender people in prison, such medical care can be incredibly difficult to obtain. Several recent legal cases highlight the challenges for transgender people.

In California, the Transgender Law Center represented Michelle Norsworthy, a transgender woman serving in Mule Creek State Prison in California. In 2000, Michelle was diagnosed with gender identity disorder, now referred to as gender dysphoria. Shortly after being diagnosed, she began hormone treatment, which has continued to the present. The prison allows Michelle to shower out of sight from other prisoners, let her hair grow long, purchase and wear brassieres, and use her name Michelle, rather than her legal name.

In 2012, her psychologist concluded that Michelle was still suffering from debilitating symptoms related to her gender dysphoria, including anxiety, sleeplessness, cold sweats, panic attacks, and mood swings. The psychologist affirmed the necessity of a “sex change medical operation before normal mental health can be achieved for this female patient.” Despite these recommendations, the Department of Corrections has refused to authorize treatment for Michelle.

On April 2, 2015, a federal judge ruled that the prison’s denial of medical care violated Michelle’s right to adequate medical care under the Eighth Amendment’s prohibition of cruel and unusual punishment. In its groundbreaking decision, court ordered the state to provide her with medical care, including surgery. However, just a day before a federal court was scheduled to consider the state’s appeal, Michelle was released on parole. She served 28 years and was released to a halfway house.

Just prior to Michelle’s release from prison, the California Department of Corrections and Rehabilitation settled a case with another transgender woman held in a men’s prison, Shiloh Quine. The Transgender Law Center also represented Shiloh. As part of the settlement, Shiloh will be moved to a women’s prison and will receive medically necessary transition-related care, including surgery. The state also agreed to improve conditions for transgender people across its system, including allowing them to purchase clothing and commissary items consistent with their gender identity and to have access to medical treatment for gender dysphoria.

Upon hearing the news of the settlement, Shiloh told the Transgender Law Center, “After so many years of almost giving up on myself, I will finally be liberated from the prison within a prison I felt trapped in, and feel whole, both as a woman and as a human being. I’m just overwhelmed, especially knowing that this will help so many other people. I know I can never truly make amends for what I’ve done in the past, but I am committed to making myself a better person, and to helping others so they don’t have to struggle the way I have.” In October 2015, the California Department of Corrections and Rehabilitation became the first state in the country to adopt a policy for transgender people in prison to access gender affirming surgery.

Prior to these cases in California, in 2014, the First Circuit Court of Appeals reached a 3-2 decision reversing a prior ruling that Michelle Kosilek, an incarcerated transgender woman in Massachusetts, should receive medically necessary gender reassignment surgery.

Adapted from Norsworthy v. Beard et al (N.D. Cal. 2005); “State of CA and Transgender Law Center Reach Historic Settlement over Trans Prisoner Health Care,” Transgender Law Center, August 7, 2015; Kosilek v. Spencer (1st Circuit 2014); “Kosilek v. Spencer,” Gay & Lesbian Advocates & Defenders, May 4, 2015.

Story: Ashley Diamond's Fight for Safety and Adequate Medical Care



Courtesy: Southern Poverty Law Center/Robin Henson

Ashley Diamond, a black transgender woman from Georgia, was sentenced to 12 years for violating probation for a previous conviction related to a nonviolent offense.

Ashley notified the staff that she was transgender and was receiving hormone therapy upon admission. But despite PREA standards and the Georgia Department of Corrections' own guidelines, she was not evaluated for gender dysphoria, referred for adequate medical care, or given an appropriate placement. Instead, Ashley was placed in a series of facilities designated for violent and dangerous male felons.

Less than a month after her incarceration began, Ashley was sexually assaulted by six inmates and knocked unconscious. She was subsequently moved to prisons considered equally if not more dangerous. At one facility, she was told to guard her "booty" and be prepared to fight. She suffered repeated physical and sexual assaults while in prison—eight sexual assaults in all. Each time she reported the incidents to the staff, but correctional staff did not take steps to ensure her safety. After one sexual assault in early 2014, even after she reported the incident, Ashley continued to be housed with her assailant.

In addition to denying Ashley safekeeping, Georgia corrections officials refused to provide Ashley with transition-related care, despite the fact that she started receiving hormone therapy at age 17 and medical staff recommended that she receive hormone therapy. Correction officials acknowledged Ashley's gender dysphoria and that hormone therapy was necessary treatment, but staff refused to provide her with proper medical care. She was also forced to shave her head. One prison official told Ashley that she had "forfeited the right to receive hormone therapy when she became a prisoner." As a result, Ashley's body underwent extreme hormonal and biological changes, and Ashley experienced mental stress. She attempted suicide and self-castration several times. Ashley explained while incarcerated, "I continue to feel trapped in the wrong body and look more 'male' than I have in my entire life."

Ashley has been harassed and punished for her female gender identity, including being thrown into solitary confinement for "pretending to be a woman." She was frequently told to look and act like a man, and she had her female clothing and undergarments confiscated. One prison official called her a "he-she-thing" in front of other staff and inmates. Another told her, "I am not going to refer to you as Inmate Diamond, you ain't no miss, you're an it."

Even after she filed legal complaints against the State of Georgia with the assistance of the Southern Poverty Law Center, Ashley was sexually assaulted by a cellmate. After reporting the incident, she was threatened and was afraid to leave her dormitory, including for meals.

Under widespread media scrutiny and attention following the lawsuit's filing, Ashley was released from prison in August. In September 2015, a court denied the state's motion to dismiss, finding that Ashley's case seeking safety and healthcare can move forward. And in February 2016, Ashley and her attorneys reached a settlement with the Georgia Department of Corrections.

Adapted from case materials available at *Diamond v. Owens*, et al., available at Southern Poverty Law Center, <https://www.splcenter.org/seeking-justice/case-docket/ashley-diamond-v-brian-owens-et-al>.

TRANSGENDER PEOPLE FACE EXTRAORDINARY OBSTACLES TO SUCCESSFUL RE-ENTRY

LACK OF SUPPORT UPON RELEASE LEAVES TRANSGENDER PEOPLE UNPREPARED



RESTRICTIVE PROBATION AND PAROLE POLICIES

Penalize or even reincarcerate transgender people for their gender expression



INADEQUATE RE-ENTRY PROGRAMS

Don't provide assistance to address unique challenges for transgender people



DIFFICULTY OBTAINING NAME CHANGES & ACCURATE ID DOCUMENTS

Make it more difficult to access benefits and find employment

IMPACT OF A CRIMINAL RECORD COMBINED WITH DISCRIMINATION MAKE RE-ENTRY DIFFICULT



High Rates of
Unemployment



Increased Risk of
Homelessness



Lack of Competent
Medical Care



BOTTOM LINE:

TRANSGENDER PEOPLE ARE LEFT WITHOUT THE RESOURCES AND SUPPORT NEEDED TO SUCCESSFULLY REBUILD THEIR LIVES. THEY CAN BE TRAPPED IN A CYCLE OF POVERTY, HOMELESSNESS, AND INCARCERATION

LACK OF SUPPORT UPON RELEASE FOR TRANSGENDER PEOPLE

Rebuilding one's life after being incarcerated is very difficult. For transgender people, there are additional challenges related to a lack of support, lack of legal protection from discrimination, strict probation and parole requirements, and difficulty obtaining accurate identity documents that make rebuilding one's life more challenging, as shown on the infographic on the previous page.

Restrictive Probation and Parole Policies

When incarcerated transgender individuals may be considered for parole, discrimination by parole board members may result in longer time served. Immigrants, even those in the United States legally, may be deported upon conviction of certain crimes and can be deemed permanently inadmissible to the United States, meaning there are additional penalties if they are found to reenter the country.

Once released from prison and placed on parole or probation, individuals often are required to adhere to strict requirements and regularly meet with a parole or probation officer. Lack of support for transgender people and the rigorous requirements placed on people on probation or parole can contribute in high levels of recidivism among parolees and recently released individuals. For example, there have been cases in which a transgender person's dressing in accordance with their gender identity has resulted in a violation of parole terms.¹²⁴ Recently, a transgender woman was released from prison and forced to stay in a men's shelter and faced parole conditions that explicitly prohibited her from dressing as a woman in public.¹²⁵

Some parole conditions include restrictions on travel by individuals. For example, in California, individuals on parole generally must receive permission to travel more than 50 miles from home, leave their "home" county for more than two days, or leave the state.¹²⁶ These limitations can be particularly onerous for transgender people and people living with HIV, particularly those living in rural areas. These individuals may not be able to access competent, respectful medical care without traveling. And if a parole officer is not supportive of an individual's gender transition—which is not an unlikely turn of events, given the lack of competency training for law enforcement generally—the officer may not approve a request to travel

or may consider an individual in violation of parole if he or she travels for medical care.

Inadequate Re-Entry Programs

Federal, state, and local governments frequently contract with private agencies to provide re-entry services to recently released individuals, including job training, re-entry counseling, and residential re-entry centers. Some people who are nearing release are placed in residential re-entry programs, such as halfway houses, where they live for a period of time before being released into the community. As a condition of placement in a residential re-entry program, individuals in these facilities have many aspects of their lives controlled by the facility but are able to go out into the community to find work, to complete job training, or to visit family.

Transgender people placed in residential settings like these report violence and harassment by fellow residents and by staff. In addition, transgender people have been housed in residential re-entry programs that do not match their gender identity, and have had their clothing taken away for violating house policies. Denying transgender people the ability to live their lives authentically makes it all the more challenging for them to focus on addressing the difficulties of having a criminal record, such as finding employment, completing their education, and receiving substance abuse counseling.

Prisons frequently provide assistance to individuals who will be released to help them obtain identity documents, such as a driver's license. For transgender people in prison, it may be nearly impossible to obtain an accurate identity document, which can make accessing services and finding employment and housing more difficult upon release.

Difficulty Obtaining Name Changes and Accurate Identity Documents

Frequently transgender people seek a legal name change. It is an important step in living their lives and bringing their legal identities in line with how they live every day. As discussed on pages 7-8, there are substantial barriers for transgender people to changing their gender markers, names, and identity documents, which leave them vulnerable to harassment, violence, and discrimination.

For transgender people with criminal records, a criminal record creates hurdles to rebuilding one's life.

Story: Life as a Transgender Woman in a Halfway House



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I am a transgender woman. I first realized that I felt more like a girl than a boy when I was four years old, but it wasn't until 1999 that I started hormone therapy. For the past 15 years, I have lived openly in the world as a woman.

In August of 2010, I was sentenced to two years in federal prison. I began three years of supervised release in April of 2012, but was sent back because I tested positive for drug use. That was a real wake up call for me, and I started attending Narcotics Anonymous (NA) meetings. With hard work and prayer, I have been drug free since April 15, 2013.

In October 2013, I was paroled to The H Group, a halfway house in Marion, Illinois, to complete my sentence and begin a drug rehabilitation program. At the halfway house, I was able to enroll in college, and attend counseling and substance abuse treatment. I was excited about the opportunity to focus on my rehabilitation and to set myself up to succeed once I was released. I was sorry about the actions that had landed me in jail and truly believed that I was capable of more, but the way I was treated at The H Group made it nearly impossible for me to think about the future.

Almost as soon as I started living at The H Group, I was told by the staff members that I was a man, which is not true, and that if I didn't stop acting like a woman, I would be sent back to jail. The staff members addressed me with male pronouns and titles, I was forced to sleep in a room with four men, even though I didn't feel safe, and the staff at The H Group periodically raided my belongings and confiscated anything they viewed as remotely feminine. They took my makeup, clothing, pedicure kit, magazines, and curlers. They even took my pink shower cap. I tried to "take the high road," "turn the other cheek," and "let go and let God," but I was hurt, and I knew this treatment was wrong. Instead of focusing on improving myself to build a new life, I was just focused on surviving each day.

Being the first transgender resident at this facility, I realized that I had the opportunity and responsibility to speak out, not only to protect myself, but to make sure that other transgender individuals aren't discriminated [against] in the same way. After some investigation, I reached out to Lambda Legal, a national LGBT advocacy group. They agreed to advocate for me, but I had to do my part.

On April 21, I filed a formal grievance with The H Group about the way I was being treated. I wasn't convinced that the grievance would cause The H Group to change, but I had learned that if I didn't exhaust The H Group's internal grievance procedure, I could be barred from filing a lawsuit in federal court. There was a tight deadline to file a grievance, but I was able to file the grievance within 20 days of the last raid of my room. In the grievance, I demanded four things: 1) that my personal possessions be returned; 2) that I be allowed to live and present as the woman I am; 3) that staff address and refer to me with feminine pronouns and titles; and 4) that I be removed from the male dormitory. On May 1, Lambda Legal sent a demand letter to the CEO of The H Group with copies forwarded to my probation officer, my U.S. Senator, the regional director of the Bureau of Prisons, and the U.S. Attorney General.

On May 5, I was summoned by the facility director. She extended a formal apology on behalf of the facility. She informed me that all of my personal belongings would be returned, staff would refer to me using appropriate pronouns and treat me with respect, I would start eating meals with the other female residents, and I would be reassigned to a single room. Talk about a grand slam!

I felt proud and grateful. I felt that I had spoken up not only for myself but for transgender women everywhere. When The H Group was refusing to respect me, I felt as though they were forcing me to take a step backward. After my personal items were returned and The H Group staff started treating me as a woman, I found for the first time that I was able to concentrate on the real reason I was at The H Group – treating my substance abuse and preparing myself for my release.

I have since found a job and nice apartment in the area. I have a growing support network in the community, and I love the progress that I'm making with my therapist. I feel like my trust in God allowed me to trust the process and myself.

I hope that my story can help to further transgender rights in correctional institutions. What happened to me should never happen to anyone just because of who they are. I'm thankful I stood up for myself and thankful that Lambda Legal was able to help me.

- Donisha McShan

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For individuals on probation or parole, for example, a judge may require written consent from a probation or parole officer before an individual may change their name. Adding to the challenges, name changes are granted by individual judges. Given a judge's own biases and lack of understanding, they may be unwilling or more hostile toward a transgender individual seeking a name change particularly if the individual has a criminal record. Additionally, 57% of LGBT population lives in states with additional restrictions and/or requirements for name changes specifically for individuals with a criminal record.¹²⁷ These laws were created to prevent name changes meant to evade law enforcement, but also create additional barriers for transgender people rebuilding their lives.

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IMPACT OF HAVING A CRIMINAL RECORD ON TRANSGENDER PEOPLE

Individuals exiting prisons and jails with a criminal record, and those who didn't serve time, but who have a criminal record, face substantial challenges in rebuilding their lives. Finding employment and housing, accessing benefits and health care, and reestablishing family connections are all important parts of successful reentry and avoiding the cycle of incarceration. For transgender people, the challenges to successfully rebuilding their lives are substantial—not only do they have a criminal record, but they also face high levels of discrimination because of their gender identity. For immigrants, both undocumented and documented, they may be deported as a result of having a criminal conviction.

Employment and Housing

Employment and housing discrimination is already particularly problematic for transgender people, and it can become almost insurmountable for transgender people with a criminal record. Not only does the difficulty of finding employment create financial challenges for individuals and their families, but a lack of stable employment is the single greatest predictor of recidivism among individuals with criminal records.¹²⁸ Thus, the inability to obtain a job due to a criminal record contributes to the cycle of incarceration.

Formerly incarcerated individuals also struggle to find private housing even if they can afford it. It is estimated that 80% of landlords use background checks to assess prospective tenants, and this unfairly disadvantages individuals with criminal records who pose no safety risk to other tenants.¹²⁹ This discrimination is compounded by the high levels of housing discrimination reported by transgender people in general.¹³⁰ No federal law explicitly prohibits discrimination in housing based on gender identity, and only 20 states and the District of Columbia have laws outlawing housing discrimination. In federally funded housing programs, however, discrimination based on sexual orientation, gender identity, and family status is prohibited. In early 2016, the U.S. Department of Housing and Urban Development (HUD) released updated guidance indicating that it is illegal to deny housing opportunities based on a criminal record if doing so results in a discriminatory effect under the law, such as a disparate impact on individuals based race or national origin.¹³¹

Formerly incarcerated people may also face harsh consequences after their release if they are labeled as a "sex offender." Laws labeling people as sex offenders are overly broad and are often applied in a discriminatory fashion to target LGBT people. For example, in Louisiana some transgender women of color report being arrested, charged, and convicted of soliciting "crimes against nature." This is a separate and more serious charge than general solicitation, and multiple convictions for "crimes against nature" require registration as a sex offender. According to a report from the Department of Justice, people convicted of crimes against nature comprise 40% of the Orleans Parish sex registry.¹³² Of those convicted, 80% were African American.¹³³ Labeling individuals convicted of certain crimes as "sex offenders" places serious limitations on individuals convicted of these offenses even after they serve their sentence. These often include limitations on where someone can or cannot live, whether they have to receive ongoing supervision, and whether they must register or be tracked using electronic monitoring, all of which restricts access to employment and housing.¹³⁴

Health Care

Many formerly incarcerated individuals qualify for government assistance in obtaining health care, such as through Medicaid. However, they may not be aware that they qualify—especially because they were ineligible

while in detention. Adding to the challenge, most states terminate an individual's enrollment in Medicaid following a period of incarceration (typically if the period is longer than 30 days), requiring them to reapply upon release.¹³⁵ This application process can take several weeks (or months), causing a gap in coverage and care.

Continuity of coverage and care is particularly important for transgender individuals who are taking hormones and receiving other transgender-related health care. Medicaid exclusions for transgender-related care in many states mean that individuals may have received care while in prison (although as discussed earlier, the availability of this care should not be overstated), but are unable to access appropriate health care upon release.

Research finds that formerly incarcerated transgender people face health issues as a result of incarceration, further underscoring the need for access to health care. A study of transgender veterans who had involvement with the criminal justice system found significant physical and mental health disparities compared to formerly incarcerated veterans who were not transgender. The study suggests there are persistent effects of incarceration on later health outcomes in the transgender population.¹³⁶

CONCLUSION

The U.S. criminal justice system is severely flawed. Millions of Americans spend time in prisons and jails for non-violent offenses and these facilities do very little to improve their chances for success on the outside.

For transgender people in the United States, the criminal justice system not only fails them but targets them. Pervasive discrimination in virtually all areas of life pushes transgender youth and adults into situations where they are more likely to interact with law enforcement. Bad laws, such as HIV criminalization laws, drug laws, and harsh laws criminalizing sex work, combined with profiling and brutality by law enforcement increase the likelihood that transgender people, particularly transgender women of color, enter the system.

Within the criminal justice system, transgender people experience discrimination by court staff, judges, and juries and violence, inadequate health care, and daily indignities simply because they are transgender. Despite being recognized as a particularly vulnerable population within jails and prisons and federal legislation designed to reduce sexual assault, transgender people in these facilities—and those who have left—continue to report high rates of sexual and physical assault, deplorable lack of healthcare access, and more.

When transgender people exit the system, they face further challenges in rebuilding their lives. Restrictive parole and probation policies may limit their ability to dress in accordance with their gender, to access health care, or even to visit friends. Laws limiting access to accurate identity documents for transgender people, particularly those with a criminal record, mean that simply cashing a check or purchasing groceries can put transgender people at risk for further discrimination and harassment. Finally, the discrimination experienced by transgender people combined with the substantial collateral damage resulting from having a criminal record can make rebuilding one's life extremely difficult. From finding a job to housing to accessing government benefits, transgender people with criminal records find many doors closed to them entirely. The end result is a cycle of law enforcement involvement and incarceration that can be difficult to break.

More In-Depth Content is Available

This overview about transgender people and the criminal justice system is designed to a primer. For more detailed policy analyses, statistics, stories from youth, spotlights on innovative programs and initiatives around the country, please visit www.lgbtmap.org/criminal-justice.

For example, the following can be found in the broader report, *Unjust: How the Broken Criminal Justice System Fails LGBT People*:

- Detailed recommendations focused on three key areas: reducing the number of LGBT people who interact with the criminal justice system; improving the conditions of confinement for LGBT people; and improving systems to ensure that LGBT people with criminal records can rebuild their lives and avoid the cycle of incarceration.
- Innovative programs from around the country working to address the needs of transgender people who are at risk for involvement in the criminal justice system, such as job training programs for transgender people; LGBT-focused shelters and service providers for individuals experiencing homelessness; programs connecting incarcerated LGBT people with community; and more.
- Key reports, practice guides, and resources.

RECOMMENDATIONS

Much work is needed to ensure safety, security, and justice for transgender people. The recommendations below are purposefully high-level and broad, but they are key to reducing the drivers of criminal justice involvement for transgender people; to ensuring fair treatment within the justice system and safety, dignity, and healthcare within the confinement facilities; and improving the supports for transgender people with criminal records to improve opportunities and reduce recidivism.

Work to eliminate discrimination against transgender people across many areas of life, including in families and schools, when seeking employment, housing, healthcare, and public accommodations, and improving access to accurate identity documents.

- Federal and state lawmakers should pass nondiscrimination laws prohibiting discrimination in employment, education, housing, healthcare, and public accommodations.
- Federal and state laws and school district policies should ensure nondiscrimination in education and prohibit bullying in schools. These laws should, however, also work to reduce the school-to-prison pipeline.
- Federal and state regulators and insurance companies should remove insurance exclusions for transition-related care for transgender people.
- State lawmakers should pass laws allowing transgender people to obtain accurate identity documents; states and localities should issue guidance easing the processes for updating documents.

Reform and modernize HIV criminalization laws, laws criminalizing consensual sex, and drug laws.

- States should repeal all laws that criminalize the transmission of HIV and other diseases.
- State and local law enforcement should not criminalize consensual sex between adults ensuring access to condoms without fear that their possession or presence will be used as evidence to justify stops, arrest or prosecution for any prostitution-related offense or lewd conduct-related offense.
- Law enforcement should deprioritize enforcement of laws criminalizing prostitution. Efforts should be made to provide supportive services requested by people in the sex trades, including drug treatment and housing, rather than focusing on arrests.

- Congress and the states should pass sentencing reforms to allow for judicial and prosecutorial discretion to take into account the circumstances surrounding a crime. Another priority: exploring and implementing alternatives to criminal charges, such as substance abuse assistance, alternative justice methods, and restorative justice programs.

Reduce Profiling and Discrimination by Law Enforcement

- Congress should pass a law to end profiling by law enforcement on the basis of actual or perceived race, color, ethnicity, immigration status, language, disability (including HIV status), sexual orientation, and gender identity, among other characteristics, such as the End Racial Profiling Act. Local and state legislatures should pass their own LGBT-inclusive anti-profiling laws.
- All law enforcement agencies that receive federal funding should implement guidance from the U.S. Department of Justice regarding profiling, which states that federal law enforcement officers cannot use “race, ethnicity, gender, national origin, religion, sexual orientation or gender identity to any degrees, except that officers can rely on the listed characteristics in a specific suspect description.”¹³⁷ This guidance should be applied to all federal government agencies. Cities and counties should adopt similar guidance.
- Government at all levels should build strong boundaries between immigration enforcement and law enforcement to prioritize community safety and to encourage immigrants, regardless of legal status, to report violence and other concerns to police without fear of deportation.

Reduce the number of people held in confinement facilities—including adults in prisons and jails, youth in juvenile justice facilities, and undocumented immigrants in detention centers.

- Federal and state legislators should revisit mandatory sentencing guidelines, mandatory minimums, and increased penalties, especially for non-violent offenses, including non-violent drug crimes.
- Federal and local jurisdictions and judges should reduce reliance on bail and increase the ability of individuals to be released pre-trial and those awaiting immigration proceedings.

- Federal, state, and local agencies should use risk assessment instruments to determine whether individuals should be released while awaiting trial and to determine the least burdensome bail amount, including nonmonetary pre-trial release options.
- Federal, state, and local legislators should increase funding for the expansion of community-based alternatives to incarceration, including drug treatment programs and mental health programs.

Improve conditions of confinement for transgender people.

- Implement PREA requirements for individualized placement of LGBT people, including transgender people, based on an individual's concerns about safety.
- For all instances when mandatory detention does not apply, immigration enforcement officials should release detainees, particularly transgender detainees given the lack of safety within facilities for this vulnerable population. Facilities should ensure the physical safety and medical needs of transgender detainees.
- Develop and implement nondiscrimination policies with education and ongoing training for staff. Training should specifically address working with transgender people, including procedures for searches and prohibitions on harassment, violence, abuse, and discrimination.
- Improve health care in prisons. Medical personnel in confinement facilities should provide consistent, research-based medical care according to approved standards of care, including prompt access to HIV medication and transition-related health care for transgender people.
- Provide access to appropriate clothing and grooming products for transgender people. Agencies should give all inmates the ability to choose available clothing and grooming items so they can express their gender identity through clothing, hairstyle, and other means of gender expression.

Include nondiscrimination provisions in all government-funded re-entry programs.

- Federal, state, and local governments should require all organizations receiving government funding for re-entry programs to include nondiscrimination

provisions that enumerate race, sex, sexual orientation, and gender identity, among other characteristics.

- Legislators should pass nondiscrimination legislation that explicitly prohibits discrimination based on gender identity and sexual orientation at the federal, state, and local levels in employment, housing, and public accommodations to ensure equal access to all programs and services.

Ensure that prison and jail re-entry programs provide a holistic assessment of an individual's needs.

- Parole and probation officers and staff in prisons and re-entry facilities should assess needs including access to safe, affordable needs; competent, affordable health care; educational resources; employment; and more with a focus on the needs of transgender people.
- As part of re-entry planning, agencies should assist transgender people in obtaining accurate identity documents necessary to access public benefits, find housing and employment, and more.

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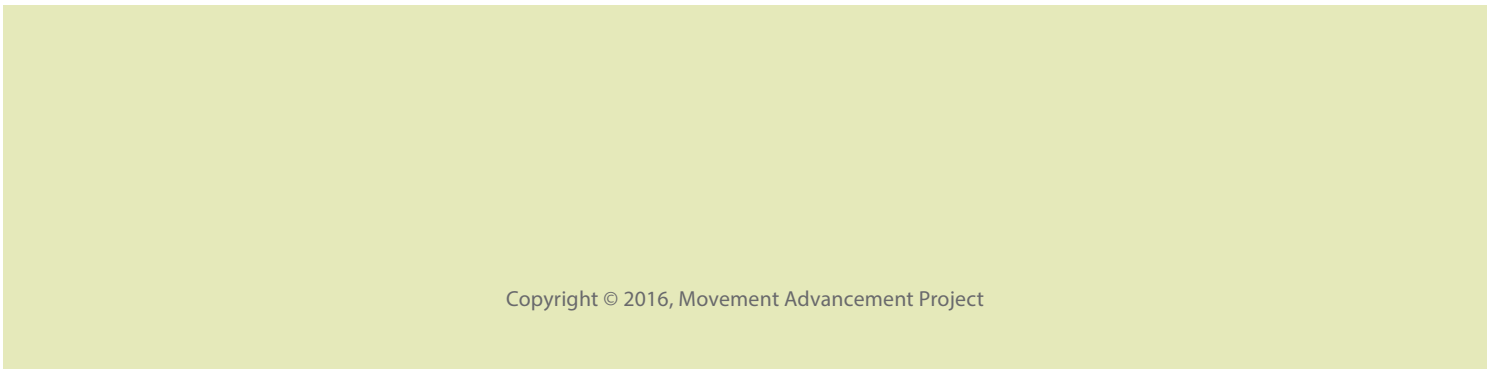


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Incarceration Rates and Traits of Sexual Minorities in the United States: National Inmate Survey, 2011–2012

Ilan H. Meyer, PhD, Andrew R. Flores, PhD, Lara Stemple, JD, Adam P. Romero, JD, Bianca D. M. Wilson, PhD, and Jody L. Herman, PhD

Objectives. To report characteristics of sexual minority US inmates.

Methods. We drew our data from the National Inmate Survey, 2011–2012, a probability sample of inmates in US prisons and jails. We determined weighted proportions and odds ratios with 95% confidence intervals to estimate differences between sexual minority and heterosexual inmates.

Results. Sexual minorities (those who self-identify as lesbian, gay, or bisexual or report a same-sex sexual experience before arrival at the facility) were disproportionately incarcerated: 9.3% of men in prison, 6.2% of men in jail, 42.1% of women in prison, and 35.7% of women in jail were sexual minorities. The incarceration rate of self-identified lesbian, gay, or bisexual persons was 1882 per 100 000, more than 3 times that of the US adult population. Compared with straight inmates, sexual minorities were more likely to have been sexually victimized as children, to have been sexually victimized while incarcerated, to have experienced solitary confinement and other sanctions, and to report current psychological distress.

Conclusions. There is disproportionate incarceration, mistreatment, harsh punishment, and sexual victimization of sexual minority inmates, which calls for special public policy and health interventions. (*Am J Public Health.* 2017;107:267–273. doi:10.2105/AJPH.2016.303576)

Little is known about incarcerated sexual minorities. Early research that discussed the incarceration of sexual minorities, often in the context of the criminalization of sodomy, presupposed that sexual minorities were the aggressors or “abnormal deviants.”^{1(p81)} After the mid-1970s, with the beginning of the decriminalization of sodomy, scholars and advocates shifted the discourse to understanding sexual minorities through the lens of antidiscriminatory principles to see lesbian, gay, and bisexual (LGB) people as a group targeted in hate crimes and other forms of bias.^{1–3} Public health researchers have focused on incarceration as a risk for adverse health outcomes, primarily HIV in men who have sex with men (MSM).^{4–6} Although some studies have suggested that incarceration itself leads to an increased risk of HIV infection,⁷ 1 meta-analysis does not support this assertion.⁸

Since the passage of the Prison Rape Elimination Act of 2003 in the United States, studies have focused on sexual assault during incarceration.^{9–11} Among other stipulations, the law required the US Department of Justice Bureau of Justice Statistics (BJS) to collect data on the sexual victimization of inmates. BJS analyses using these data showed that sexual minority inmates are at high risk for sexual victimization in jails and prisons and that they experience high rates of administrative segregation (e.g., solitary confinement).¹² For example, BJS reported that 12.2% of sexual minorities in prisons and jails

reported being sexually victimized by another inmate and 5.4% reported being sexually victimized by staff, compared with 1.2% and 2.1%, respectively, of heterosexual inmates.¹³

We sought to advance knowledge of the characteristics of incarcerated sexual minorities using the Prison Rape Elimination Act data that describe a probability sample of US LGB inmates in jails and prisons. To our knowledge, our study provides the first description of these rich data by independent researchers outside BJS and demonstrate the scale of LGB incarcerations. We have presented information on offense history and sentence, childhood victimizations, mental health, and victimization and consensual sexual activity while incarcerated. Additionally, we are the first, to our knowledge, to describe both identity and sexual behavior measures of sexual orientation and to describe incarcerated sexual minority men and women separately.

METHODS

In the National Inmate Survey, 2011–2012 (NIS-3), a probability sample of 106 532 US inmates was interviewed between February 2011 and May 2012 in 233 state and federal prisons and in 358 jails and 15 special facilities (e.g., military, Indian country, and Immigration and Customs Enforcement facilities). BJS defines jails as “locally operated, short term facilities that hold inmates awaiting trial or sentencing or both, and inmates

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sentenced to a term of less than 1 year, typically misdemeanants” and prisons as “long term facilities run by the state or the federal government . . . [that] typically hold felons and inmates with sentences of more than 1 year.”¹⁴ Of the 106 532 interviews conducted in the NIS in 2011–2012, a random sample of $n = 13\,617$ were excluded who were administered different, unrelated questionnaire sections; $n = 1738$ respondents younger than 18 years and $n = 10\,576$ respondents had missing data. We analyzed the data of 80 601 respondents.

NIS interviews averaged 35 minutes. They were conducted privately in each facility with the inmate. Computer-assisted personal interviewing started the interview, and, after a brief interview, the respondent completed the remainder of the interview using a touchscreen and synchronized audio instructions delivered via headphones using audio computer-assisted self-interviewing. In the audio computer-assisted self-interviewing portion of the interview the interviewer provided privacy by walking away from the computer.

The NIS-3 data are managed by the BJS and are available to the public through the National Archive of Criminal Justice Data at the Interuniversity Consortium for Political and Social Research. To minimize the risk of breach of confidentiality of survey participants, BJS modified the NIS-3 public data set as follows: removed obvious identifiers, recoded continuous measures to ordinal, and deleted original variables and random perturbations (a method that removes sensitive variables from the data for confidentiality concerns) that may add noise to the data but not alter any estimate. To minimize disclosure risk, BJS did not disclose the specific procedures of perturbation, but notes for the NIS-3 state that there are minimal differences between weighted estimates before and after perturbation.¹³

In accordance with numerous conditions of usage set by the BJS and National Archive of Criminal Justice Data—including, but not limited to, significant restrictions on the number of tables we could produce—we performed all data analyses during 4 visits to the restricted data enclave at the Interuniversity Consortium for Political and Social Research in Ann Arbor, Michigan. The tables

we produced there were subject to review by BJS and National Archive of Criminal Justice Data staff before being released to us.

Measures

Inmates were asked 2 questions related to sexual orientation: “Do you consider yourself to be heterosexual or ‘straight,’ bisexual, or homosexual or gay [or lesbian, for women]?” and “Before you entered this facility, had you had sex with men only, women only, or both men and women?” We categorized inmates as LGB if they identified as such in response to the first question. We categorized men and women who reported any same-sex sexual behavior before entering the facility but did not identify as LGB as MSM or women who have sex with women (WSW). We categorized inmates who neither identified as LGB nor reported having same-sex sexual partners before incarceration as straight.

We categorized respondents on the basis of their reply to ethnicity and race questions as Hispanic (including Latino and Spanish origin), non-Hispanic White, non-Hispanic Black (or African American), and non-Hispanic other (including American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, and multiracial). The age groups were 18 to 29 years, 30 to 44 years, and 45 years and older. We dichotomized education to indicate whether the respondent completed less than high school or completed high school or more years of education (including some college or associate degree and college degree or higher). We conducted our analyses stratified by sex as coded in NIS-3.

Incarceration-Related Factors

Respondents reported the nature of the offense for which they were incarcerated at the time of the interview. We used the recoded variable (MOST_SERIOUS_OFFENSE) provided by NIS-3 to create 3 categories: violent sexual, violent nonsexual, and other (including property and drug offenses and parole violation).

Respondents also reported sentence length, and we categorized it for prisons as less than 1 year, 1 to 5 years, 5 to 10 years, 10 to 20 years, and more than 20 years (including life and death sentences); and for jails as less

than 1 year, 1 to 5 years, and 5 years or more. Respondents reported whether they “spent any time in disciplinary or administrative segregation or solitary confinement.”

Health Outcomes

Respondents were given the K-6 scale¹⁵—a screening scale asking for symptoms of distress in the 30-day period before the interview.

High scores on the scale are associated with a greater likelihood of the presence of a mental disorder. We used the NIS-3 calculated scale score (MH_K6_SCORE1), which provides a dichotomized indicator of no versus likely presence of mental disorder (defined as a score above 7 on the scale).

Sexual Victimization and Consensual Sex

We used the variable of childhood sexual assault, which asked respondents whether they were “physically forced, pressured, or made to feel [they] had to have sex or sexual contact” before age 18 years.

Respondents were asked whether they had unwanted sexual contact with other inmates or any sexual contact with staff in the 12 months before the interview. Sexual victimization included touching or being touched in a sexual way, oral sex, vaginal sex, and anal sex.

We used the NIS-3 recoded variable (INMATE_CONSENSUAL), which describes whether the respondent had consensual (“wanted or voluntary”) sex with other inmates in the 12 months before the interview.

Analytic Strategy

We weighted data to account for probability of selection, nonresponse, and post-stratified to reflect a facility’s population by inmate age, gender, race, time since admission, and sentence length. All the parameter estimates are weighted, and the SEs account for the complex design of the NIS-3. Further details of sampling and weighting procedures can be found in BJS reports on the NIS-3.¹³

We have reported all results separately for men and women. We have reported proportions weighted for the complex sampling procedure of the NIS-3 by sexual orientation analytic groups (LGB vs

MSM or WSW vs straight). We have further reported odds ratios (ORs) and 95% confidence intervals (CIs) from logistic regressions that adjusted for demographics and, as indicated, the length of time in the facility when this could affect the risk for the dependent variable (e.g., the risk for an inmate to be sexually victimized may increase the longer an inmate is in a facility).

RESULTS

The sample included 47 471 (unweighted) inmates older than 18 years in jails and 33 130 (unweighted) inmates older than 18 years in prisons. Of the men in jails, 6.2% were sexual minorities, including 3.3% (SE = 0.1) gay or bisexual men and an additional 2.9% (SE = 0.1) who reported having had sex with men before arrival at the facility but did not self-identify as gay or bisexual (MSM).

Among men in prisons, 9.3% were sexual minorities, including 5.5% (SE = 0.2) gay or bisexual men and 3.8% (SE = 0.1) MSM.

Among women in jails, 35.7% were sexual minorities, including 26.4% (SE = 0.7) lesbian or bisexual women and 9.3% (SE = 0.4) who reported sex with women before arrival at the facility but did not identify as lesbian or bisexual (WSW). Among women in prison, 42.1% were sexual minorities, including 33.3% (SE = 0.6) lesbian or bisexual women

and 8.8% (SE = 0.4) WSW (all proportions are weighted).

Demographic Characteristics of Incarcerated Sexual Minorities

Table 1 (prisons) and Table A (jail; available in a supplement to the online version of this article at <http://www.ajph.org>) show that compared with straight men, both gay or bisexual men and MSM tend to be older (prisons: OR = 1.4; 95% CI = 1.2, 1.6 and OR = 2.0; 95% CI = 1.7, 2.3, respectively; jails: OR = 1.4; 95% CI = 1.2, 1.6 and OR = 2.3; 95% CI = 1.9, 2.7, respectively). Gay or bisexual men were less likely than were heterosexuals to be Black (prisons: OR = 0.5; 95% CI = 0.5, 0.7; jails: OR = 0.6; 95% CI = 0.5, 0.7) or Hispanic (prisons: OR = 0.5; 95% CI = 0.4, 0.6; jails: OR = 0.7; 95% CI = 0.6, 0.9). The racial/ethnic composition of MSM was similar to that of gay or bisexual men. The educational attainment of sexual minority men was similar to that of straight men, except that gay or bisexual men in jails were more likely than were straight men to have attained higher educational levels (OR = 1.4; 95% CI = 1.2, 1.6).

Table 1 shows that, by contrast to men, lesbian or bisexual women and WSW tended to be younger than were straight women (prisons: OR = 0.3; 95% CI = 0.3, 0.4 and OR = 0.8; 95% CI = 0.7, 1.0, respectively; jails: OR = 0.5; 95% CI = 0.4, 0.5 and

OR = 0.9; 95% CI = 0.8, 1.1, respectively). Sexual minority women tended to have more mixed patterns of race/ethnic distribution than did sexual minority men. For example, lesbians or bisexual women in prisons were more likely than were straight women to be Black (OR = 1.2; 95% CI = 1.0, 1.4) and of other non-Hispanic, non-White races (OR = 1.4; 95% CI = 1.2, 1.7). However, WSW in prisons were less likely than were straight women to be Black (OR = 0.7; 95% CI = 0.5, 0.9) or Hispanic (OR = 0.4; 95% CI = 0.3, 0.5). Lesbian or bisexual women and WSW tended to have lower education attainment than did straight women (prisons: OR = 0.75; 95% CI = 0.66, 0.84 and OR = 0.77; 95% CI = 0.64, 0.94, respectively; jails: OR = 0.81; 95% CI = 0.70, 0.94 and OR = 1.07; 95% CI = 0.88, 1.31, respectively).

Mental Health and Childhood Sexual Victimization

Table 2 (prisons) and Table B (jails; available as a supplement to the online version of this article at <http://www.ajph.org>) show results for mental health problems and history of childhood sexual victimization. Both gay or bisexual men and MSM in both prisons and jails had a higher prevalence of poor mental health than did straight men. Among women, mental health problems were similar for sexual minority and straight

TABLE 1—Demographic Characteristics by Sexual Orientation Among Inmates in US Prisons: National Inmate Survey, 2011–2012

Characteristics	Men, Weighted % (SE)				Women, Weighted % (SE)			
	GB	MSM	Straight	Unweighted Sample No.	LB	WSW	Straight	Unweighted Sample No.
Age, y								
18–29	21.5 (1.5)	15.3 (1.5)	28.6 (0.4)	8 437	43.0 (1.1)	22.9 (1.8)	22.2 (0.7)	1 995
30–44	41.6 (1.7)	41.9 (2.0)	44.6 (0.4)	10 776	45.8 (1.1)	51.3 (2.2)	46.5 (0.9)	3 287
≥45	36.9 (1.7)	42.7 (2.1)	26.7 (0.4)	6 914	11.2 (0.7)	25.9 (2.0)	31.3 (0.8)	1 721
Race/ethnicity								
White	45.1 (1.7)	41.7 (2.0)	30.8 (0.4)	9 107	39.0 (1.1)	56.8 (2.2)	44.8 (0.8)	3 275
Black	27.1 (1.6)	34.3 (2.0)	35.7 (0.4)	9 111	23.8 (0.9)	19.9 (1.9)	21.6 (0.7)	1 561
Hispanic	14.1 (1.3)	12.6 (1.4)	22.5 (0.3)	4 777	20.1 (1.0)	10.1 (1.4)	20.4 (0.7)	1 172
Other	13.0 (1.1)	10.6 (1.2)	9.9 (0.3)	2 853	16.6 (0.9)	12.9 (1.5)	12.6 (0.6)	956
Education								
< high school	51.1 (1.8)	53.0 (2.1)	56.4 (0.4)	14 803	57.1 (1.1)	52.6 (2.2)	47.7 (0.9)	3 620
≥ high school	48.9 (1.8)	46.9 (2.1)	43.6 (0.4)	11 287	42.9 (1.1)	47.4 (2.2)	52.3 (0.9)	3 371

Note. GB = gay or bisexual men; LB = lesbian or bisexual women; MSM = men who have sex with men but do not identify as gay or bisexual; WSW = women who have sex with women but do not identify as lesbian or bisexual. The unweighted sample size was n = 33 130.

TABLE 2—Mental Health, Childhood Sexual Assault, and Criminal History by Gender and Sexual Orientation Among Inmates in US Prisons: National Inmate Survey, 2011–2012

Variable	Men						Women					
	No.	GB, Weighted % (SE)	GB vs Straight, OR (95% CI)	MSM, Weighted % (SE)	MSM vs Straight, OR (95% CI)	Straight, Weighted % (SE)	No.	LB, Weighted % (SE)	LB vs Straight, OR (95% CI)	WSW, Weighted % (SE)	WSW vs Straight, OR (95% CI)	Straight, Weighted % (SE)
Has poor mental health	4087	29.3 (1.7)	2.5 (2.1, 3.0)	19.2 (1.5)	1.5 (1.2, 1.8)	13.6 (0.3)	1426	24.7 (1.0)	1.3 (1.2, 1.6)	18.5 (1.7)	1.0 (0.7, 1.2)	18.8 (0.7)
Experienced childhood sexual assault	2433	33.4 (1.7)	6.9 (5.8, 8.2)	27.2 (1.9)	5.2 (4.2, 6.3)	6.3 (0.2)	2851	53.7 (1.1)	2.5 (2.2, 2.8)	56.1 (2.2)	2.7 (2.2, 3.2)	31.4 (0.8)
Criminal history												
Other ^a	12 405	27.1 (1.6)	1 (Ref)	39.4 (2.1)	1 (Ref)	52.4 (0.4)	5119	65.2 (1.1)	1 (Ref)	76.0 (2.1)	1 (Ref)	81.5 (0.7)
Violent, sexual	4464	38.2 (1.7)	4.1 (3.4, 4.9)	28.2 (1.8)	2.0 (1.64, 2.47)	15.3 (0.3)	145	2.9 (0.5)	2.2 (1.4, 3.4)	3.2 (0.7)	1.9 (1.1, 3.3)	1.6 (0.2)
Violent, nonsexual	8357	34.7 (1.7)	2.2 (1.8, 2.6)	32.4 (2.0)	1.4 (1.1, 1.7)	32.2 (0.4)	1489	31.9 (1.1)	2.4 (2.0, 2.7)	20.8 (2.0)	1.4 (1.1, 1.8)	16.8 (0.7)
Sentence length, y												
< 1	967	1.8 (0.4)	1 (Ref)	3.1 (1.0)	1 (Ref)	3.1 (0.1)	786	8.4 (0.6)	1 (Ref)	12.6 (1.5)	1 (Ref)	14.8 (0.6)
1–5	6795	13.9 (1.1)	0.9 (0.5, 1.5)	18.9 (1.6)	0.7 (0.4, 1.5)	25.2 (0.3)	2969	40.6 (1.1)	1.6 (1.3, 2.0)	42.8 (2.2)	1.1 (0.8, 1.4)	46.5 (0.9)
5–10	5877	13.8 (1.0)	1.0 (0.6, 1.6)	15.6 (1.4)	0.6 (0.3, 1.3)	23.5 (0.4)	1439	22.2 (0.9)	2.1 (1.7, 2.7)	21.9 (2.0)	1.3 (0.9, 1.8)	19.9 (0.7)
10–20	5295	24.7 (1.7)	1.9 (1.1, 3.1)	22.4 (1.6)	0.9 (0.5, 1.9)	21.8 (0.4)	906	15.2 (0.8)	3.2 (2.5, 4.1)	11.4 (1.6)	1.3 (0.9, 2.0)	10.3 (0.5)
> 20 (including life and death)	6957	45.7 (1.8)	2.7 (1.6, 4.5)	40.0 (2.0)	1.2 (0.6, 2.5)	26.3 (0.4)	778	13.6 (0.8)	4.6 (3.5, 6.0)	11.2 (1.3)	1.7 (1.1, 2.5)	8.4 (0.4)
Has experienced solitary segregation	20 424	73.2 (1.4)	1.8 (1.6, 2.2)	78.9 (1.6)	1.4 (1.2, 1.7)	81.8 (0.3)	5438	62.8 (1.1)	2.9 (2.5, 3.4)	81.5 (2.0)	1.6 (1.2, 2.1)	87.3 (0.6)

Note. CI = confidence interval; GB = gay or bisexual men; LB = lesbian or bisexual women; MSM = men who have sex with men but do not identify as gay or bisexual; OR = odds ratio; WSW = women who have sex with women but do not identify as lesbian or bisexual. All nos. are unweighted. The unweighted sample size was n = 33 130.

^aProperty, drugs, or parole violation.

women with one exception: lesbian or bisexual women in prisons had a higher prevalence of poor mental health than did straight women in prisons.

Table 2 also shows that for men and women in both prisons and jails, LGB, MSM, and WSW had higher odds of sexual victimization in childhood than did their straight counterparts. These associations had very strong effect sizes, with ORs ranging from 4.2 to 7.0 among men and 2.2 to 2.7 among women.

Criminal History and Sentence Length

Table 2 and Table B also show results for offense, sentence length, and administrative segregation. With a few exceptions—most notably women in jails—sexual minority men and women were more likely than were

straight men and women to be incarcerated for violent sexual and nonsexual crimes rather than crimes related to property, drugs, or parole violations. We found the most consistent differences in sentence lengths to be between lesbian or bisexual women and straight women. In both prisons and jails, lesbian or bisexual women were sentenced to longer periods than were straight women. The only significant difference between WSW and straight women was that WSW were more likely to have a sentence of longer than 20 years in prison. Among men, the only significant difference was that gay or bisexual men, but not MSM, were more likely than were straight men to have sentences longer than 10 years in prison.

In general, sexual minority men and women were significantly more likely to have spent time in disciplinary or administrative segregation or solitary confinement in both

prisons and jails than were straight men and women (this relationship was not significant for WSW in jails; Table 2).

Sexual Victimization in Jails and Prisons

Table 3 (prisons) and Table C (jails; available as a supplement to the online version of this article at <http://www.ajph.org>) show the 1-year history of sexual victimization. Among men, sexual minorities (both gay or bisexual men and MSM) had a much higher risk than did straight men of being sexually victimized by staff and other inmates in both prisons and jail. Among women, the patterns were similar, with sexual minority women showing a greater risk of sexual assault. There was 1 distinct difference: staff sexual victimization in prisons and jails was not higher for lesbian or bisexual women or WSW than

TABLE 3—History of Victimization Among Inmates in US Prisons: National Inmate Survey, 2011–2012

Variable	Men						Women					
	No.	GB, Weighted % (SE)	GB vs Straight, OR (95% CI)	MSM, Weighted % (SE)	MSM vs Straight, OR (95% CI)	Straight, Weighted % (SE)	No.	LB, Weighted % (SE)	LB vs Straight, OR (95% CI)	WSW, Weighted % (SE)	WSW vs Straight, OR (95% CI)	Straight, Weighted % (SE)
Has been assaulted by inmate or staff	1063	17.5 (1.3)	8.3 (6.6, 10.3)	8.2 (1.1)	3.81 (2.8, 5.2)	2.65 (0.1)	583	13.1 (0.8)	1.8 (1.5, 2.3)	7.7 (1.1)	1.4 (1.0, 2.0)	5.7 (0.4)
Has been assaulted by staff	661	6.1 (0.9)	3.6 (2.5, 5.2)	4.8 (0.8)	3.05 (2.1, 4.5)	1.94 (0.1)	180	3.3 (0.4)	1.1 (0.8, 1.7)	1.8 (0.4)	1.0 (0.6, 1.7)	1.7 (0.2)
Has been assaulted by another inmate	516	14.0 (1.1)	18.5 (14.2, 24.2)	5.3 (0.8)	7.25 (4.9, 10.6)	0.85 (0.1)	479	11.4 (0.8)	2.1 (1.6, 2.7)	6.7 (1.0)	1.5 (1.0, 2.2)	4.5 (0.4)
Has had consensual sex with inmate	764	23.7 (1.4)	23.2 (18.2, 29.5)	6.2 (0.8)	5.26 (3.7, 7.4)	1.27 (0.1)	1040	30.7 (1.0)	5.4 (4.5, 6.4)	13.2 (1.6)	2.3 (1.7, 3.2)	6.1 (0.4)

Note. CI = confidence interval; GB = gay or bisexual men; LB = lesbian or bisexual women; MSM = men who have sex with men but do not identify as gay or bisexual; OR = odds ratio; WSW = women who have sex with women but do not identify as lesbian or bisexual. All nos. are unweighted. The unweighted sample size was n = 33 130.

for straight women. Assault by another inmate was higher for LGB women than straight women in both prisons and jails and for WSW in prisons but not for WSW in jails.

Gay or bisexual men, MSM, lesbian or bisexual women, and WSW were more likely than were straight inmates to have had consensual sex with other inmates (Table 3).

DISCUSSION

We found that 5.5% and 3.3% of men in prisons and jails, respectively, identify as gay or bisexual, a proportion that is similar or somewhat higher than the 3.6% proportion of gay or bisexual men in the US population.¹⁶ An additional 3.8% and 2.9% of men in prisons and jails, respectively, reported having had sex with another man (but do not identify as gay or bisexual) before entering their facility. By contrast, we found that 33.3% and 26.4% of women in prisons and jails, respectively, identified as lesbian or bisexual, a proportion that is about 8 to 10 times greater than the 3.4% of lesbian or bisexual women in the US population.¹⁷ An additional 8.8% and 9.3% of women in prisons and jails, respectively, had sex with another woman (but are not lesbian or bisexual identified) before entering their facility. It should be noted that these proportions, which include people who self-identified as gay, lesbian, or bisexual as well as people who have had sex with a same-sex partner before arrival at their

facility, are lower than are proportions reported in some nonprobability samples for same-sex sexual behavior while incarcerated.¹⁷

On the basis of the estimated number of men and women who are incarcerated in US prisons and jails¹⁸ and using the weighted proportion of incarcerated sexual minorities we have reported, we estimate that there are approximately 94 900 gay and bisexual men, 69 600 MSM, 56 400 lesbian and bisexual women, and 17 000 WSW in prisons and jails. In total, approximately 238 000 sexual minorities are incarcerated (151 300 LGB and 86 600 MSM or WSW). On the basis of the population estimate of about 8 039 000 LGB persons (4 008 000 men and 4 031 000 women) in the United States,¹⁶ this corresponds to an incarceration rate of 1882 per 100 000 LGB people, or 2368 per 100 000 gay or bisexual men and 1399 per 100 000 lesbians or bisexual women. These figures show that the rate of incarceration of LGB persons is approximately 3 times higher than is the already high general US incarceration rate of 612 per 100 000 US residents aged 18 years or older in 2014.¹⁹

Limitations

We are limited to presenting descriptive data, which cannot offer explanations for causes of the observed patterns. We would like to know much more about the pathways to incarceration for sexual minorities, their physical and mental health, access to care

within the penal system, and prejudice and stigma faced by sexual minority populations in the criminal justice system (including before and after incarceration). Our data are also limited by self-reports that cannot be verified by more objective data. For example, inmates' report of their crimes and sentences may be biased by poor memory or a limited understanding of the particular legal codes under which they were sentenced.

Despite these limitations, the Prison Rape Elimination Act data, using a probability sample of US inmates, offer the most comprehensive view of incarcerated sexual minorities to date. Three findings are among many that deserve further research to inform public policy. We offer insight on the basis of research and theory to provide guidance for future research.

Overrepresentation of Sexual Minority Women

Some readers may find our report of a high proportion of sexual minorities among the incarcerated surprising. Understanding the pathways that lead sexual minorities to incarceration and explain disparities in incarceration rates would require further research. A theory of prejudice, stigma, and social disadvantage suggests one direction: prejudice toward sexual minorities may lead to discriminatory treatment, from initial contact with police through various stages of the criminal justice system. For example, the profiling of sexual minority people as more

likely to engage in sex work or commit sexual offenses may lead to overpolicing and subsequent incarceration.²⁰

Among factors that may increase the risk of incarceration of sexual minorities are stressors related to family rejection, the use of illegal drugs, and community-level marginalization related to the stigmatization of lesbian, gay, bisexual, and transgender people.²¹ Also, especially regarding the high representation of sexual minority women among the incarcerated, gender analysis may be instructive. To the extent that sexual minority women are perceived as failing to conform to societal norms of femininity (e.g., by being labeled as masculine or aggressive),^{22,23} individuals and institutions might stereotype them as threatening or dangerous, thus leading to more punitive treatment.

Punishing Consensual Sex Among Inmates

Perhaps not surprisingly, because of sex segregation in carceral institutions, we found that sexual minority inmates are more likely than are straight inmates to have consensual sex with other inmates. Consensual sexual contact among inmates is typically a violation of institutional rules in prisons and jails. Indeed, sexual minority inmates are routinely punished for such behavior, with consequences that can affect parole, housing, access to programs, and family visitation.²⁴

The National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act do not address consensual same-sex sexual behavior. Sexual contact between inmates raises safety concerns when officials cannot discern consent, for example, when victimized inmates are coerced into sex and do not complain for fear of retribution. Distinguishing abusive from nonabusive sex is challenging, but the risks of overpolicing consensual behavior ought not to be ignored. Paradoxically, regulations and procedures that aim to prevent sexual victimization, which disproportionately affects sexual minorities, may also lead to unintended harm when these populations face serious consequences for nonabusive behavior that is related to their sexual orientation.

Moreover, studies have shown that because sexual minorities transgress societal norms, they are more likely than are their

straight peers to be disciplined for even nonsexual behaviors (e.g., attire, gender expression).²⁴ The impact of rules prohibiting consensual sex in prisons and jails has not received sufficient attention from researchers or practitioners, despite their disproportionate and serious consequences for sexual minority populations.¹⁷

Psychological Distress

In addition to punishing inmates for consensual same-sex sexual behavior, some facilities isolate sexual minority individuals, purportedly for their own protection, in administrative segregation. We found that sexual minority inmates (except for WSW in jails) were significantly more likely to have experienced administrative or punitive segregation than were straight inmates. The deprivation inherent in many forms of segregation is severe. In turn, segregation is also related to adverse health and mental health outcomes.²⁵

Our finding of a high prevalence of psychological distress among sexual minority inmates probably reflects a variety of causes that need to be assessed.²⁶ First, sexual minorities may have higher rates of distress predating their incarceration. Sexual minorities in the general population have a higher prevalence of distress than do heterosexuals, which is caused by exposure to minority stress—stress related to homophobia, including events occurring in childhood.²⁷

Second, incarceration itself has a strong independent impact on psychological distress and is considered a social determinant of mental health problems.²⁸ Although incarceration can lead to distress in both sexual minorities and heterosexuals, we found that sexual minorities in jails and prisons experience harsher conditions—including disproportionate sexual victimization, administrative or punitive segregation, and longer sentences—which may place them at higher risk for distress than that of the heterosexual incarcerated population.

Although medical care in prisons and jails is legally mandated for all inmates, the quality of services “lags far behind the standard of care in the community.”^{29(p389)} The high prevalence of psychological distress we found among sexual minority inmates raises great concerns about the quality of

their mental health treatment while incarcerated.

Conclusions

Observing lesbian, gay, bisexual, and transgender people in prisons, Borchert commented,

The mistreatment of LGBT prisoners goes above and beyond the normal degradation meted out by the state, enacting a disparate set of punishments for LGBT people markedly different than prisoners perceived as heterosexual and/or gender conforming.^{24(p210)}

Our findings are consistent with this view and suggest that sexual minority inmates are, in many of the measured characteristics, distinct from their heterosexual counterparts and that they experience higher rates of mistreatment, harsh punishment, and victimization.

The disproportionate overrepresentation of sexual minorities among the incarcerated, particularly among women, indicates an urgent need to incorporate this new insight into public health and criminal justice approaches to incarceration. For sexual minority inmates more generally, the increased likelihood of consensual sex with other inmates places them at disproportionate risk for punitive sanctions. Sexual minority inmates, who are put into segregation in significantly greater numbers, experience deprivation that is psychologically difficult to endure. Widespread sexual victimization compounds the risk these inmates often face. Our finding that sexual minority inmates have a higher prevalence of psychological distress than do their heterosexual counterparts raises serious concerns about exposure to harm while incarcerated as well as access to much needed mental health care.

Sexual minority populations are, therefore, in need of special attention as the rollout of the National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act continues. In particular, awareness of the heightened risk that sexual minority populations face for sexual victimization, isolation, disproportionate punishment, and psychological distress ought to guide both officials working in these settings and public health professionals. In addition, all BJS studies (rather

than a select few) should include data disaggregated by sexual minority status to better illuminate the circumstances faced by this uniquely vulnerable population. *AJPH*

CONTRIBUTORS

I. H. Meyer and A. R. Flores conducted data analyses. All authors contributed to the writing of the article.

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HHUMAN PARTICIPANT PROTECTION

The study was approved by the University of California, Los Angeles institutional review board.

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Discrimination Prevents LGBTQ People From Accessing Health Care

New data from the Center for American Progress show that LGBTQ people frequently avoid health care and experience discrimination in these settings, underscoring the importance of ACA.

AUTHORS

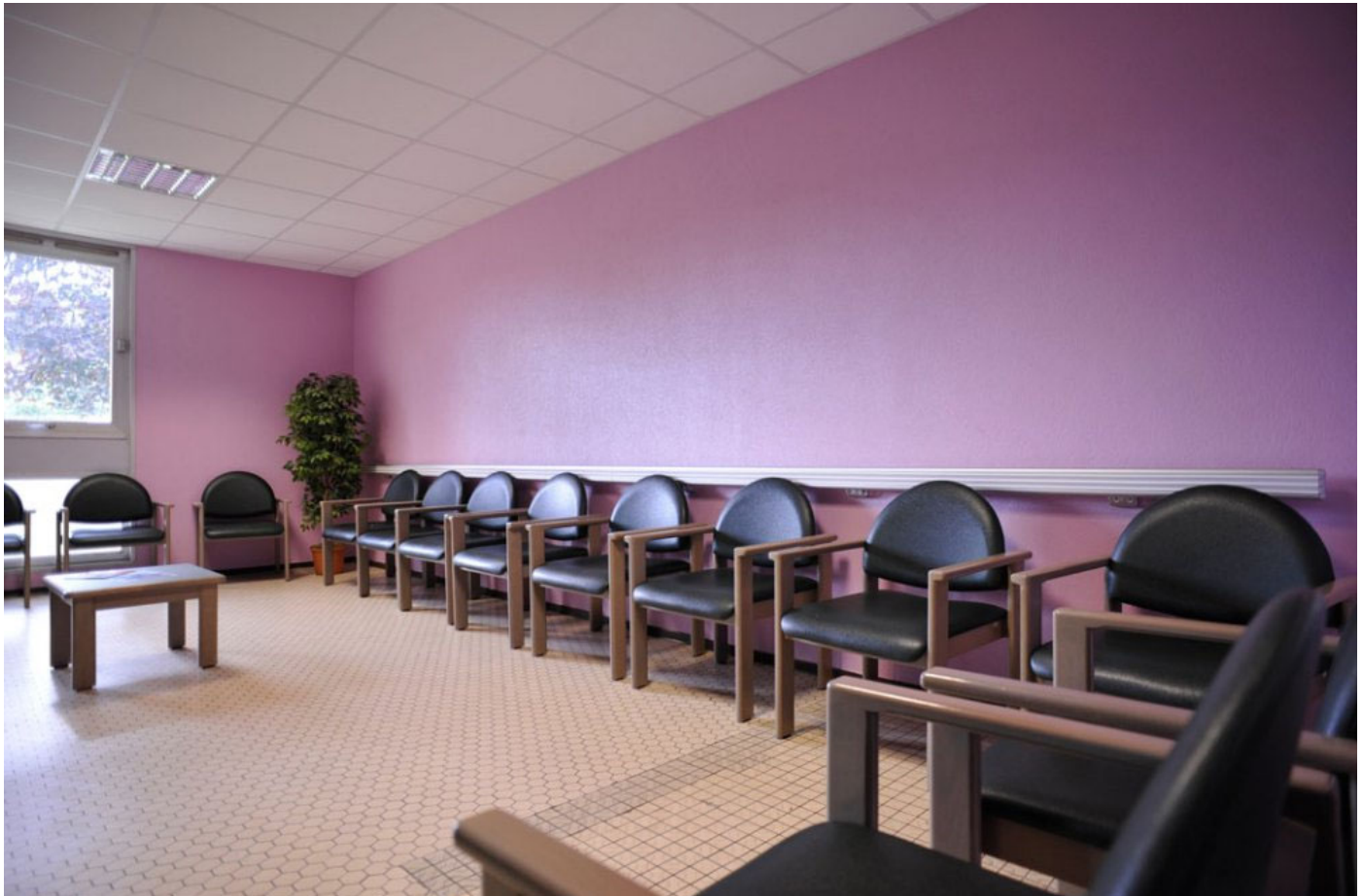


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A waiting room, March 2015. (Getty/BSIP, UIG)

See also: [“The State of the LGBTQ Community in 2020”](#)

All people who need medical care should be able to see their doctor without worrying about being mistreated, harassed, or denied service outright. The Affordable Care Act (ACA) helped address this issue by prohibiting health care

providers and insurance companies from engaging in discrimination. As a result of several court rulings and an Obama administration rule, LGBTQ people are explicitly protected against discrimination in health care on the basis of gender identity and sex stereotypes. However, conservative forces and the Trump-Pence administration are seeking to make it easier for health care providers to discriminate against LGBTQ people and women.

Discrimination in health care settings endangers LGBTQ people's lives through delays or denials of medically necessary care. For example, after one patient with HIV disclosed to a hospital that he had sex with other men, the hospital staff refused to provide his HIV medication. In another case, a transgender teenager who was admitted to a hospital for suicidal ideation and self-inflicted injuries was repeatedly misgendered and then discharged early by hospital staff. He later committed suicide. Discrimination affects LGBTQ parents as well: In Michigan, an infant was turned away from a pediatrician's office because she had same-sex parents. Even though many states, such as Michigan, lack explicit statewide laws against LGBTQ discrimination in health care, Section 1557 of the ACA provides federal protections.

New data from a nationally representative CAP survey conducted in 2017 show that LGBTQ people experience discrimination in health care settings; that discrimination discourages them from seeking care; and that LGBTQ people may have trouble finding alternative services if they are turned away. These data underscore the importance of protecting LGBTQ people from discrimination in health care.

LGBTQ people face discrimination and mistreatment at doctors' offices

Despite existing protections, LGBTQ people face disturbing rates of health care discrimination—from harassment and humiliation by providers to being turned away by hospitals, pharmacists, and doctors. The CAP survey data show the types of discrimination that many LGBTQ people face when seeking health care.

Among lesbian, gay, bisexual, and queer (LGBQ) respondents who had visited a doctor or health care provider in the year before the survey:

- 8 percent said that a doctor or other health care provider refused to see them because of their actual or perceived sexual orientation.
- 6 percent said that a doctor or other health care provider refused to give them health care related to their actual or perceived sexual orientation.
- 7 percent said that a doctor or other health care provider refused to recognize their family, including a child or a same-sex spouse or partner.
- 9 percent said that a doctor or other health care provider used harsh or abusive language when treating them.
- 7 percent said that they experienced unwanted physical contact from a doctor or other health care provider (such as fondling, sexual assault, or rape).

Among transgender people who had visited a doctor or health care providers' office in the past year:

- 29 percent said a doctor or other health care provider refused to see them because of their actual or perceived gender identity.
- 12 percent said a doctor or other health care provider refused to give them health care related to gender transition.
- 23 percent said a doctor or other health care provider intentionally misgendered them or used the wrong name.
- 21 percent said a doctor or other health care provider used harsh or abusive language when treating them.
- 29 percent said that they experienced unwanted physical contact from a doctor or other health care provider (such as fondling, sexual assault, or rape).

Discrimination discourages LGBTQ people from seeking health care

Discrimination—and even the potential for discrimination—can deter LGBTQ people from seeking care in the first place. CAP survey data show that discrimination played a role in preventing a significant number of LGBTQ people from seeking health care. In the year prior to the survey, 8 percent of all LGBTQ people—and 14 percent of those who had experienced discrimination on the basis of their sexual orientation or gender identity in the past year—avoided or postponed needed medical care because of disrespect or discrimination from health care staff. Among transgender people, 22 percent reported such avoidance. With regard to preventative screenings, 7 percent of LGBTQ respondents reported avoiding or postponing care in the year prior to the survey, while 17 percent of LGBTQ respondents who had experienced discrimination that year and 19 percent of transgender people reporting avoidance during that period.

An earlier CAP analysis reported other findings from this survey that also indicated the effect of discrimination on LGBTQ people's willingness to seek out health care. In that analysis, 6.7 percent of LGBTQ people reported that they avoided doctor's offices in the past year out of fear of discrimination. This avoidance behavior is even more common among LGBTQ people who reported having experienced discrimination in the past year: 18.4 percent reported avoiding doctor's offices to avoid discrimination, nearly seven times the rate of LGBTQ people who had not experienced discrimination in the past year, at 2.7 percent. These CAP data are consistent with other research. The 2015 U.S. Transgender Survey found that nearly 1 in 4 transgender people (23 percent) had avoided seeking needed health care in the past year due to fear of discrimination or mistreatment due to their gender identity.

Finding another doctor is not an answer for all LGBTQ patients

The expansion of legislation, lawsuits, and administrative rule-making allowing for broad religious exemptions from providing services puts another impediment in the way of LGBTQ people receiving medical care. For those patients that do seek medical care and are turned away by providers, alternatives may not be easily accessible. This concern is exacerbated by a shortage of

medical providers in key areas of treatment (such as mental health care) and geographic areas (such as rural communities).

CAP survey data show that many LGBTQ people would face significant difficulty finding an alternative provider if they were turned away by a health care provider, such as a hospital, clinic, or pharmacy.

- 18 percent of LGBTQ people said it would be “very difficult” or “not possible” to find the same type of service at a different hospital.
- 17 percent of LGBTQ people said it would be “very difficult” or “not possible” to find the same type of service at a different community health center or clinic.
- 8 percent of LGBTQ people said it would be “very difficult” or “not possible” to find the same type of service at a different pharmacy.

LGBTQ people living outside of a metropolitan area report a high rate of difficulty accessing alternative services, which may be because such services could be further away and transportation costs have the potential to be higher.

- 41 percent of nonmetro LGBTQ people said it would be “very difficult” or “not possible” to find the same type of service at a different hospital.
- 31 percent of nonmetro LGBTQ people said it would be “very difficult” or “not possible” to find the same type of service at a different community health center or clinic.
- 17 percent of nonmetro LGBTQ people said it would be “very difficult” or “not possible” to find the same type of service at a different pharmacy.

Transgender people also report difficulty accessing alternatives at a high rate:

- 31 percent of transgender people said it would be “very difficult” or “not possible” to find the same type of service at a different hospital.
- 30 percent of transgender people said it would be “very difficult” or “not possible” to find the same type of service at a different community health center or clinic.
- 16 percent of transgender people said it would be “very difficult” or “not possible” to find the same type of service at a different pharmacy.

Some people may go to LGBTQ community health centers to avoid such discrimination, but they are not widely available across the United States, and many do not provide comprehensive services. A total of 13 states—mainly those in the central United States—do not have any LGBTQ community health centers. On the U.S. Transgender Survey, 29 percent of respondents seeking transition-related care reported having to travel 25 miles or more to access such care.

Conclusion

Despite the importance of protecting people from discrimination in health care settings, current regulations are under attack. On August 23, 2016, a group of conservative religious organizations and eight states filed a lawsuit against the U.S. Department of Health and Human Services (HHS), challenging the 1557 rule. They made dubious claims that the nondiscrimination protections would require doctors to provide treatment that violated their religious beliefs, such as

transition-related surgeries for transgender patients. Even though numerous courts have ruled that laws such as 1557 protect LGBTQ people, in December 2016, a single federal judge issued a nationwide injunction prohibiting HHS from enforcing the 1557 rule's prohibition on discrimination on the basis of gender identity. On May 2, 2017, the Trump-Pence administration filed a motion indicating that the 1557 rule was under review, and in August, it announced that HHS had already written a draft proposal to roll back the rule. Given the Trump-Pence administration's record on LGBTQ issues, new regulations will likely deny the existence of protections to LGBTQ people and make equal health care access and treatment more difficult to obtain for this historically marginalized community. While the administration cannot change the protections for LGBTQ people that exist under the law, a regulatory rollback would cause fear and confusion for patients and promote discrimination by providers and insurers.

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Methodology

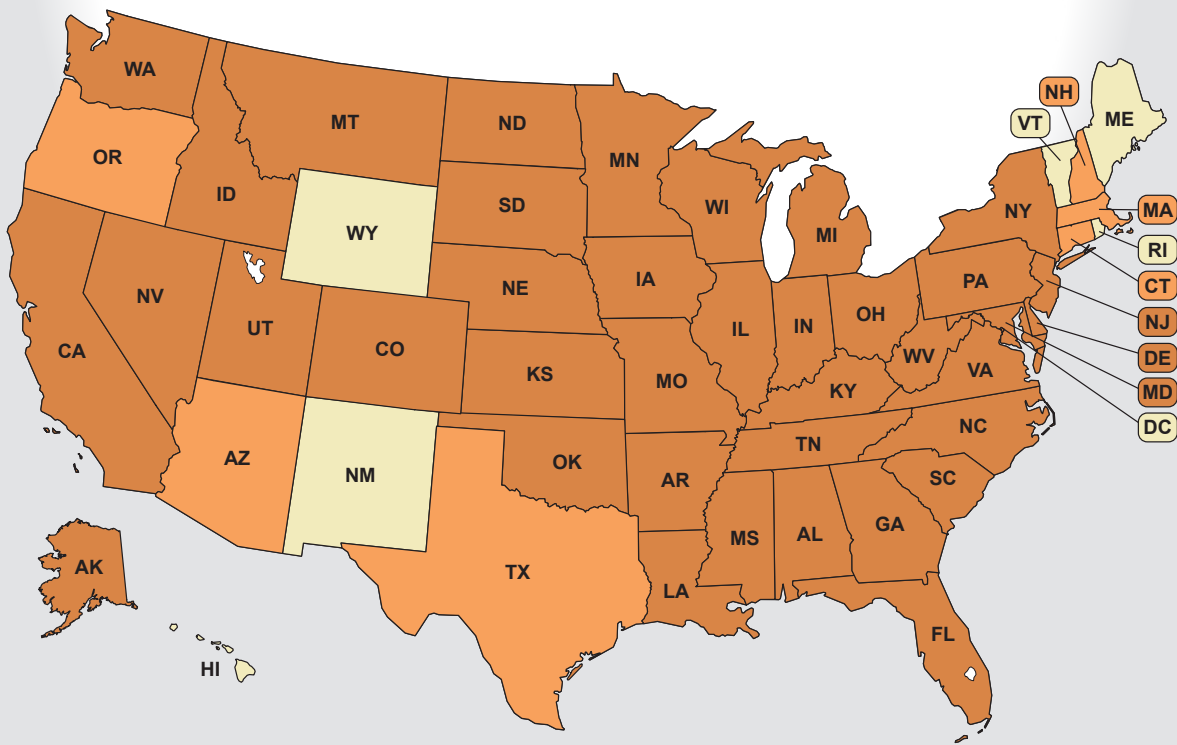
To conduct this study, CAP commissioned and designed a survey, fielded by GfK SE, which surveyed 1,864 individuals about their experiences with health insurance and health care. Among the respondents, 857 identified as lesbian, gay, bisexual, and/or transgender, queer, or asexual, while 1,007 identified as heterosexual and cisgender/nontransgender. Respondents came from all income ranges and are diverse across factors such as race, ethnicity, education, geography, disability status, and age. The survey was fielded online in English in January 2017 to coincide with the fourth open enrollment period through the health insurance marketplaces and the beginning of the first full year of federal rules that specifically protect LGBTQ people from discrimination in health insurance coverage and health care. The data are nationally representative and weighted according to U.S. population characteristics. Metro is defined as a metropolitan core-based statistical area and nonmetro is defined as anything else, including micropolitan core-based statistical areas and locations outside of a core-based statistical area.

Additional information about study methods and materials are available in prior analyses and from the authors. Results reported in this column may differ slightly (two-tenths of 1 percent) but not substantively from other analyses of these data due to the statistical program employed.

The authors would like to thank Sharita Gruberg, Frank Bewkes, and Laura E. Durso from the Center for American Progress as well as Harper Jean Tobin, Katie Keith, and Kellan Baker for their contributions to this column.

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LGBT POLICY SPOTLIGHT: HIV CRIMINALIZATION LAWS



81%

of the LGBT population

State has HIV-specific criminal law or broader criminal law related to perceived or potential exposure or transmission of HIV (38 states)

18%

of the LGBT population

State does not have HIV-specific law, but individuals with HIV have been prosecuted under state criminal law for a crime related to their HIV status (e.g. aggravated assault) (6 states)

3%

of the LGBT population

No known prosecutions or HIV-specific statutes (6 states + D.C.)



movement advancement project ▶



HIV CRIMINALIZATION LAWS ARE NOT BASED ON FACTS

CRIMINALIZE BEHAVIORS WITH 0% RISK OF TRANSMISSION

Contrary to beliefs in the 1980s, CDC confirms saliva (biting, spitting), urine and sweat do not transmit HIV.



IGNORE MODERN PREVENTION METHODS

Other factors reduce risk of transmission:

- ART*, 99-100%
- PrEP**, 92%
- Condoms, 62-80%



IGNORE MODERN MEDICAL TREATMENT

Life expectancy for 20-year-old with HIV and on ART is now until 71 years vs. 32 years in the 1980s



DON'T REQUIRE INTENT

Criminal laws take into consideration whether or not someone intended to cause harm. These laws don't.



RESULT?

BEHAVIORS WITH 0% RISK OF HARM CAN LEAD TO:



- 35+ year prison terms
- Registration as a sex offender

*Antiretroviral Therapy
**Pre-Exposure Prophylaxis

OVERVIEW

The first known cases of HIV in the United States appeared in 1981.¹ Through much of the 1980s, public concern and fear about the growing number of people diagnosed with HIV and AIDS increased. State legislatures reacted to the public's fear by passing laws based on the limited knowledge about HIV available at the time. In 1986, four states had passed laws that not only criminalized the transmission of HIV, but also criminalized behaviors that potentially or actually exposed others to the virus, including a host of behaviors that carry no risk of transmission.² Over the past 35 years, nearly 40 states across the country have passed similar laws, which are frequently called "HIV criminalization laws."

Few of these laws take into consideration what we know about the risk, likelihood, and modes of transmission of HIV. Consequently, many of these state laws criminalize behaviors that the Centers for Disease Control and Prevention (CDC) now regard as posing either no or negligible risk for HIV transmission, like spitting or biting.³ Furthermore, most HIV criminalization laws do not account for HIV prevention measures that reduce transmission risk, such as condom use, antiretroviral therapy (ART), or pre-exposure prophylaxis (PrEP). Some HIV criminalization laws also impose additional penalties for individuals living with HIV who engage in commercial sex, regardless of whether they use condoms and/or other forms of protection. Finally, while the stated goal of these laws was to prevent HIV transmission, emerging research suggests these laws may result in the opposite effect if they discourage HIV testing and disclosure of HIV status.⁴

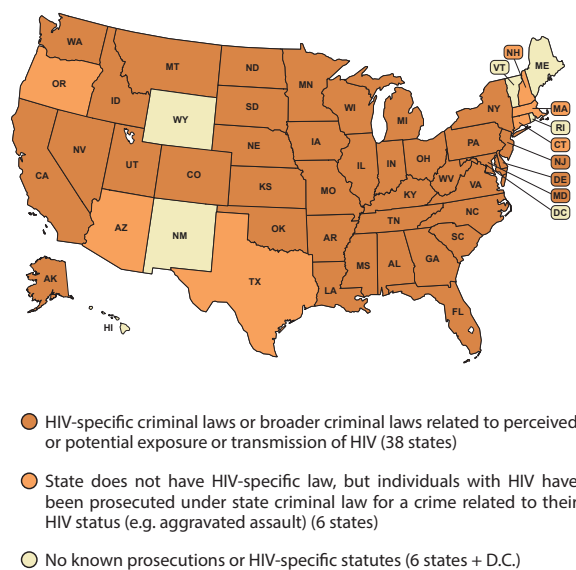
As a result of HIV criminalization laws, people living with HIV, the majority of whom are gay, bisexual, and/or transgender, face a patchwork of laws that rely on misinformation about HIV transmission.⁵ These laws have devastating consequences. People living with HIV are put at increased risk of being charged with a crime. Some individuals have been sentenced to more than 30 years in prison when transmission did not occur.⁶ Others have been convicted even when they took steps to protect their sexual partners. In 2008, an African American man living with HIV was sentenced to 35 years in prison for spitting, even though there has never been a documented transmission of HIV through saliva.⁷

States with HIV-specific criminal laws should re-examine those laws; assess the laws' alignment with current evidence regarding HIV transmission risk and recent developments in HIV prevention and treatment, and criminal legal principles of intent; and consider whether the laws are the best vehicle to achieve their intended public health purposes, which include reducing HIV transmission and improving the health, safety, and wellbeing of those living with HIV.

National Landscape

HIV criminalization laws criminalize actual or perceived exposure to HIV. There are 38 states that have HIV-specific criminal laws or broader criminal laws related to perceived or potential exposure or transmission of HIV, as shown in *Figure 1*, where 81% of LGBT people live. Thirty-two of these states have HIV-specific criminal laws that criminalize actual or perceived exposure to HIV. Another six states have laws that criminalize certain behaviors by individuals with sexually transmitted infections, which either explicitly or implicitly include HIV. In six other states, general criminal laws have been used to prosecute people living with HIV for a crime related to perceived or actual exposure to HIV. In these states, prosecutions have been brought under general criminal codes such as reckless endangerment,

Figure 1: HIV-Specific Statutes and Prosecutions



Source: Movement Advancement Project, Equality Maps, current as of December 1, 2016. For updates see http://www.lgbtmap.org/equality-maps/hiv_criminalization_laws.



Any individual who knows themselves to have HIV can be criminally charged under the statute if they have sexual intercourse or intimate physical contact, which could include oral sex, which has a very low risk of transmission. The law does not take into consideration whether an individual takes steps to reduce the risk of transmission, such as using a condom or adhering to an antiretroviral regimen.



Legislation passed in 2008 added required registration as sex offender to the penalties for conviction of criminal exposure to HIV, which is already designed as a Class 3 felony in South Dakota, which carries a maximum sentence of 15 years in prison.



While informed consent of the person exposed can be used as a defense under such a prosecution, this situation can create a situation in which one person's account of knowledge and consent can be contested by another person; the proverbial "he said, (s)he said."



The statute explicitly notes that no transmission of HIV is required, so if an individual took precautions to prevent the potential transmission of HIV, without clear evidence of the knowledge and consent of the other person, an individual could be found guilty.

State Example: South Dakota's HIV Criminalization Law

22-18-31. Intentional exposure to HIV infection a felony. Any person who, knowing himself or herself to be infected with HIV, intentionally exposes another person to infection by:

- (1) Engaging in sexual intercourse or other intimate physical contact with another person;
- (2) Transferring, donating, or providing blood, tissue, semen, organs, or other potentially infectious body fluids or parts for transfusion, transplantation, insemination, or other administration to another in any manner that presents a significant risk of HIV transmission;
- (3) Dispensing, delivering, exchanging, selling, or in any other way transferring to another person any nonsterile intravenous or intramuscular drug paraphernalia that has been contaminated by himself or herself; or
- (4) Throwing, smearing, or otherwise causing blood or semen, to come in contact with another person for the purpose of exposing that person to HIV infection; is guilty of criminal exposure to HIV.

Criminal exposure to HIV is a Class 3 felony.

22-18-33. Informed consent of person exposed to HIV an affirmative defense. It is an affirmative defense to prosecution pursuant to § 22-18-31, if it is proven by a preponderance of the evidence, that the person exposed to HIV knew that the infected person was infected with HIV, knew that the action could result in infection with HIV, and gave advance consent to the action with that knowledge.

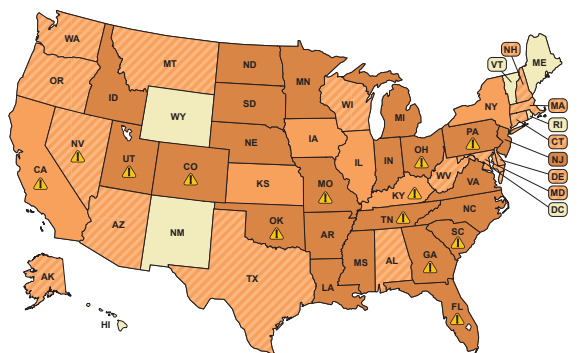
22-18-34. Actual transmission of HIV not required for criminal exposure. Nothing in §§ 22-18-31 to 22-18-34, inclusive, may be construed to require the actual transmission of HIV in order for a person to have committed the offense of criminal exposure to HIV.

22-24B-1. Sex crimes defined. For the purposes of §§ 22-24B-2 to 22-24B-14, inclusive, a sex crime is any of the following crimes regardless of the date of the commission of the offense or the date of conviction:

- (20) Intentional exposure to HIV infection as set forth in subdivision (1) of § 22-18-31

Source: South Dakota § 22-24B-1(20), accessed November 1, 2016, http://www.sdlegislature.gov/Statutes/Codified_Laws/DisplayStatute.aspx?type=Statute&Statute=22-24B-1.

Figure 2: Criminalized Behaviors



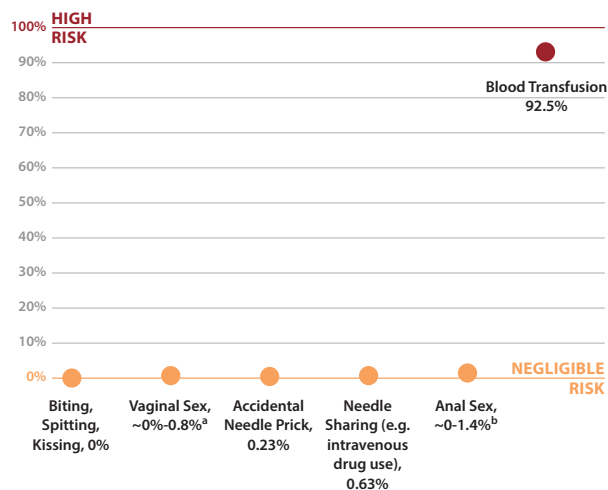
- State law criminalizes one or more behaviors that pose either no risk of HIV transmission or a “low or negligible risk” of HIV transmission as defined by the CDC (23 states)
- Statute only criminalizes behaviors that pose an “actual risk” of HIV transmission (7 states)
- State law criminalizes perceived or potential exposure to HIV but includes no specific defining language or the definitions of transmission behaviors are unclear or the general criminal statutes used to prosecute contains no defined legal standard for criminalized behavior by PLHIV (14 states)
- No known prosecutions or HIV-specific statutes (6 states + D.C.)
- ▲ State law includes enhanced penalties for individuals living with HIV if prosecuted for sex work (13 states)

Source: Movement Advancement Project, Equality Maps, current as of December 1, 2016. For updates see http://www.lgbtmap.org/equality-maps/hiv_criminalization_laws.

assault, terroristic threats, or homicide and attempted homicide.⁸ Sixteen percent of LGBT people live in one of these states. Only 3% of LGBT people live in one of the six states without HIV-specific criminal laws or broader laws related to sexually transmitted infections or where general criminal laws have not been used to prosecute people living with HIV for actions related to actual or perceived exposure to HIV.

In general, HIV-specific criminal laws have several key components. They typically apply only to people who know they have HIV; they describe the specific behaviors that are criminalized; they make disclosure of HIV status the only affirmative defense (or make non-disclosure an element of the crime); and they outline the applicable criminal penalties, such as classification as a misdemeanor or felony, and minimum or maximum sentence lengths. Generally, these laws do not require transmission or the intent to transmit HIV. Together, these laws create a strong disincentive for individuals to find out their HIV status and result in adverse public health outcomes.

Figure 3: Per-Act Risk of Acquiring HIV Vary Greatly



^a The greatest risk for transmission through vaginal sex is for the receptive partner without prevention measures such as a condom, ART, or PrEP (0.8%), but with these measures, the risk is reduced to nearly 0%.

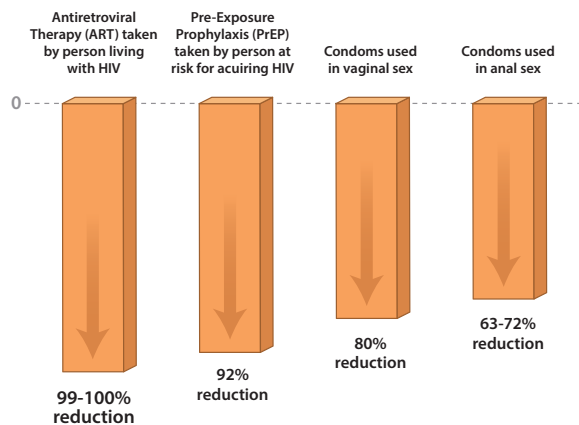
^b The greatest risk for transmission through anal sex is for the receptive partner without prevention measures such as a condom, ART, or PrEP (1.4%), but the risk is reduced through condom usage and is nearly 0% with ART or PrEP are used.

Source: Centers for Disease Control and Prevention, “HIV Risk Behaviors: Estimated Per-Act Probability of Acquiring HIV from an Infected Source, by Exposure Act,” accessed October 25, 2016, <http://www.cdc.gov/hiv/policies/law/risk.html>.

Types of behaviors criminalized. Some state HIV criminalization laws detail specific behaviors that individuals with HIV may not engage in without risking criminal penalty, while others are broader with language such as general “exposure to HIV,” as shown in *Figure 2*. Behaviors that may be criminalized include donating blood, tissues, or fluids; prostitution or solicitation; biting, spitting, or throwing bodily fluids; and a number of sexual behaviors, including anal, vaginal, and oral sex, sharing sex objects, or mutual masturbation.

Many of these laws were passed in the earlier years of the epidemic when less was known about the routes and risks of HIV transmission. Nearly half of states (23) criminalize one or more behaviors that pose either no risk of HIV transmission or a “low or negligible risk” of HIV transmission as defined by the CDC, such as exposing someone to a bodily fluid that is not known to transmit HIV, such as saliva, urine, or tears. As shown in *Figure 3*, these behaviors have a negligible risk of transmitting HIV. By criminalizing these behaviors, HIV criminalization laws in these states perpetuate stigma and misinformation about how HIV is transmitted.

Figure 4: Prevention Measures Drastically Reduce Risk of Transmitting HIV

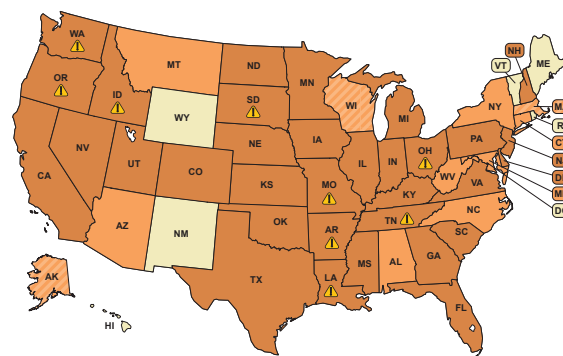


Source: Dawn K. Smith, et al., "Condom Effectiveness for HIV Prevention by Consistency of Use Among Men Who Have Sex With Men in the United States," *Journal of Acquired Immune Deficiency Syndromes*, 68(30:337, 2015, accessed November 1, 2016, http://journals.lww.com/jaids/Fulltext/2015/03010/Condom_Effectiveness_for_HIV_Prevention_by.14.aspx.

HIV criminalization laws also fail to account for proven prevention measures, such as antiretroviral therapy (ART), pre-exposure prophylaxis (PrEP), and condoms, which are proven to reduce, or completely eliminate, the risk of transmission, as shown in *Figure 4*.⁹

- Antiretroviral therapy (ART) reduces the number of copies of HIV in an individual's blood (called "viral load"), which in turn drastically reduces the risk of transmitting the virus. Preliminary findings from a 2011 study found that when used consistently by individuals with HIV, ART reduced the already low per-act risk of HIV transmission to a sexual partner by 96%.¹⁰ In a follow-up study released in 2015 of more than 1,700 couples, ART resulted in a zero percent rate of HIV transmission.¹¹ In a 2016 longitudinal study of gay male couples in which one member of the couple had HIV and was using ART and the couple did not consistently use condoms during sex, there were no documented cases of HIV transmission.¹²
- When individuals who do not have HIV take PrEP regularly, the risk of acquiring HIV has been shown to be reduced by 92%.¹³
- Condom usage also reduces risk of HIV transmission through a variety of sexual behaviors (63% for insertive anal sex among men who have sex with men;¹⁴ 72% for receptive anal sex among men who have sex with men;¹⁵ and 80% for penile-vaginal sex).¹⁶

Figure 5: Degrees of Punishment



- Violations of HIV-specific statute (or HIV-related prosecutions under general criminal code) are charged as felony offenses (33 states)
- Violations of HIV-specific statute (or HIV-related prosecutions under general criminal code) are charged as misdemeanors (8 states)
- State imposes "sentence-enhancement" statute that may increase penalties based on HIV status (3 states)
- No known prosecutions or HIV-specific statutes (6 states + D.C.)
- ▲ Sentence for HIV-related offense includes registration as a sex offender (9 states)

Source: Movement Advancement Project, Equality Maps, current as of December 1, 2016. For updates see http://www.lgbtmap.org/equality-maps/hiv_criminalization_laws.

Very few HIV criminalization statutes in the United States take into account whether an individual living with HIV is on ART, which drastically reduces the likelihood of transmission, or the inherent conflict between taking medications that make transmission nearly impossible and having the criminal intent to harm another through transmission. Other prevention methods, such as PrEP, or condoms, which proactively reduce the risk of HIV transmission, are also rarely considered as to whether there was intent to transmit HIV. In most states, such as the example law from South Dakota presented on page 3, the use of these methods cannot be used a defense against a prosecution under an HIV criminalization law.

Disclosure requirements. The majority of states with HIV criminalization laws require that people living with HIV disclose their status to potential sex partners and/or to individuals with whom they may be sharing needles. But providing evidence of disclosure, sometimes months or years after an interaction, can prove difficult.

Degrees of punishment under HIV criminalization laws. The criminal penalties in HIV criminalization laws are frequently unreasonably harsh, often resulting in felony

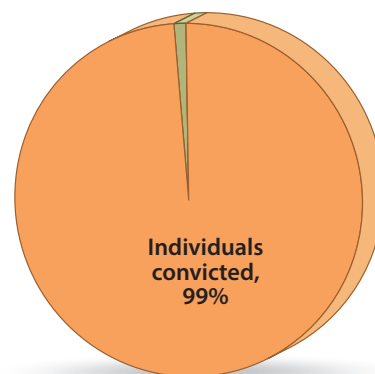
convictions, long sentences, and required registration as a sex offender (see *Figure 5* on the previous page).

The charges shown in *Figure 5* are either explicit guidelines or, in the absence of guidelines, recorded charges applied in known prosecutions. When a state has more than one HIV-specific statute and/or known prosecution, the state is categorized by the most severe charge therein. California, for example, has several HIV-related statutes on the books and more than 380 known prosecutions under these statutes between 1988 and 2014.¹⁷ Felony conviction under California law carries a three, five, or eight year prison sentence, but there are sentence enhancements for individuals with HIV who commit a sex offense, with three years of additional prison time for each sex offense (on top of the sentence for the sex offense). Notably, Iowa's HIV-specific statute was revised in 2014. It is no longer HIV-specific, applies to a more limited range of behaviors (based on risk), and has gradations of charges and penalties, depending on whether the person acted with the intent to transmit or with a "reckless disregard" as to the risk of transmission, and whether or not HIV was transmitted. While not eliminating HIV-based prosecutions altogether, this revision was groundbreaking in its incorporation of current knowledge about HIV and the tiering of prohibited conduct, and gradations of penalties, thereby replacing a blunt, indiscriminate statute with an extreme maximum sentence for all situations.

Nine states add mandatory sex offender classification and registration to those convicted under these laws, meaning defendants suffer additional, irreparable damage to most aspects of their lives: their ability to work, to choose where they live, even to continue relationships with their own children and other minor relatives. In 2009, Nick Rhoades was charged with criminal transmission of HIV in Iowa (under its previous HIV criminalization statute) after failing to disclose his status to a sex partner, with whom he used a condom.¹⁸ Rhoades was on ART and had an undetectable viral load. In addition to being sentenced to 25 years in prison, Rhoades was also sentenced to registration as a sex offender for an indefinite period of time, barred from being around minors without their parents, and a slew of other restrictions ranging from GPS monitoring, curfews, and searches of his computer.¹⁹ With representation from Lambda Legal, in June 2014, the Iowa Supreme Court set aside his conviction, recognizing the evolving science with respect to HIV and its transmission.²⁰

Figure 6: Incredibly High Conviction Rates in HIV Criminalization Cases

Of Individuals Charged Under HIV-criminalization Statutes in California



Source: Amira Hasenbush, Ayako Miyashita, and Bianca D.M. Wilson, "HIV Criminalization in California: Penal Implications for People Living with HIV/AIDS," The Williams Institute, December 2015.

The Williams Institute analysis of people coming into contact with the California criminal justice system resulting from an HIV criminalization statute revealed the extent to which these statutes result in high rates of conviction and punishment for people living with HIV. Of individuals charged under a California HIV criminalization statute, 99% are subsequently convicted (see *Figure 6*).²¹ Notably, nearly all (95%) of individuals who came in contact with the California criminal justice system under an HIV criminalization statute had either engaged in sex work or were suspected of engaging in sex work.

The harsh sentences associated with conviction under many states' HIV criminalization laws are out of step with today's understandings of the modes and rates of HIV transmission; they do not accurately reflect the reality of an HIV diagnosis; and they do not adhere to basic fairness principles of criminal justice. First, as mentioned above, these laws criminalize conduct that is unlikely to result in harm and do not require actual harm to have occurred. Second, HIV criminalization laws were passed at a time when HIV was, for many people, a terminal disease with a short life expectancy. Whereas today, with appropriate medical treatment, a person diagnosed at age 20 can expect to live to 71 (compared to the average lifespan in the United States of 79).²² The sentences imposed are frequently greater than those imposed for crimes that result in serious

bodily harm or death, such as assault or manslaughter. Third, HIV criminalization laws often do not require that prosecutors prove intent—that is, that an individual living with HIV intentionally sought to expose or infect another person with HIV. Many criminal laws require a particularly state of mind, or “*mens rea*” (intent), and hinge conviction and/or criminal penalties on the relative culpability of a person acting with a particular state of mind. This is not the case for most HIV criminalization laws.

Harms of HIV Criminalization

Not only are HIV criminalization laws outdated, the use of the criminal justice system to stop or slow HIV transmission is both ineffective and devastating to those targeted, as well as harmful to public health as a whole.

Current Laws Compromise Public Health. Contrary to their intended purpose, by discouraging individuals from knowing their status and accessing medical treatment, HIV criminalization laws undermine the public health goals of reducing new HIV infections.

First, research finds that these laws create a culture of fear and often discourage people from knowing their HIV status, seeking treatment, or disclosing their HIV status in appropriate circumstances, all of which are counterproductive in terms of halting the transmission of HIV and improving outcomes for people living with HIV. Because HIV-based prosecutions may discourage HIV testing, they can also delay entry into care.²³ Delayed testing and treatment reduces individual health outcomes for individuals living with HIV, and it increases the likelihood of transmission to others. Studies have shown that individuals who receive early healthcare and uninterrupted antiretroviral medications experience long-term health benefits and increased life expectancy, as well as substantially reduced risk of transmission.

Finally, there is no evidence that criminalization has any positive impact on disclosure or risk-taking behavior. In fact, one recent study found that the existence of HIV criminalization statutes is linked to increased sexual risk taking among HIV-negative men.²⁴

HIV Criminalization Laws Impact Gay, Bisexual, and/or Transgender People, Particularly People of Color. LGBT people, particularly gay and bisexual men, transgender women, and LGBT people of color, are disproportionately

Figure 7: LGBT People are Disproportionately Impacted by HIV

Figure 7a: Gay and Bisexual Men and Men Who Have Sex with Men (MSM)

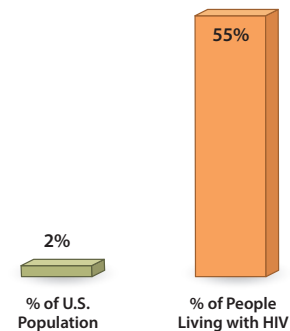
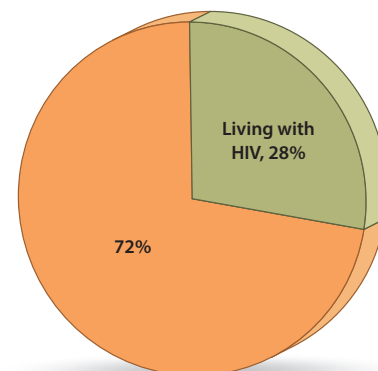


Figure 7b: Among Transgender Women



Sources: Centers for Disease Control and Prevention, “HIV Among Gay and Bisexual Men,” September 30, 2016, accessed October 25, 2016, <https://www.cdc.gov/hiv/group/msm>; Jeffrey H. Herbst et al., “Estimating HIV Prevalence and Risk Behaviors of Transgender Persons in the United States: A Systematic Review,” *AIDS and Behavior*, 12:1 (2008), accessed October 25, 2016, <http://link.springer.com/article/10.1007%2Fs10461-007-9299-3>.

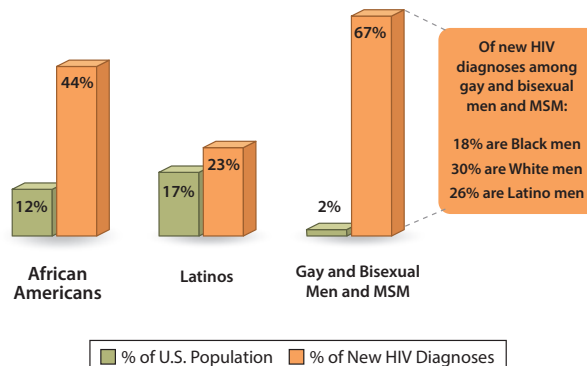
impacted by HIV, as shown in *Figure 7* above and *Figure 8* on the next page. They comprise a large share of people living with HIV and the majority of new diagnoses.

Given the overrepresentation of LGBT people, particularly gay, bisexual, and transgender people and people of color, it is not surprising that HIV criminalization laws disproportionately impact these communities and push LGBT people of color into the criminal justice system. According to a recent study of California by the Williams Institute, people of color were much more likely than white people to come into contact with the criminal justice system for charges related to their HIV status.²⁵

For example, white men comprise 40% of the population of people diagnosed with HIV, but only 16% of those who had contact with the criminal justice system related to their HIV status in California. Black women, black men, and white women all show rates of overrepresentation among HIV status-related criminal justice contact, as shown in *Figure 9*.

In the same study of individuals brought into contact with the California criminal justice system under HIV-related statutes, significant differences in case outcomes were uncovered by race and ethnicity. For example, white men were significantly more likely to be released and not charged. Black men, black women, white women were significantly less likely to be released and not charged.

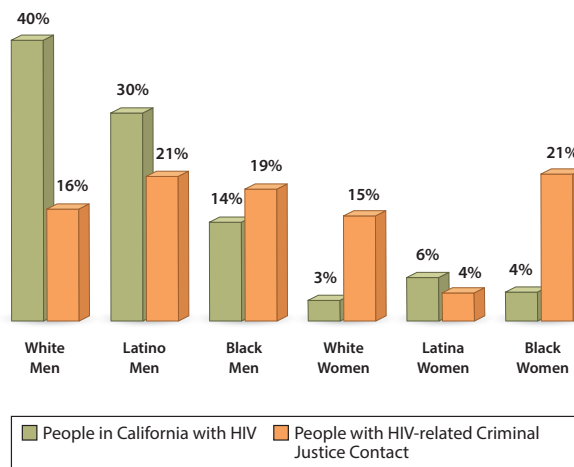
Figure 8: LGBT People & People of Color Comprise Large Share of New HIV Diagnoses



Sources: Centers for Disease Control and Prevention, "HIV Surveillance Report, 2014," 2015, accessed November 8, 2016. <http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf>.

Figure 9: People of Color Disproportionately Impacted by HIV Criminalization Statutes

Californians Living with HIV Compared to Those in Contact with Justice System Under HIV Criminalization Statutes, by Race



Sources: Amira Hasenbush, Ayako Miyashita, and Bianca D.M. Wilson, "HIV Criminalization in California: Penal Implications for People Living with HIV/AIDS," The Williams Institute, December 2015, accessed November 2, 2016, <http://williamsinstitute.law.ucla.edu/research/health-and-hiv-aids/hiv-criminalization-in-california-penal-implications-for-people-living-with-hivaids>.

Federal Effort to Modernize HIV Criminalization Laws

Federal legislation has been introduced recently that would address discrimination in criminal and civil laws against people living with HIV. The REPEAL HIV Discrimination Act, introduced in the House by California Congresswoman Barbara Lee in March 2015²⁶ and in December 2015 in the Senate by Senator Christopher Coons of Delaware²⁷, would encourage states to reform and modernize their laws and update federal laws and policies to be in line with modern science.

Specifically, the legislation articulates that federal and state laws and policies “should not place unique or additional burdens on individuals solely as a result of their HIV status,” and that laws should be modernized to demonstrate an understanding of current science and should “demonstrate a public health-oriented, evidence-based, medically accurate, and contemporary understanding” of HIV transmission, health implications, treatment, and the impact of punitive HIV-specific laws, policies, regulations, and judicial precedents and decisions on public health and on affected people, families, and communities.

The bill directs various federal departments, including the Department of Justice, the Department of Health and Human Services, and the Department of Defense to review federal and state laws, policies, regulations, military codes, and judicial precedents and decisions regarding criminal and related civil commitment cases involving people living with HIV/AIDS. The legislation would also require agencies to develop and publicly release guidance and best practice recommendations for states, and establish an integrated monitoring and evaluation system to measure state progress.

The bill prohibits this Act from being construed to discourage the prosecution of individuals who intentionally transmit or attempt to transmit HIV to another individual.

RECOMMENDATIONS

States should repeal, reform, and/or modernize all laws that criminalize the transmission of HIV and other diseases. Revisions should be guided by the best available science and medical evidence, and they should uphold principles of legal fairness, taking into consideration components such as intent, proportionality, evidentiary obstacles, and appropriate defenses in light of current science.²⁸

When examining existing statutes, lawmakers and advocates should take into consideration “unique or additional burdens”²⁹ these laws place on individuals living with HIV and the extent to which existing laws do not take into account the most recent science and research on the transmission of HIV and the benefits of treatment. The Department of Justice encourages states to use scientific findings to, “re-examine [these] laws, assess the laws’ alignment with current evidence regarding HIV transmission risk, and consider whether the laws are the best vehicle to achieve their intended purposes.”

Absent changes in state laws, attorney generals and law enforcement should deprioritize enforcement of HIV criminalization statutes.

The federal government should pass legislation to update federal laws and policies and the military code to recognize the contemporary understanding of HIV transmission, treatment, and risks. Legislation, like the REPEAL HIV Discrimination Act outlined on the previous page, should also direct federal departments and agencies to collect information about and monitor state laws, policies, and prosecutions.

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ABOUT THIS SPOTLIGHT

This report is part of an ongoing series that will provide in-depth analyses of laws and policies tracked at the Movement Advancement Project's "Equality Maps," found at www.lgbtmap.org/equality-maps. The information in this report is current as of the date of publication; but the [online maps](#) are updated daily.



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States That Have Restricted Gender-Affirming Care for Trans Youth

As the issue of trans rights has become more political, states are increasingly banning gender-affirming care for trans minors.

By Elliott Davis Jr. | Jan. 24, 2024 |

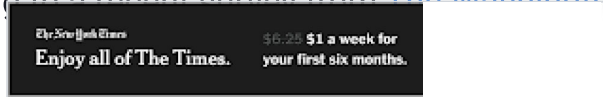
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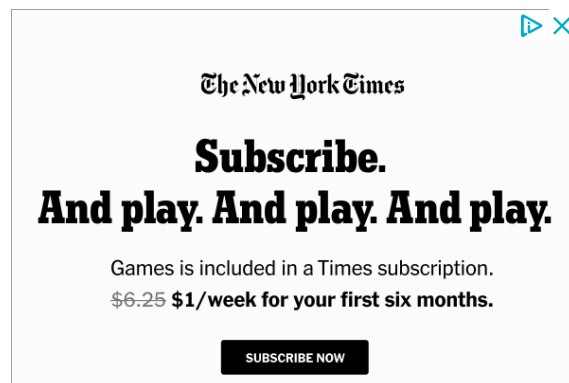
 SUE OGROCKI | AP

Trans-rights activists protest outside the House chamber at the Oklahoma state Capitol on Feb. 6, 2023, in Oklahoma City.

A large majority of transgender adults in the United States – 78% – say living with a gender different from the one assigned to them at birth has made them more satisfied with their lives, according to a recent survey from [The Washington Post](#) and Kaiser Family Foundation.



Among respondents, more than three-quarters had changed their type of clothing, hairstyle or grooming habits to align with their preferred gender, while 31% had used hormone treatments and 16% had undergone gender-affirming surgery or a related surgical treatment to alter their appearance.



▶▶ **READ:** [Why European Countries Are Rethinking Gender-Affirming Care for Minors](#)

But such options are becoming available on a more limited basis, as politicians in multiple states have attempted to restrict trans Americans' ability to seek gender-affirming medical treatments.

What Is Gender-Affirming Care?

The Human Rights Campaign, a LGBTQ+ advocacy group, [defines](#) gender-affirming care as “age-appropriate care that is medically necessary for the well-being of many transgender and non-binary people who experience symptoms of gender dysphoria, or distress that results from having one’s gender identity not match their sex assigned at birth.” The organization notes both the American Medical Association and the American

Academy of Pediatrics support “age-appropriate, gender-affirming care for transgender and non-binary people.”

Conservatives often oppose the [concept of gender-affirming care](#) – which may or may not include surgery or other interventions – for various reasons, including [religious beliefs](#) and concerns about child abuse. “You don’t disfigure 10-, 12-, 13-year-old kids based on gender dysphoria,” Florida Gov. Ron DeSantis, a Republican, [said](#) at an August news conference.

Some have expressed concern about a lack of data on the possible long-term consequences of gender-affirming medical treatment for minors. A 2022 [Reuters investigation](#), for example, found “no large-scale studies have tracked people who received gender-related medical care as children to determine how many remained satisfied with their treatment as they aged and how many eventually regretted transitioning.” Others, according to the article, have raised alarms about children who are not appropriately evaluated before receiving gender-affirming medical care.



These States Have Banned Gender-Affirming Care

- [Arkansas](#)
- [Florida](#)
- [Georgia](#)
- [Idaho](#)
- [Indiana](#)

- [Iowa](#)
- [Kentucky](#)
- [Louisiana](#)
- [Mississippi](#)
- [Missouri](#)
- [Montana](#)
- [Nebraska](#)
- [North Carolina](#)
- [North Dakota](#)
- [Ohio](#)
- [Oklahoma](#)
- [South Dakota](#)
- [Tennessee](#)
- [Texas](#)
- [Utah](#)
- [West Virginia](#)



Below are the states that have moved to restrict some form of gender-affirming care for minors in 2023 and so far in 2024, based largely on [legislation tracking](#) from the Equality Federation, an advocacy accelerator that works with a network of state-based LGBTQ+ organizations.

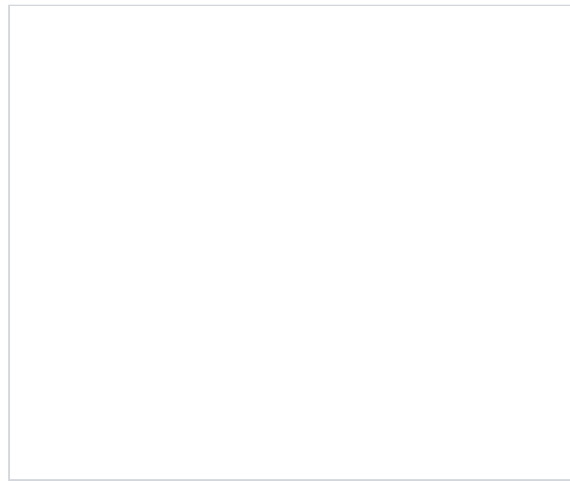
Some states, [such as Arizona](#) and [Alabama](#), passed bans prior to 2023 and are not included on the list.

Dozens of bills are still being considered by lawmakers in other states, according to the federation. And officials elsewhere, including in Florida and Missouri, have bypassed state legislatures altogether.

[Arkansas](#)

Signed into law by new Republican Gov. Sarah Huckabee Sanders in March, Arkansas' [law](#) will make health care providers liable for civil action for up to 15 years after a minor turns 18 if they performed a gender transition procedure on that minor – essentially

making it easier to file malpractice lawsuits in these situations. On that note, experts say the law acts as a de facto ban on gender-affirming care for children because it makes it nearly impossible for providers to get malpractice insurance, according to [the AP](#). In 2021, state lawmakers [passed](#) the nation's first ban on gender-affirming care for minors. The move was temporarily blocked shortly after, but on June 20, 2023, a federal judge [issued](#) a permanent injunction against it, ruling the ban unconstitutional. It marked the first time such a state ban was overturned, but the more recent law signed by Sanders was still set to go into effect.



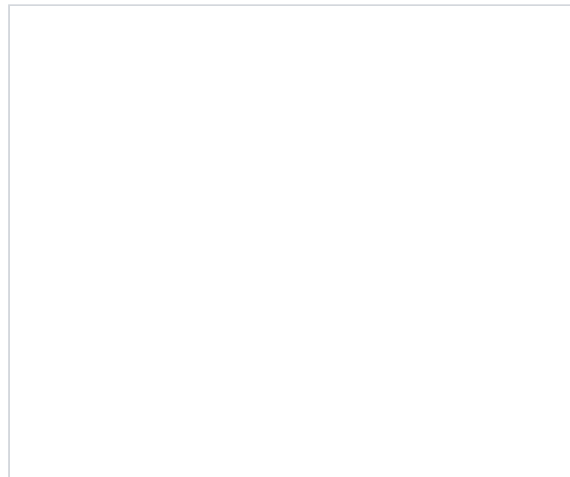
Florida

The state Department of Health's Board of Medicine [announced](#) a new [rule](#) in March that prohibits several types of treatment and procedures – such as sex reassignment surgeries and puberty blockers – for treating gender dysphoria in minors. Then, on May 17, DeSantis [signed](#) into law a similar gender-affirming care [ban from the state legislature](#), which, in addition to prohibiting procedures from being performed on minors, also grants Florida courts “temporary emergency jurisdiction” over a child if they have been subjected to or “threatened” with sex-reassignment prescriptions or procedures. The law also requires transgender adults to get written consent before undergoing such procedures by using a form adopted by the Board of Medicine and Board of Osteopathic Medicine, according to Reuters. But on June 6, a district court judge in Florida issued a [preliminary injunction](#) that temporarily blocked enforcement of some parts of the law on behalf of several young plaintiffs. Months later, the same judge [ruled](#) that the parts of the law that apply to transgender adults can still be enforced while it is challenged in court.

▶ **MORE:** [Florida's Ban on Gender-Affirming Care for Minors Sparks Confusion, Fear](#)

Georgia

Senate Bill 140 was [signed into law](#) by Georgia Republican Gov. Brian Kemp in late March. [The legislation](#), pushed forward by the Republican majority in the state's General Assembly, prohibits "certain surgical procedures for the treatment of gender dysphoria in minors from being performed in hospitals and other licensed healthcare facilities." There are exceptions, including treatments that are deemed "medically necessary" and situations covering continued treatment for minors undergoing "irreversible hormone replacement therapies" prior to July 1, 2023. A federal judge on Sept. 5 [allowed](#) Georgia to resume enforcing the portion of the law banning doctors from starting hormone therapy for transgender minors, weeks after [blocking](#) it with a preliminary injunction. The prohibition on surgical procedures was not covered by the legal challenges.

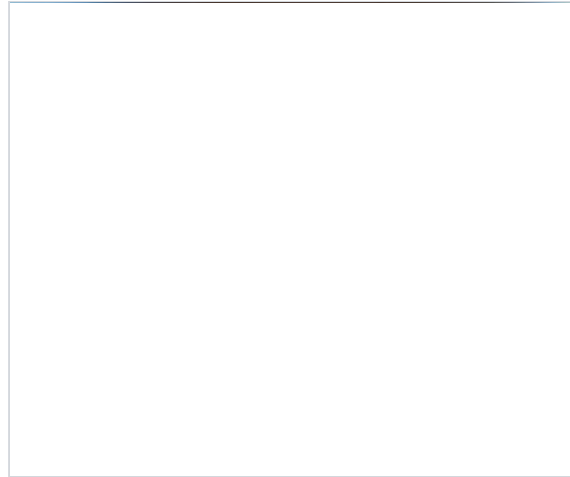


Idaho

The state's GOP Gov. Brad Little [approved](#) a bill that criminalizes providing gender-affirming care for youth. Signed on April 4 and set to go into effect in January 2024, the [law](#) makes it a felony to provide hormones, puberty blockers or other gender-affirming medical care to minors. Little said in a [letter](#) confirming the bill signing that policymakers "should take great caution whenever we consider allowing the government to interfere with loving parents and their decisions about what is best for their children." But in December 2023, a federal judge issued a temporary injunction [blocking](#) the law's enforcement.

Indiana

Republican Gov. Eric Holcomb [signed into law](#) on April 5 a [bill](#) banning all gender-affirming care for minors, after [previously saying](#) there was “some vagueness to it,” according to the AP. The governor said in a statement that “permanent gender-changing surgeries with lifelong impacts and medically prescribed preparation for such a transition should occur as an adult, not as a minor.” Parts of the law, however, were [blocked by a federal judge](#) on June 16 following a request for a preliminary injunction by the American Civil Liberties Union of Indiana. The order stops the law’s ban on puberty blockers and hormone treatments for minors from going into force on July 1, but does not impact the restriction on gender-affirming surgeries.



Iowa

[Iowa’s ban](#), signed into law on March 22, prohibits health care professionals from “knowingly” performing certain medical practices on minors if they are “for the purpose of attempting to alter the appearance of, or affirm the minor’s perception of, the minor’s gender or sex, if that appearance or perception is inconsistent with the minor’s sex.” Practices covered by [the law](#) include hormone therapies and surgical procedures. As with other states’ laws, there are some exceptions, including a “medically verifiable disorder of sex development.”

Kentucky

The state on March 29 [joined](#) others in banning gender-affirming medical care for minors when the Republican-led Kentucky General Assembly voted to override Democratic Gov.

Andy Beshear's veto, becoming the first state led by a Democrat to approve such a ban in 2023. The [law](#) notes that any health provider who violates the prohibition can have their license or certificate revoked. A federal judge on June 28 temporarily [blocked](#) the portion of the law that would have banned transgender youth from accessing puberty blockers and hormone therapy, but that same judge [lifted the injunction](#) on July 14 – allowing the restrictions to go into effect. A federal appeals court panel on July 31 [allowed](#) the state to continue enforcing the law – and so did [another](#) in September.

Louisiana

With a successful override attempt of former Democratic Gov. John Bel Edwards' [veto](#) by the state's Republican supermajority legislature, Louisiana [approved a ban](#) on gender-affirming care for minors on July 18. The [law](#), which went into effect on Jan. 1, 2024, covers procedures such as hormone therapies, puberty blockers and gender-reassignment surgeries. The ban's ultimate approval came after a Republican lawmaker [cast](#) a tie-breaking vote to kill the legislation in May. But it was eventually resurrected and passed before Edwards' veto. New Gov. Jeff Landry, a Republican, has supported the ban, saying in a [post](#) in X in May 2023, "Pediatric sex changes should have no place in our society."



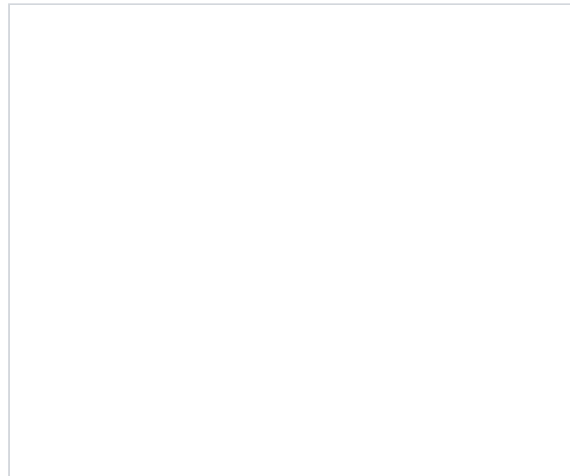
Mississippi

Mississippi's [law](#) – among the first to be enacted in 2023 – bans any person from knowingly providing or engaging in conduct that aids and abets the performance of gender transition procedures on a minor in the state. The ban also prohibits the use of public funds or tax deductions for such procedures. Republican Gov. Tate Reeves said

when he signed the bill into law that “radical activists” are telling children they are “just a surgery away from happiness,” [according to the AP](#).

Missouri

GOP Gov. Mike Parson on June 7 [signed](#) a bill that will restrict gender-affirming health care for minors and some adults in Missouri starting in late August. The [law](#) prevents the state’s Medicaid division from covering such treatment for people of any age, and prohibits providers from prescribing puberty-blockers or cross-sex hormones to minors until Aug. 28, 2027, unless they were being treated prior to the bill’s effective date. Missouri initially banned gender-affirming care in April through an emergency regulation from state Attorney General Andrew Bailey that limited treatments for both minors and adults, the latter of which was believed to be a [first in the country](#). But Bailey [terminated the rule](#) – which had already been on pause due to a lawsuit – on May 16, citing the state legislature’s imminent ban. A circuit judge on Aug. 25 [allowed](#) the law to take effect.



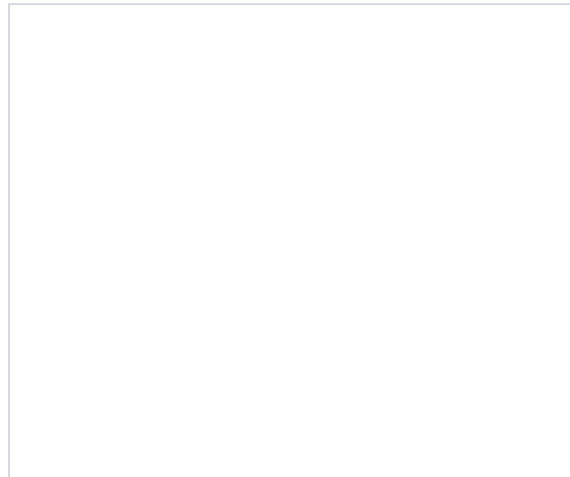
Montana

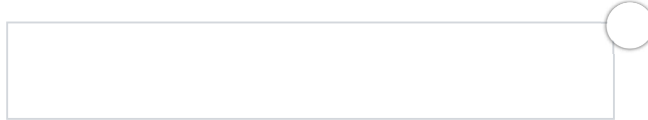
Signed into law [on April 28](#) by Republican Gov. Greg Gianforte, Montana’s ban on gender-affirming care for minors [covers](#) both surgical procedures and medications such as puberty blockers and testosterone. As with other state laws, the prohibition has exceptions including for someone “diagnosed with a disorder of sexual development.” Any physician who performs a banned procedure can be also sued in the 25 years following it if the after-effects result in any injury, “including physical, psychological, emotional or physiological harms.” Democratic state Rep. Zooey Zephyr, a transgender woman, was exiled from the Montana House floor after she [said](#) her fellow Republican

lawmakers would have “blood on their hands” if they passed the bill. The law was set to take effect on Oct. 1, but a state judge [issued](#) a preliminary injunction on Sept. 27 that blocked its enforcement, according to the AP.

Nebraska

Republican Gov. Jim Pillen [signed into law](#) on May 22 a bill that prohibits gender-affirming medical care for minors, which covers people under the age of 19 in Nebraska. The [law](#), which also bans abortions at 12 weeks of pregnancy, includes a ban on surgical procedures and limitations on “prescribed drugs related to gender alteration.” The rules for the latter are to be determined by the state’s chief medical officer – a political appointee, according to the AP. The gender-affirming care portion of the new law goes into effect on Oct. 1, 2023.





North Carolina

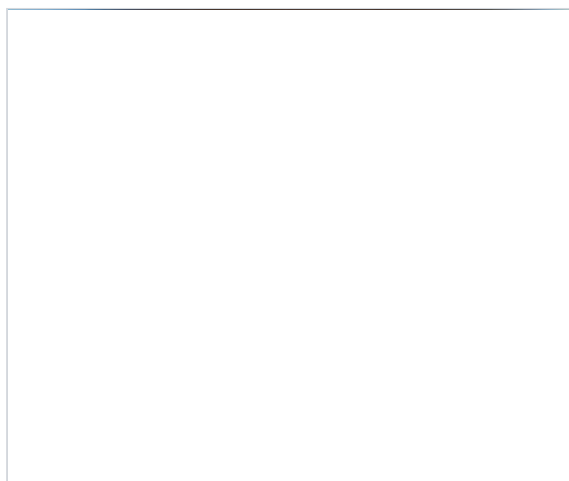
The state's Republican-dominated legislature on Aug. 16 [voted](#) to successfully override a [veto](#) from Democratic Gov. Roy Cooper and approve a ban on gender-affirming care for minors in North Carolina. The bill's [language](#) covers both transition surgeries and puberty-blocking drugs or cross-sex hormones. The law goes into effect immediately, but as with other state bans that have been approved, there are some exceptions to the prohibition.

North Dakota

Republican Gov. Doug Burgum on April 19 [signed](#) a veto-proof bill into law that criminalizes providing gender-affirming medical care to minors. The [law](#), which went into effect immediately as an "emergency measure," makes performing sex reassignment surgery on a minor a felony, and makes providing gender-affirming medication such as puberty blockers to minors a misdemeanor. Burgum recommended in a statement that "thoughtful debate around these complex medical policies should demonstrate compassion and understanding for all North Dakota youth and their families," according to the AP.

Ohio

Republican Gov. Mike DeWine on Jan. 5, 2024, [signed](#) an executive order that prohibits young Ohioans from getting gender-affirming surgeries done before they turn 18. The order, which takes effect immediately, came just a week after DeWine [vetoed](#) a bill from the state legislature that would have instituted a broader restriction on gender-affirming care for minors, including hormone therapies. But on Jan. 24, the state Senate successfully [voted](#) to override the governor's veto, meaning the more wide-reaching ban – which also prohibits transgender girls and women from girls' and women's sports teams at both the K-12 and collegiate level – was expected to take effect in 90 days.



Oklahoma

GOP Gov. Kevin Stitt on May 1 [signed into law](#) a ban on gender-affirming care for minors in Oklahoma, saying he was “thrilled” to do so and “protect our kids.” The [bill](#) allows for any physician who knowingly provides gender transition procedures to be charged with a felony, but the prosecution must occur before the minor patient turns 45. The law went into effect immediately, but on May 18 the state [agreed](#) to not enforce it while opponents sought a temporary court order blocking it. A federal judge in October later [declined](#) to stop the law from taking effect.

South Dakota

Signed into law on Feb. 13, [House Bill 1080](#) prohibits South Dakotan health care professionals from administering various types of gender-affirming procedures on minors. If a provider violates the law, the legislation requires a professional or

occupational licensing board to revoke any license or certificate held by the provider. GOP Gov. Kristi Noem strongly supported the bill before signing it, according [to the AP](#).

Tennessee

Tennessee's [legislation](#), which [was signed by Gov. Bill Lee in March](#) but was set to go into effect on July 1, bans health care providers from performing [or offering to perform](#) a medical procedure on a minor if its purpose is to enable that minor "to identify with, or live as, a purported identity inconsistent with the immutable characteristics of the reproductive system that define the minor as male or female." It also prohibits such procedures if the purpose is to treat "purported discomfort or distress from a discordance between the minor's sex and asserted identity." There are exceptions, and the law establishes penalties for providers who violate it. Just days before its July 1 effective date, a federal judge on June 28 temporarily [blocked](#) the portion of the law that would have banned transgender youth from accessing puberty blockers and hormone therapy. U.S. District Judge Eli Richardson, however, did not block the law's ban on surgical procedures. A federal appeals court on July 8 [temporarily reversed](#) Richardson's ruling, meaning the law can take effect at least until the court conducts a full review.



Texas

GOP Gov. Greg Abbott on June 2 [signed](#) a bill banning gender-affirming care for minors in Texas. The [law](#) contains exceptions similar to other states' efforts at restricting transition care. The Texas Supreme Court on Aug. 31 [allowed](#) the law to go into effect on Sept. 1, overruling a state district judge who had [issued](#) a temporary injunction against the ban a week prior. The law's passage was not Texas' first attempt at limiting gender-

affirming care: Abbott in 2022 ordered the investigation of families who were receiving such care, but the order was [halted](#) by a judge in the state.

Utah

Republican Gov. Spencer Cox [signed into law](#) on Jan. 28 the first gender-affirming care ban of the year. The Utah legislature's [Senate Bill 16](#) restricts health providers from performing "sex characteristic surgical procedures on a minor for the purpose of effectuating a sex change" or hormonal transgender treatment on minors who weren't diagnosed with gender dysphoria before July 1, 2023. Cox said his approval of the law was an effort at least in part to pause "these permanent and life-altering treatments for new patients until more and better research can help determine the long-term consequences," the [AP reported](#).



West Virginia

A new law [signed](#) by GOP Gov. Jim Justice on March 29 prohibits minors from being prescribed hormone therapy and puberty blockers, or from receiving gender-affirming surgery. The [law](#), which will take effect in January 2024, contains an exception geared toward youth for whom "treatment with pubertal modulating and hormonal therapy is medically necessary to treat the minor's psychiatric symptoms and limit self-harm, or the possibility of self-harm." In these cases, the minor must receive consent from their parents or guardians along with two medical providers.

Updated on Jan. 24, 2024: This article has been updated to reflect new information.

United States Senate

September 15, 2022

The Honorable Merrick Garland
Attorney General
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

The Honorable Anne Milgram
Administrator
U.S. Drug Enforcement Administration
8701 Morrisette Drive
Springfield, VA 22152

Dear Attorney General Garland, Secretary Becerra, and Administrator Milgram,

I write to urge the Biden administration, as it develops policies to advance LGBTQ equality, to consider rescheduling testosterone from a Schedule III to a Schedule V controlled substance, or descheduling testosterone entirely, in order to make it more accessible to transgender people, including transgender men and transmasculine nonbinary people. Testosterone's Schedule III status adds barriers to medically necessary, gender-affirming care while leaving transgender people vulnerable to harassment, discrimination, and surveillance.

Gender-affirming care encompasses a wide range of medical and non-medical services for transgender, genderqueer, and non-binary people, including changing one's hair or clothing, hormone therapy, and gender-affirming surgery.¹ For example, masculinizing hormone therapy for transgender people includes taking testosterone, which can suppress menstruation, decrease estrogen production, deepen voices, and stimulate facial and hair growth.² Moreover, gender-affirming hormone therapy is safe, effective, medically necessary, and critical to the health and well-being of transgender people. Leading professional medical organizations have endorsed

¹ Office of Population Affairs, *Gender-Affirming Care and Young People*, U.S. Department of Health and Human Services (Mar. 2022), <https://opa.hhs.gov/sites/default/files/2022-03/gender-affirming-care-young-people-march-2022.pdf>.

² *Masculinizing Hormone Therapy*, Mayo Clinic (July 21, 2021), <https://www.mayoclinic.org/tests-procedures/masculinizing-hormone-therapy/about/pac-20385099>; *Masculinizing Hormone Therapy*, Cleveland Clinic (Feb. 3, 2022), <https://my.clevelandclinic.org/health/treatments/22322-masculinizing-hormone-therapy>.

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gender-affirming hormone therapy, including the Endocrine Society,³ the American Medical Association,⁴ and the American Association of Family Physicians.⁵

Testosterone’s status as a Schedule III substance limits access to this important care for transgender people. The Controlled Substances Act of 1970 (CSA) classifies drugs, substances, and chemicals by their accepted medical use and dependency potential, imposing varying criminal penalties for illicit production, possession, or distribution of scheduled substances.⁶ Testosterone is currently a Schedule III substance, a class defined as having “a potential for abuse less than substances in Schedule I or II and abuse may lead to moderate or low physical dependence or high psychological dependence.”⁷

Congress added testosterone to the CSA through the Anabolic Steroids Control Act of 1990 in response to concerns about the use of testosterone and other steroids by amateur and professional athletes. At the time, the Food and Drug Administration (FDA), Drug Enforcement Administration (DEA), and the National Institute on Drug Abuse provided testimony to Congress objecting to the measure on the grounds that testosterone did not have the abuse potential to necessitate additional controls on the drug under the CSA.⁸ The American Medical Association also opposed the measure, arguing that testosterone and other steroids did not meet the standards for physical or psychological dependence under the CSA. Congressional efforts to address the non-medical use of testosterone by athletes thirty years ago has inadvertently created barriers to medically necessary gender-affirming care today.

Testosterone’s Schedule III status means the hormone is subject to restrictions on the length, quantity, and method of prescription. Prescriptions for Schedule III and Schedule IV substances cannot be filled or refilled six months after the prescription was issued, or be refilled more than five times.⁹ On top of these requirements, states and private health insurers may impose further restrictions, such as 30-day limitations on controlled substances or limitations on mail delivery of

³ *Advocacy to Protect Access to Gender Affirming Care*, Endocrine Society (June 7, 2022), <https://www.endocrine.org/advocacy/accomplishments-and-champions/access-to-gender-affirming-care>.

⁴ *Advocating for the LGBTQ Community*, American Medical Association, <https://www.ama-assn.org/delivering-care/population-care/advocating-lgbtq-community>.

⁵ *Care for the Transgender and Gender Nonbinary Patient*, American Academy of Family Physicians (2022), <https://www.aafp.org/about/policies/all/transgender-nonbinary.html>.

⁶ Joanna Lampe, *The Controlled Substances Act (CSA): A Legal Overview for the 117th Congress*, Congressional Research Service (Feb. 5, 2021), https://www.everycrsreport.com/files/2021-02-05_R45948_947eb3c52b068a17dc7c223301e9d048aef26164.pdf.

⁷ *Controlled Substance Schedules*, U.S. Dep’t of Justice, Drug Enforcement Administration, Diversion Control Division (Apr. 29, 2022), <https://www.deadiversion.usdoj.gov/schedules/>.

⁸ Rick Collins, *Changing the Game: The Congressional Response to Sports Doping via the Anabolic Steroid Control Act*, 40 NEW ENG. L. REV. 753 (2005), <https://heinonline.org/HOL/P?h=hein.journals/newlr40&i=771>.

⁹ 21 CFR § 1306.22.

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prescriptions.¹⁰ These limitations force transgender people to interact more frequently with medical providers and pharmacists, potentially resulting in exposure to unnecessary stigma and negative experiences. One-third to one-half of transgender people report verbal harassment, physical abuse, denial of care, and having to educate their provider about transgender people in order to receive appropriate care.¹¹ These negative experiences lead transgender people to avoid interacting with medical providers, and therefore limit their access to gender-affirming care, including testosterone.¹²

Limitations on which health providers are able to prescribe and administer testosterone exacerbate these negative experiences, reducing the number of trans-friendly providers available. Medical providers must register with the DEA before they can prescribe, dispense, or administer controlled substances, such as testosterone.¹³ Physicians who do not prescribe or administer controlled substances do not have to register, and some choose not to register knowing they will not be prescribing common controlled substances, such as opioids. Another reason that medical providers may choose to forgo registering is the fee — almost \$900 per physician for a three-year period.¹⁴ This creates a financial barrier to doctors providing gender-affirming care, especially those in smaller clinics and those working in underserved communities.¹⁵ Descheduling testosterone would remove the DEA-registration barrier for physicians and would allow more of them to prescribe testosterone.

Requirements for in-person consultations further limit access to controlled substances, including testosterone. Prior to the COVID-19 pandemic, prescriptions for controlled substances, including prescriptions through telemedicine, required an in-person medical evaluation.¹⁶ The COVID-19 public health emergency showed that these requirements were not always necessary. With the declaration of the public health emergency on January 31, 2020 and the designation of

¹⁰ Skyler Rosellini & Abigail Coursolle, *Increasing Access to Testosterone to improve the lives of Transmasculine People*, National Health Law Program (Nov. 29, 2021), <https://healthlaw.org/increasing-access-to-testosterone-to-improve-the-lives-of-transmasculine-people/>.

¹¹ Sandy E. James et al., *The Report of the 2015 U.S. Transgender Survey*, National Center for Transgender Equality (2016), <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>; Caroline Medina et al., *Protecting and Advancing Health Care for Transgender Adult Communities*, Center for American Progress (Aug. 18, 2021), <https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/>.

¹² Jo Yurcaba, *Nearly half of trans people have been mistreated by medical providers, report finds*, NBC News (Aug. 19, 2021), <https://www.nbcnews.com/nbc-out/out-health-and-wellness/nearly-half-trans-people-mistreated-medical-providers-report-finds-rcna1695>.

¹³ 21 CFR § 1301.13.

¹⁴ Sophia Khawly, *What is a DEA License?*, Barton Associates, (July 29, 2021), <https://www.bartonassociates.com/blog/what-is-a-dea-license>.

¹⁵ *DEA hikes registration fees for controlled substance prescriptions*, American Medical News (Apr. 9, 2012), <https://amednews.com/article/20120409/business/304099974/6/>.

¹⁶ COVID-19 Information Page, U.S. Dep't of Justice, Drug Enforcement Administration, Diversion Control Division, <https://www.deadiversion.usdoj.gov/coronavirus.html>.

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telemedicine allowance for Schedule II-to-V controlled substances on March 16, 2020, transgender people have been able to access testosterone through telemedicine for the past two years.¹⁷ Early studies have already demonstrated the positive impact that this has had on their ability to access trans-friendly providers and testosterone prescriptions, especially for transgender people living in rural areas or far from a trans-friendly medical provider.¹⁸ Rescheduling or descheduling testosterone would exempt testosterone from in-person visitation requirements when the public health emergency is eventually lifted, ensuring that this heightened access remains available for all transgender Americans.

Placing testosterone on Schedule III has not only contributed to delayed medical care, but has played a role in the criminalization, discrimination, and harassment of transgender people. For example, transgender people may be surveilled and “outed” as a result of their testosterone prescription and use. Prescription Drug Monitoring Programs (PDMP) are state-level, electronic databases for tracking controlled substances; they give health providers and pharmacists a patient’s prescription history.¹⁹ Although PDMPs’ primary objective is to identify and reduce diversions of prescription drugs such as opioids, other controlled substances, including testosterone, are also monitored on these databases.²⁰ Transgender people have expressed concern about being included in these databases, for fear of being outed to their health care providers, pharmacists, family members, and other people and agencies with access to these lists.²¹

States must enter prescriptions into the PDMPs, but they have flexibility to define covered substances and specify the information that physicians must provide about a prescription. Reclassifying testosterone as a Schedule V drug would remove it from a dozen states’ PDMPs

¹⁷ *Id.*

¹⁸ Chris Grasso et al., *Gender-Affirming Care Without Walls: Utilization of Telehealth Services by Transgender and Gender Diverse People at a Federally Qualified Health Center*, 7 *Transgender Health 2* (Apr. 11, 2022), <https://www.liebertpub.com/doi/full/10.1089/trgh.2020.0155>; Li Lock et al., *Transgender Care and the COVID-19 Pandemic: Exploring the Initiation and Continuation of Transgender Care In-Person and Through Telehealth*, 7 *Transgender Health 2* (Apr. 11, 2022), <https://www.liebertpub.com/doi/10.1089/trgh.2020.0161>.

¹⁹ *Prescription Drug Monitoring Programs (PDMPs)*, Centers for Disease Control and Prevention (May 19, 2021), <https://www.cdc.gov/drugoverdose/pdmp/index.html>.

²⁰ Skailer R. Qvistgaard, *Testosterone and Transgender Men: The Discriminatory Impact of Testosterone’s Schedule III Designation on Transgender Men Seeking Medical Care*, 13 *J. Health & Biomedical L.* 289, 306 (2018), <https://cpb-us-e1.wpmucdn.com/sites.suffolk.edu/dist/e/1232/files/2016/12/TESTOSTERONE-AND-TRANSGENDER-MEN.pdf>; Adryan Corcione, *How the Criminalization of Testosterone Attacks Gender Variant People*, *Filter Magazine* (Dec. 2, 2021), <https://filtermag.org/testosterone-criminalization/>; Sessi Kuwabara Blanchard, *DEA Wants to Surveil Patients. Trans Men Stopped Them Once Before*, *Filter Magazine* (Nov. 16, 2020), <https://filtermag.org/dea-surveillance-trans-men/>.

²¹ Adryan Corcione, *How the Criminalization of Testosterone Attacks Gender Variant People*, *Filter Magazine* (Dec. 2, 2021), <https://filtermag.org/testosterone-criminalization/>.

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that require reporting only of Class I through Class IV substances;²² declassifying it altogether would take it outside the PDMP system. The Administration can therefore reduce the likelihood of criminalization, surveillance, and the forced outing of transgender people through rescheduling or descheduling testosterone.

Testosterone's inaccessibility and criminalization may also drive illicit use by the transgender community, which has health risks.²³ A 2020 study found that nearly 10 percent of transgender adults used nonprescription hormones.²⁴ Transgender people's use of nonprescription hormones such as testosterone presents health risks caused by using them without medical supervision or monitoring; taking the wrong dose or type of hormone therapy; and relying on unregulated medicines or components, including those of inferior quality.²⁵ And because testosterone is so tightly regulated, transgender Americans may turn to online pharmacies, including in countries such as India, Russia, and Pakistan, which lack the same safety standards as the FDA and U.S. government.²⁶ The current scheduling of testosterone as a Schedule III substance is driving patients to endanger their health and safety to get the care they need if they cannot find it close to home.

For all these reasons, I am asking if HHS, DOJ, or the DEA have explored, or will begin to explore, using their respective authority under the CSA to file and review a petition to reschedule testosterone from Schedule III to Schedule V.²⁷ Additionally, I call on the Attorney General to use the information provided by HHS on the safety of testosterone to consider adjusting testosterone's status on the CSA, or removing it altogether. The Attorney General has the authority to "add to such a schedule or transfer between such schedules any drug or other

²² See, e.g., *Arizona Guidelines for Dispensing Controlled Substances*, Arizona Dep't of Health Services, (2013), <https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/dispensing-controlled-substances.pdf> (requiring PDMP checks in Arizona for Schedule II and III substances); *Oregon PDMP v. DEA*, 998 F.Supp.2d 957, 960 (D.Or. 2014) (explaining that Oregon law requires reporting to its PDMP information on prescriptions for Schedule II, III, and IV substances).

²³ Gillian Branstetter, *Sketchy Pharmacies Are Selling Hormones to Transgender People*, The Atlantic (Aug. 31, 2016), <https://www.theatlantic.com/health/archive/2016/08/diy-hormone-replacement-therapy/498044/>.

²⁴ Daphna Stroumsa et al., *Insurance Coverage and Use of Hormones Among Transgender Respondents to a National Survey*, 18 *The Annals of Family Medicine* 6 (2020), <https://www.annfammed.org/content/18/6/528>.

²⁵ *Id.*

²⁶ Gillian Branstetter, *Sketchy Pharmacies Are Selling Hormones to Transgender People*, The Atlantic (Aug. 31, 2016), <https://www.theatlantic.com/health/archive/2016/08/diy-hormone-replacement-therapy/498044/>.

²⁷ John Hudak & Grace Wallack, *How to reschedule marijuana, and why it's unlikely anytime soon*, Brookings Institution (Feb. 13, 2015), <https://www.brookings.edu/blog/fixgov/2015/02/13/how-to-reschedule-marijuana-and-why-its-unlikely-anytime-soon/>.

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substance” or “remove any drug or substance from the schedules if he finds that the drug or substance does not meet the requirements for inclusion in any schedule.”²⁸

Rescheduling or descheduling testosterone would further the goals and policies already announced by the White House and HHS. I applaud the Administration’s ongoing efforts to support the transgender community’s access to health, including strengthening Section 1557 non-discrimination rule-making²⁹ and working with states on expanding access to gender-affirming care. The June 15 Executive Order on Advancing LGBTQ Equality calls on HHS to “promote expanded access to comprehensive health care,”³⁰ and I believe that descheduling or rescheduling testosterone is an important and necessary step to expand access to gender-affirming, life-saving care.

In response to the issues raised in this letter, I respectfully request that DOJ and HHS respond in writing and with a staff-level briefing to the following questions by October 7, 2022.

1. What steps, if any, have the DOJ, HHS, or DEA taken to begin reconsideration of testosterone’s Schedule III status?
 - a. Has DOJ, HHS, or DEA met with any representatives of the transgender community about testosterone access issues related to its Schedule III status? If so, who and when? If not, why not?
 - b. Has DOJ, HHS, or DEA met with any representatives of the medical community, about testosterone access issues related to its Schedule III status? If so, who and when? If not, why not?
2. What consideration has the Administration given to rescheduling or descheduling testosterone as part of its efforts to promote LGBTQ equality as reflected in the June 15 Executive Order?
 - a. If the Administration has not already considered rescheduling or descheduling testosterone, will it now include testosterone access in future considerations and recommendations? If not, why not?
3. Has the DEA taken any steps to protect the health, safety, and privacy of transgender men whose prescriptions for testosterone are reported to a PDMP? If so, what steps has DEA taken? If not, why not?

²⁸ 21 U.S.C. 811.

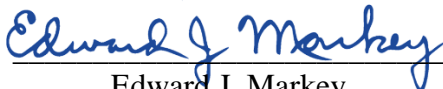
²⁹ Katie Keith, *HHS Proposes Revised ACA Anti-Discrimination Rule*, HealthAffairs (July 27, 2022), <https://www.healthaffairs.org/content/forefront/hhs-proposes-revised-aca-anti-discrimination-rule#:~:text=Section%201557%20prohibits%20discrimination%20on,Obama%20Dera%20regulation%20of%20rom%202016>.

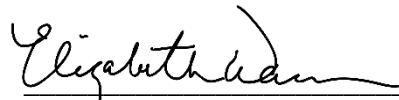
³⁰ *Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals*, The White House (June 15, 2022), <https://www.whitehouse.gov/briefing-room/presidential-actions/2022/06/15/executive-order-on-advancing-equality-for-lesbian-gay-bisexual-transgender-queer-and-intersex-individuals/>.

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Thank you in advance for your consideration of this matter. If you have any questions, please contact Sedef Berk in Senator Markey's office at Sedef_Berk@markey.senate.gov.

Sincerely,


Edward J. Markey
United States Senator


Elizabeth Warren
United States Senator



Protect Black Trans Lives, Decriminalize Sex Work

Kaniya Walker, Former sex worker and activist, Heart to Hand

November 20, 2020

Like pretty much everything in 2020, Trans Day of Remembrance is going to be different this year. It's going virtual. But one thing that hasn't changed is that transgender people are still being murdered for who we are. The list of names keeps growing. This year is the [deadliest](#) ever, and it isn't even over yet.

Thirty-seven [trans people](#) have been killed since January. The real number is probably [even higher](#). Trans people are often misgendered by law enforcement or don't report attacks, so we don't even know about most of the violence that happens to our sisters. Most of the deaths this year were of [Black trans women](#). Many were sex workers. I am not surprised. As a trans woman of color and a former sex worker myself, I know what it's like to be targeted for who you are, and to not have anyone to call for help because your job is illegal.

I know what it's like to be targeted for who you are, and to not have anyone to call for help because your job is illegal.

I'm lucky that I was never assaulted in my 12 years of doing sex work. I'm in the minority. But I have been robbed while working. My experience showed me the difficult situation that sex workers face when it comes to reporting: I wanted to seek justice, but I was too afraid of being arrested to go to the police station.

Laws that criminalize sex work push the industry underground, which makes it more dangerous. Sex workers face high rates of violence because clients assume they can assault or rob sex workers and get away with it. They take advantage of the fact that so many of us are afraid of reporting for fear of what will happen to us. If we call the police, we could be arrested for selling sex. We could also be abused by law enforcement. Being a sex worker is dangerous whether you're trans, cis, LGBTQ, or straight. But it's especially dangerous if you are a trans woman of color.



Kaniya Walker

Credit: Wilfredo Martinez

Both police and civilians profile trans women of color as sex workers even when we are not engaging in sex work. We're seen as easy targets, especially if we are from a low-income community. In Washington, D.C., where I live, [4 out of every 5](#) trans women report being verbally, physically, or sexually assaulted. This violence exists across the country. [Nine in 10](#) trans sex workers or those suspected of being a sex worker reported being harassed, attacked, or assaulted by the police. Trans women who are not sex workers also face [violence](#). I remember a case in New Orleans when a man drove around shooting trans women on the street. They were simply walking — existing — while trans.

Anti-sex work laws like [SESTA/FOSTA](#) make sex workers, especially trans women of color, even more [vulnerable](#) to violence. The law banned online platforms and screening tools that sex workers use to screen clients and share information to stay safe, making it harder for sex workers to protect themselves.

Banning online sex work platforms pushes sex workers out onto the [street](#), which is more dangerous. Client interactions are quick because we don't want to be caught. I know some girls who feel the need to get a gun license to protect themselves. Others will carry knives or mace. You never know when you will need it. It's two strangers meeting each other — there's always a chance that something bad might happen.

Some girls feel the need to get a gun license to protect themselves. Others carry knives or mace. You never know when you will need it.

You might be wondering why anybody would want to be a sex worker. A lot of us choose to get into sex work because the money is good and it is an environment where we can surround ourselves with other trans people. But some of us just don't have any other options because of discrimination in the legal job market. Trans people are more likely to be [unemployed](#) compared to cisgender people. Thirty-four percent of Black trans people live in [poverty](#). Trans people without a college degree and trans people who have experienced [homelessness](#) are even more likely to engage in sex work. These

are some of the reasons why sex workers are disproportionately Black or Latinx trans women. It's what we call survival sex.

Because trans women are more likely to engage in sex work, we're also more likely to be [incarcerated](#) than the general population. I've been to jail because I was arrested for being a sex worker. I know it's not something I or any other sex worker should have to experience, especially if they are trans. Jails and prisons often misgender us and put us in men's facilities, where we are at [higher risk](#) of being assaulted. I've heard of trans women being taunted by staff and cellmates, such as asking whether their hair is detachable and making them take it off just to embarrass them. The punishment doesn't end there. Once you get out of jail or prison, a past conviction can prevent you from getting a job, housing, health care, or other services.

We cannot survive and thrive if our lives are policed and criminalized.

I'm not a sex worker anymore. I've moved on to a different career working with [Heart to Hand](#) and other trans and sex work advocacy organizations. Now, I use my voice to advocate for the sex workers and trans women of color who feel they don't have a voice living in a criminalized world. [Decriminalizing sex work](#) would help sex workers to go out and make money safely, take care of themselves, and have the option to change careers – if they choose to do that one day.

When we think about a future where we are not grieving so many of our siblings on Trans Day of Remembrance, ending the criminalization of sex work will be a critical part. We cannot survive and thrive if our lives are policed and criminalized.

For more information about the impact of sex work criminalization and evidence-based approaches to decriminalize, visit [aclu.org/sexwork](https://www.aclu.org/sexwork) and download the [ACLU research brief](#).



Policing and the LGBTQ community

Law enforcement's treatment of the LGBTQ community has historically been marked by bias and discrimination, often sanctioned by the state.¹ Today, homophobia and transphobia remain rampant in most, if not all, law enforcement agencies. LGBTQ people of color, transgender women of color, and non-binary people face compounding discrimination due to race, gender, and gender identity. Below is an overview of common issues faced by members of the LGBTQ community in interactions with law enforcement.

Over-policing: The LGBTQ community faces disparate levels of policing. Across the country, gay, lesbian, and bisexual youth are more likely to be stopped by the police and experience greater criminal justice sanctions not explained by greater involvement in violating the law or engaging in transgressive behavior.² A national survey of LGBT people found that 73% of LGBT people and people living with HIV reported face-to-face contact with law enforcement in the past five years.³ In a 2012 report of LGBTQ communities of color in Jackson Heights, Queens, New York, 54% of LGBTQ respondents reported having experienced a police stop and 59% of transgender respondents reported that they had been stopped by police.⁴

Studies show this may be, at least in part, attributable to “broken windows” policing tactics and the criminalization of poverty. Members of the LGBTQ community are more likely to live in poverty and experience higher unemployment and homelessness than non-LGBT people due to systemic discrimination in education, employment, and housing.⁵ And in turn, “[i]ndividuals living in poverty have a substantially higher rate of involvement with the juvenile and criminal justice systems.”⁶

Homophobia and Transphobia: Few police departments have policies governing their interactions with people who are LGBTQ or non-binary, and homophobia and transphobia are rampant within police departments. Officers frequently misgender or make offensive comments to LGBTQ people in

¹ In 2003, when the Supreme Court ruled that laws criminalizing sodomy were unconstitutional in *Lawrence v. Texas*, 539 U.S. 558 (2003), many states were enforcing anti-sodomy laws. A decade later, more than a dozen states still had not repealed the laws, refusing to do so to express continued moral disapproval of same-sex relationships.

² Kathryn E. W. Himmelstein & Hannah Brückner, *Criminal-Justice and School Sanctions Against Nonheterosexual Youth: A National Longitudinal Study*, 127 *Pediatrics* (no. 1) 49-57 (2011).

³ Lambda Legal, *Protected and Served? Survey of LGBT/HIV Contact with Police, Courts, Prisons, and Security. Preliminary Findings* (2012), available at <https://www.lambdalegal.org/protected-and-served>

⁴ Make the Road New York, *Transgressive Policing: Police Abuse of LGBTQ Communities of Color in Jackson Heights*, 4 (2012), available at https://maketheroadny.org/pix_reports/MRNY_Transgressive_Policing_Full_Report_10.23.12B.pdf

⁵ Jamie M. Grant et al., *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey* (2011), available at http://endtransdiscrimination.org/PDFs/BlackTransFactsheetFINAL_090811.pdf.

⁶ Brenda Smith et al., *Policy Review and Development Guide: Lesbian, Gay Bisexual, Transgender, and Intersex People in Custodial Settings*, Nat'l Inst. Of Corrs. (2015), available at https://info.nicic.gov/sites/info.nicic.gov/lgbti/files/lgbti-policy-review-guide-2_0.pdf



interactions. And even in departments that have policies for interactions with LGBTQ people, ongoing training and accountability are needed.

Rampant homophobia and transphobia within agencies leads to LGBTQ people of color, transgender people, and youth experiencing particularly high rates of harassment and discrimination by law enforcement.⁷ In a 2012 report of interactions between transgender Latina women and law enforcement in Los Angeles County, two-thirds of the women reported verbal harassment by law enforcement.⁸ In a 2015 survey of transgender people throughout the United States, of respondents who interacted with police in the prior year and believed the officer thought or knew they were transgender, 58% reported some form of mistreatment; 49% involved officers consistently using the wrong gender pronouns, 20% involved other verbal harassment, and 19% involved officers asking questions about gender transition.⁹ In a survey of sex workers in Baltimore, more than two-thirds (70%) of trans sex workers reported being verbally or emotionally harassed by police and over half (56%) reported police had made transphobic remarks to them.¹⁰

Even in cases in which transgender people are victims of crime, law enforcement agencies misgender them in internal and news reports, alienating the victim's friends and family, increasing distrust with the very community whose cooperation they need, and hampering their own ability to successfully resolve the investigation. In 2018 in Orange County, Florida, sheriff's deputies investigating the murder of Sasha Garden, a black trans woman, misgendered her in initial police reports, after being informed of her gender identity and refused to correct their initial report after pleas from Ms. Garden's friends to do so.¹¹

Similarly, after the murders of three black transgender women, and the non-fatal shooting of a fourth transgender woman, in Jacksonville, Florida, the police department repeatedly refused to use their correct pronouns in reports to the media.¹² These intentional refusals to accurately use the correct

⁷ Christina Mallory, Amira Hasenbush & Brad Sears, Discrimination and Harassment by Law Enforcement Officers in the LGBT Community, Williams Institute (2015), available at <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Mallory-Sears-Govt-Contractors-Non-Discrim-Feb-2012.pdf>

⁸ Frank Galvan & Mosen Bazargan, Interactions of Latina Transgender Women with Law Enforcement (2012), available at <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Galvan-Bazargan-Interactions-April-2012.pdf>

⁹ Sandy E. James et al., The Report of the 2015 U.S. Transgender Survey, Nat'l Center for Transgender Equality, 186 (2016), available at <https://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF>

¹⁰ Katherine Footer et al., Police-Related Correlates of Client-Perpetrated Violence Among Female Sex Workers in Baltimore City, Maryland, 109 Am. J. Pub. (no. 2) 289-295 (2019).

¹¹ Colin Wolf and Monivette Cordeiro, A Transgender Woman Died Today and How It Was Reported Was Awful, Orlando Weekly (July 19, 2018), available at <https://www.orlandoweekly.com/Blogs/archives/2018/07/19/a-transgender-woman-died-in-orlando-today-and-how-it-was-reported-was-awful>.

¹² Lucas Waldron & Ken Schwencke, Deadnamed, ProPublica (Aug. 10, 2018), available at <https://www.propublica.org/article/deadnamed-transgender-black-women-murders-jacksonville-police-investigation>.



names and pronouns of victims of crime illustrate the transphobia within their department that impedes their ability to effectively serve the transgender members of their community.

Profiling: LGBTQ people, particularly transgender women of color and LGBTQ youth of color, are persistently profiled by law enforcement as being engaged in sex work. They are stopped and arrested for prostitution-related crimes, even when they are not engaged in sex work. A study by Human Rights Watch found that transgender women were subjected to constant harassment, verbal abuse, and stops for suspicion of prostitution.¹³ For LGBTQ people, police stops “are often a result of profiling, targeting [people] for the way they look, what they are wearing, and where they are standing, rather than on the basis of any observed illegal activity.”¹⁴

In a 2015 survey, of respondents who said they believed officers thought or knew they were transgender, 33% of Black transgender women and 30% of multiracial transgender women reported that an officer assumed they were sex workers.¹⁵ Transgender women frequently report that police assume they are participating in sex work, simply because condoms are found during a frisk.¹⁶ Transgender people report being stopped and searched for condoms “while walking home from school, going to the grocery store, and waiting for the bus.”¹⁷ Thus, every day activities become invitations for police stops and harassment, leading to disproportionate interactions with the criminal legal system and further abuse therein.

Sexual Violence: A survey of LGBTQ youth in New Orleans found that 59% of transgender youth surveyed had been asked for a sexual favor by the police in New Orleans, along with 12% of non-transgender LGBQ youth.¹⁸ LGBT youth in a New York City survey were more than twice as likely to report negative sexual contact with police in the past six months, compared to non- LGBT youth.¹⁹ Among Latina transgender women in Los Angeles County, 24% report being sexually assaulted by law enforcement.²⁰ In a recent study of sex workers in Baltimore whose results were released in early 2019, more than half (62%) of trans sex workers reported being sexually harassed or assaulted by police, and

¹³ Human Rights Watch, *Sex Workers at Risk: Condoms as Evidence of Prostitution in Four U.S. Cities*, (2012) available at http://www.hrw.org/sites/default/files/reports/us0712ForUpload_1.pdf

¹⁴ *Id.*

¹⁵ James, *supra* n.9 at 14.

¹⁶ Human Rights Watch, *supra* n. 11.

¹⁷ *Id.* at 2.

¹⁸ BreakOUT!, *We Deserve Better: A Report on Policing in New Orleans By and For Queer and Trans Youth of Color*, (2014) available at

<https://static1.squarespace.com/static/58ba8c479f7456dff8fb4e29/t/5ad61be22b6a2806771bb448/1523981349224/WE+DESERVE+BETTER+REPORT.pdf>

¹⁹ Brett G. Stoudt, Michelle Fine & Madeline Fox, *Growing Up Policed in the Age of Aggressive Policing Policies* 56 N.Y.L. Sch. L. Rev. 1331 (2011) available at <http://www.nylslawreview.com/wp-content/uploads/sites/16/2012/04/56-4.Growing-up-Policed-in-the-Age-of-Aggressive-Policing-Policies.Stoudt-Fine-Fox.pdf>

²⁰ Galvan, *supra* n.8.



nearly half (43%) reported police had been their “clients” in the past three months.²¹ The frequency of this egregious abuse of police authority is alarming.

Failures to investigate or inadequate responses to reports of crime: In the 2015 U.S. Transgender Survey, 57% of respondents said they would feel uncomfortable asking the police for help if they needed it.²² Yet, even when they do report crimes to law enforcement, many LGBTQ people report receiving an inadequate response.

In a survey of LGBTQ and HIV+ individuals, HIV+ respondents and transfeminine respondents reported having experienced police neglect of physical assault at higher rates than other LGBTQ people: 73% of HIV+ personal assault victims and 70% of transfeminine respondents say they experienced police neglect of their physical assault complaint, compared to 59% of HIV-negative physical assault victims and 60% percent of cisgender (non-transgender or gender nonconforming (TGNC)) assault victims.²³ Similarly, TGNC and people of color reported indifference or a lack of proper response to property crime (58% of TGNC respondents, 59% of African-American respondents, 62% of Latina/o respondents, and 70% of Native American respondents).²⁴ This contributes to the distrust members of the LGBTQ community, particularly people of color, feel towards law enforcement.

Conclusion: The above issues are not exhaustive of the issues that LGBTQ people face in their interactions with law enforcement, but rather, are an overview of the most common issues faced because of a person’s sexual orientation or gender identity. The order in which issues are presented is not intended to convey any hierarchy of significance. For additional information, please email Puneet Cheema, Staff Attorney, Lambda Legal at pcheema@lambdalegal.org, and Mateo de la Torre, Racial and Economic Justice Policy Advocate, National Center for Transgender Equality at mdelatorre@transequality.org.

²¹ Footer, supra n.10.

²² James, supra n.9 at 14.

²³ Lambda Legal, “Protected & Served,” <https://www.lambdalegal.org/protected-and-served/police#2a>.

²⁴ *Id.*

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DEATH BY DEHUMANIZATION: PROSECUTORIAL NARRATIVES OF DEATH- SENTENCED WOMEN AND LGBTQ PRISONERS

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SWAIN[†]

INTRODUCTION

At the core of every capital sentencing proceeding is a guarantee that before condemning a person to die, the sentencer must consider the humanity¹ and dignity² of the individual facing the ultimate sanction. This principle—that “death is . . . different” and, therefore, requires consideration of the “diverse frailties of humankind”—echoes throughout the United States Supreme Court’s Eighth Amendment jurisprudence.³ And yet courts are reluctant to remedy the devastating impact of prosecutorial arguments that dehumanize marginalized persons facing the death penalty, condemning these arguments while nevertheless “affirm[ing] resulting convictions based on procedural doctrines such as harmless error.”⁴

These dehumanizing prosecutorial narratives are particularly problematic—and effective—when used against LGBTQ+ people,

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¹ *Woodson v. North Carolina*, 428 U.S. 280, 304–05 (1976) (stating that in capital cases, “fundamental respect for humanity underlying the Eighth Amendment” requires individualized sentencing).

² *Trop v. Dulles*, 356 U.S. 86, 100 (1958) (plurality opinion) (“The basic concept underlying the Eighth Amendment is nothing less than the dignity of man.”); *see also* John R. Mills et al., “*Death Is Different*” and a *Refugee’s Right to Counsel*, 42 CORNELL INT’L L.J. 361, 373 (2009) (discussing dignitary interests protected by the Eighth Amendment).

³ *Woodson*, 428 U.S. at 304–05.

⁴ Mary Nicol Bowman, *Confronting Racist Prosecutorial Rhetoric at Trial*, 71 CASE W. RES. L. REV. 39, 42 (2020); *see, e.g.*, *Darden v. Wainwright*, 477 U.S. 168, 179 n.7, 180 n.12 (1986) (noting that the prosecutor referred to the crime as the work of “a vicious animal,” and said that the defendant “shouldn’t be out of his cell unless he has a leash on him and a prison guard at the other end of that leash”).

whose very identities have been criminalized, pathologized, and used as justification for condemning them to death. Dehumanizing stereotypes not only reinforce and leverage social biases as factors in aggravation, but also creates artificial barriers to connecting with the person charged, “othering” LGBTQ+ defendants in such a way as to minimize the impact of mitigating evidence.⁵

This Article explores the use of dehumanizing prosecutorial narratives that target LGBTQ+ people in the pursuit of state-sponsored execution and argues that such narratives violate the Constitution’s protection of the dignity of persons facing the loss of life or liberty. Part I examines the history of dehumanization and criminalization of LGBTQ+ people, particularly those with multiple marginalized identities. Part II sets forth examples of the most common death-seeking portrayals of LGBTQ+ defendants, including the Woman-Hating Gay Predator, the “Hardcore” Man-Hating Lesbian, and the Gender-Bending Deviant. Part III analyzes how these dehumanizing stereotypes further disadvantage LGBTQ+ defendants by undermining mitigating evidence. Finally, Part IV, drawing inspiration from the work of Pauli Murray, proposes a reframing of the constitutional doctrines limiting prosecutorial arguments in support of a death sentence, proposing that a focus on the dignity of the individual and the dignitary harm to the individual should be at the center of the inquiry.

I. HISTORY OF DEHUMANIZATION AND CRIMINALIZATION OF LGBTQ+ PEOPLE

The use of homosexuality and gender transgressions against those in the system of criminal sanction in the United States and, specifically, those facing the death penalty, long predates the “modern era” of the death penalty.⁶ It is rooted in early United

⁵ *Study: Dehumanizing Belief Systems Linked to Support for Guns [sic] Rights, the Death Penalty, and Anti-Immigration Practices*, DEATH PENALTY INFO. CTR. (June 12, 2020), <https://deathpenaltyinfo.org/news/study-dehumanizing-belief-systems-linked-to-support-for-guns-rights-the-death-penalty-and-anti-immigration-practices> [<https://perma.cc/ZL7G-8J2Y>] (citing David M. Markowitz & Paul Slovic, *Social, Psychological, and Demographic Characteristics of Dehumanization Toward Immigrants*, 117 PROC. NAT’L ACAD. SCI. 9260, 9268 (2020) (study finding “that dehumanization is linked to ‘how people talk about ‘less than’ outgroups, adverse childhood experiences, and perceived vulnerability in society’ ”)).

⁶ “The modern death penalty era begins with the Supreme Court’s ruling in *Furman v. Georgia*, holding then-extant death penalty statutes unconstitutional in

States history, traceable to the earliest days of the colonial period.⁷ The earliest American colonies intertwined homosexuality and capital punishment, enacting laws making sodomy, buggery, and in some instances, even lesbianism, a capital offense.⁸ Plymouth Colony enacted the first American capital code in 1636, which included witchcraft, sodomy, and buggery as crimes punishable by death.⁹ In the same year, the General Court of Massachusetts proposed a new law to add lesbianism as a capital offense.¹⁰ These laws continued to spread throughout the colonies through much of the 1600s, until, towards the end of the century, laws punishing homosexuality shifted from capital to lesser sentences.¹¹

The practice of criminalizing homosexual acts continued until *Lawrence v. Texas* in 2003, when the United States Supreme Court struck down sodomy laws targeting consenting same-sex adults.¹² Only seventeen years earlier, the Court had upheld a similar Georgia sodomy statute in which it characterized the “[p]roscriptions against [sodomy]” as “hav[ing] ancient roots.”¹³ At the time the Fourteenth Amendment was ratified, the Court noted, “all but 5 of the 37 States in the Union had criminal sodomy laws . . . [and] until 1961, all 50 States outlawed sodomy.”¹⁴ In *Lawrence v. Texas*, however, the Court recharacterized its position, asserting that the “ancient roots” argument it had used to previously justify sodomy law was less about condemnation of homosexuals, but instead was intended as a blanket prohibition of nonprocreative sexual activity.¹⁵ Yet the Court’s decision to recast the underpinnings of anti-sodomy laws failed to directly address the homophobic sentiments underlying them, doing nothing to rid the criminal legal system of anti-LGBTQ+ rhetoric and bias. Instead, the court system continues to be a place where homosexuality and gender identity are used against individuals, including during capital prosecutions.

1972.” Brandon L. Garrett et al., *The American Death Penalty Decline*, 107 J. CRIM. L. & CRIMINOLOGY 561, 583 (2017).

⁷ James Hampton, *Homosexuality: An Aggravating Factor*, 28 TUL. J.L. & SEXUALITY 25, 27–30 (2019).

⁸ *Id.* at 27–28.

⁹ *Id.* at 27.

¹⁰ *Id.* at 27–28.

¹¹ *Id.* at 29–30.

¹² 539 U.S. 558, 578 (2003).

¹³ *Bowers v. Hardwick*, 478 U.S. 186, 192 (1986).

¹⁴ *Id.* at 192–93 (footnotes omitted).

¹⁵ *See Lawrence*, 539 U.S. at 569–70.

II. DEHUMANIZING PROSECUTORIAL NARRATIVES OF LGBTQ+ DEFENDANTS

Prosecutors have seized on this history of violence and oppression to craft narratives that inflame jurors' biases, strip away a defendant's humanity, and pave the way for a death verdict. Below are four examples of how a prosecutor successfully leveraged homophobia and anti-gender variance bias to impose the ultimate penalty on LGBTQ+ defendants, two of whom were women of color.

A. *Jay Wesley Neill: The Woman-Hating Gay Predator*

On December 12, 2002, Jay Wesley Neill was executed for the 1984 murders of four people, including three women, in a Geronimo, Oklahoma bank robbery.¹⁶ From the beginning, the State of Oklahoma used homophobia to frame its robbery investigation and ensuing trial.¹⁷ Early in the investigation, the chief inspector for the Oklahoma State Bureau of Investigation told the media that in “‘most cases of overkill . . . the perpetrator turns out to be a homosexual,’ ”¹⁸ a feature that, he added, agents were trained to recognize.¹⁹ A local district attorney told the press that he immediately could tell from the bank robbery “ ‘[t]here had to be sexual overtones towards the women. It had to be someone with an emotional problem towards women and (who) needed to feel superior to them.’ ”²⁰ Another motive conveyed to the press by law enforcement tasked with investigating the crime was that “the killings might have been retaliation for an antigay slur made by one of the victims.”²¹

Homophobic rhetoric persisted at trial.²² During his opening statement, the prosecutor repeatedly referred to Mr. Neill as homosexual and referenced his “homosexual lover[]” and co-

¹⁶ Joan W. Howarth, *The Geronimo Bank Murders: A Gay Tragedy*, 17 L. & SEXUALITY 39, 39–40 (2008).

¹⁷ *Id.* at 49–51.

¹⁸ *Id.* at 50 (omission in original) (quoting Chris Brawley, *Police, Psychiatrist Dispute Homosexual Role*, OKLAHOMAN (June 16, 1985), <https://www.oklahoman.com/story/news/1985/06/16/police-psychiatrists-dispute-homosexual-role/62760636007> [<https://perma.cc/PR7J-TKUM>]). At the time of trial, a person who engaged in “homosexual conduct” was guilty of “‘the detestable and abominable crime against nature,’ ” punishable by up to 10 years in prison. *Id.* at 51–52 (footnote omitted) (quoting OKLA. STAT. ANN. tit. 21, § 866 (West 2007)).

¹⁹ *Id.* at 50.

²⁰ *Id.* (quoting Brawley, *supra* note 18).

²¹ *Id.* at 51.

²² *Id.* at 56.

defendant.²³ The opening statement was also replete with references to “stereotypes about gay men, namely that they are woman-hating, materialistic, flamboyant, flighty, superficial, and selfish.”²⁴ The prosecutor highlighted instances in which Mr. Neill used the term “bitch” to refer to women and described that the co-defendants flew to San Francisco to attend parties in the Castro district, wore matching leather jackets, and brought a man back to their hotel suite.²⁵ Throughout the trial, the prosecutor established Mr. Neill’s identity “as a flamboyant, misogynist, materialistic, obsessive, sex-crazed, irresponsible homosexual” who was prone to violence.²⁶ Witnesses from the bank focused on the sexual orientation of Mr. Neill and his co-defendant, describing them as “certain people that draw attention.”²⁷ “[T]he state psychiatrist who testified that Neill was competent to stand trial described him as ‘a little guy who wants to pout and put on a show.’”²⁸ Finally, the prosecution made clear in the penalty phase that the reason to sentence Mr. Neill to death was that he was gay:

He is a homosexual. The person you’re sitting in judgment on—disregard Jay Neill. You’re deciding life or death on a person that’s a vowed [sic] homosexual. . . . I don’t want to import to you that a person’s sexual preference is an aggravating factor. It is not. But these are areas you consider whenever you determine the type of person you’re setting [sic] in judgment on. . . . The individual’s [a] homosexual.²⁹

Apparently effective, the jury complied with the prosecutor’s request to sentence Mr. Neill to death. He was executed on December 12, 2002.³⁰

²³ *Id.* (internal citation omitted).

²⁴ *Id.*

²⁵ *Id.*

²⁶ *Id.* at 68.

²⁷ *Id.* at 51 (quoting Chris Kinyon, *Slaying Suspects Plagued by Debts*, OKLAHOMAN (Mar. 5, 1985), <https://www.oklahoman.com/story/news/1985/03/05/slaying-suspects-plagued-by-debts/62771885007> [https://perma.cc/2SP5-HH8T]).

²⁸ *Id.* at 52–53 (quoting Chris Kinyon, *Psychiatrist Says Killers Competent*, OKLAHOMAN (Sept. 2, 1987), <https://www.oklahoman.com/story/news/1987/09/02/psychiatrist-says-killers-competent/62678995007> [https://perma.cc/839D-YGVZ]).

²⁹ *Neill v. Gibson*, 278 F.3d 1044, 1060–61 (10th Cir. 2001) (internal citation omitted).

³⁰ Bob Doucette, *Geronimo Bank Slayer Executed at Penitentiary*, OKLAHOMAN (Dec. 13, 2002), <https://www.oklahoman.com/article/2818651/geronimo-bank-slayer-executed-at-penitentiary> [https://perma.cc/M3N8-DEER].

B. Bernina Mata: The "Hardcore" Man-Hating Lesbian

In the case of Bernina Mata, sexual orientation was presented as the motive for the crime as well as a reason for the death penalty.³¹ Ms. Mata, a Latina lesbian, was accused of fatally stabbing John Draheim, a white heterosexual man, after meeting him at a bar.³² The prosecution told the jury that "Ms. Mata killed Mr. Draheim because he made an unwanted pass at her that caused her, as a . . . 'hard core lesbian,' to kill him."³³

The prosecutorial narrative throughout the proceedings centered on Ms. Mata's sexual orientation.³⁴ The State introduced a mountain of evidence spanning ten witnesses concerning either Ms. Mata's lesbianism, book titles she owned touching on issues concerning lesbianism—including *THE LESBIAN READER*—or both. The State then cited that evidence to argue Ms. Mata's motive to kill.³⁵ The prosecution also referred to Ms. Mata's lesbian identity on seventeen distinct occasions, asserting that she was "overtly homosexual" and "proclaiming her sexuality to anyone who would listen."³⁶

In addition to using Ms. Mata's lesbian identity as a motive for murder, the prosecutorial narrative of Ms. Mata as a "hard core lesbian" was leveraged to prove the sole aggravating circumstance underlying her death sentence—that she had "acted in a 'cold, calculated premeditated manner pursuant to a preconceived plan, scheme or design.'"³⁷ The State crafted this narrative by exploiting the stereotype of a man-hating lesbian "who by nature loathed men, was repulsed by men, and would harm a man who dared to touch her," thus inventing a narrative whereby "Ms. Mata hatched a devious plan of revenge to lure the victim to her home and kill him for making an unwanted pass at her."³⁸ The jury agreed, convicting Ms. Mata in 1999 and sentencing her to death.³⁹

³¹ Joey L. Mogul, *The Dykier, the Butcher, the Better: The State's Use of Homophobia and Sexism to Execute Women in the United States*, 8 N.Y.C L. REV. 473, 485, 487 (2005).

³² *Id.* at 484.

³³ *Id.* at 473 (internal citation omitted).

³⁴ *Id.* at 485.

³⁵ *Id.*

³⁶ *Id.* at 485–87 (internal citation omitted).

³⁷ *Id.* at 487 (internal citation omitted).

³⁸ *Id.*

³⁹ *Id.* at 474; *People v. Mata*, 853 N.E.2d 110, 112–13, 117 (Ill. App. Ct. 2006). Ms. Mata was spared execution in 2003, when Illinois Governor George Ryan commuted the death sentences of 167 prisoners on the state's death row. *Id.* at n.1. See GEORGE H. RYAN SR. WITH MAURICE POSSLEY, *UNTIL I COULD BE SURE: HOW I STOPPED THE*

C. *Wanda Jean Allen: The Gender-Bending Deviant*

The prosecutorial narrative in the case of Wanda Jean Allen focused on perceived gender transgressions as a reason for death.⁴⁰ Wanda Allen was convicted of the 1989 murder of her lover, Gloria Leathers, in Oklahoma City.⁴¹ Throughout the trial, the State emphasized the ways in which Ms. Allen deviated from social constructions of womanhood.⁴² The prosecutors portrayed her as the “man” in the “homosexual relationship.”⁴³ The prosecutor argued to the jury that Ms. Allen “wore the pants in the family” and spelled her middle name “G-E-N-E,” calling attention to the stereotypically masculine spelling.⁴⁴ This evidence, he told the jury, was relevant to show that Ms. Allen “was the aggressive person in the relationship,” while Ms. Leathers was “more passive.”⁴⁵ The strategy was successful; in 1989, Ms. Allen was convicted and sentenced to death.⁴⁶

On appeal, the Court of Criminal Appeals of Oklahoma held that the trial court did not err in admitting the above evidence and, in effect, the related argument.⁴⁷ Dissenting, Judge James F. Lane expressed his belief that such evidence was introduced solely to devalue the life of the defendant:

I also take exception to the majority finding the evidence the appellant was the “man” in her lesbian relationship has any probative value at all. Were this a case involving a heterosexual couple, the fact that a male defendant was the “man” in the relationship likewise would tell me nothing. I

DEATH PENALTY IN ILLINOIS 136 (2020); David Blanchette, *George Ryan Looks Back*, ILL. TIMES (Sept. 9, 2021), <https://www.illinoistimes.com/springfield/george-ryan-looks-back/Content?oid=14050079> [<https://perma.cc/KHY7-LH5T>]; Lee Hockstader, *Dead Men Walking*, WASH. POST (Feb. 23, 2003), <https://www.washingtonpost.com/archive/lifestyle/magazine/2003/02/23/dead-men-walking/15867492-fda4-4060-873b-ddf02a207b0d>.

⁴⁰ Mogul, *supra* note 31, at 489–90.

⁴¹ *Id.* at 489.

⁴² *Id.*

⁴³ *Id.* at 490 (quoting *Allen v. State*, 871 P.2d 79, 95 (Okla. Crim. App. 1994)).

⁴⁴ *Id.* (first citing *Allen*, 871 P.2d at 97; then quoting Richard Goldstein, *Queer on Death Row*, VILLAGE VOICE (Mar. 13, 2001), <https://www.villagevoice.com/2001/03/13/queer-on-death-row> [<https://perma.cc/8RCV-FQNL>]).

⁴⁵ *Allen*, 871 P.2d at 95. This prosecutorial tactic of ascribing stereotypically feminine traits to Ms. Leathers served make her a more sympathetic victim, despite her lesbian identity. Mogul, *supra* note 31, at 490. Interestingly, Ms. Leathers had killed a woman in Tulsa, Oklahoma, ten years prior to her death, information which was presented by Ms. Allen as part of her self-defense claim. *Id.* at 490 n.69.

⁴⁶ *Id.* at 491.

⁴⁷ *Allen*, 871 P.2d at 95.

find no proper purpose for this evidence, and believe its only purpose was to present the defendant as less sympathetic to the jury than the victim.⁴⁸

The majority view, however, prevailed and Ms. Allen was executed in 2001.⁴⁹

D. *Aileen Wuornos: The Money Hungry Lesbian Prostitute*

Aileen Wuornos was portrayed by the prosecution and the media as a money- and sex-hungry prostitute.⁵⁰ The media ran with these stereotypes, exploiting the story about the woman they dubbed “‘the man-hating murderer,” apparently because Wuornos was an admitted lesbian.’”⁵¹ “The themes of lesbianism, man-hating, deceitfulness, greed, deviance, and manipulateness that frame the stories society tells itself about women who use violence pervade the transcripts and media reports of the Wuornos trials.”⁵²

The defense presented mitigating evidence to explain how she was forced into prostitution at an early age.⁵³ Ms. Wuornos was raised by her alcoholic grandparents, who were both physically and verbally abusive to her.⁵⁴ She had been taken in and adopted by them after her mother abandoned her and her father hanged himself while in prison.⁵⁵ In junior high, she started having problems in school, some of which were facilitated by loss of hearing and vision, and she was given a mild tranquilizer to improve her behavior.⁵⁶ The defense also presented evidence that at age fourteen, she “was raped by a family friend,” which resulted in a pregnancy.⁵⁷ She kept the pregnancy hidden for six months and then was shamed by her grandparents who “blamed her for the pregnancy” and “forced her to give up the child for adoption.”⁵⁸ After this, Ms. Wuornos was not allowed back in her home, leaving

⁴⁸ *Id.* at 105 (Lane, J., dissenting).

⁴⁹ *Case Summaries of Executed Women*, DEATH PENALTY INFO. CTR., <https://deathpenaltyinfo.org/stories/case-summaries-of-executed-women> [<https://perma.cc/K99K-AHEY>] (last visited Mar. 22, 2022).

⁵⁰ Chimène I. Keitner, *Victim or Vamp? Images of Violent Women in the Criminal Justice System*, 11 COLUM. J. GENDER & L. 38, 59 (2002).

⁵¹ *Id.* at 58 (internal citations omitted).

⁵² *Id.*

⁵³ *Wuornos v. State*, 644 So.2d 1000, 1005 (Fla. 1994) (per curiam).

⁵⁴ *Id.*

⁵⁵ *Id.*

⁵⁶ *Id.*

⁵⁷ *Id.*

⁵⁸ *Id.*

her to live on the streets, where she began engaging in sex work and abusing drugs and alcohol.⁵⁹ Her sex work continued into adulthood, and “[a]t about age 20, [Wuornos] settled in Florida, and began working as a highway prostitute at least four days of the week. Her job was dangerous, she said. On some occasions she had been maced, beaten, and raped by customers.”⁶⁰

The defense presented evidence to mitigate the crime, conceptualizing for the jury how Wuornos was brutally raped by her victim, Richard Mallory, prior to killing him.⁶¹ The prosecution minimized the dangers and horrors inflicted on prostitutes generally, and Wuornos specifically, by arguing that she killed to be in “‘control’” and out of a voracious appetite for sex and money.⁶² The prosecution argued during closing that Wuornos was not a victim—that being a prostitute was her “‘preferred way to make a living” and that she “‘indicated she likes sex.”⁶³

The prosecution was able to use this dehumanizing narrative to minimize any impact the defense’s mitigating evidence had on the jury.⁶⁴ Ultimately, the jury and the courts sided with the prosecution’s interpretation of Ms. Wuornos’s life history.⁶⁵ The Supreme Court of Florida’s per curiam opinion focused on two aspects of who Aileen Wuornos was: her sexuality and her sex work.⁶⁶ In upholding her sentence of death, after briefly discussing the victim’s body being found, the court first noted that Ms. Wuornos and Tyria Moore “‘lived together as lovers for about four and a half years” and that “‘Wuornos worked as a prostitute along Central Florida highways.”⁶⁷

III. THE PROSECUTION’S USE OF STEREOTYPES TO UNDERMINE MITIGATING EVIDENCE

In each of these cases, prosecutors relied on degrading homophobic stereotypes to both enhance the aggravated nature of the crimes as well as dehumanize the defendants, turning evidence of their “‘diverse frailties” against them, in support of an

⁵⁹ *Id.*

⁶⁰ *Id.* at 1004.

⁶¹ *Id.* at 1004; *see* Keitner, *supra* note 50, at 59–60.

⁶² Keitner, *supra* note 50, at 59 (internal citation omitted).

⁶³ *Id.* at 62 (internal citation omitted).

⁶⁴ *Id.* at 63–64.

⁶⁵ *Id.* at 64–65.

⁶⁶ *Wuornos*, 644 So.2d at 1003.

⁶⁷ *Id.*

argument that they should not be permitted to live, even in prison.⁶⁸ Yet this is directly contrary to the mandate of the United States Supreme Court, which has recognized the critical role that mitigation plays in capital cases.⁶⁹ Sentencing juries in death penalty cases must be able to consider all available mitigating evidence about the defendant, regardless of whether it has a specific nexus to the crime.⁷⁰ The Constitution requires individualized sentencing where mitigating evidence is not restricted and is “fully consider[ed].”⁷¹ The presentation of mitigating evidence is often the difference between a life and death sentence, even in highly aggravated cases.⁷² The purpose of presenting such evidence is to humanize the individual facing a death sentence, helping the jury to see beyond the crime in order that they might show mercy.

In these cases, however, the prosecutors argued that that the mitigation was actually aggravating, or “double-edged.”⁷³ Though arguably unconstitutional, this tactic has been reinforced in some jurisdictions where courts have found that a failure to present significant mitigating evidence, or even uncover it through

⁶⁸ *Woodson v. North Carolina*, 428 U.S. 280, 304 (1976).

⁶⁹ See *Wiggins v. Smith*, 539 U.S. 510, 537 (2003) (“Had the jury been able to place petitioner’s excruciating life history on the mitigating side of the scale, there is a reasonable probability that at least one juror would have struck a different balance.”); *Porter v. McCollum*, 558 U.S. 30, 41 (2009) (per curiam) (finding ineffective assistance of counsel where the jury “heard almost nothing that would humanize Porter or allow them to accurately gauge his moral culpability”).

⁷⁰ Elizabeth S. Vartkessian, *Dangerously Biased: How the Texas Capital Sentencing Statute Encourages Jurors to be Unreceptive to Mitigation Evidence*, 29 QUINNIPAC L. REV. 237, 237–38 (2011).

⁷¹ Kathryn E. Miller, *The Eighth Amendment Power to Discriminate*, 95 WASH. L. REV. 809, 836 (2020) (discussing *Abdul-Kabir v. Quarterman*, 550 U.S. 233, 267 (2007); *Brewer v. Quarterman*, 550 U.S. 286, 289 (2007); and *Penry v. Johnson (Penry II)*, 532 U.S. 782, 800 (2001)).

⁷² See, e.g., *Porter*, 558 U.S. at 32–33, 43 (finding prejudice in part because evidence of his “abusive childhood” “may have particular salience for a jury” in the murder of an ex-girlfriend that was especially “heinous, atrocious, or cruel”); *Rompilla v. Beard*, 545 U.S. 374, 378, 393 (2005) (finding prejudice in case where “murder was committed by torture” and where defendant had “significant history” of violent felony convictions because omitted mitigating evidence of extreme emotional and physical childhood trauma contributed “to a mitigation case that bears no relation” to what the jury heard); *Williams v. Taylor*, 529 U.S. 362, 367–68, 398 (2000) (internal citation omitted) (finding prejudice where evidence omitted at trial of “Williams’ childhood, filled with abuse and privation” despite a brutal killing over “a couple of dollars” and where aggravating evidence was presented at sentencing including evidence of arson and other brutal assaults on elderly victims).

⁷³ See John H. Blume & Sheri Lynn Johnson, *The Fourth Circuit’s “Double-Edged Sword”: Eviscerating the Right to Present Mitigating Evidence and Beheading the Right to the Assistance of Counsel*, 58 MD. L. REV. 1480, 1480–81 (1999).

reasonable investigation, is not prejudicial under *Strickland*⁷⁴ if a jury could potentially find the evidence to be “two-edged.”⁷⁵

This becomes doubly problematic in cases involving marginalized defendants, where prosecutors may prey on the very traits and experiences which make an individual more vulnerable. In capital cases involving LGBTQ+ defendants, prosecutors often diminish the impact of compelling mitigation by relying on negative stereotypes to argue that the mitigation presented is actually aggravating, or “two-edged.”⁷⁶ The use of prosecutorial narratives against women and LGBTQ+ individuals are often rooted in the societal norms that are enforced in and out of the courtroom. For instance, “[t]he demonization of violent women in American society illustrates one way in which a country’s criminal justice system, including both its formal and informal components, constructs and reinforces norms of appropriate behavior—norms that encompass more than the proscribed acts at issue in a given trial.”⁷⁷ This is in large part due to the idea that “violent women have committed a double transgression,” both by committing a violent crime and by “violati[ng] . . . sex-role boundaries.”⁷⁸ Intersectionality further exacerbates the stereotypes used by the prosecution to strip the defendant of humanity.

As in the cases discussed in Part II, the prosecution was able to use the very details of the defendants’ respective identity to urge the jury to see them as less, not more, human. Each defendant’s attempts to live authentically with respect and dignity were portrayed as aggressive threats against society. An individual’s refusal to comply with gender and sexual norms became their refusal to comply with societal rules. Their desire to be with a person of the same sex was transformed into a hatred of the opposite sex. Their efforts to find love and partnership were painted as deviant criminal acts, in accordance with this country’s penal history, as discussed in Part I.

In the case of Charles Rhines, jurors voted to execute him instead of allowing him to live in prison because of the risk that he might be “a ‘sexual threat to other inmates and take advantage of

⁷⁴ *Strickland v. Washington*, 466 U.S. 668, 691 (1984).

⁷⁵ Blume & Johnson, *supra* note 73, at 1496 (quoting *Gilbert v. Moore*, 134 F.3d 642, 654–55 (4th Cir. 1998) (en banc)).

⁷⁶ *Id.*

⁷⁷ Keitner, *supra* note 50, at 40.

⁷⁸ *Id.*

other young men in or outside of prison.’”⁷⁹ At trial, the prosecution presented evidence that Mr. Rhines was gay, which later led the jurors in his case to send a note to the judge asking about what life in prison would be like for Mr. Rhines if they were to give him a life sentence.⁸⁰ Based on the jurors’ notes, it was clear that the jury was fixated on Mr. Rhines’ ability to interact with other men, specifically those in general population.⁸¹ Later investigation revealed that Mr. Rhines’ sexuality was a central discussion point during jury deliberation, including sentiments of “disgust” and expressions that giving Rhines, “[t]hat SOB queer,” a life sentence would “be sending him where he wants to go” so that he could “spend his life with men in prison.”⁸²

By capitalizing on stereotypes, homophobia, and bigotry, prosecutors are also able to exploit the very vulnerabilities that should support a cry for mercy. For example, trauma histories are often conveyed to a jury in order to compel mercy, to explain behavior as compulsive rather than premeditative, or to help the jury see the defendant as a whole person.⁸³ However, in the cases of some LGBTQ+ defendants, prosecutors have argued that their trauma history is actually aggravating rather than mitigating.⁸⁴ A prior rape or sexual assault becomes support for the prosecutor’s argument of future dangerousness.⁸⁵ In the *Wuornos* case, Ms. Wuornos’s own trauma history was used to paint her as more dangerous rather than as a person who spent her life in danger.⁸⁶ Prosecutors have also used an individual’s sexual orientation to minimize evidence of their remorse.⁸⁷ All of these tactics strip the

⁷⁹ Petition for a Writ of Habeas Corpus at 7, *In re Rhines*, 140 S. Ct. 488 (2019) (No. 19-6479) (internal citation omitted); see also Daniel S. Harawa, *Sacrificing Secrecy*, 55 GA. L. REV. 593, 603 (2021) (“On November 4, 2019, South Dakota executed Mr. Rhines in the face of compelling evidence that his sexual orientation played a critical role in the jury’s decision to sentence him to die.”).

⁸⁰ Petition for a Writ of Habeas Corpus, *supra* note 79, at 2–3.

⁸¹ *Id.* at 3.

⁸² *Id.* at 3, 7 (alteration in original) (internal citations omitted).

⁸³ See Kathleen Wayland, *The Importance of Recognizing Trauma Throughout Capital Mitigation Investigations and Presentations*, 36 HOFSTRA L. REV. 923, 924, 926 (2008); Hampton, *supra* note 7, at 32–33.

⁸⁴ See Hampton, *supra* note 7, at 33, 37–38.

⁸⁵ *Id.* at 36–37 (describing how the prosecutor in Calvin Burdine’s case—who was a gay man on trial for his lover’s murder—stated that “[t]he only way to stop Burdine and make society safe . . . was to put him to death”).

⁸⁶ See Keitner, *supra* note 50, at 59.

⁸⁷ Hampton, *supra* note 7, at 37–38. Eddie Hartman was sentenced to death after the prosecutor used his sexuality to minimize repeated sexual abuse by older male relatives during his childhood. *Id.* at 38. In response to testimony regarding the abuse,

defendant of dimension and inhibit the life-saving “recognition of a kinship” between the accused and the decisionmaker, “which evokes the response ‘here but for the grace of God, drop I.’”⁸⁸

IV. REMEDYING THE HARM BY REFOCUSING ON THE DIGNITY OF THE HARMED.

The present treatment of these dignity-defying and humanity-denying narratives fails to give full meaning to the constitutional protection for the dignity of persons facing loss of life or liberty. It has long been recognized that, from the state, “improper suggestions [and] insinuations” have no proper weight in criminal cases.⁸⁹ Moreover, although a prosecutor “may strike hard blows, he is not at liberty to strike foul ones.”⁹⁰ But to establish a constitutional violation under present doctrine, “it ‘is not enough that the prosecutors’ remarks were undesirable or even universally condemned.’”⁹¹ Instead, an improper suggestion or insinuation from a prosecutor must have “‘so infected the trial with unfairness as to make the resulting conviction a denial of due process.’”⁹² And in making that assessment, courts do “not lightly infer that a prosecutor intends an ambiguous remark to have its most damaging meaning.”⁹³

the prosecutor asked Hartman’s mother during cross-examination, “Is your son not a homosexual?” *Id.* Over the defense’s repeated objections, the prosecutor argued that he questioned witnesses about Hartman’s sexuality “because shortly after he shot the victim he engaged in ‘homosexual activity’ with one of the State’s witnesses” and that this showed his lack of remorse. *Id.* The court sustained defense counsel’s objections, but the damage was done, though the defense correctly pointed out that these questions were merely a thinly veiled attempt to argue to the jury that Hartman was “asking for it” when he was being abused; the prosecution was thus able to minimize the horrors that Hartman suffered as a youth. *Id.* at 37–38.

⁸⁸ Russell Stetler, *The Mystery of Mitigation: What Jurors Need to Make a Reasoned Moral Response in Capital Sentencing*, 11 U. PA. J.L. & SOC. CHANGE 237, 241 (2008) (quoting *Witherspoon v. Illinois*, 391 U.S. 510, 520 n.17 (1968)).

⁸⁹ *Berger v. United States*, 295 U.S. 78, 88 (1935); *see also* *Pool v. Superior Court of Pima Cty.*, 677 P.2d 261, 266 (Ariz. 1984) (“It is the prosecutor’s duty to refrain from improper methods calculated to produce a wrongful conviction just as it is his duty to use all proper methods to bring about a just conviction.”).

⁹⁰ *Berger*, 295 U.S. at 88; *see also* CRIMINAL JUSTICE STANDARDS FOR THE PROSECUTION FUNCTION § 3-6.8(c) (AM. BAR ASS’N 2017) https://www.americanbar.org/groups/criminal_justice/standards/ProsecutionFunctionFourthEdition [<https://perma.cc/W2ZR-4HZZ>] (“The prosecutor should not make arguments calculated to appeal to improper prejudices of the trier of fact.”).

⁹¹ *Darden v. Wainwright*, 477 U.S. 168, 180–81 (1986) (internal quotations omitted).

⁹² *Id.* at 181 (quoting *Donnelly v. DeChristoforo*, 416 U.S. 637, 643 (1974)).

⁹³ *Donnelly*, 416 U.S. at 647.

This high bar—an unambiguous argument infecting the entire trial—has led appellate courts to frequently find fault, but no error. That is, even where a prosecutor's argument crosses a line into unprofessional conduct via “improper suggestions [and] insinuations,”⁹⁴ courts affirm the convictions in question, even when the argument is made concerning whether a defendant will live or die,⁹⁵ a context in which courts must provide a “greater degree of scrutiny.”⁹⁶

As with other forms of state misconduct, “[t]here is a passel of reasons for these affirmances.”⁹⁷ As others have explored, these dynamics play out when the state uses religious arguments to support its case for a sentence of death.⁹⁸ In one study cataloguing cases in which a court found that a prosecutor had made an improper religious argument, only a small fraction resulted in a reversal.⁹⁹ And even among those, most were in the handful of jurisdictions that had a bright line rule against any religious argument.¹⁰⁰ The authors observed that the most common reasons for a lack of reversal were counsel's failure to object, the appellate court concluding that the religious argument was somehow invited by the defendant, and that although there was error, the error was not sufficiently pervasive or was otherwise harmless.¹⁰¹ Thus, despite repeated findings of misconduct, it was rare for a court to find that the misconduct so pervaded the proceedings that the Constitution required reversal.

With regards to race, however, at least at a doctrinal level, courts appear to more readily find a pervasive impact on the proceedings. Courts consistently condemn the use of “racially biased prosecutorial arguments” and provide relief to the injured party—the person suffering from a conviction or sentence on the

⁹⁴ *Berger*, 295 U.S. at 88.

⁹⁵ *See, e.g., In re Martinez*, 462 P.3d 36, 41–43 (Ariz. 2020) (collecting five death penalty cases where the court found that the same prosecutor committed misconduct in each case but affirmed the convictions and sentences).

⁹⁶ *Turner v. Murray*, 476 U.S. 28, 35–36 (1986) (quoting *California v. Ramos*, 463 U.S. 992, 999 (1983)).

⁹⁷ Sheri Lynn Johnson, *Racial Imagery in Criminal Cases*, 67 TULANE L. REV. 1739, 1776 (1993).

⁹⁸ *See* John H. Blume & Sheri Lynn Johnson, *Don't Take His Eye, Don't Take His Tooth, and Don't Cast the First Stone: Limiting Religious Arguments in Capital Cases*, 9 WM. & MARY BILL RTS. J. 61, 82–83 (2000).

⁹⁹ *Id.* at 83–84.

¹⁰⁰ *Id.*

¹⁰¹ *Id.* at 82–83.

basis of such arguments.¹⁰² Courts recognize that the invocation of racial prejudice, although “odious in all aspects, is especially pernicious in the administration of justice.”¹⁰³ Indeed, when the state discriminates on the basis of race during jury selection, reversal is always required.¹⁰⁴

The Supreme Court’s consistent and high-minded rhetoric in its racial justice jurisprudence offer hints at how it can give meaning to its bar on the prosecution’s use of “improper suggestions [and] insinuations.”¹⁰⁵ Instead of a focus on the peril to the proceedings, courts should focus attention on the dignitary harm to the individual. After all, this is the essence of the counter-majoritarian undertaking of protecting against mob rule: to insist on the dignity of “discrete and insular minorities.”¹⁰⁶ This is what the Court did in 1932, when it stood against the lynch mob and show trial in Ozie Powell’s case, holding that Powell was entitled, as a matter of due process of law, to a lawyer in his capital case.¹⁰⁷ The Court in his case provided the groundwork for what we now consider “bedrock” constitutional guarantees, including the right to counsel.¹⁰⁸

¹⁰² *McCleskey v. Kemp*, 481 U.S. 279, 309 n.30 (1987); *Buck v. Davis*, 580 U.S. 100, 119 (2017) (citing *Zant v. Stephens*, 462 U.S. 862, 885 (1983)) (“It would be patently unconstitutional for a state to argue that a defendant is liable to be a future danger because of his race.”).

¹⁰³ *Rose v. Mitchell*, 443 U.S. 545, 555 (1979); *see also McCleskey*, 481 U.S. at 309 (quoting *Batson v. Kentucky*, 476 U.S. 79, 85 (1986)) (“[Courts are] engaged in ‘unceasing efforts’ to eradicate racial prejudice from our criminal justice system.”); *Bennett v. Stirling*, 842 F.3d 319, 321 (4th Cir. 2016)) (“While recognizing full well the deferential standard of review under AEDPA, we nonetheless agree with the district court that the sentencing was suffused with racially coded references to a degree that made a fair proceeding impossible.”); *but see McCleskey*, 481 U.S. at 309 (upholding Georgia’s death penalty despite statistical evidence that it was applied in a racially discriminatory manner).

¹⁰⁴ *See Flowers v. Mississippi*, 139 S. Ct. 2228, 2235 (2019); *Arizona v. Fulminante*, 499 U.S. 279, 310 (1991); *Crittenden v. Chappell*, 804 F.3d 998, 1003 (9th Cir. 2015) (emphasis added) (“[I]t is well established that a *Batson* violation is structural error.”).

¹⁰⁵ *Berger v. United States*, 295 U.S. 78, 88 (1935).

¹⁰⁶ *United States v. Carolene Products Co.*, 304 U.S. 144, 152 n.4 (1938); *see also* ALEXANDER M. BICKEL, *THE LEAST DANGEROUS BRANCH: THE SUPREME COURT AT THE BAR OF POLITICS* 17 (1962) (discussing the “counter-majoritarian” dilemma of acting against the interests of the popularly elected branches).

¹⁰⁷ *See Powell v. Alabama*, 287 U.S. 45, 67–69 (1932); *McDonald v. City of Chicago*, 561 U.S. 742, 761–64 (2010) (discussing the Court’s rejection of Justice Black’s “total incorporation” theory, but holding that “the Due Process Clause fully incorporates particular rights contained in the first eight Amendments”).

¹⁰⁸ *Martinez v. Ryan*, 566 U.S. 1, 12 (2012) (first quoting *Gideon v. Wainwright*, 372 U.S. 335, 344 (1963); then citing *Powell*, 287 U.S. at 68–69 (1932)).

But the Court's work in *Powell* was decidedly counter-majoritarian, and, even as it minimized the physical threat of harm Powell and his co-defendants faced, the Court grounded its reasoning in the dignitary harms he faced in a trial for his life.¹⁰⁹ The recitation of the only facts "necessary" to resolve the case begin with the defendants' race: "these defendants, together with a number of other negroes . . ." ¹¹⁰ The case then recounted how a group of "white boys" got into a fight with the defendants, leading to a near miss with a lynch mob in the deep South.¹¹¹ The capital trial was allowed to go forward, despite the failure of the trial court to appoint counsel.¹¹² The Supreme Court reversed, expressing outrage that the "defendants, young, ignorant, illiterate, surrounded by hostile sentiment, haled back and forth under guard of soldiers, charged with an atrocious crime regarded with especial horror in the community where they were to be tried, were thus put in peril of their lives" without having been previously provided counsel.¹¹³

That dignitary interest undergirding the Court's reasoning in *Powell* is a value that gives meaning and life to the due process protection the Constitution provides.¹¹⁴ It is our collective insistence that a person, at a minimum, be given notice and an opportunity to be heard.¹¹⁵ And it protects a person's dignity when their life and livelihood are imperiled by state actors.¹¹⁶ But as civil rights pioneer Pauli Murray long ago insisted, the Constitution's prioritization of dignity has even deeper roots, roots that took hold in soil wet with bloodshed.¹¹⁷ As Murray has argued, the Thirteenth Amendment's bar on enslavement makes concrete the notion that enslavement is contrary to the dignity of

¹⁰⁹ *Powell*, 287 U.S. at 50–53.

¹¹⁰ *Id.* at 50.

¹¹¹ *Id.* at 50–52; see also EQUAL JUST. INITIATIVE, LYNCHING IN AMERICA: CONFRONTING THE LEGACY OF RACIAL TERROR 39–43 (3d ed. 2017), <https://eji.org/wp-content/uploads/2005/11/lynching-in-america-3d-ed-110121.pdf> [<https://perma.cc/H3F5-3A5W>].

¹¹² See *Powell*, 287 U.S. at 53–56.

¹¹³ *Id.* at 57–58.

¹¹⁴ See *id.*

¹¹⁵ See *In re Oliver*, 333 U.S. 257, 273 (1948) ("A person's right to reasonable notice of a charge against him, and an opportunity to be heard in his defense . . . are basic in our system of jurisprudence.").

¹¹⁶ See *Powell*, 287 U.S. at 71–72.

¹¹⁷ Dahlia Lithwick, *Who Was Pauli Murray?*, SLATE (Aug. 31, 2021), <https://slate.com/news-and-politics/2021/08/my-name-is-pauli-murray-directors-interview.html> [<https://perma.cc/QU2N-WRNC>].

the individual.¹¹⁸ And it was only after the Civil War that we adopted the Fourteenth Amendment, which both guaranteed equal protection of the law and applied due process protections to both federal and state action and, ultimately, applied the Bill of Rights to limit state action.¹¹⁹

These limits on state action include the First Amendment’s guarantees of free speech and religious practice, which constitutionally enshrine an individual’s dignity interest in their own thoughts.¹²⁰ These limits also, through the Fourth Amendment, guard “against unreasonable searches and seizures,” which protects both bodily integrity and the privacy of the home.¹²¹ And, perhaps most powerfully, the Eighth Amendment empowers the judiciary to protect the dignitary interests of those whose lives and liberty are being threatened in criminal court proceedings.¹²²

Refocusing the inquiry on the dignity of the individual—as opposed to the court’s own interests in an uninfected trial—better reflects the Constitution’s guarantee that each person in a criminal case will be treated with dignity. A grounding in dignity is also better at “keep[ing] the Constitution relevant, useful, and compelling to ‘the people’ in the present day.”¹²³ There is no

¹¹⁸ U.S. CONST. amend. XIII, § 1 (“Neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States, or any place subject to their jurisdiction.”); Florence Wagman Roisman, *Lessons for Advocacy from the Life and Legacy of the Reverend Doctor Pauli Murray*, 20 U. MD. L. J. RACE, RELIGION, GENDER & CLASS 1, 34 (2020) (crediting Murray with developing the legal theories that extended the Thirteenth Amendment’s reach to “counter other badges and incidents of slavery,” regardless of the presence of state action).

¹¹⁹ See U.S. CONST. amend. XIV, § 1. Although the “incorporation doctrine,” the application of the Bill of Rights to state and federal government action alike, is frequently attributed to the “Warren Court,” its origins are properly traced to an earlier Court, which began the task of regulating unconstitutional behavior of state officials—first in the context of the First Amendment, but then with increasing regularity in the context of death penalty cases in southern states. See *Gitlow v. New York*, 268 U.S. 652, 666 (1925); *Powell*, 287 U.S. at 71; *Brown v. Mississippi*, 297 U.S. 278, 287 (1936); *Chambers v. Florida*, 309 U.S. 227, 240–41 (1940).

¹²⁰ U.S. CONST. amend. I.

¹²¹ *Id.* amend. IV.

¹²² *Id.* amend. VIII.

¹²³ Trevor W. Morrison, *Lamenting Lochner’s Loss: Randy Barnett’s Case for a Libertarian Constitution*, 90 CORNELL L. REV. 839, 851 (2005) (book review); see also *Lawrence v. Texas*, 539 U.S. 558, 579 (2003) (“As the Constitution endures, persons in every generation can invoke its principles in their own search for greater freedom.”); William J. Brennan, Jr., *The Constitution of the United States: Contemporary Ratification*, 19 U.C. DAVIS L. REV. 2, 7 (1985) (“[T]he genius of the Constitution rests not in any static meaning it might have had in a world that is dead and gone, but in

question that dignity today means something quite different than it did to our framers.¹²⁴ However, the constitutional conveners in 1792 and 1868 had the wisdom and vision to protect each individual's dignitary interests over and over again.

Centering an analysis of prosecution misconduct on the dignitary harm to the individual before it makes manifest this fundamental guarantee. Recentering the court's analysis on the dignitary harm, as opposed to whether a trial is infected, will better empower courts to constitutionally regulate the state's efforts to demean the dignity of the persons before them. Reorienting around an individual's dignity interests is also in line with the Court's more recent affirmations of its commitment to protect individual rights against majoritarian attacks on fundamental dignitary interests. "[O]ur laws and tradition afford constitutional protection to personal decisions relating to marriage, procreation, contraception, family relationships, child rearing, and education."¹²⁵ The Court has repeatedly described why this protection is at the core of our constitutional democracy:

These matters, involving the most intimate and personal choices a person may make in a lifetime, choices central to personal dignity and autonomy, are central to the liberty protected by the Fourteenth Amendment. At the heart of liberty is the right to define one's own concept of existence, of meaning, of the universe, and of the mystery of human life. Beliefs about these matters could not define the attributes of personhood were they formed under compulsion of the State.¹²⁶

Thus, the Court has reviewed with heightened scrutiny and held unconstitutional attacks on human dignity that are related to these core aspects of personhood in the contexts of same-sex marriage and criminalization of same-sex sexual conduct. Perhaps most poignantly, with regards to same-sex relationships, the Court has condemned states and state actors when they engage in behavior that may "raise the inevitable inference that the disadvantage imposed is born of animosity toward the class of

the adaptability of its great principles to cope with current problems and current needs.").

¹²⁴ *Lawrence*, 539 U.S. at 578–79 (noting the founders did not "presume to have th[e] insight" to know "liberty in its manifold possibilities").

¹²⁵ *Id.* at 574.

¹²⁶ *Id.* (quoting *Planned Parenthood of Southeastern Pa. v. Casey*, 505 U.S. 833, 851 (1992)).

persons affected.”¹²⁷ This is because “if the constitutional conception of ‘equal protection of the laws’ means anything, it must at the very least mean that a bare . . . desire to harm a politically unpopular group cannot constitute a *legitimate* governmental interest.”¹²⁸ To do so would make “a class of persons a stranger to [our] laws,” demeaning them as citizens and their very personhood.¹²⁹

CONCLUSION

It is against this backdrop that we propose providing the same searching, dignity-centered scrutiny of prosecution arguments that implicate a person’s gender and sexual identity that the courts have traditionally applied to race. Just as the judiciary will not tolerate racial animus in a prosecutor’s argument for a conviction or sentence of death and will set aside a conviction if racial bias plays a substantial role in striking a single potential juror, so too must the courts act with unceasing vigilance to eliminate the harmful use of stereotyping and bigotry.

When the state engages in even a single instance of such misconduct, the injured party should be relieved of any obligation to demonstrate the harm inherent to it. Use of the tropes, stereotypes, and bigoted arguments discussed *supra* should create a presumption in favor of a new trial. At most, it should be the state’s obligation to explain why the misconduct was not, in fact, injurious to the individual.

Reframing the legal discourse to the dignitary harm to the individual, instead of how a trial might be “infected,” will provide a more consistent approach to state use of suspect classifications generally. And, more specifically, doing so would give fuller meaning to the Constitution’s guarantee that the persons whose lives and liberty are at stake are treated with dignity.

¹²⁷ *Romer v. Evans*, 517 U.S. 620, 634 (1996).

¹²⁸ *U.S. Dep’t of Agriculture v. Moreno*, 413 U.S. 528, 534 (1973) (emphasis added).

¹²⁹ *Romer*, 517 U.S. at 635.



COMING OUT OF CONCRETE CLOSETS

A REPORT ON BLACK & PINK'S NATIONAL LGBTQ PRISONER SURVEY

To increase the power of prisoners we need greater access to the political process. We need real! access to real people in real power who will actively hear us and help us, not just give us lip service, come sit and talk with me, help me take my dreams and present them to the people who can turn them into a reality, I am not persona non grata, hear me, don't patronize me just to keep me quiet, understand that I'm very capable of helping in this fight. -Survey respondent

Jason Lydon
with
Kamaria Carrington
Hana Low
Reed Miller
Mahsa Yazdy

Black & Pink
October 2015
www.blackandpink.org

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EXECUTIVE SUMMARY

This report lifts up the voices of LGBTQ prisoners from across the United States so that they can inform, shape, and lead the movement for prisoner justice. These numbers, statistics, and stories represent the largest ever collection of information from LGBTQ prisoners. This collection of information is possible because of the time taken by 1,118 prisoners across the United States to handwrite responses to our 133-question survey, which was itself designed/drafted with prisoners themselves. Black & Pink's free world leadership extends the utmost thanks to prisoner members who took the time to help design and respond to the National LGBTQ Prisoner Survey and for sharing their deeply personal and valuable stories of harm and resilience. This report will be printed in the Black & Pink newspaper for all prisoner members to read. Along with the report, there will be space for responses and reflections that will be compiled into a supplementary report to be released in Spring/Summer of 2016.

LGBTQ people, particularly people of color and poor people, experience high levels of policing and criminalization, leading to arrest and incarceration. Once inside prison, LGBTQ people are subjected to constant violence by both prison staff and other prisoners. This report seeks to offer a tool for organizers, both inside and outside of prisons, to strengthen national campaigns and grassroots efforts to alleviate the immediate suffering of prisoners and bring an end to the prison industrial complex while centering the needs of LGBTQ prisoners.

KEY FINDINGS

Homelessness and Housing

- Nearly a fifth of respondents reported being homeless or transient prior to their incarceration, while 29% lived with family or a friend. Only 52% were living in a home of their own.

Unemployment and Criminalized Economies

- Over a third of respondents reported being unemployed prior to their incarceration, nearly 7 times the 2014 national unemployment rate in 2014.
- 39% of respondents reported that they have traded sex for survival.
- Selling drugs is also a frequent means of survival: over half of respondents have sold drugs for money. Black respondents were nearly 20% more likely to have participated in the drug trade than white respondents (67% and 48% respectively). This over-representation of Black respondents in the drug trade highlights the racism of the War on Drugs, since white people are actually *more* likely to sell drugs.

Arrest and Incarceration

- Close to two thirds (58%) of respondents' first arrest occurred when they were under the age of 18. Black and Latin@/Hispanic respondents were more likely to have their first arrest occur when they were under 18 compared to white respondents (66% versus 51%, respectively).
- For two thirds of respondents, the current sentence they are serving is not their first experience of incarceration. Frequency of incarceration varied, although Black, Latin@/Hispanic, and mixed-race respondents were more likely to have experienced multiple incarcerations than their white and Native American/American Indian counterparts.

Education

- Ninety percent of respondents have completed high school or earned a GED. Closer scrutiny, however, reveals that *only* 29% of respondents completed high school outside of prison. This means that 71% of respondents dropped out of school, were expelled from school, or never attended school in the first place.

Children

- Forty five percent of respondents report having children, although only 29% of these parents report having any kind of contact with their children.

Pretrial Detention

- Nearly three quarters of respondents were held in jail prior to their conviction. Of those held in pretrial detention, more than half were detained for a year or more.

Sentencing

- Respondents were twice serving life sentences at twice the rate of the general state and federal prison populations.
- The average time respondents have spent in prison on their current sentence was 10 years. According to research by Pew, prisoners released in 2009 served an average of 2.9 years in custody.

Prison Security Levels

- While all respondents were over-represented in higher security facilities as compared with the national prison population, white respondents were held in minimum security prisons at nearly twice the rate of Black respondents.

Parole

- Nearly a third of respondents have been granted parole on a previous sentence. Of those who have been granted parole, 65% have been returned to prison on a parole violation.

Sexual Identity and Gender Identity

- 65% of respondents identified as LGBTQ prior to their incarceration.
- 70% of respondents experienced emotional pain from hiding their sexuality during incarceration/throughout their interactions with the criminal legal system.
- 78% of transgender, nonbinary gender, and Two-Spirit respondents experienced emotional pain from hiding their gender identity during incarceration/throughout their interactions with the criminal legal system.
- Of transgender, nonbinary gender, and Two-Spirit survey respondents, only 43% have been diagnosed with Gender Identity Disorder or Gender Dysphoria. 31% reported being denied these diagnoses upon seeking them during incarceration.
- More than a third of transgender, nonbinary gender, and Two-Spirit respondents took hormones prior to their incarceration. The majority of these respondents took street-based hormones that were not prescribed by a doctor.
- 23% of transgender, nonbinary gender, and Two-Spirit respondents are currently taking hormones in prison, while an overwhelming 44% report being denied access to hormones they requested.
- Only 21% of respondents are allowed access to underwear and cosmetic needs that match their gender.
- 15% of respondents have been barred from programs offered by the prison because they identify as LGBTQ.
- Only 20% of respondents have access to LGBTQ affirming books.

Sexual Activity

- 70% of respondents have been sexually active in prison.
- Only 2% of respondents have access to condoms allowed by the prison, yet 22% have used a condom or another barrier to stop the transmission of sexually transmitted infections (STIs).
- 81% of respondents discussed safer sex with their sexual partner(s).
- Over a third of respondents have been disciplined for engaging in consensual sex, and of those, nearly two thirds have been placed in solitary confinement as punishment for consensual sexual activity.

Solitary Confinement

- 85% of respondents have been in solitary confinement at some point during their sentence; approximately half have spent 2 or more years there. Altogether, respondents have spent a total of 5,110 years in solitary confinement.
- Black, Latin@/Hispanic, mixed-race, and Native American/American Indian respondents were twice as likely to have been in solitary confinement, at the time of the survey, than white respondents.
- Respondents with a mental illness diagnosis were more likely to be in solitary confinement at the time of the survey and more likely to have ever been in solitary confinement than survey respondents without such a diagnosis.

Experiences of Violence

- Respondents were over 6 times more likely to be sexually assaulted than the general prison population.
- All survey respondents have experienced strip searches. In answer to the question regarding how many times they have been strip searched, answers ranged anywhere from 1 to 50, 250, 500, “millions,” “every day in 12 years,” and “too many to count.” One respondent wrote, “who the heck keeps track of all that?” This means that, despite the declared intentions of the Prison Rape Elimination Act (PREA), 100% of prisoners have experienced sexual violence by prison staff.
- Prisoners are over three times more likely to have committed sexual assaults on LGBTQ prisoners than prison staff. However, of those who report having been sexually assaulted by a prisoner, 76% also report that prison staff intentionally placed them in situations where they would be at high risk of sexually assault from another prisoner.
- The vast majority of respondents experienced discrimination and verbal harassment by prison staff and more than a third were physically assaulted by prison staff.

Healthcare

- Seven percent of survey respondents are HIV positive.
- Black respondents were more than 2 times more likely to be HIV positive than white respondents.
- 81% of respondents reported having to pay a fee to see a doctor. Fees ranged from \$1 per visit to \$100 per year.
- Fees prevented 43% of respondents from seeking medical care they needed.
- 67% of respondents have been diagnosed with a mental illness; of these, 48% receive no therapy.

Relationships and Community

- 68% of respondents have been in a romantic relationship with another prisoner while incarcerated.
- One third of respondents in romantic relationships experienced intimate partner abuse.
- 66% of respondents have monthly correspondence with someone outside of prison.

Prisoner Needs and Demands

- The clearest mandate from respondents was that Black & Pink should continue its current projects: the newspaper, pen pal program, resource list, and prisoner advocacy (e.g., calling prisons to advocate for individual prisoners who are being abused). Respondents reported that both the newspaper and pen pal program help them deal with the stress of being incarcerated and feel accepted in their gender and sexuality.
- Respondents need more information about their rights, legal changes, and case law. Abuse and discrimination from prison staff is a major concern.
- Respondents want their voices and stories to reach both lawmakers and the general public in order to educate them about what prison conditions are actually like for LGBTQ people.

RECOMMENDATIONS

As an abolitionist organization, Black & Pink makes the following recommendations in the spirit of what Ruth Wilson Gilmore calls “non-reformist reforms” or what are also called abolitionist reforms. While we remain committed to the abolition of prisons, we recognize that meeting the needs and ending the daily suffering of LGBTQ prisoners is also an urgent necessity. We are convinced that such reforms are not necessarily incompatible with an abolitionist politics, provided that they do not create new barriers or prisons that we will need to tear down in the future. Hence, our recommendations include policy proposals, advocacy areas, and grassroots organizing priorities that meet the immediate needs of LGBTQ prisoners and criminalized LGBTQ communities outside of prison which we believe will neither ideologically nor materially increase the power of any facet of the prison industrial complex.

The recommendations are divided into short-term, intermediate, and long-term efforts within specific advocacy areas. Each is informed by the findings of the report and/or comes directly from recommendations articulated by respondents themselves. Black & Pink wishes to emphasize that in moving forward with implementation, it is imperative that policymakers and community organizers remain vigilant against unwittingly introducing reforms that reinforce the power of the system they seek to change.

POLICING AND CRIMINALIZATION OF LGBTQ PEOPLE

Short-Term:

- **Eliminate the practice of Stop & Frisk/Search in every municipality.** Evidence shows that Stop & Frisk practices discriminate on the basis of race and also disproportionately target LGBTQ people. Ending these practices would slow the funneling of LGBTQ people of color into the courts and prison system.
- **Pass the End Racial Profiling Act (ERPA) (in its sexual orientation- and gender identity-inclusive version).** Advocates have long been trying to pass ERPA, a federal law that would prohibit racial profiling, collect data on racial profiling, provide police with re-training on racial profiling, and hold departments that continue to racially profile accountable, albeit without success. As of 2015, ERPA is now inclusive of sexual orientation and gender identity. Lambda Legal’s report, “Protected and Served? Survey of LGBT/HIV Contact with Police, Courts, Prisons, and Security,” showed that 25% of LGBT respondents who had interactions with police experienced misconduct and harassment. Passing an inclusive ERPA will ensure new tools are available for LGBTQ people to resist profiling.
- **End “Quality of Life” policing practices.** Our findings contribute to the wealth of research that shows LGBTQ people disproportionately experience homelessness, trade sex for survival needs, struggle with addiction, and live with mental illness, all of which are all criminalized under “Quality of Life” policies. “Quality of Life” policies do nothing to help those they criminalize and instead lead to increased incarceration, rather than provision of social services and public health measures for those who need them.
- **End all stings on internet and public spaces known to be used for purchasing and selling sex.** Ongoing police surveillance of these spaces forces those who trade sex into less public environments with fewer potential clients, forcing individuals to engage in transactions they otherwise would have rejected (e.g., sex without a condom). Given that many respondents have engaged in the sex trade prior to their incarceration, it is important to allow safer practices for trading sex.

Intermediate:

- **End the criminalization of the sex trade, for both purchasers and sellers of sex.** Decriminalizing sex trades will facilitate a safer economy and allow for greater resources and support systems to be developed by and for those engaged in the sex trade. As well, decriminalizing the sex trade will work to alleviate the discrimination in housing and employment faced by many with criminal records for sex trade participation.
- **End the practice of arresting people under the age of 18.** Youth are being introduced into the criminal legal system at increasingly earlier ages. Rather than addressing youth conflict with arrests, community-based teams should be created to stop the cycle of multiple incarcerations before it begins.
- **End the War on Drugs and decriminalize drug possession.** The majority of respondents report having sold drugs at some point in their lives. However, as has been thoroughly demonstrated, the War on Drugs has failed to reduce the use of drugs or increase safety. Criminalization of drugs does not decrease the harm caused by the drug trade, but rather gives police an additional tool to profile and arrest communities of color. Harm reduction strategies can teach people how to use drugs in safer ways, which saves lives and improves quality of life much more effectively than compulsory incarceration.
- **Create addiction treatment-on-demand programs and mental health treatment programs in non-carceral settings.** Rather than criminalize addiction and mental illness, or create more prison beds in the name of “drug treatment,” well-funded community-based addiction treatment programs and outpatient mental health care facilities would create authentic opportunities for healing and healthcare that can keep individuals and communities safer.
- **Utilize saved funds from decreased policing to create affordable and accessible housing for those most affected by homelessness and incarceration.** Nearly a fifth of respondents were homeless or transient prior to their incarceration. Establishing affordable and accessible housing will reduce reliance on criminalized economies to survive. Ending homelessness will also keep individuals out of constant surveillance by police, decreasing their likelihood of arrest and incarceration.

Long-Term:

- **Abolish the police.** Police forces’ direct ancestors are the slave patrols that targeted Black people for violence, arrest, and reenslavement. This institution has always created more harm than good for those society considers disposable, particularly people of color. Policing practices are inherently rooted in maintaining systemic oppression and as such the long term goal is to create a world free from the power of police.
- **Institute community-based solutions to harm and violence.** Abolishing the police will not bring an end to all forms of interpersonal harm and violence. Establishing alternative ways to address harm without punitive based systems will facilitate both healing for survivors and accountability for those who caused harm or stood by as harm occurred. These practices can be started well before the end of the police and organizations such as *Creative Interventions*, *Generation FIVE*, and *Philly Stands Up* have already begun such initiatives.

COURTS / BAIL REFORM / SENTENCING**Short-Term:**

- **Train all court-appointed attorneys on LGBTQ issues re: appropriate client advocacy (e.g., using correct name and pronouns).** With effective trainings, attorneys will, ideally, be less likely to discriminate against their own LGBTQ clients. Training should be led by or undertaken in collaboration with currently or formerly court-involved LGBTQ people.

- **Train all judges on LGBTQ issues and appropriate address of defendants.** Judges are responsible for setting the tone in the courtroom, and the majority of respondents report feeling discriminated against by judges. It is important that judges are trained on appropriate modes of interaction with LGBTQ defendants to create a less hostile environment.
- **Increase financial support for public defender programs.** The enormous caseload saddling public defenders across the country indicates a significant need for these attorneys, who are unable to serve their clients effectively due to overwork. Increasing resources to public defender programs should lead to the hiring of more staff who are able to address the unique needs of all their clients, including LGBTQ defendants.
- **End the practice of incarcerating people on parole or probation for violations that are not new criminal charges.** Reincarceration for technical violations of parole or probation increases recidivism. Rather than choosing incarceration in these circumstances, parole and probation officers should be trained to effectively support individuals under their supervision to find housing, access an income, and receive other social services they need.
- **Repeal all three-strikes laws and create a process for releasing individuals serving time on a third strike.** These laws are simply placing more people in prison, producing overcrowding and creating more violent environments.

Intermediate:

- **Eliminate financial conditions for pretrial release and develop local pretrial service systems to support and assist defendants' appearance for court dates.** Nearly three quarters of survey respondents were held in jail prior to their conviction. However, multiple states across the country have instituted new pretrial services that do not require defendants to pay bail or bond in order to regain their freedom. These programs have proven effective at ensuring defendants' appearance in court without mandating incarceration beforehand.
- **End mandatory minimum sentences for all offenses.** Not only are our respondents doing long sentences, but the far majority also took plea deals. The threat of a mandatory minimum sentence pressures defendants into taking plea deals for fear of serving lengthy sentences if they are convicted at trial. Mandatory minimums also require people to spend longer time in prison without access to parole, eliminating them would expand opportunities for parole.
- **Abolish life sentences and the death penalty.** Rather than hold people accountable for harm they have caused, life sentences and the death penalty simply dispose of human beings. They inherently dehumanize people by presuming there is nothing of value left to them. More than 20% of survey respondents are serving life sentences. Taking away these sentences will require courts and society to engage in actual transformative justice processes with those who have caused harm rather than simply throw them away.

Long-Term:

- **Close the criminal court system.** The US criminal legal system is claimed by its proponents as the "best system in the world," yet the basis of the system is punishment of individual acts with little to no attention to transformation of social conditions that led to harm occurring or authentic healing for those who have experienced harm. Rather than rely on a system that is rooted in 17th Century Puritan values of punitive control, new systems are necessary that refuse to allow racial/gender/sexual identities and access to wealth to be the determinants of justice.
- **Institute community-based solutions to harm and violence.**

PRISON CONDITIONS AND DECARCERATION

Short-Term:

- **Eliminate solitary confinement.** A wealth of evidence shows the long-term detrimental effects of solitary confinement; it is considered a form of torture by the UN Special Rapporteur on Torture. Solitary confinement is also used as a tool of control over LGBTQ prisoners, especially transgender women and cisgender gay men. 85% of respondents have been held in solitary confinement at some point during their sentence.
- **End prisoner strip searches.** Our data indicates that queer prisoners are strip searched repeatedly. However, this bodily invasion is a form of sexual assault and should not be common practice among prison officials. The security benefits of strip searching do not outweigh the sexual trauma experienced by prisoners subjected to this practice.
- **Permit consensual sex between prisoners and provide access to a variety of safer sex options, including condoms and Pre-exposure Prophylaxis (PrEP).** 70% percent of respondents have engaged in consensual sex with other prisoners, but only 2% have access to condoms. Rather than disciplining prisoners for engaging in consensual sex, prisons should provide access to safer sex options to reduce the transmission of sexually transmitted infections (STIs).
- **Eliminate all fees for medical care in prison. Provide full care for people living with HIV and Hepatitis C, including the cure for Hepatitis C.** All prisoners have a right to medical care
- **Allow all prisoners access to the underwear, uniform, and canteen of their choice.** Not all prisoners who might want access to undergarments or other gendered canteen options identify as transgender, although it is essential that transgender and gender variant prisoners have access to undergarments and canteen options not provided at the prison they are assigned to. Quite simply, there is no need for any policy restricting gendered clothing or canteen options at any prison or for any prisoner. Any and all such restrictions should be eliminated.
- **Create clear policies that allow transgender prisoners easy access to gender affirming medical and mental health care, including: access to hormone replacement therapy, individual and group talk therapy, gender confirming surgeries, electrolysis, and any and all other treatments recommended by doctors and mental health clinicians.** The majority of transgender survey respondents have been denied access to requested health care. More than half are unaware of any policy that might allow transgender prisoners to access such services. The consistent denial of transgender health care is rooted in transphobia and it must end.
- **Establish the safest possible housing for LGBTQ prisoners.** Policies for housing transgender prisoners should be based on individualized assessments that presume housing is assigned according to gender identity (rather than legally assigned sex). However, in all cases, individual prisoners must also be allowed to specify their housing preference and have that preference respected, even if it seems to differ from their gender identity. LGBTQ prisoners should also have the option of being housed with other LGBTQ prisoners in their facility, although no resources should be spent on building additional bed space that would be used to incarcerate more individuals.
- **Ensure every prison has a library that all prisoners can access. Provide LGBTQ-affirming books in all prison libraries.** Access to books, especially LGBTQ-affirming books, can affirm stigmatized identities and provide a respite from prison life.
- **Permit prisoners to correspond with one another through letters and email.** Nearly one-third of respondents have no regular contact with anyone outside the prison where they are housed. Moreover, mail distribution is often conducted publicly, with prison staff calling out the names of prisoners who have received letters or packages. Prisoners whose names are never called are noticed by other prisoners and sometimes made a target for harassment or abuse, since it is presumed they do not have a network of

protection or support. Being able to correspond with other prisoners thus potentially protects prisoners, increases their relational connections with others, and reduces isolation.

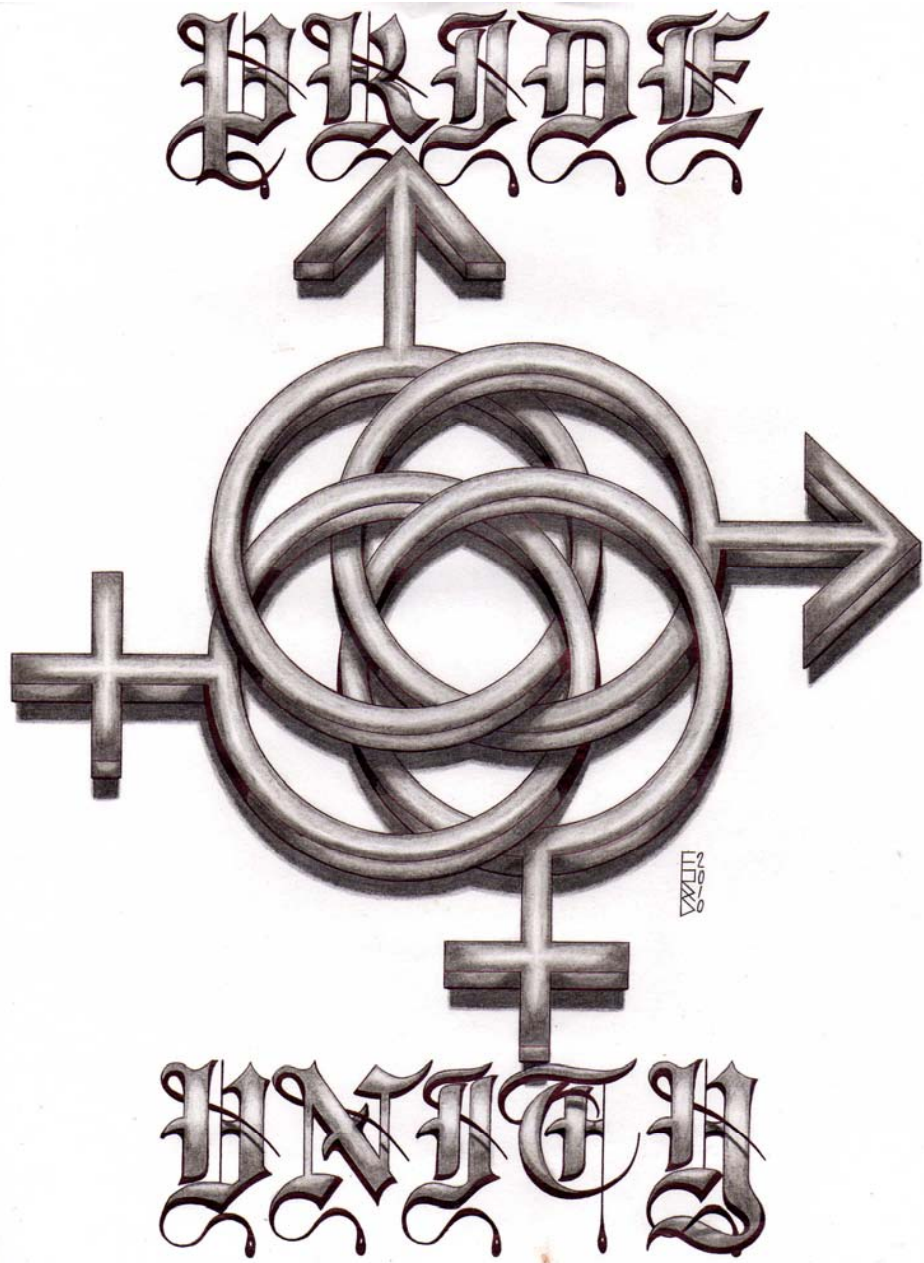
- **Ensure all prisoners can make free and unrecorded calls to domestic violence, sexual assault, and drug abuse hotlines.** Nearly 40% of respondents report being sexually assaulted (either by prison staff or other prisoners) and it is essential to healing for survivors to have access to outside services.
- **End all prison/jail contracts with phone companies charging more than \$5.00 per 15-minute phone call.** The expense of phone calls creates significant barriers to communication, not only between prisoners, but also between prisoners and people on the outside.

Intermediate:

- **Institute a moratorium on all prison/jail/detention center development (including, but not limited to, state funded research on prison expansion projects, additional bed space added to existing prisons/jails/detention centers, and building new institutions).** The violence, abuse, and oppression detailed in this report show that prisons cause significant harm. There should be absolutely no expansion of the carceral system while these harms remain unaddressed.
- **Close all supermax prisons.** Survey respondents are disproportionately housed in supermax prisons, which have been decried by human rights organizations around the world for the harm caused by constant sensory deprivation.
- **Hold all prison staff accountable (including clear paths to termination) who harass or physically/sexually assault prisoners.** Expand policies that hold staff accountable who are on duty when prisoners sexually assault one another. Prison staff set the tone of the prison environment. As such they should be held accountable for the harm they perpetuate. Respondents have experienced many forms of harm by prison staff, and if there were greater accountability for those staff, the harm may decrease.
- **Establish presumptive parole guidelines that will facilitate the release of prisoners at their first parole eligibility date unless they are charged with a new criminal offense while serving their sentence.** Along with ending life sentences, the practice of presumptive parole will facilitate the quicker exit of more people from prison. Given that our respondents are serving such long sentences, the practice of presumptive parole would help decrease the amount of time they are forced to serve on their sentences.
- **End indefinite commitment for people convicted of sex offenses.** Develop effective programs that facilitate safe integration back into the community and provide sustainable housing and meaningful work opportunities. The practice of civil commitment is considered, by many advocates, to be unconstitutional. There is much evidence to show that there are adequate tools and treatment to reduce sexual harm without indefinite detention.
- **End the practice of disenfranchisement and reinstate voting rights to all prisoners during and following their incarceration.** When people are incarcerated they do not stop being affected by the political process. Rather than revoke an individual's right to vote when convicted of an offense, prisons should provide opportunities for prisoners to engage in the political process.
- **Increase financial compensation for prisoners who work during their incarceration, in accordance with state and federal minimum wage laws.** Prisoners are expected to pay for many of their own basic needs and are also often expected to work inside prison. In an effort to diminish prison labor exploitation, both private and public entities that utilize prison labor should compensate prisoner workers according to the minimum standards required by law.

Long-Term:

- **Close all prisons and jails.** Rather than respond to social problems by simply locking people up, new practices for accountability must be instituted that do not rely on incarceration or carceral practices (e.g. GPS tracking bracelets). Prisons and jails have become a fundamental tool of social control and by removing this tool we will be compelled to create new practices that can rely on transformation rather than punishment.
- **Institute community-based transformative justice practices to create healing from harm and violence and to prevent violence before it occurs.**



Art by Patrick H. F., incarcerated member

INTRODUCTION

During the latter months of 2014, Black & Pink, an open family of LGBTQ prisoners and “free world” allies, conducted a survey of our prisoner membership. Nearly 1,200 prisoners responded to our 133-question survey, producing the largest ever dataset available on the experiences of LGBTQ prisoners in the country. The intent of this survey was to get some truth out from behind prison walls about the experiences of LGBTQ prisoners in the United States. Our report aims to share that truth by elevating prisoner voices, stories, and leadership to inspire immediate collective action.

The report is divided into eight sections: (1) demographics; (2) pretrial detention, courts, bail, sentencing and parole; (3) sexuality, gender identity, and sexual activity; (4) solitary confinement; (5) discrimination and violence; (6) healthcare; (7) relationships and community; and (8) programs. Questions in each section have been analyzed in terms of group responses and also disaggregated by race, gender/sexuality, and mental illness diagnosis. Given that white supremacy, transmisogyny, and criminalization of mental illness are fundamental aspects of the prison industrial complex, it is unsurprising to find differences, disparities, or inequities represented by these identity markers in many places throughout the report.

This report is intended for many audiences. First, its findings were made possible by the prisoner members who took the time to fill out the survey and, as such, this report is very much intended for them. Second, we hope that this report can be a tool for advocates resisting the harm of the prison industrial complex, whether for LGBTQ-specific organizing efforts or to provide useful information regarding specific LGBTQ concerns to general anti-prison organizers. Third, this report is intended for policy makers and policy advocates. The information provided in these pages highlights the disproportionate violence experienced by LGBTQ prisoners and we have provided many recommendations to alleviate this suffering. As one respondent wrote, “Because I have participated in advocacy work my whole life- I have found that the best professional or experts are those who are living the struggle. So they are the best to find solutions.” Policy makers are encouraged to move forward on these recommendations, which are based on the knowledge and experiences of LGBTQ prisoners themselves. Finally, this report is intended for well-resourced LGBTQ organizations. Too often those most marginalized in LGBTQ communities are forgotten, or intentionally ignored, in LGBTQ justice campaigns. This report provides the necessary information to take the next step in prioritizing prisoner voices in larger efforts towards liberation.



Art by David F., incarcerated member

A NOTE ON LANGUAGE

For clarity purposes, please find some definitions and explanations of word and terminology choice below.

LGBTQ: This acronym stands for Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning. Even though we know that sexuality and gender are much bigger than these letters, we nevertheless use this limited acronym to name include people who claim LGBTQ identities as well as many others, including but not limited to: same-gender-loving, homosexual, homophile, transsexual, transvestite, nelly, asexual, Two-Spirit, intersex, sissy, dyke. We continue to seek better words for people who identify outside of heteronormative and white supremacist categories of gender and sexuality. For the purposes of this report, however, we will use LGBTQ.

Transgender: “Generally, a term for those whose gender identity or expression is different than that typically associated with their assigned sex at birth, including transsexuals, androgynous people, cross-dressers, genderqueers, and other gender non-conforming people who identify as transgender. Some, but not all, of these individuals desire to transition gender; and some, but not all, desire medical changes to their bodies as part of this process.”¹

Two-Spirit: “The term Two-Spirit refers to another gender role believed to be common among most, if not all, first peoples of Turtle Island (North America), one that had a proper and accepted place within indigenous societies. This acceptance was rooted in the spiritual teachings that say all life is sacred and that the Creator must have a reason for making someone different. This gender role was not based in sexual activities or practices, but rather the sacredness that comes from being different. This definition is not meant to replace cultural and traditional teachings, which speak to this role. It is intended to find common ground and to help educate in a contemporary context.”²

Cisgender: “Types of gender identity where an individual's experience of their own gender matches the sex they were assigned at birth.”³

Prison Industrial Complex: The prison industrial complex is a system of control. It is the prisons, jails, and detention centers- the concrete and steel buildings that warehouse people. The prison industrial complex is also how the government and companies work together to control, punish, and torture poor communities and communities of color. This includes the police, immigration enforcement, and courts. This also includes the ways the news and movies portray “criminals.” It includes cameras used to surveil communities, and the companies making money on prison phone calls. The prison industrial complex includes the way schools are set up to fail.⁴ Also in this vein, we use the term “criminal legal system,” and the conscious choice to avoid the term “criminal justice system” is an acknowledgement of the fact that this system does not produce justice for most people in the United States, and that it has perpetuated and continues to perpetuate violence and inequality on already marginalized people, especially people of color, poor people, immigrants, and queers.⁵

Prisoner: In our survey, we asked respondents what term they preferred to refer to themselves: prisoner, inmate, incarcerated person, person who is incarcerated, or other. We also left a blank space for respondents to offer their own suggestions. The majority of respondents chose “other.” In the blank space, most respondents wrote in their name or simply, “my name.” Given that there was no general agreement on terminology from respondents, we use the word “prisoner” as an identifying term for all incarcerated individuals. We intentionally use the term “prisoner” as it connects to the political reality of incarceration and aligns with the history of the Prisoner Rights Movement, of which we consider Black & Pink to be a part. In a 2015 survey by the Marshall Project on preferred terminology, one formerly incarcerated person wrote the following: “I was once disciplined fairly harshly in a California women's prison for referring to myself as a prisoner while speaking to an officer. In our conversation,

the guard interrupted me and told me I was a female inmate, and not a prisoner. He said that referring to myself as a prisoner was against rules and furthermore subversive to the order of the facility.” Given our interest in subverting the order of the prison industrial complex, we will follow this writer’s lead and refer to our survey respondents as prisoners.

Abolition: Abolition means a world where we do not use the prison industrial complex as an “answer” to social, political, and economic problems. Abolition means that instead we develop new ways to stop harm from happening. It means responding to harm when it does happen, without simply “punishing.” It means we will try to fix the causes of harm, instead of using the failed solution of punishment to redress it. This approach is often called “harm reduction.” It means we will not use policing, courts, and prisons, which make us less safe. Abolition means creating sustainable, healthy communities with the power to create safety. Abolition is not only the end goal, but also the way we do our work to get there.⁶

Solitary Confinement: “Solitary confinement is the practice of isolating people in closed cells for 22-24 hours a day, virtually free of human contact, for periods of time ranging from days to decades... In California, long-term solitary confinement units are referred to as Security Housing Units (SHUs); in New York, the same acronym stands for Special Housing Units. In Oregon, the long-term isolation units are called Intensive Management Units (IMUs), while in Pennsylvania they are called Restricted Housing Units (RHUs). In the federal system, one type of extreme solitary confinement takes place in Communication Management Units (CMUs). Despite the variety of names, the general practice of incarceration in these units and facilities is solitary confinement.”⁷

PREA: “The Prison Rape Elimination Act (PREA) was passed in 2003 with unanimous support from both parties in Congress. The purpose of the act was to ‘provide for the analysis of the incidence and effects of prison rape in Federal, State, and local institutions and to provide information, resources, recommendations and funding to protect individuals from prison rape.’”⁸

Endnotes:

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SCOPE AND METHODOLOGY

In October 2013, the outside leadership of Black & Pink printed a notice in the monthly Black & Pink newspaper, which was at that time distributed to 3,700 prisoners, announcing our intention to conduct a survey of the membership. The announcement read as follows:

We are planning to do a survey of the people who receive the Black & Pink newspaper. We want to be able to tell the stories of what is happening with lesbian, gay, bisexual, transgender, Two-Spirit, same-gender loving, gender non-conforming, queer people in prisons across the United States. Black & Pink has connection to the largest number of LGBTQ prisoners of anyone, we reach over 3,500 prisoners each month. We want to hear stories about who you are and share them with all of you and also share them with the general public. Our goals of the survey are to get information about the realities of prison experiences for LGBTQ people in prison, hear stories of resistance, hear stories of hardship, and share those stories to build the power of our movement. The survey will run for a couple of months in the newspaper. We want to know what questions you would want on the survey. It will be an additional page in the newspaper, so we will not lose standard newspaper space. Individuals who fill out the survey will receive a certificate of completion and each person who fills out a survey will be entered into a contest to win a book of their choice. Feel free to include another piece of paper if you need more space for answers.

Share one or two questions you would like to see on the survey (such as, ‘Have you had romantic partners while incarcerated?’ or ‘Describe a time you asserted your rights in prison, what happened?’)

How could a survey like this be useful to you?

Who should we share a final report with?

More than 30 prisoners responded to the announcement with questions, including one person who sent an entire list of survey questions that was used as a template to design the final survey. It took about four months to receive all of the feedback from prisoner members of Black & Pink (long timespans are common and often necessary when creating a project with prisoners through the mail).

A team of outside volunteers worked together to finalize the survey questions. This team looked at survey projects and reports done by other prisoner justice organizations, including *Hearts on a Wire’s* report “This is a Prison, Glitter is Not Allowed: Experiences of Trans and Gender Variant People in Pennsylvania’s Prison System” and the *Sylvia Rivera Law Project’s* “It’s a War In Here: A Report on the Treatment of Transgender and Intersex People in New York State Men’s Prisons.” An email was also sent to all the major players in LGBTQ prisoner justice efforts inquiring about what information would be helpful to their work and what experiences they have had with similar surveys. By the summer of 2014, a list of 133 questions was agreed upon as the final survey. One exceptional volunteer, Reed Miller, came up with an extremely effective method of laying out this large survey in an accessible way. All throughout the survey, we interspersed encouragements to take breaks, one of which included an image of a cute kitten and puppy. We also flagged questions we suspected might bring up hard memories or trigger trauma. The entire survey and layout can be viewed in the appendix.

As with the original announcement, the survey was also distributed to prisoners through the monthly newspaper. Due to substantial growth in Black & Pink's distribution, the newspaper was sent to nearly 7,000 prisoners each in September and November 2014. Over 1,200 prisoners responded to the survey, constituting the largest ever collection of information from LGBTQ prisoners in the United States. The paper survey was then entered into a *Survey Monkey* tool designed by friends at Research Action Design. More than 30 different volunteers entered data from the survey, many of whom were formerly incarcerated people themselves. Some compensation was made available to people doing larger amounts of data entry. The data was then "cleaned" (duplicates removed, coding done, etc.) in partnership with the Public Science Project (PSP) at the City University of New York as well as two expert volunteers, Reed Miller and Mahsa Yazdy.

During the summer of 2015, the preliminary data was shared with two groups in order to gather community reflections on what should be more deeply considered and what questions could be asked of the data. The first gathering happened with participants at a workshop in Detroit at the annual Allied Media Conference. The second was a more intentional gathering of formerly incarcerated LGBTQ people as well as people who had entered data from the survey. This meeting was held in Boston in collaboration with PSP. These two opportunities to reflect on the data in community helped create a more clear direction for doing final analysis of the data.

The final report writing was coordinated by a team of volunteers through both in-person and internet communication. Since all of the questions in the survey were optional, the number of respondents varied by question; hence the sample size varies across this report.

This report will be printed in the November 2015 Black & Pink newspaper for all prisoner members to read. Along with the report, there will be space for responses and reflections that will be compiled into a supplementary report to be released in Spring/Summer of 2016.

Even though this is the largest collection of LGBTQ prisoner stories to date, there are still many stories left untold. In particular, while nearly half of the 2.3 million people incarcerated in the United States are held under the control of county jails, nearly all the survey respondents write from state (90%) and federal (8%) prisons. This gap can be accounted for in a number of ways. First, because people are held in county jails for far less time than they are in prisons, it is less likely they will get access to information about Black & Pink from a resource list or another prisoner. Moreover, people doing less time (such as those in county jails) often find it more feasible to be closeted about sexuality and/or gender identity than those who are serving decades in prison. Finally, of course, the Black & Pink newspaper is far from a discreet publication. Anyone receiving the Black & Pink newspaper is likely to be open about sexuality or gender identity issues because, even if they weren't, the newspaper itself would "out" them to prison staff and other prisoners.

With the above comments in mind, it is important to point out that this report is not based on a random selection of LGBTQ prisoners from across the country. This is a selection of LGBTQ prisoners who have intentionally reached out for access to resources and who are willing to put themselves at risk to receive a newspaper that is known as an LGBTQ publication. As such, this report cannot claim to be representative of LGBTQ prisoner experiences. However, this is the largest-ever survey of LGBTQ prisoners and *the only survey on a national level to be created*

in partnership with LGBTQ prisoners. The sheer number of responses amassed in this report nevertheless provides valuable insight into the experiences of LGBTQ prisoners incarcerated in the United States on the basis of information that has never existed before now. The people who took the time to fill out this survey did so at some risk to themselves and efforts to challenge the violence of mass incarceration will be strengthened because of it.



Art by WhiteEagle, incarcerated member

DEMOGRAPHICS

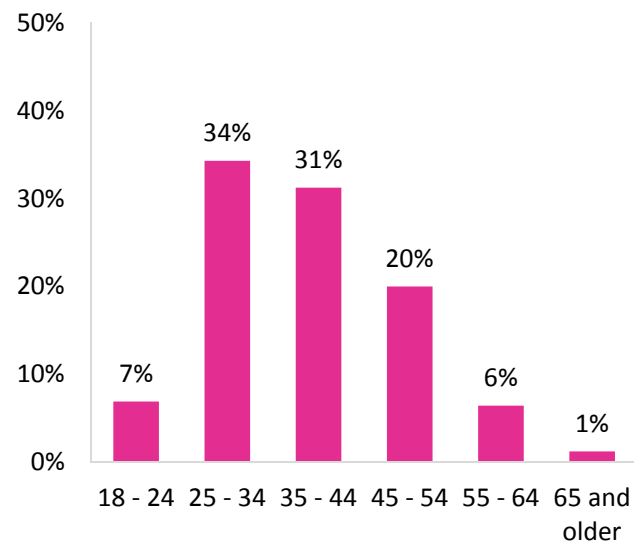
AGE

Respondents had the opportunity to write in their responses based on age. The youngest respondent was 19 and the eldest was 71. The average age of respondents was 38.

RACE

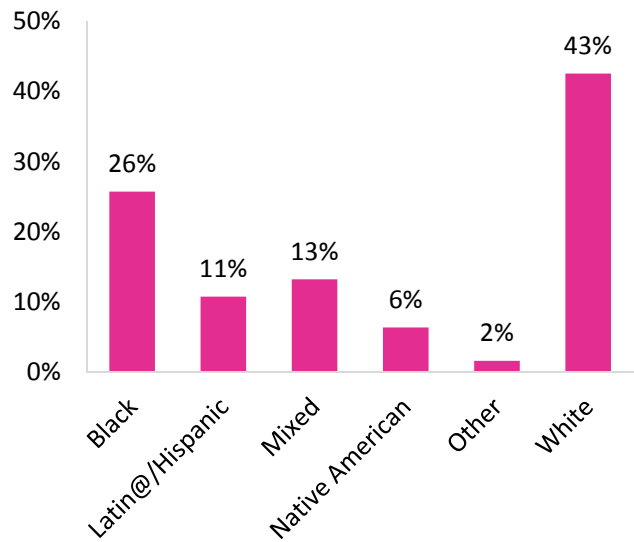
While the US Census only allows for a limited number of racial categories, we offered eleven options: Black/African American/Afro-Caribbean; Latin@/Hispanic; white (non-Hispanic); East Asian; Southeast Asian; South Asian; Middle Eastern/Arab; American Indian/Indigenous/Native American; mixed-race; Native Hawaiian or other Pacific Islander; and Inuit/Native Alaskan. We also provided space for respondents to contribute their own answer. While it was important to provide many options, for the purpose of this report, we have combined several racial categories to allow for clearer data analysis.

While the majority of respondents are people of color, white people are the largest single represented racial group, constituting 43% of respondents. According to Bureau of Justice Statistics, however, in 2014, of all those doing sentenced time in adult facilities (in both male and female assigned prisons), Black people were the largest single represented racial group at 36%, followed by white people at 34%, Hispanic people at 22%, and all other races combined at 9%. Some of the discrepancy between our survey results and the Bureau of Justice statistics regarding racial composition can be accounted for by our having included “mixed-race” as a possible racial category. However, the over-representation of white respondents in our survey raises several possible questions, including: did white prisoners feel safer filling out the survey? Is Black & Pink’s prisoner subscribership is disproportionately white? Was the survey inaccessible to People of Color? Should we have provided the survey in additional languages besides English?



Age of respondents in years.

Respondents: 1076

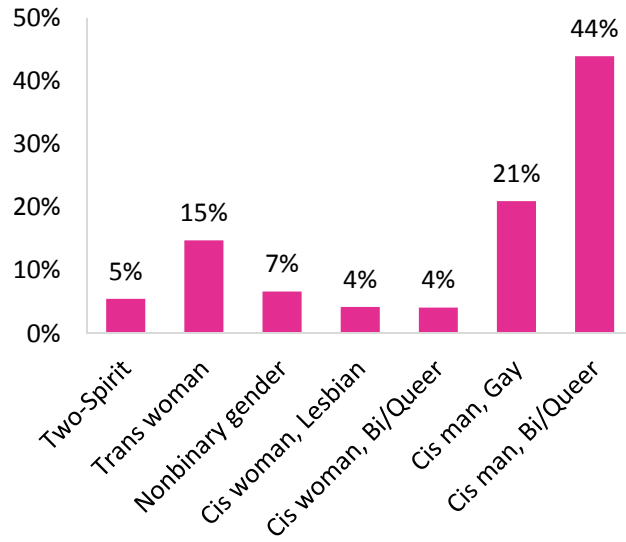


Race / ethnicity of respondents

Respondents: 1093

GENDER/SEX AND SEXUALITY

As with race, we provided multiple options to choose from for gender/sex identification (please see Appendix for complete list). Given that the far majority of prisoners in the country are cisgender men, it is unsurprising that the majority of respondents identified as cisgender men. The next largest grouping was transgender women followed by cisgender women. As the Bureau of Justice Statistics does not offer multiple options for prisoners to choose from regarding gender/sex identification in their yearly census, it is difficult to compare their data with ours. Nevertheless, according to Bureau of Justice 2014 data, 93% of people doing sentenced time in adult facilities were held in male facilities and 7% were held in female facilities.

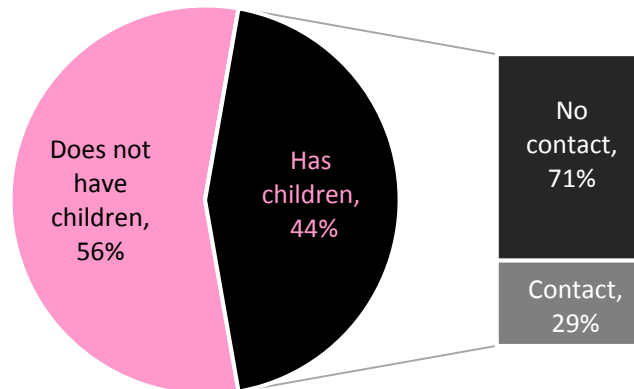


Gender / sexuality of respondents
Respondents: 950

We also provided multiple options to choose from for the category of sexuality (please see Appendix for complete list). While we found it important to offer multiple options, we have nevertheless also grouped several identities together for reporting purposes. For example, we combined gay, same-gender loving, and homosexual respondents into one identity group. We will discuss some of the complexities of prisoner sexuality and identity later in the report.¹

CHILDREN

According to a report from Pew Charitable Trust, 2.7 million children have a parent in prison.² Over half of prisoners in the US are parents of a child under the age of 18. Forty four percent of our survey respondents reported having children, although only 29% of those report having any kind of contact with their children such as phone calls or visits.

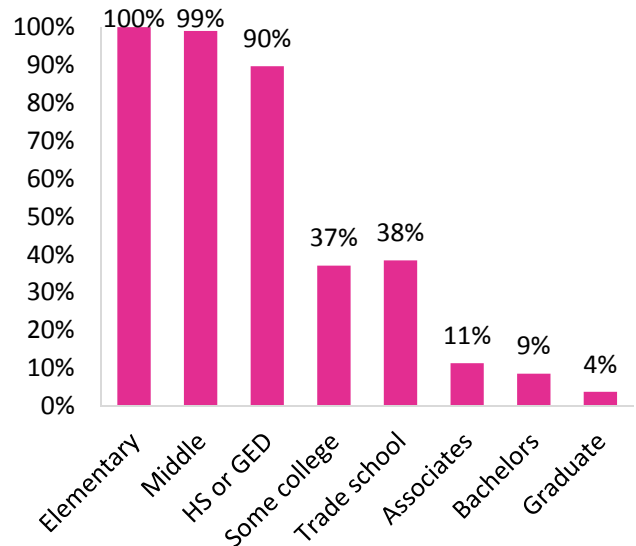


Respondents with children and whether they have contact (phone calls or visits) with them
Respondents: 1061 & 472, respectively

SCHOOLING

Surprisingly, nearly 90% of respondents had completed high school or earned a GED. Those who earned their GED primarily did so while incarcerated. Similarly, the majority of those who attended a vocational or trade school program did so while incarcerated.

While the high percentage of respondents who completed high school or earned a GED is heartening, closer examination shows that only 29% of respondents completed high school outside of prison. This means that 71% of respondents dropped out of school, were expelled from school, or never attended in the first place. A similar reality is highlighted in research on the disproportionate amounts of school discipline and dropout rates affecting LGBTQ youth, particularly youth of color.³ It is often when LGBTQ young people are pushed out of school that they become involved with the criminal legal system. This systematic practice is called the school-to-prison pipeline.



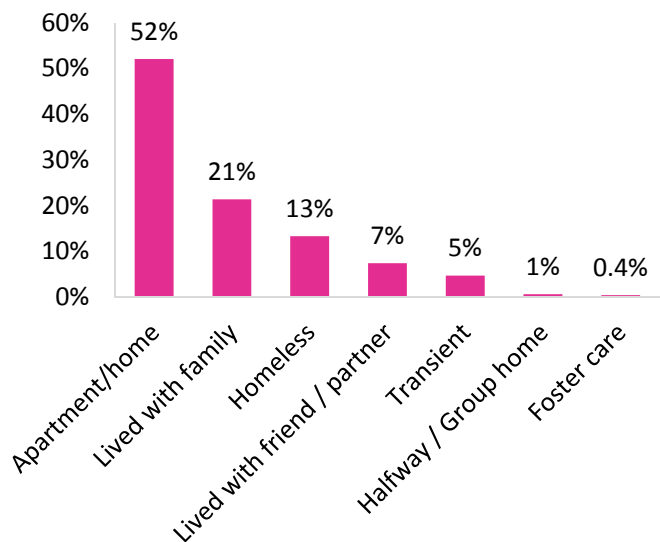
Level of schooling of respondents

Percentage is based on respondents who attended any level of schooling.

Respondents: 1084

HOUSING

According to a 2008 survey of federal and state prisoners, 9% reported being homeless in the year prior to their arrest.⁴ It is now commonly understood that LGBTQ youth are much more likely to experience homelessness than their heterosexual and cisgender peers. However, it is also true that LGBTQ adults are disproportionately homeless.⁵ Nearly a fifth of respondents reported being homeless or transient prior to their incarceration, while 29% lived with family or a friend and only 52% were living in a home of their own.



Respondents Housing situation before incarceration

Respondents: 916

MILITARY SERVICE

Despite the history of military exclusion of LGBTQ people, 11% of respondents reported having served in the armed forces.

EMPLOYMENT AND CRIMINALIZED ECONOMIES

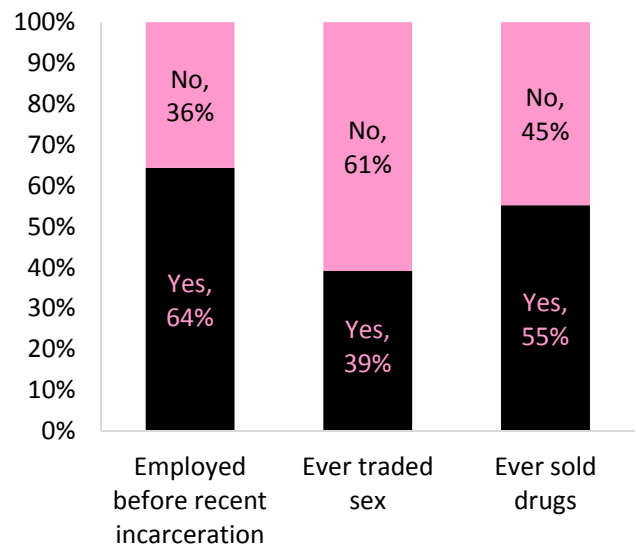
In our survey, over a third of respondents reported being unemployed prior to their incarceration; nearly 7 times the national unemployment rate in 2014. Joblessness and poverty are an often ignored aspect of LGBTQ people's lives. A recent study found that lesbian, gay, and bisexual adults are unemployed at a rate 40 percent higher than the overall average.⁶ The numbers get even worse for transgender workers: "The National Transgender Discrimination Survey' from the National Center for Transgender Equality and the National Gay and Lesbian Task Force found that transgender adults report unemployment rates double the rates of the non-transgender population, with transgender workers of color reporting nearly four times the national average."⁷

When LGBTQ people are unable to access jobs and housing through legal means, criminalized economies become essential for survival. The criminalized economies we asked about related to trading sex for money and selling drugs.

The 2011 National Transgender Survey reported that 11% of respondents had engaged in the sex trades.⁸ According to a 2015 Urban Institute report, written in collaboration with Streetwise and Safe, LGBTQ youth who engaged in the sex trades in NYC did so in order to meet basic needs such as food and clothing.⁸ Selling drugs is also a much used means of

survival. While there is little knowledge about how many LGBTQ people sell drugs, the Center for American Progress has reported that LGBTQ people are 2 to 3 times more likely to use criminalized drugs than the general population.⁹ Further, 8% of respondents to the National Transgender Survey reported selling drugs.¹⁰

For our survey respondents, 39% reported that they traded sex for survival and over half sold drugs for money. Far too often, however, those engaged in the sex trade are left out of well-resourced LGBTQ movement efforts. Moreover, these organizations have not made resistance to the War on Drugs a priority. Given the data we have collected, it is clear that the criminalization of sex trades and the War on Drugs significantly impacts LGBTQ people and thus it is essential that those working on LGBTQ prisoner justice struggles do more to center these issues and concerns.



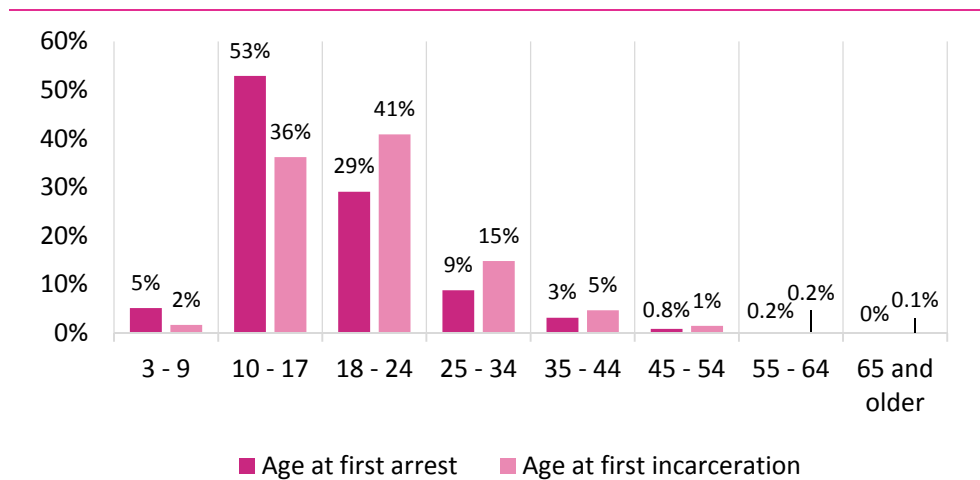
Employment and participation in criminalized economies before incarceration

Respondents: 1070, 1083, & 1097, respectively

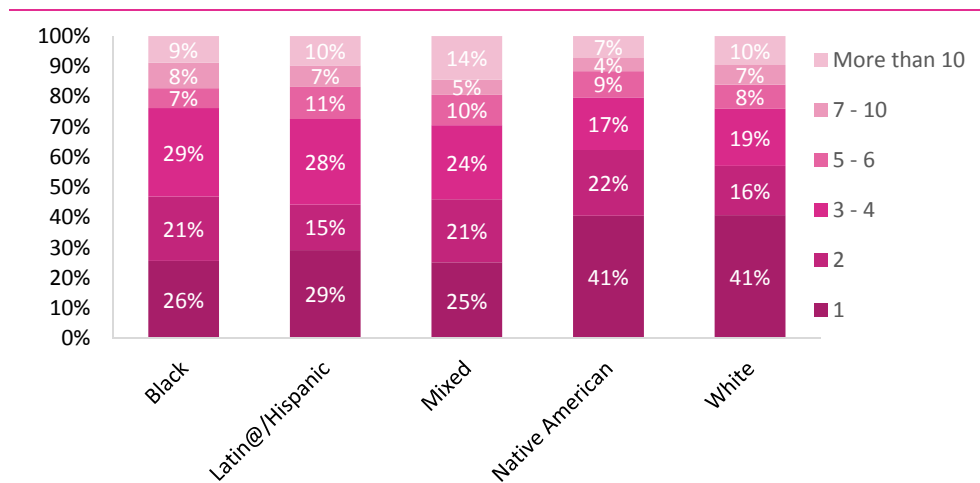
When looking at the impact of the War on Drugs, it is of vital importance to utilize a racial justice lens. In particular, Black respondents were nearly 20% more likely to have participated in the drug trade than white respondents (67% and 48% respectively). This over-representation of Black respondents (who are all writing from prison) in the drug trade highlights the racism of the War on Drugs, which leads to outrageous incarceration rates of Black people even as white people are *more* likely to sell drugs.¹¹

ARREST AND INCARCERATION

The age of first arrest and incarceration varied widely for survey respondents. The youngest arrests happened to respondents at 6 years of age; the oldest age of first arrest was 62. Black and Latin@/Hispanic respondents were most likely to have their first arrest occur when they were under the age of 18.



Reported age at first arrest and first incarceration
 Respondents: 1093 & 1091, respectively



Number of times incarcerated by race / ethnicity
 Respondents: 1070

According to a 2012 Center for American Progress report, “Though gay and transgender youth represent just 5 percent to 7 percent of the nation’s overall youth population, they compose 13 percent to 15 percent of those currently in the juvenile justice system.”¹² While this survey did not reach youth in the juvenile “justice” system, clearly many of the people now incarcerated in adult facilities and responding to our survey were children when they were first locked up. Thirty seven percent of respondents’ first incarceration occurred when they were under the age of 18.

For two thirds of respondents, this current sentence is not their first incarceration. Amounts of time spent incarcerated varied, though Black, Latin@/Hispanic, and mixed-race respondents were more likely to have had multiple incarcerations than their white and Native American/American Indian counterparts.

Multiple incarcerations are not surprising, as the national recidivism rate is 76.6% within five years of release from prison.¹³ In plain terms, nationally, more than three-quarters of all formerly incarcerated people return to prison.

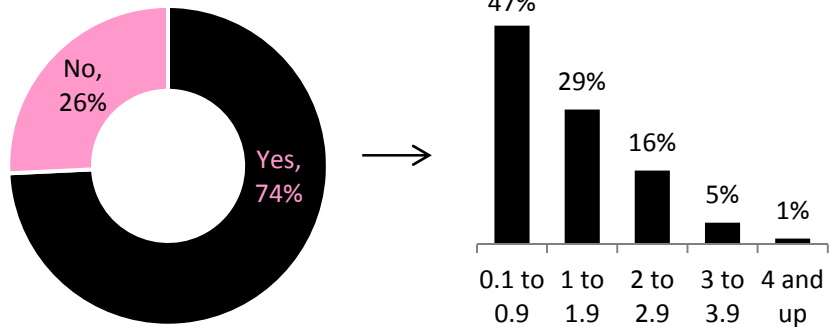
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PRETRIAL DETENTION, COURTS, BAIL, SENTENCING, AND PAROLE

PRETRIAL DETENTION

According to the Justice Policy Institute (JPI), 60% of the US jail population has not been convicted of anything, but instead is currently awaiting trial. JPI also report that, in 2011, it cost county systems \$9 billion to keep all these people in jail awaiting their court dates.¹ While essentially all of our survey respondents were serving a sentence at the time of the survey, 74% were being held in jail pretrial because they could not afford bail they were assessed by the judge. Of those who were incarcerated pretrial, more than half were held for a year or longer.



Respondents held in jail pretrial because could not afford bail (yes/no), and length of time spent in jail prior to sentencing (years)
Respondents: 1099 & 401, respectively

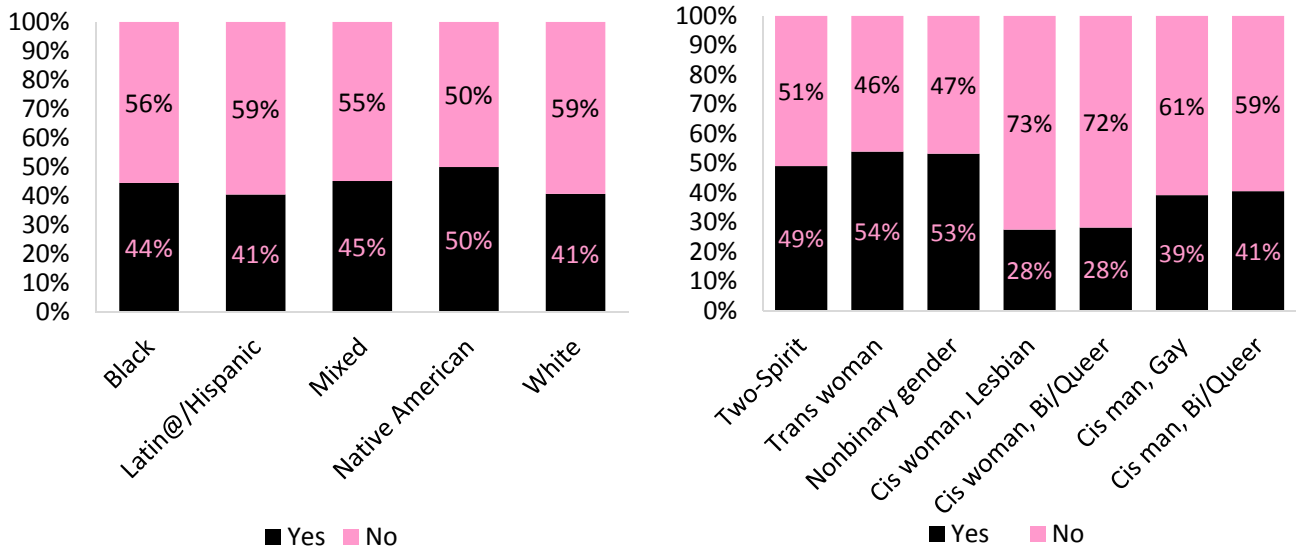
EXPERIENCES WITH DEFENSE ATTORNEYS

According to the advocacy organization *Gideon's Promise*, 80% of defendants across the country rely on court appointed attorneys.² Unfortunately, due to under-resourced public defender programs, indigent defendants plead guilty 90% of the time.³

These national numbers are similarly represented by our survey respondents. Unfortunately, their challenges in court did not end at whether or not they had a private or court appointed attorney. Many respondents also experienced discrimination in the courtroom, including from their own attorney. These experiences of discrimination are increased for transgender women, nonbinary gender, and Two-Spirit defendants as well as for defendants of color.



Paper Art by Alvin E., incarcerated member



Respondents reported feeling defense attorney discrimination by race / ethnicity
Respondents: 1043

Respondents reported feeling defense attorney discrimination by gender / sexuality
Respondents: 947

SENTENCING

The average sentence imposed in state courts in 2006 was 4 years and 11 months; life sentences made up less than one-half of one percent (.03%) of those sentenced.⁴ According to a report by the Sentencing Project in 2012, 11% of prisoners were serving life sentences, and of those serving life, 35% had no possibility of parole.⁵ Respondents to this survey are serving life sentences at twice the rate of members of the general prison population. The average prison sentence for respondents was 17 years, excluding those serving life and capital sentences.



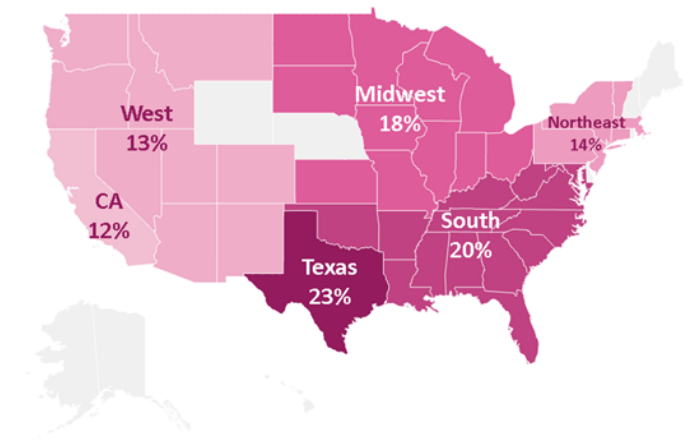
Length of current sentence (years)
Respondents: 1080

Due to the possibility of accruing good time and getting paroled, most prisoners do not serve their entire prison sentence. According to research by Pew, prisoners

released in 2009 served an average of 2.9 years in custody.⁶ At the time of this survey, however, the average time respondents had spent in prison was 10 years.

FACILITIES

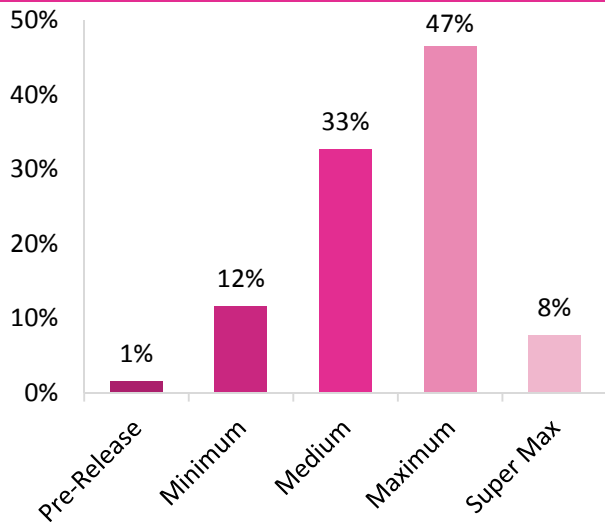
At the end of 2014, the Federal Bureau of Prisons held 13% of sentenced prisoners while state prisons held 87%. Texas, California, and Florida are the nation’s leaders in number of state prisoners, accounting for 10.6%, 8.6%, and 6.5% of the prison population respectively.⁷ As is evidenced in the map to the right, survey respondents are disproportionately from Texas and California. Due to Florida limiting access to the Black & Pink newspaper, there was a lower response rate from Florida (4.5%).



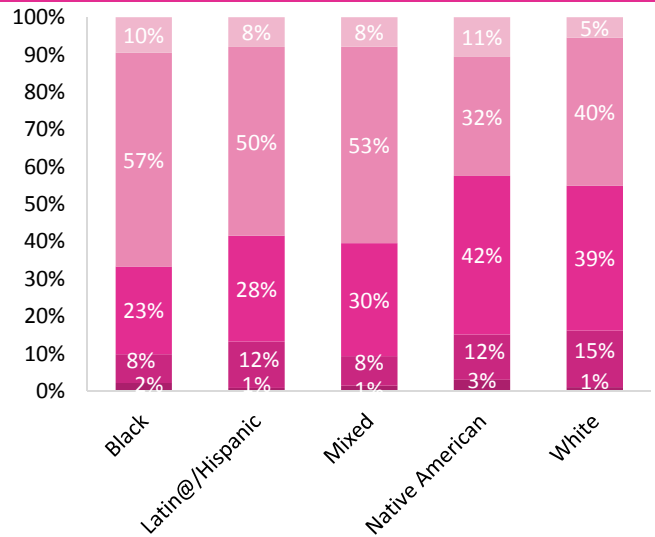
Location of survey respondents
Respondents: 1084

The last national survey of prison security levels was done in 2005. At that time, the Bureau of Justice Statistics only used three categories for classification of prisons: minimum security (53% of prisons), medium security (26% of prisons), and maximum security (20% of prisons).⁸ As detailed in the graph below, our survey respondents were much more likely to be held in higher security facilities, despite the fact that these make up the smallest percentage of available prison facilities.

There is significant racial disparity in housing security levels. In particular, white respondents were more likely to be held in lower security facilities. This is especially clear in Super Max facilities, where our white respondents make up less than 10% of the prison population.



Security level of facility
Respondents: 1077



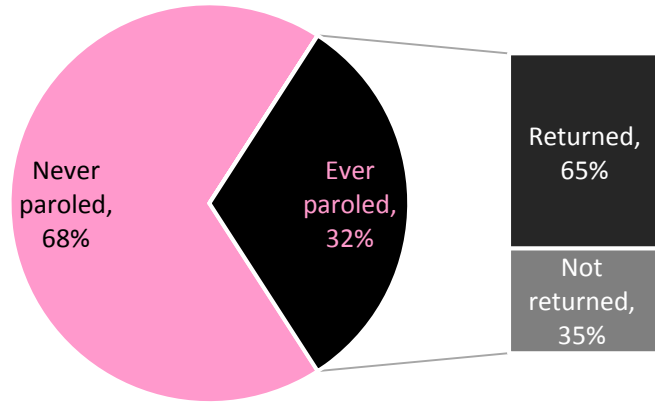
Security level of facility by race / ethnicity
Respondents: 1065

In 2005, only about 1.5% of the US prison population was housed in supermax prisons,⁹ which have come under intense scrutiny for being inhumane. Writing specifically about the Federal Supermax Prison in Florence, Colorado, Amnesty International asserts, “The US government’s callous and dehumanising practice of holding prisoners in prolonged solitary confinement in the country’s only federal super-maximum security prison amounts to cruel, inhuman or degrading treatment or punishment and is in violation of international law.”¹⁰ As of 2014, nearly every state has its own supermax prison. The fact that 8% of our respondents are held in supermax prisons is cause for immediate action.

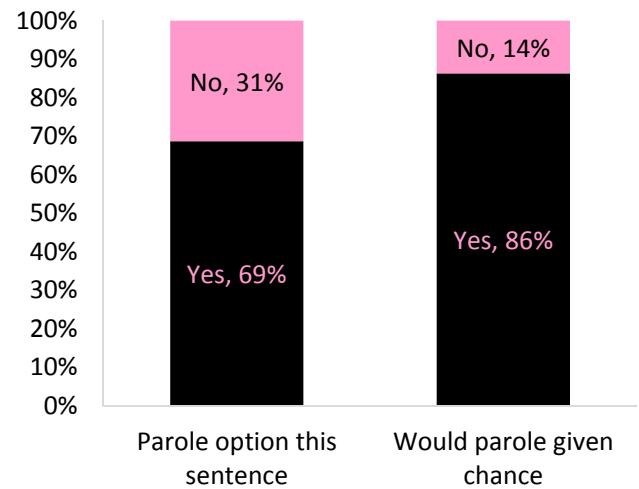
PAROLE

Federal prisoners are not entitled to parole, as long as they were sentenced after passage of the Sentencing Reform Act of 1984. At the state level, the structure of parole systems and parole eligibility varies. Sixty nine percent of respondents reported that they have the option for parole and, if granted parole, 86% would take the opportunity. Nearly a third of respondents have been granted parole on a previous sentence, although of those who have been granted parole, 65% have been returned to prison for a parole violation.

Forty two percent of respondents have been denied parole when going before the Parole Board in their state. Similarly, 41% of respondents have felt discriminated against by the parole board. Two-Spirit and nonbinary gender respondents were more likely to have felt discriminated against (57.5% and 50% respectively). One respondent wrote, “They are extremely bias and against what they say they’re about. If you go before them with marked improvements they’ll focus solely on the negative and what you ain’t do.” Another respondent wrote, “Here in Texas, they discriminate against Blacks. This is the South, we are job security only slaves for profit, they don’t pay us jack. That’s why they have many prisons.” One respondent wrote about being treated unfairly by the Parole Board, “I was a child [when I got locked up], I’m not the same person. I’m a mature 31-year-old woman.”



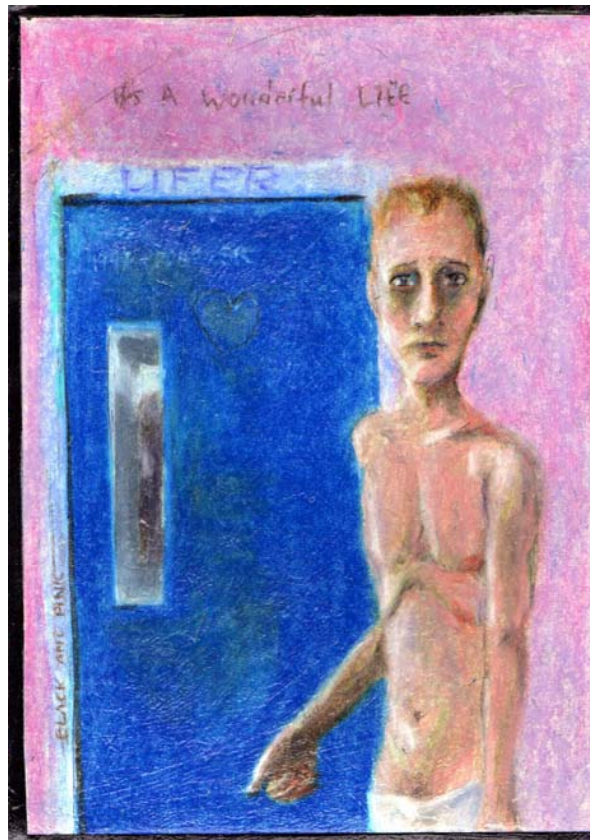
Respondents granted parole and whether they returned to prison for a parole violation
Respondents: 1014 & 312, respectively



Whether respondents have the opportunity for parole and given the opportunity, would they take parole
Respondents: 1083 & 995, respectively

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Art by Tony B., incarcerated member

SEXUALITY, GENDER IDENTITY, AND SEXUAL ACTIVITY

SEXUALITY

Sexual identity in prison is a highly contested topic. The term “gay for the stay” is a common phrase used in both in prison and dominant culture references to prison sexuality. As an organization, Black & Pink explicitly focuses on individuals who identify as LGBTQ. Many people in prison (and outside of prison) engage in sex acts that would be considered queer, and while we asked respondents about sex they engage in, we also asked about their experiences of LGBTQ identity. The majority of our respondents (65%) identified as LGBTQ before they were incarcerated; over a third did not. Given that the majority of respondents’ first arrest occurred when they were under the age of 18 and many have spent decades in prison already, it is not surprising that several respondents would be discovering their sexuality in prison. This is not to suggest that incarceration somehow creates (or does not create) queer sexual identity. Rather, it is to say that, just as people outside of prison develop their sexual identities over time, so too do people inside of prison.



Art by anonymous incarcerated member

Just as is true for people outside of prison, identifying with a non-heterosexual sexual identity can be emotionally draining for people inside of prison. Seventy percent of respondents experienced emotional pain from hiding their sexuality. Even though many have tried to hide their sexuality, the vast majority of respondents claimed that other prisoners (85%) and prison staff (67%) knew about their sexuality. Whether respondents had chosen to “come out” about their sexual identity or if they were being read as queer or trans in some way is unclear. What is clear, however, is that there are significant consequences to prisoners and prison staff knowing (or thinking they know) a prisoner’s sexual identity.

One respondent wrote about the impact this knowledge had on his ability to get a prison job:

My only problem as of late they discriminate and deny me job assignments simply cause I'm gay. This person is really unprofessional and outright disrespectful. It's common for an officer and inmates and other officers to call a gay inmate a faggot in front of other inmates and other officers while they laugh and make jokes. But my problem is that this administration systematically discriminates against me, by denying me job assignments simply cause they know that I am a gay inmate. In fact I was hired in the kitchen, then suddenly fired when they recognized I was gay. It is an unwritten policy and practice to discriminate and deny gay inmates job assignments.

Losing access to jobs is not the only threat faced by prisoners who are (or are perceived to be) LGBTQ. Respondents also experienced harassment and physical violence by prison staff and other prisoners who (believed they) knew

their sexual identity. Many respondents were intentionally sought out for sexual encounters for this reason and, if they chose not to consent, were sexually assaulted.

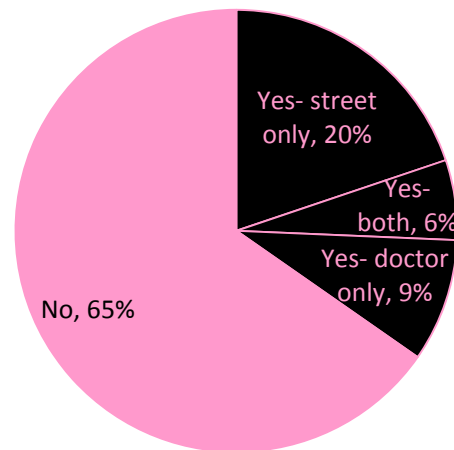
Some positive stories were also shared regarding disclosure of sexuality and gender identity. While many prisoners experience harassment or violence from other prisoners around perceived knowledge of non-normative gender or sexuality, there were also those who reported being treated respectfully, engaging in healthy friendships, and even feeling authentic support of their identity. One respondent wrote, “We embrace each other cause they’re gay also.” Sometimes being known can create a community of support in an environment that thrives on division. One respondent even suggested that being out in prison was easier than being open about her sexuality outside of prison, “cause there’s so many other lesbians and bisexuals in one place.”

GENDER IDENTITY

The negative experiences of transgender, nonbinary gender, and Two-Spirit respondents with regard to disclosure of gender identity were similar to LGB respondents regarding disclosure of sexuality, though often more severe. Seventy eight percent of transgender, nonbinary gender, and Two-Spirit respondents experienced emotional pain from hiding their gender identity. Eighty five percent reported that other prisoners knew about their gender identity. One respondent wrote that other prisoners who knew about her gender identity were “cruel and vicious, humiliating me regarding my hormones, bras, breast development, etc.”

Physical violence and verbal harassment are far from the only struggles transgender, nonbinary gender, and Two-Spirit respondents have to navigate. A diagnosis of Gender Identity Disorder or Gender Dysphoria (GID/GD) is a prerequisite for accessing many life-affirming treatments and services. Of transgender, nonbinary gender, and Two-Spirit survey respondents, only 43% had been granted this diagnosis, and 31% reported being denied a diagnosis during their incarceration.

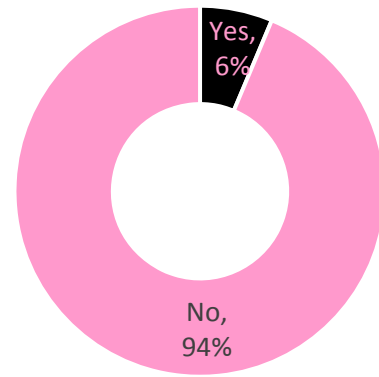
Barriers to gender affirming care are not limited to respondents’ time in prison. In the free world, accessing some basic needs (such as therapists who will provide a GID/GD diagnosis, or doctors who can prescribe hormone replacement therapy) can be incredibly difficult. While more than a third of transgender, nonbinary gender, and Two-Spirit respondents took hormones prior to their incarceration, the majority of those who did so took street-based hormones that were not prescribed by a doctor. Simply taking care of one’s medical needs in a transphobic/transmisogynistic society, it seems, is a criminal act.



Use of hormone replacement therapy to support respondent’s gender expression before incarceration
 Respondents: 222

Currently, 23% of transgender, nonbinary gender, and Two-Spirit respondents are taking hormones while incarcerated, while an overwhelming 44% report being denied access to hormones they requested. The refusal of gender affirming medical care is not limited to hormone replacement therapies; 40% of respondents also report being denied access to gender confirming surgeries they sought.

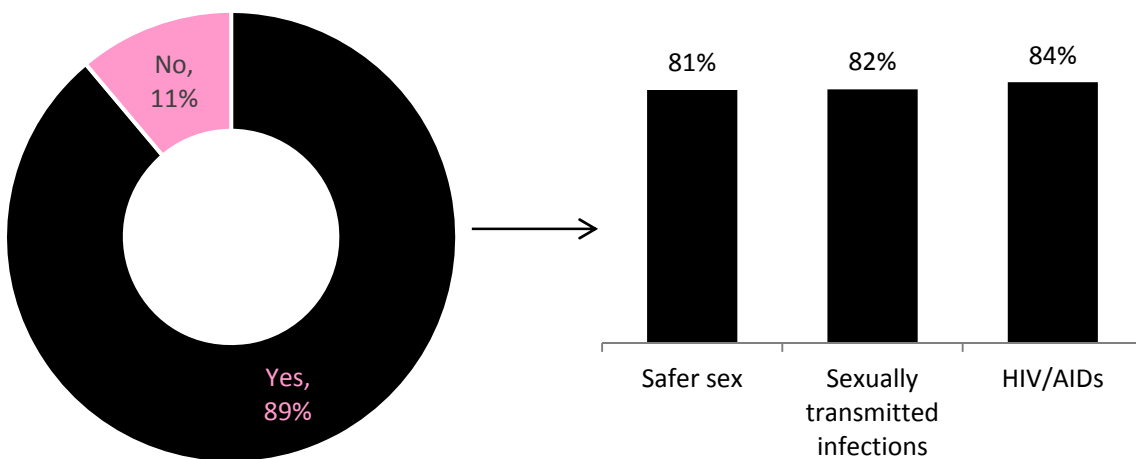
Using clothes, makeup, or accessories to present oneself in a way that affirms one’s gender identity can be unsafe in the free world. In prison, where so many basic freedoms have been taken away, it can be nearly impossible. Only 21% of respondents are allowed access to underwear and cosmetics that match their gender. A very small percentage of respondents have access to a canteen for transgender prisoners, and even if such a canteen does exist within a specific prison, it may or not be available to transgender, nonbinary gender, or Two-Spirit prisoners who lack a GID/GD diagnosis.



Availability of special canteen for transgender prisoners
Respondents: 221

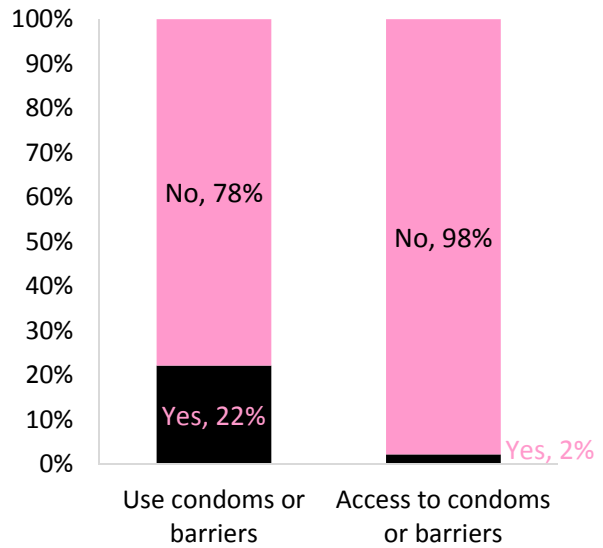
SEXUAL ACTIVITY

The vast majority (67%) of respondents are sexually active in prison, but their prison does not equip them with the tools and resources to keep themselves and their partners safe from preventable, sexually transmitted infections (STIs). While prisons fail to provide access to condoms to all but 2% of respondents, over one fifth of respondents have used a condom or other barrier for the purpose of preventing STI transmission. This discrepancy between what the prison provides and what prisoners have managed to access, highlights prisoner resilience and intentionality in taking care of themselves and their sexual partners. Additionally, the overwhelming majority of respondents discussed safer sex, STIs, and HIV/AIDS with their sexual partners.

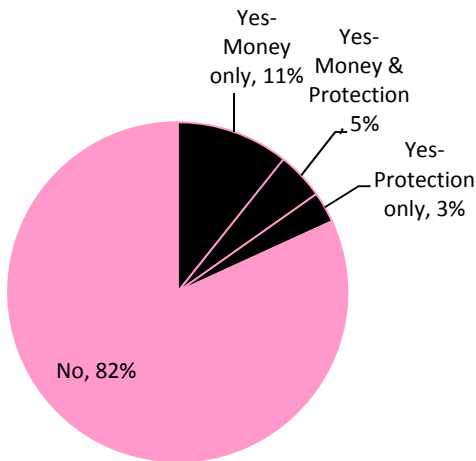


Whether respondents had conversations while in prison with their sexual partners and, if yes, topics(s) discussed
Respondents: 719 & 639, respectively

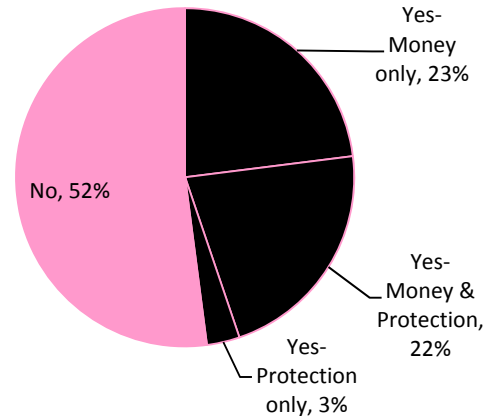
Just as is the case outside of prisons, not all sex happening within prisons (inside) is for pleasure alone. Over a quarter of respondents have traded sex with other prisoners for money or canteen/commissary during their incarceration, and 14% have traded sex with other prisoners for personal protection (what is often called “protective pairing”). Respondents who traded sex outside of prison were much more likely to trade sex inside of prison, although it is significant that many respondents who did not trade sex outside of prison did trade sex while incarcerated. The means and mechanisms for survival in prison are even more limited than those available to LGBTQ people on the outside, and trading sex is one way LGBTQ prisoners can access the things they need.



Use and access to condoms or barriers in prison
 Respondents: 1006 & 1073, respectively



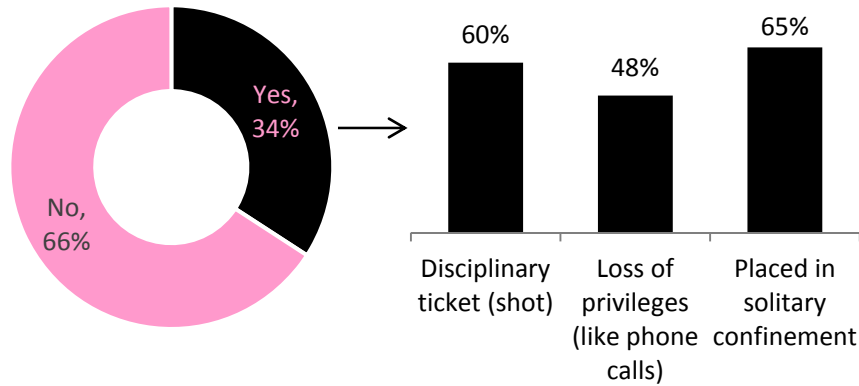
Trading sex inside for money and/or protection, Did not trade sex before incarceration
 Respondents: 644



Trading sex inside for money and/or protection, Did trade sex before incarceration
 Respondents: 413

While it is commonly known by prisoners, prison staff, and the general public that prisoners are engaging in consensual sexual activity, virtually all prison administrations have established rules forbidding sex between prisoners. PREA has intentionally left decision-making regarding the regulation of consensual sex between prisoners to local prisons, rather than insisting on a universal mandate. Many prison administrators have in fact utilized PREA as an opportunity to expand their rules governing sexual activity, some even going so far as to

make hand-holding a disciplinary offense. Over a third of respondents have been disciplined for engaging in consensual sex, and of those, nearly two-thirds have been placed in solitary confinement as their punishment.



Whether respondents reported disciplinary action for engaging in consensual sex and, if yes, punishment(s) received

Respondents: 758 & 259 respectively

The above findings illustrate that issues around sexuality, gender identity, and sexual activity within prisons are complex, with significant cause for concern occurring simultaneously alongside resilience and resourcefulness. As discussed in the recommendations section, there are many policy changes that can be made to immediately reduce the risk and violence faced by LGBTQ prisoners, and advocates must work to remove the barriers prison officials put in place that prevent LGBTQ prisoners from navigating their incarceration as sexual and gendered beings.



Card by Jay M., incarcerated member

SOLITARY CONFINEMENT

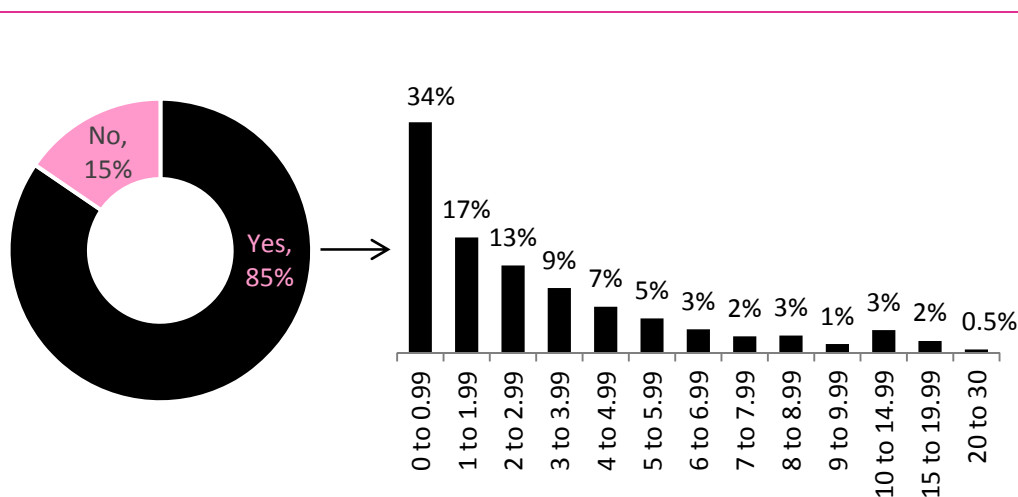
Solitary confinement is a violent tool that can cause great harm, even to people who are subjected to only a couple of days of it. Our respondents have spent years of their lives locked away in isolation. The United Nations Committee Against Torture has been very explicit on the detrimental effects of long term solitary confinement:

According to the Inter-American Court of Human Rights, “prolonged isolation and coercive solitary confinement are, in themselves, cruel and inhuman treatments, damaging to the person’s psychic and moral integrity and the right to respect of the dignity inherent to the human person.” Because of its potentially deleterious effect on prisoners’ mental and physical health, the Committee Against Torture, the official body established pursuant to the Convention Against Torture (a treaty ratified by the United States and part of United States law), has recommended that the practice be abolished altogether.¹

As is noted in the recommendations, the practice of solitary confinement must stop immediately and long term healing efforts must be provided to all those who have been forced to deal with the trauma of solitary.

Based on the information given, all respondents taken together spent a total of 5,110 years in solitary confinement.

An overwhelming majority of respondents have been held in solitary confinement at some point during their incarceration. At the time of the survey, 248 respondents were writing out their answers from solitary cells. Based on the information given, all respondents taken together spent *a total of 5,110 years* in solitary confinement. Half of respondents have spent two years or longer there.



Reports of ever being in solitary confinement and, if yes, total amount of time ever spent in solitary confinement (years)

Respondents: 1099 & 874, respectively

It is not uncommon for prison staff to assert that they are placing prisoners into solitary confinement as a means of increasing safety. Indeed, because prison administrators often consider solitary confinement a protective measure, they do not use the term solitary confinement, but rather euphemisms such as “protective custody.”

Thus, despite the Prison Rape Elimination Act’s clear statement that isolation should only be used in circumstances when there is no other possible alternative to prevent abuse, it is nevertheless a routine practice used on LGBTQ prisoners. Fifty percent of those who have experienced solitary confinement were put there for

their own protection but against their will. Thirty eight percent of respondents report being housed in solitary confinement for their own protection and at their request. While it may be difficult to imagine a person choosing to be housed in “the prison within a prison,” prisoners are often forced to decide between the torture of sensory deprivation and constant violence from other prisoners in the general population. Those who requested solitary confinement faced life threatening positions due either to imminent violence or self-harm. See box for excerpts from survey respondents detailing why they requested solitary confinement.

Excerpts from survey respondents describing why they requested solitary confinement

- ▼ *Because the men was making me sell my body and it was the only safe place for me, the prison system won't help...so I ran to solitary to be safe.*
- ▼ *... due to my gayness. I was totally harassed - daily by inmates and staff alike...*
- ▼ *Sexually abused by staff member...*
- ▼ *I was placed in solitary after being raped... only released after it drove me to a suicide attempt.*
- ▼ *I was raped BADLY and cuz Trans, scared of being hurt cuz of how feminine I am and I was 18 years old. So scared.*
- ▼ *Protection from gang relation inmates, pressuring for sex. Exhaustion and for protection from security due to my sexual lifestyle and openly gay pride.*
- ▼ *People did not like to live with someone who has HIV so I was put into confinement because of this.*
- ▼ *Because I'm trans I was threaten by the white gang members.I was placed involuntarily while a PREA investigation was conducted.*

Roadmap for Change, a 2014 report addressing the criminalization of LGBTQ people and people living with AIDS, details the excessive use of solitary confinement and some of this practice’s impacts on LGBTQ prisoners:

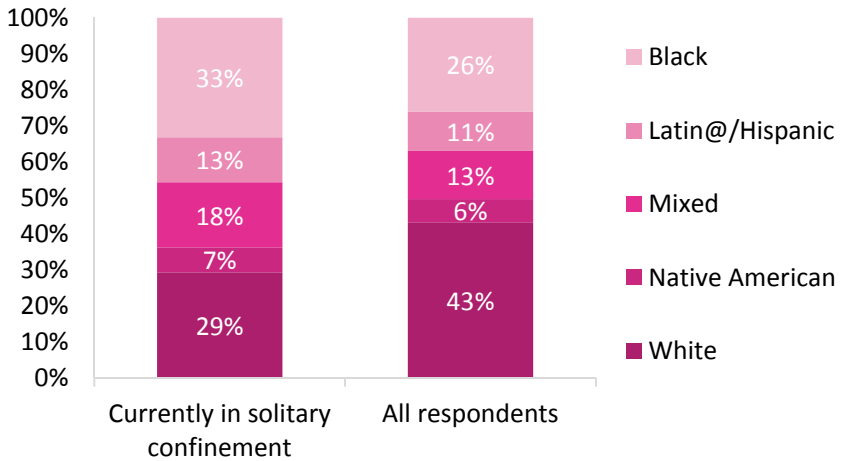
For many LGBT and gender non-conforming people, protective custody remains the default placement for periods of days, months, years, and in some cases, decades. In addition to the conditions themselves amounting to torture, solitary confinement usually restricts a person’s access to education, work, and program opportunities. These opportunities are not only essential for maintaining a person’s mental health, but are usually necessary for achieving good time credit and being paroled. This means that LGBT people, who are likely to serve much of their sentence in isolation, are also more likely to serve the maximum time (or longer) of non-life sentences.²

RACE / ETHNICITY AND SOLITARY CONFINEMENT

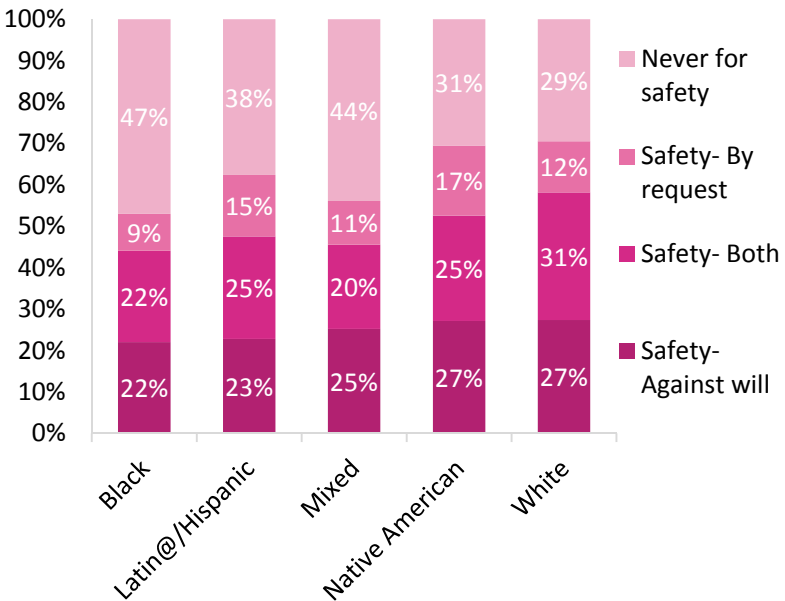
At the moment of the survey, 33% of those currently in solitary self-identify as Black, 28% as Latin@/Hispanic, 24% as mixed-race, 23% as Indigenous/American Indian, and 19% as white. People of color respondents are thus dramatically overrepresented in solitary confinement, given the absolute number of survey respondents in each racial category (see table). Overall, participants of color are more likely to currently be in solitary confinement at the moment the survey was taken. Black, Latin@/Hispanic, mixed-race, and Native American/American Indian respondents are twice as likely to have been in solitary confinement at the time of the survey than white respondents.

As already noted, there are times when prisoners ask to be placed in solitary confinement and other times when prison staff decide to place prisoners in solitary confinement under the guise of protection but against the prisoner’s will. All respondents, regardless of race, are more likely to have been placed in solitary confinement for their own safety against their will. However, white respondents were disproportionately likely to have been in solitary confinement for

“safety” both by their own request and against their will. It seems that, even in prison, white life is more valuable or worthy of protection. However, this racialized and disingenuous claim of “protection” cannot obscure the fact that that solitary confinement violates the human rights of anyone subject to it.



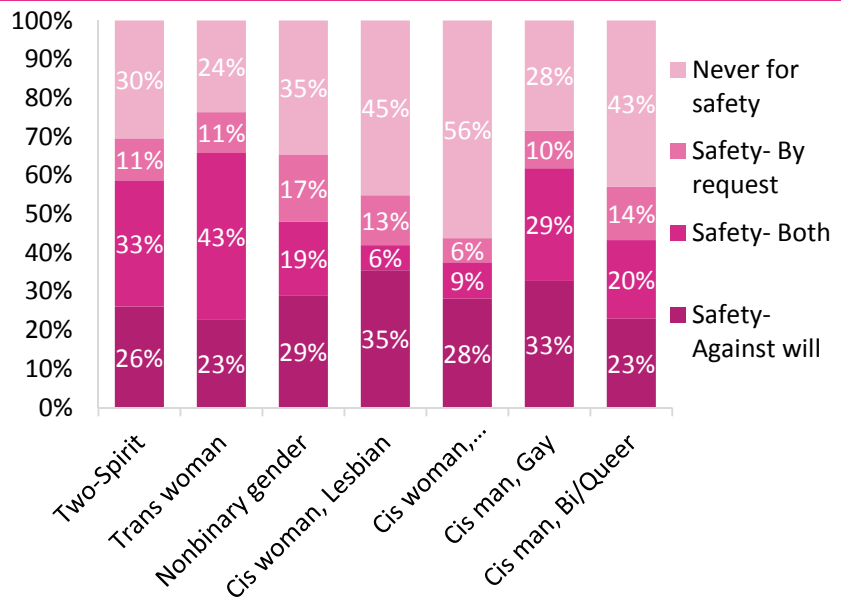
Those currently in solitary confinement compared to all respondents, by race / ethnicity
Respondents: 232 & 1076, respectively



Respondents placed in solitary confinement for safety by their own request and/or for safety against their will, by race / ethnicity
Respondents: 236, 101, 123, 59, & 373, respectively

GENDER / SEX AND SEXUALITY AND SOLITARY CONFINEMENT

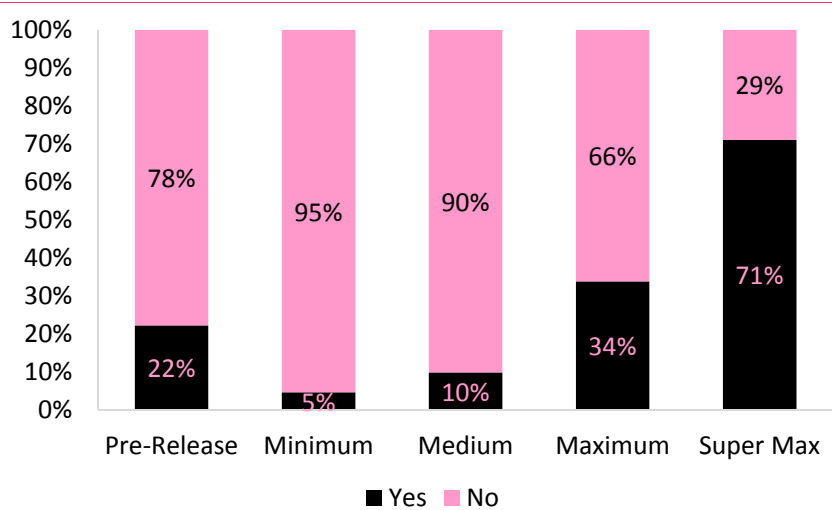
All respondents who experienced solitary confinement, whether by request or involuntarily, were placed in solitary confinement against their will at higher rates than by request. Further, trans women, Two-Spirit people, and cisgender gay men are put into solitary confinement against their will at the highest rates. While prison staff may claim they are placing LGBTQ prisoners in solitary confinement for their own safety, it is often being done so as an attempt to decrease sexual activity amongst prisoners or to control what they see as disruption of the social order of the prison by LGBTQ prisoners.



Respondents placed in solitary confinement for safety by their own request and/or for safety against their will, by gender / sexuality
 Respondents: 46, 114, 52, 31, 32, 165, & 349, respectively

PRISON SECURITY LEVEL AND SOLITARY CONFINEMENT

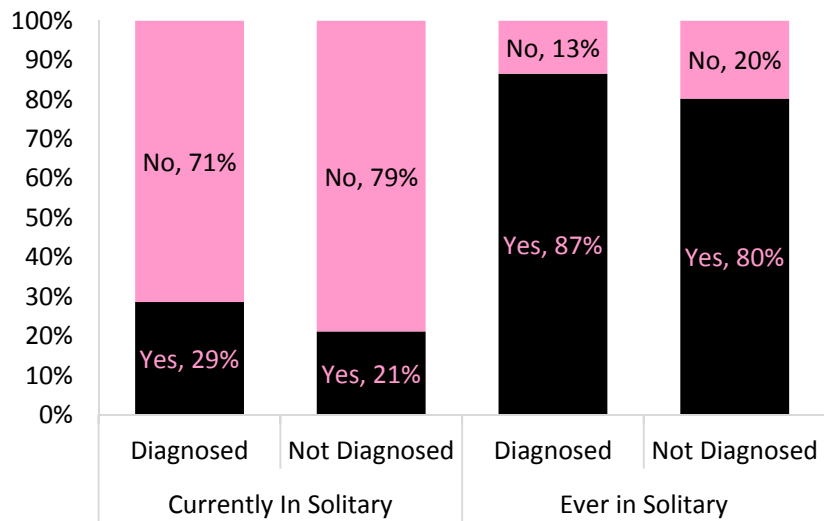
The chart shows that, apart from pre-release prisons, the usage of solitary confinement by prison authorities increases with the security level of the facility. Thus solitary confinement is used most in supermax prisons, which are already an extreme form of confinement by design.



Respondents placed in solitary confinement for safety by their own request and/or for safety against their will, by gender / sexuality
 Respondents: 46, 114, 52, 31, 32, 165, & 349, respectively

SELF-IDENTIFIED MENTAL ILLNESS AND SOLITARY CONFINEMENT

Prisons are not designed to address the needs of people living with mental illness; rather, they often exacerbate it and/or its underlying issues. Prison staff often respond to prisoners suffering from mental illness with excessive discipline and, in many cases, rely on solitary confinement as a means of control of these prisoners. The graph below show that respondents with a mental illness diagnosis were more likely to be in solitary confinement at the time of the survey and are more likely to have ever been in solitary confinement during their incarceration.



Currently in solitary confinement as well as has ever been in solitary by diagnosed with mental illness

Respondents: 614, 283, 723, & 354, respectively



The Cell

*Sitting in this 6 by 9 cell,
no it's not pleasant, but feel like hell.
Looking at life, wondering how I fell.
Thinking back, and wishing only if I made bail.
Sitting in this small cell,
feeling down and out. Don't want to talk,
or to be bothered, smelling myself, damn I smell.
This overwhelming experience is no small tell,
If you take a look in my eyes, I'm not living well.
It feel like these walls are closing in,
My ears hurt, arguing is a common trend.
In the belly of the beast, not looking or seeking a friend,
but when I get out for my life, I will make amend.
But until then, I be sitting in this cell.*

Art and poem by Kevin P., incarcerated member

Endnotes:

1. Lobel, Jules. "Prolonged solitary confinement and the Constitution." *University of Pennsylvania Journal of Constitutional Law* 11.115, 2008: 2009-19.
2. Hanssens, Catherine, et al. "Roadmap for Change: Federal Policy Recommendations for Addressing the Criminalization of LGBT People and People Living with HIV." 2014.

DISCRIMINATION AND VIOLENCE

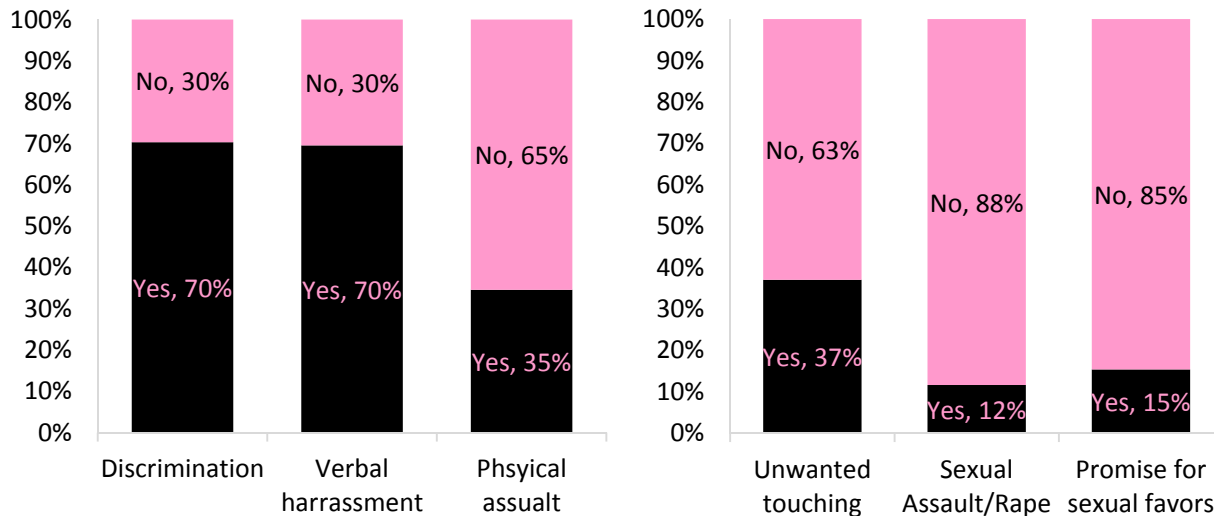
Discrimination, harassment, harm, and violence are the lived realities of LGBTQ prisoners. In the closing paragraph of their chapter on prisons, the authors of *Queer (In)Justice: The Criminalization of LGBT People in the United States* assert that

the violence and punishment visited on LGBT prisoners “are not anomalies,” and they cannot be eradicated through reform. They are deeply embedded in the fabric of the prison system, and perpetuated through queer criminalizing archetypes. Not only have prisons failed to deter crime and produce safety, they are sites where the safety, dignity, and integrity of all prisoners, including LGBT prisoners, are eviscerated.¹

The responses that follow only confirm these observations.

VIOLENCE BY STAFF

The vast majority of respondents experienced discrimination and verbal harassment by prison staff people and more than a third were physically assaulted. Nearly half of Native American/American Indian respondents experienced physical assaults by prison staff.



Whether respondents experienced discrimination and violence by prison staff

Respondents: 1092, 1090, & 1084 respectively

Whether respondents experienced sexual violence by prison staff

Respondents: 1090, 1090, & 1077 respectively

Respondents also reported incidences of sexual assault by a prison staff and experiences of unwanted touching by prison staff. We intentionally left the question about unwanted touching vague given that not all people who experience sexual violence by prison staff consider it an assault and that there is much unwanted touching by prison staff that respondents may want to disclose. Also, not all sexual assaults are aggressively violent, even if

they involve violations of consent or exploit the power inequity inherently at work in the relationship between prison staff and prisoner. So, for example, sometimes prison staff promise things, like cigarettes, food, drugs, or leniency, in exchange for sex.

Of the respondents who experienced sexual assault or unwanted touching by prison staff, 197 provided details. The following are excerpts of their stories. While these may be difficult to read, it is important that they not be hidden:

- ▼ *I was raped by a jail guard in Sedgwick County, KS and am currently in a lawsuit against that county. I feel horrible every time I think about it and wonder what I could ever have done to avoid it. Please do pray for me. Thank you.*
- ▼ *A female CO kept patting me down and stripping me. I asked her why. She said because I can. She would call other staff to strip me and she would watch and then comment on my body parts. I also had a mental health doctor touch me and try to assault me saying "who will they believe, me or you?" And this is still a problem but I am in mental health unit for suicide attempt and can't go anywhere.*
- ▼ *Nearly every time I am pat searched the male officers either cup my breasts or extensively rub my nipples of which is not allowed at female facilities.*
- ▼ *It only happened once but A C/O made A comment on the size of my penis saying It's true what they say About Black people.*
- ▼ *I had a Sergeant touch my legs and groin area when he was patting me down & I was wearing shorts, so he had NO reason to caress my legs from top to bottom. I told him he doesn't need to touch me in this way, he replied I'll touch you in any way I want to. When I spoke to a Lieutenant, he stated I would be placed in segregation if I raised a PREA issue over this.*
- ▼ *I was raped in 2007 by another prisoner, and placed on self-harm observation status because I was feeling suicidal. The guard assigned to observe me entered my cell after turning the security camera off and coerced me to perform oral sex on him. He promised to protect me, and gave me food and tobacco products.*
- ▼ *For a few months in 2006 there was a practice at MCT-Norfolk of pat-searching prisoners leaving the Health Services Unit if they received an injection. After male guards grabbed my breasts, I stopped taking the Lupron injections to avoid this.*
- ▼ *Every prisoner experiences unwanted touching or sexual assault by prison staff whether they want to admit it or not. I don't like being forcefully touched by anyone or stripped search every day! I feel violated by having another individual seeing my naked body and touching me without my consent but there's virtually nothing I can do to prevent it from happening.*

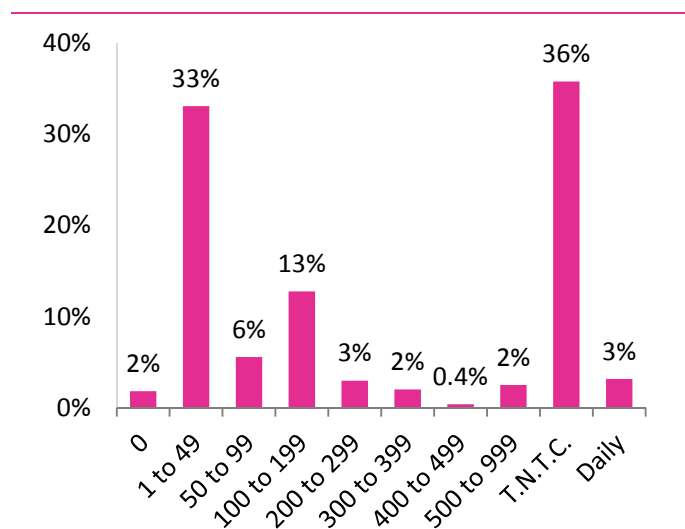
- ▼ *When these officers knows you are LGBTQ, they purposely began to harrass us. They'll subject us to a strip-search & make us bend over & open our butts until they can see our anus or they'll pat search us and they'll either rub their filthy hands on our butts, nuts, or jack our pants in the crack of our butts.*

- ▼ *in 2003 at USOW they showed a video on the new pat searching clothed searches by male officers. They used the outside of their palms to run down between our breasts and also in an upward motion moving up our thighs and pressing into our vaginas.*

Not only are these sexually violent experiences, but they make clear the ways that sexual violence is informed by and functions as a tool of racism, sexism, and transmisogyny. In addition to the harm of the assault itself, sexual violence also results in prisoners not getting the health care they need, being afraid to go to programs, and can lead to self-harm or suicidal feelings.

STRIP SEARCHES

Advocates, policy makers, and politicians alike have advocated that sexual violence by prison staff, and prisoners, is an egregious and preventable aspect of incarceration. Political will and coalition-based organizing led to the passage of the Prison Rape Elimination Act in 2003. Much attention has been paid to PREA and the mandates that have followed its passage. This attention has caused advocates to respond to some of the specific types of sexual violence that happens in prisons across the country. However, rather than classify the act of strip-searching a prisoner as a form of sexual harm, PREA offers appropriate ways to strip search prisoners. Some of these regulations, such as the practice of transgender women prisoners being entitled to strip searches by female prison staff, have been celebrated by advocacy organizations. However, the systemic practice of strip searching prisoners has become presumed as an inevitable aspect of incarceration. Jesse Lee Jackson reflects on this reality in an article dealing with the effects of PREA:



Approximate number of times strip searched during incarceration

T.N.T.C. = too numerous to count

Respondents: 1043 T.N.T.C. = too numerous to count

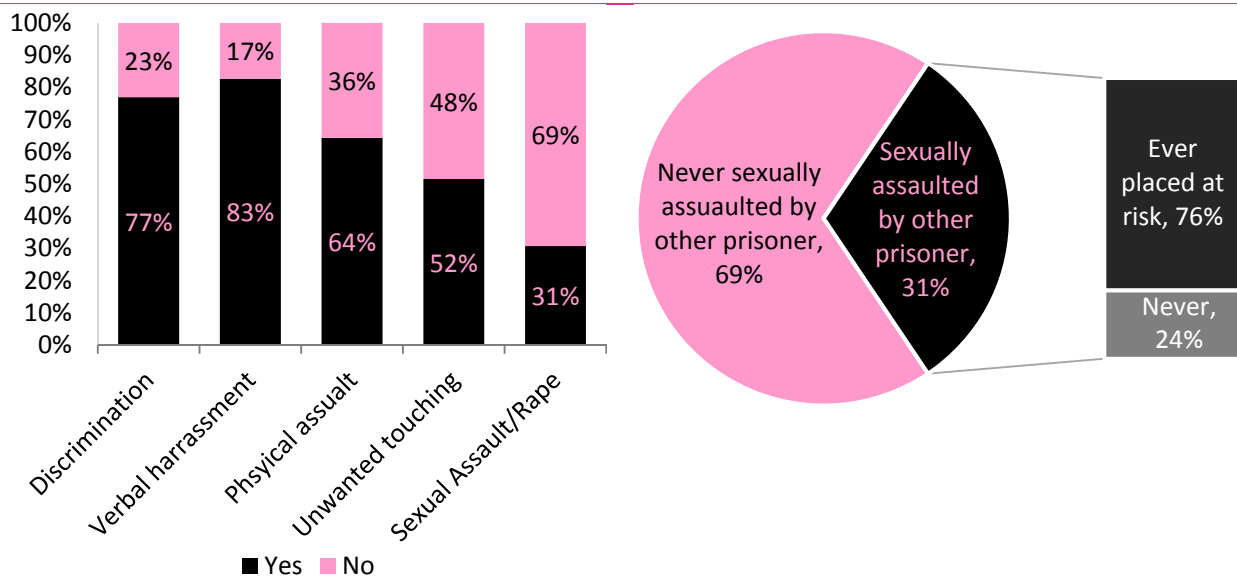
In the [National Prison Rape Elimination Commission] report, practices that could be considered institutional sexual abuse, such as body cavity searches and pat-downs, are affirmed as necessary for security. The conflict between monitoring practices and opposition to sexual violence is most clear in this instance: security procedures demand what would in other contexts be considered sexual abuse. But because it happens in the context of state monitoring, it is disclaimed as sexual violence.²

While not all individuals who are strip searched experience trauma from the event, the constant invasion of a prisoner’s body can be devastating. Strip searches are rarely a one-time event. Respondents ranged in their answers to how many times they have been strip searched from 1 to 50, 250, 500, “millions”, “every day in 12 years”, “too many to count”. One person even questioned, “who the heck keeps track of all that?” The truth about prisons is that they are inherently sexually violent places and 100% of prisoners have experienced sexual violence by prison staff.

VIOLENCE BY OTHER PRISONERS

Prison staff are not the only ones who are violent and discriminatory towards LGBTQ prisoners. Other prisoners also commit verbal harassment, physical attacks, and sexual violence. In fact, prisoners are responsible for more physical violence and verbal harassment than prison staff. However, prison staff are responsible for the culture that allows prisoners to harm one another.

The responsibility of prison staff for violence between prisoners is evidenced by survey responses. Prisoners are more than three times more likely to sexually assault LGBTQ prisoners than prison staff. However, of those who report ever having been sexually assaulted by a prisoner, 76% report that prison staff had intentionally placed them in situations where they would be at high risk of being sexually assaulted by another prisoner. Certainly prisoners are responsible for sexually assaulting another prisoner, but prison staff must also be held accountable for creating the environment for that possibility.



Whether respondents experienced discrimination, physical or sexual violence by other prisoners
Respondents: 1092, 1095, 1090, 1089, 1081

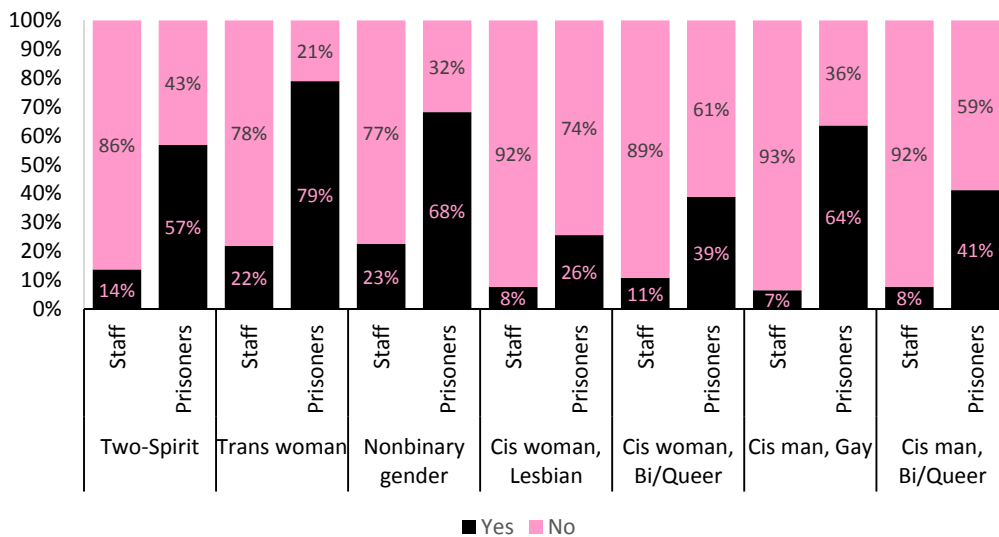
Whether respondents who experienced sexual violence or rape by other prisoners have ever or never been intentionally placed at risk by prison staff
Respondents: 1081 & 325, respectively

More than 130 prisoners shared stories of being sexually assaulted by other prisoners. These are a few excerpts:

- ▼ *Have had cellmates who have forced me to perform oral sex on them in exchange for not beating me or turning me over to their friends or enemies. Have also been guilted into receiving anal sex when I didn't want to.*
- ▼ *I have been raped at nearly every level 5 camp in MO. PREA is a joke.*
- ▼ *I've been sexually assaulted about 5 times in 25 years. it's to the point now that i just go on and sell my body for these gang members because the prison staff won't put me in safekeeping around other homosexuals. I sell my body sometimes to make my pimp happy so I don't get beat up.*
- ▼ *When other prisoners find out I'm gay they start trying to touch me on my ass or showing their penises. A couple of times I got involved sexually because of a promise to help me with money. They demanded sex almost daily whether I wanted it or not.*
- ▼ *Three times officers allowed an inmate to cut and rape me. Three times officers set me up to get raped by another inmate. While on lines inmates cop feels of my breasts and butt unwantedly.*
- ▼ *I was raped, I was in bed when another inmate came into my cell and held me down and stuck his penis in me. I told only my close friend because I did not want to get locked down.*
- ▼ *At Brush Mountain, an inmate raped me and when I reported the rape, I was ignored by CO saying "Faggots can't get raped."*
- ▼ *First 1997 Allred unit I was beaten and raped by five men. I tried to hang myself to deal with it. I have medical records proving this assault happened-statements from DRs, but they still won't put me in safekeeping.*
- ▼ *I've been in cells with dudes who tried to rape me but I fought back. And they'll touch me while I'm sleep. I ended up joining a gang, because prison staff wouldn't put me around my own kind. But that wasn't for me, so I quit. When I first came to prison, I was just turning 18 years of age. I really didn't know what to expect, so I basically stayed to myself and observed my surroundings at the same time. After being incarcerated for only 3 months I was placed on close custody with other aggressive prisoners. One day I was standing in the commissary & a guy began to masturbate. I got upset because it made me think of the 2 men that molested me when I was 5, but I was scared also, like I was when I was 5. So I didn't stop him. Anyways, I had a cellmate, who actually tried to rape me. He started jacking me off first, and then who wanted to have sex with me, but I refused and we got into a fight cause he felt like I owed him something. Sometimes, while I'm asleep he'll touch my private parts, so I informed the guards and they moved me. I'm not gonna lie man, it's hard being gay in prison. I mean you suffer discrimination from the guards and prisoners and it's not fair at all. I tried numerous times*

to get placed on safe-keeping, but each time I was denied. My only reasons for joining a gang is because I was looking for 2 things: #1 Acceptance and #2 protections. But, the gang members had a problem with me expressing my sexuality, when I tried to quit, I was threatened and jumped on. Eventually, I quit, but when I end up on units where gang members know me I have to leave, because my life be in danger. So, now I just hide my sexuality by being single & remaining affiliated in a gang. Actually, I have no other choice--other than going to safe-keeping, but I'll only be denied. so, I have to do what I have to do to survive. With no help from the outside, what else can I possibly do. What would you do if you were in my shoes. I just wish people will accept people for who they are instead of who they want them to be. Just because I identify with the LGBTQ community, doesn't mean I'm strange. If that's the case--then the whole world is strange, right? Well, that's my story. If what I've said helps someone, to God be the Glory.

According to our data, LGBTQ respondents are over 6 times more likely to be sexually assaulted (0.52 assault odds) than the general prison population (0.08 assault odds).³ This is higher than the number cited by the Bureau of Justice Statistics, which in 2015 found that 11% of transgender prisoners had been sexually assaulted by prison staff and 24% by other prisoners in the last twelve months (they do not evaluate the data based on sexual orientation).⁴ Given that our survey respondents were asked if they had ever been sexually assaulted during their sentence (in other words, during a period of time not limited to twelve months), it makes sense that we would find a higher percentage of transgender women prisoners experiencing sexual violence, though these numbers are deeply unsettling.



Whether respondents experienced sexual assault/rape by prison staff or by other prisoners, by gender/sexuality

Respondents: 51, 137, 62, 39, 36, 198, & 410, respectively

Violence, harm, harassment, and sexual assault are pervasive in prisons across the United States. Reform efforts, such as PREA, are failing to meet the immediate needs of prisoners, especially LGBTQ prisoners. It is the responsibility of advocates to support and nurture the leadership of prisoners that are most targeted for harm,

especially transgender women, nonbinary gender prisoners, and cisgender gay men. Physical, emotional, and sexual violence are essential tool of prisoner control and as long as prisons continue to function, these tools will remain at the disposal of those maintaining power.

Endnotes:

1. Mogul, Joey L., Andrea J. Ritchie, and Kay Whitlock. *Queer (in) justice: The criminalization of LGBT people in the United States*. Vol. 5. Beacon Press, 2011.
2. Jackson, Jessi Lee. "Sexual Necropolitics and Prison Rape Elimination." *Signs* 39.1, 2013: 197-220.
3. Beck, Allen J., and Candace Johnson. *Sexual victimization reported by former state prisoners, 2008*. US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2012.
4. Beck, Allen J. *PREA Data Collection Activities, 2015*. US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2015.

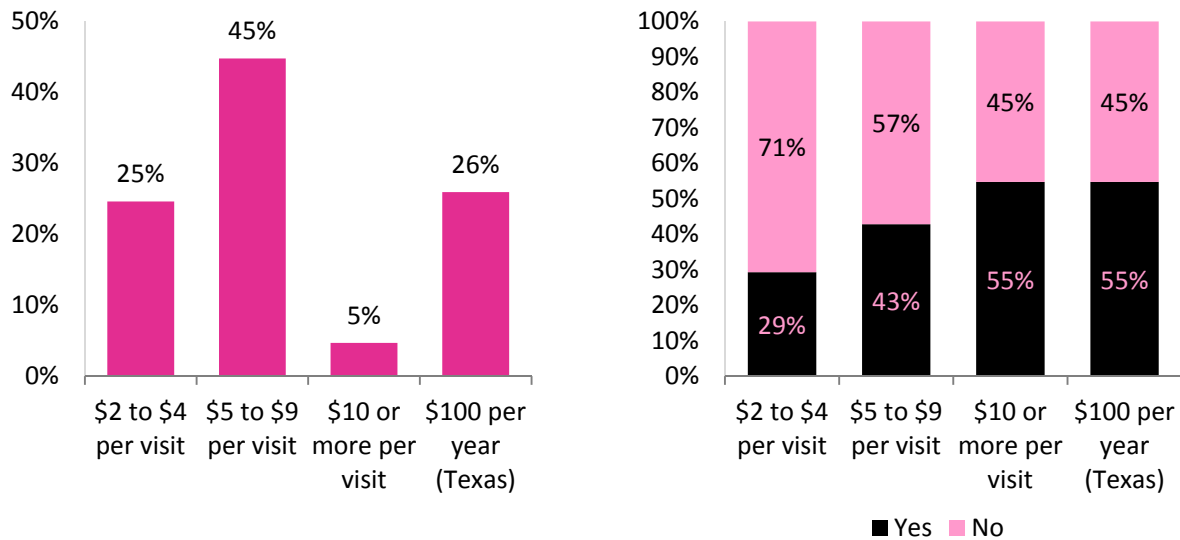


Art by Patrick H. F., incarcerated member

HEALTHCARE

FEES

Although prisons and jails are required to provide medical care for the prisoners in their facilities, it does not need to be free. A vast majority (83%) of respondents reported needing to pay a fee to see a doctor. Fees ranged from \$2 per visit to Texas state prisons' annual fee of \$100. These fees have prevented 43% of respondents from seeking medical care when they needed it. Additionally, more than half of respondents were denied some medical care they requested.



Range of medical care fees, if required

Respondents: 918

Whether the fee has ever prevented the respondents from accessing care, by fee range

Respondents: 1081 & 325, respectively

For people on the outside of prison, many of whom who spend thousands of dollars on healthcare per year, these fees may seem affordable, but for prisoners they can be devastating. Surviving on sub-minimum wage jobs, prisoners may be faced with the vexing choice of buying toiletries, seeking care, or keeping in touch with loved ones on the outside. Fees cause many people to forgo doctor visits in order to avoid incurring greater financial burdens on themselves or on their families, who are already suffering financially from the loss of their incarcerated family member's income. An article in the *National Prison Project Journal* noted, "Often prisoners will do without hygiene items or medical treatment rather than have their families deposit funds that will be immediately confiscated to satisfy prison charges."¹

HIV / AIDS

Respondents were knowledgeable about HIV/AIDS in general and their own HIV/AIDS status. Ninety three percent had been tested for HIV, and 75% had received education about HIV in prison. Seven percent of respondents are HIV-positive which, while much higher than the prevalence in the US population (0.04%) and the prevalence in the general state and federal prison population (1.3%)², it is significantly lower than the prevalence recorded by

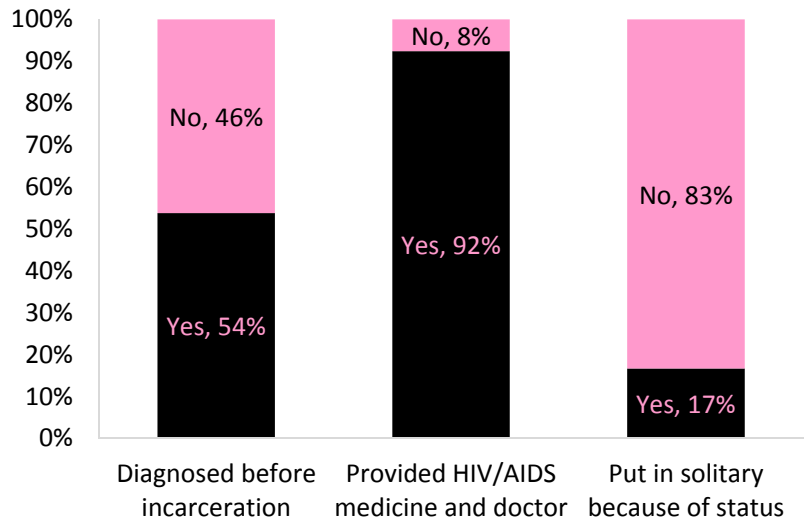
the Center for Disease Control among men who have sex with men (20%).³ It would seem that our respondents are under representative of HIV-positive LGBTQ prisoners. It is unclear if respondents may not know their HIV status, may have chosen not to disclose, are not able to be sexually active due to isolation from other prisoners, or if Black & Pink does not effectively reach HIV-positive prisoners.

Slightly over half (54%) of respondents who are HIV-positive received their diagnosis prior to their incarceration. While it is promising that the far majority of HIV-positive prisoners are receiving access to medical staff and treatment for manage their care, this does not necessarily lead to equitable treatment within the prison or a broad acceptance of community education about HIV/AIDS. One respondent came into the prison system with knowledge and experience of effective safer sex education gained from the outside, but staff attempted to quash any discussion of it amongst prisoners:

I have had staff members try to order me not to discuss the certain topics about AIDS/HIV with other inmates, outside of class as a peer educator, and specifically... to gay or homosexuals... cause I was not allowed to go speak to them in that manner...

A key struggle of living with HIV is dealing with the constant stigmatization of one's status as positive. HIV stigma is pervasive outside of prison, so it is unsurprising that HIV-positive respondents similarly experience harassment on the inside because of their status. Treatment of HIV-positive prisoners by prison staff ranges from indiscretion about respondents' HIV status to downright manipulative and abusive behavior. These are some of respondents' stories:

- ▼ *I believe that many, not all, of my institutional issues may have arose because of my HIV status in part - regarding harassful misconducts of state officials. One CO told a guy I was dating of my status and my ex-spouse told me of the officers actions; this was all while we were dating.*
- ▼ *I was diagnosed this yr and it has been hell! People treat me like I'm radioactive both staff and inmates, I have been begging since being diagnosed for mental health care ie counseling and HIV case mang. but have yet to receive any! It has made me depressed, suicidal and devastated!!!*
- ▼ *Living with HIV is a stigma in itself. But all too often the medical staff will deliberately put EVERYONE that is HIV+ or one call-out + give the same spill to each of us. So if one was + is not confident enough to disclose his status if just became evident. Because the staff totally refuses to use discretion. Therefore the Correction Officers will more than often be very disrespectful + yell, "Hey Mary another*

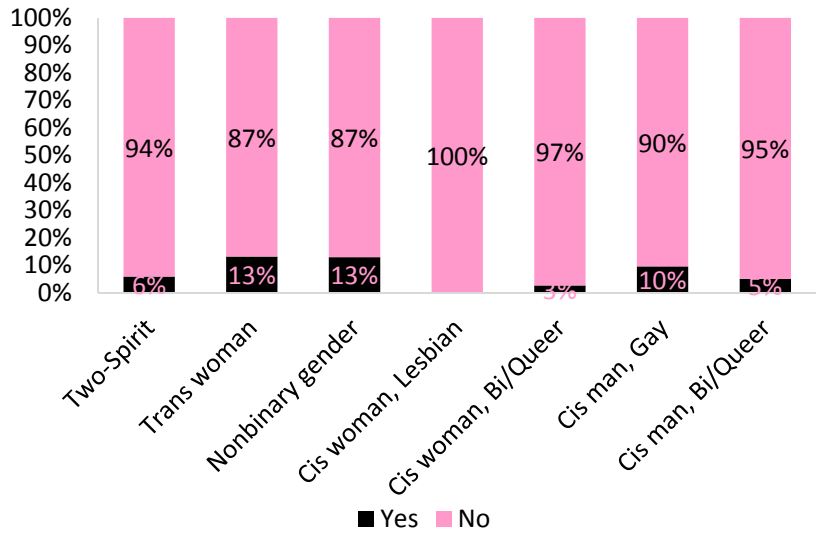


Experiences of respondents diagnosed with HIV/AIDS

Respondents: 80, 79, & 78, respectively

one of your HIV patients are here.” or “Hey Bob, Dead Man walkin.”

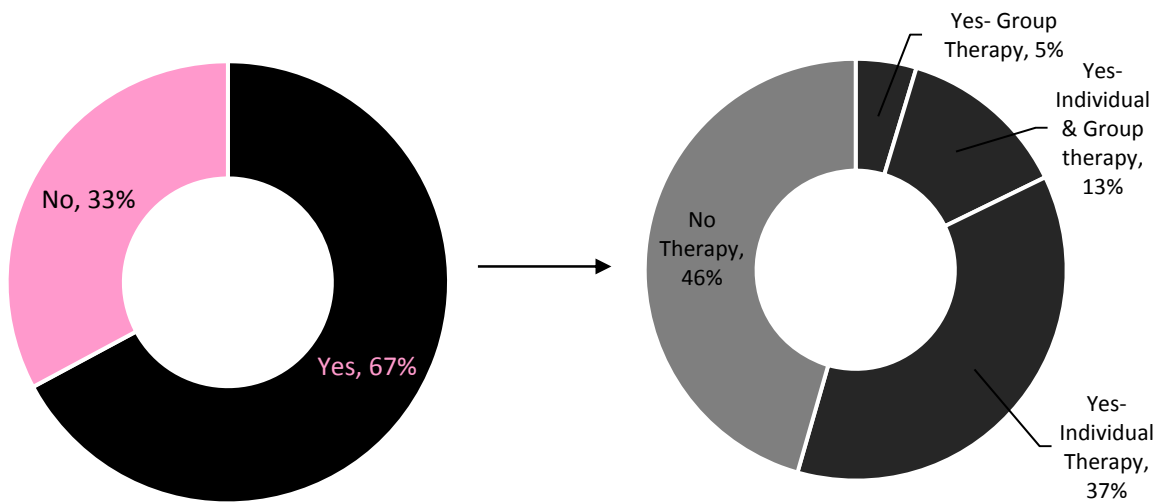
HIV does not affect all prisoners equally, just as it does not affect all people outside of prison equally. In particular, the greatest inequities in HIV status are across race. Black respondents are more likely to be HIV-positive than white respondents. Inequities are also noticeable between respondents based on gender and sexuality, with transgender women and nonbinary gender respondents having the highest prevalence of HIV (13%), followed by gay cisgender men (10%).



Whether respondents have HIV/AIDS diagnosis, by gender/sex
Respondents: 51, 137, 62, 39, 38, 199, & 414, respectively

MENTAL ILLNESS

According to a 2005 special report of the Bureau of Justice Statistics, 56% of state prisoners and 45% of federal prisoners have a mental illness.⁴ Our respondents reported a significantly higher rate of mental illness, with more than two-thirds having a mental illness diagnosis. Of those respondents living with mental illness, nearly half receive no therapy, and those who do are not always getting adequate mental health care.



Whether respondents have been diagnosed with a mental illness
Respondents: 1081

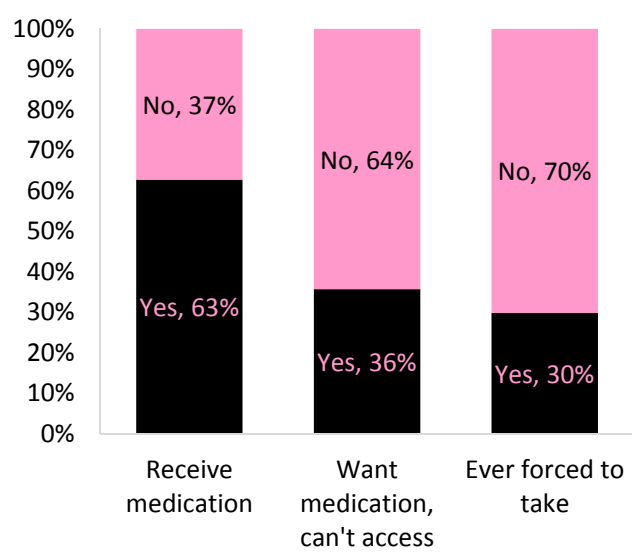
Whether and what kinds of therapy those with mental illness diagnoses participate in
Respondents: 709

The pharmacological aspect of mental health care is not necessarily any better. There are respondents who want medication to treat their mental illness, but are unable to get it; meanwhile, there are respondents who are being forced to take medications they do not wish to take.

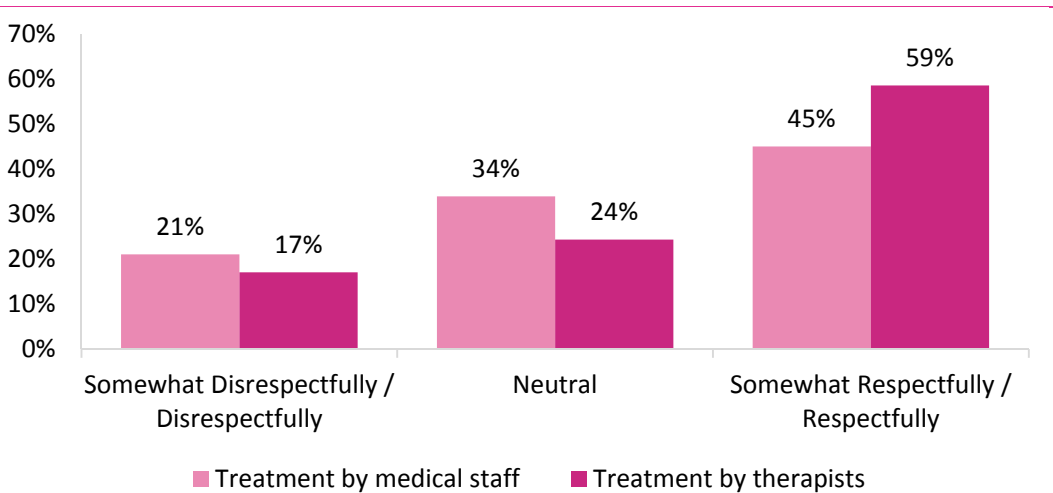
There is a crisis in prison healthcare generally, ranging from primary care to gender affirming treatment, from HIV/AIDS care to mental health treatment. The lack of adequate healthcare continues to demonstrate the institutional culture of viewing prisoners as disposable. Alongside larger efforts, immediate and effective care should be provided to all prisoners.

RESPECT

Even when respondents did get access to medical care, they were not necessarily provided adequate services that met their needs. A fifth of respondents (21%) reported that medical staff treated them disrespectfully or somewhat disrespectfully. While it is often suggested that medical staff will be a safe alternative for prisoners to reach out to, in reality the general medical care in prison for respondents leaves much to be desired. Similarly, nearly a fifth of respondents report being treated disrespectfully or somewhat disrespectfully by their therapist(s).



Medication experiences of those with diagnosed mental illnesses
Respondents: 717, 644, & 700 respectively



Treatment by medical staff and therapists
Respondents: 1055 & 563, respectively

Endnotes

1. Eisen, Lauren-Brooke. "Charging Inmates Perpetuates Mass Incarceration." Brennan Center for Justice at New York University School of Law, 2015.
2. Mayer, Kenneth H., et al. "Human immunodeficiency virus in correctional facilities: a review." *Clinical Infectious Diseases* 35.3, 2002: 305-312.
3. Wejnert C, Le B, Rose CE, Oster AM, Smith AJ, et al. "HIV Infection and Awareness among Men Who Have Sex with Men—20 Cities, United States, 2008 and 2011. Centers for Disease Control and Prevention, 2013.
4. James, Doris J., and Lauren E. Glaze. *Mental health problems of prison and jail inmates*. Washington, DC: US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2006.



Art by Shaylanna L., incarcerated member

RELATIONSHIPS AND COMMUNITY

ROMANTIC RELATIONSHIPS

A large majority of respondents have developed significant romantic relationships while in prison. As *Queer (In)Justice* notes,

Despite rules banning sex and notwithstanding the reality of endemic physical and sexual violence, many incarcerated men and women engage in consensual, loving, sexual relationships and friendships as a form of resistance to the isolation and violent dehumanization of prisons, as a tool of survival within them, to affirm their humanity, or simply as an exercise of basic human desire.¹

However, LGBTQ prisoners are distinctly targeted for their relationships in ways that heterosexual prisoners are not; for example, by hyper-surveilling and/or prohibiting forms of contact that are often sanctioned or promoted for heterosexual prisoners. Indeed, respondents' experiences attest to a culture of policing and punishing queer relationships in prisons. This is a distinctly LGBTQ prisoner fear and experience.

Respondents shared some of the successes and challenges of maintaining romantic relationships in prison. Navigating these relationships can be incredibly difficult, particularly given that these relationships are forbidden by prison regulations. Below are some of the responses to how respondents, to the best of their abilities, resiliently participate in creating loving relationships with one another while in prison.



Envelope Art by Shaylanna L., an incarcerated member

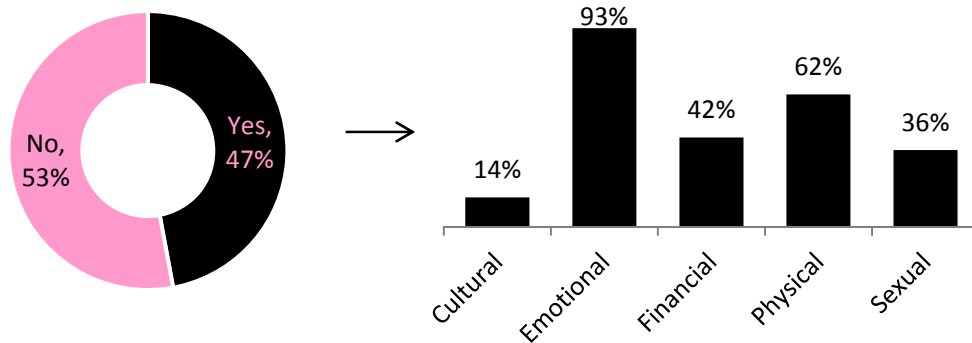
- ▼ *By staying out of trouble or gettin into trouble to manipulate transfer to same prison [as my partner]*
- ▼ *Me and my husband went to church service and passed letters through people who liked us to one another. I was on close custody my husband medium, and we met every Sunday, Thursday and Tuesday at church. Not caring what others think.*
- ▼ *It's nice to not be alone in here, but we have to be very secretive. Now with P.R.E.A. staff use it against Homosexuals. If they think we're together, they separate us permanently.*
- ▼ *The relationship worked cause I thought real love exist(s) in prison. She taught me to love again, even though she got released and went on with her life I needed that. The challenge was staying and not getting moved.*
- ▼ *It was rough cause of where we are but our families were involved with us so that made it strong . we go home together 2015.*
- ▼ *Talking to each other through cracks in the door in solitary.*
- ▼ *You just make it work it's hard cause you can always be split up, but for the most part. Just enjoy the time you have & always be careful. it's good to have someone who you know has your back.*
- ▼ *I'm trying to make one work now.*
- ▼ *We are both transgender women, imprisoned in different states. We fell in love by mail, and have stayed in love as committed partners since 2006. The power of love and the suspension of disbelief allows us to stay strong. I miss her everyday, yet she always with me.*
- ▼ *Always try to be discreet and low-key about it. however, it is hard to have a healthy relationship when everything around you is designed to prevent it from happening.*
- ▼ *We sat down and made lists of our expectations, boundaries and needs, then went over them together, made compromises if needed, then both signed and had copies. We went to positive classes together, learned communication skills. The hard part is the CO's who try to keep couples separated and punish us for even eating together.*
- ▼ *I only hang out with other LGBT or LGBT friendly people so that helps. The biggest challenge is not being able to hold hands or kiss the person I love because of rules.*
- ▼ *To know the routines of the prison and C/O's. Just be cautious when doing something and keep it private.*

- ▼ *I was too scared of people finding out because of the verbal and physical assaults that would have followed.*
- ▼ *Keep it unknown to officers to prevent them to make it hard. Texas legislation made it a misdemeanor to have a consensual sexual relationship on a TX prison.*

Secrecy was cited by many as both critical to maintaining romantic relationships and, at the same time, a significant obstacle to maintaining romantic relationships. The outing of relationships—whether by staff or other prisoners—was routinely reported as a threat to being able to maintain relational connections. Moreover, being found out has material consequences. As noted earlier, 24% of survey participants reported being punished for engaging in consensual sexual activity, ranging from receiving a “shot” (disciplinary ticket) to loss of privileges (e.g., phone calls) or even solitary confinement.

INTIMATE PARTNER ABUSE, SURVIVAL AND RESILIENCE

While romantic relationships can be beautiful and affirming for prisoners, they can also be harmful and abusive, just as they can be for people outside of prison. A third of respondents experienced some combination of emotional, physical, sexual, cultural and/or financial abuse in one or more romantic partnerships in prison. That percentage is higher than the statistic often cited that 1 in 4 LGBTQ people experience intimate partner violence nationwide.²



Whether respondent has ever been in an abusive relationship in prison and, if yes, what kind(s) of abuse were present

Respondents: 726 & 342, respectively

Eighty-two percent of respondents did not know of any institutional resources that could help them if they were attempting to leave an abusive relationship. The 18% of respondents who had some idea about available institutional resources mostly referred to PREA. Everyone who claimed knowledge of resources attested that most were untrustworthy and did not attempt to use them, or did little to nothing to intervene or protect themselves from intimate partner abuse.

Respondents who offered their own solutions to ending abusive relationships mostly did so without direct institutional support. A few respondents were able to enlist the support of friends or fight back on their own. One respondent wrote, “I ended my emotionally abusive relationship by sending him a note. I had the support of several friends close to me. I was worried when he moved back to the unit, but everything worked out.”

However, not all prisoners have access to friends who will defend them. Most respondents found that the only viable resolution they had access to was distancing themselves from their partner by moving to a different housing unit or another facility altogether. One of the most common ways of distancing oneself from an abusive partner was to seek solitary confinement. However, a request to be held in solitary confinement to get away from another prisoner is not always granted. One respondent wrote, “I had to cut my wrist to get away because the officers wouldn't help. It was the only way.” Self-harm can be one way that prisoners get themselves out of abusive relationships, or other particularly dangerous situations, although doing so often forces them into mental health units that have their own detrimental consequences.

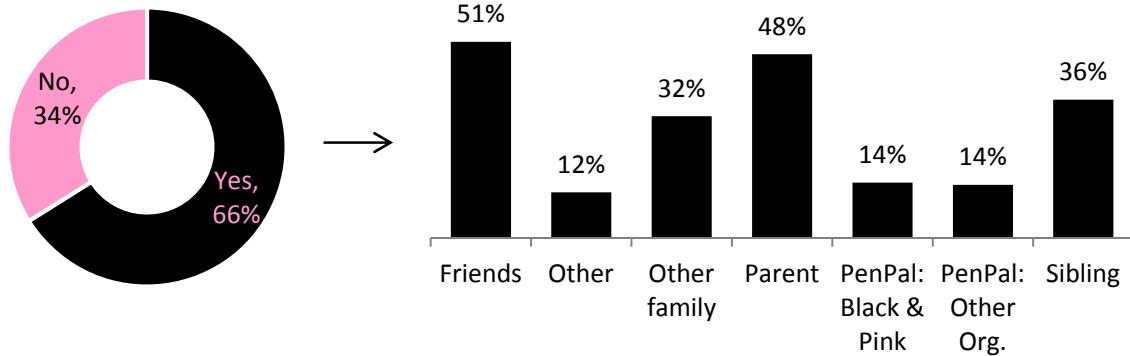
Below are stories LGBTQ prisoners shared about leaving abusive relationships in prison. In some cases, prisoners used homophobic policies and practices to either end or physically remove themselves from an abusive situation. In other cases, prisoners tried going through institutionally offered resources and were met with punishment for trying to access them. In all cases, there were no institutional support structures in place to deal directly with abuse crises or the trauma inflicted by abuse.

- ▼ *I always run to solitary confinement...it's the only place i feel safe since i don't have any outside help to get placed on safekeeping.*
- ▼ *Made sure we got caught having sex so we'd go to the hole.*
- ▼ *I got stronger I refused to be her doormat. I kept myself away from her until I knew I could stand up for myself to her.*
- ▼ *Placed in solitary, and told family via letters*
- ▼ *One instance the person was shipped to another unit. The second, I finally got strong enough with encouragement and support from friends to walk away from the relationship.*
- ▼ *Cell mate threatened me. I reported the situation to the guard per PREA and published policy. I was punished by 18 days in the hole solitary confinement in disciplinary segregation unit.*
- ▼ *I transferred to another institution without telling my cellmate/abuser.*
- ▼ *Verbally broke it off, then had myself moved to the other side of the yard so as to ensure lack of contact, surround myself with those I felt safe with.*

- ▼ *Asked for help from prison staff. It only took them 18 months to listen, and then another 6 months to take action.*
- ▼ *Sometimes I set boundaries. Sometimes I move housing.*
- ▼ *By getting transferred or messing up and getting institutional charges/tickets so I'd go to segregation.*
- ▼ *I called my mom and she called the prison.*

RELATIONSHIPS WITH COMMUNITY OUTSIDE OF PRISON

Maintaining relationships with community outside of prison can be vital to LGBTQ prisoners' well-being.³ As some of the stories above revealed, connection, support, and visibility are resources that can support survival and resistance to inhumane prison practices. The charts below show that two thirds of respondents receive mail at least once a month from a range of community members, family members, and pen pals. Given that many LGBTQ people struggle with family rejection, it is not surprising that friends are such an important connection to the outside.

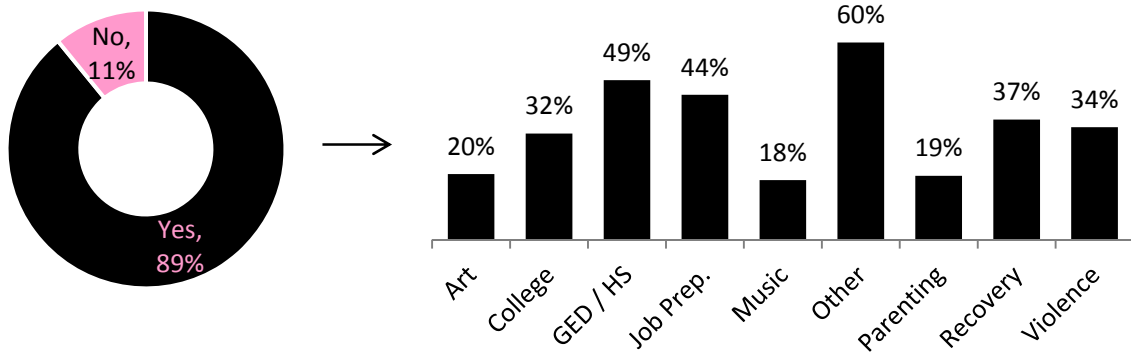


Whether the respondent receives regular mail from anyone, and if yes, which kind(s) of people
Respondents: 1097 & 716, respectively

Fewer than half of respondents receive newspapers and magazines aside from the Black & Pink newspaper. Although the mail is monitored, controlled, and censored by prison, the newsletter remains a critical resource for information to move between prison walls and the free world.

PROGRAMS

Most respondents (89%) reported having participated in a range of programs offered by the prison. The charts below show the variety of programming in which LGBTQ prisoners participate:



Whether the respondent ever took part in prison program(s), and if yes, which kind(s)

Respondents: 1084 & 966, respectively

However, 15% of respondents had been excluded from a program because of being LGBTQ. This can mean denying LGBTQ prisoners access to skills building, opportunities to accrue “good time credits” towards the possibility of parole, religious participation, or simply a break from the monotony of prison life.

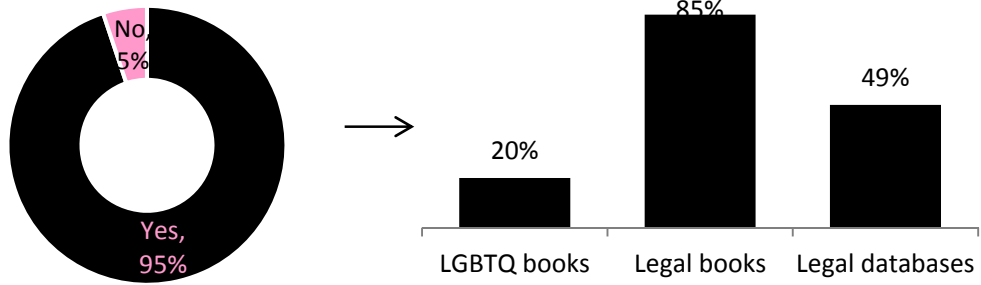
Not only are LGBTQ prisoners excluded from prison programming, but prison programming also excludes LGBTQ content. *Queer (In)Justice* illustrates an example of this practice from a facility in Michigan:

Efforts to eradicate all forms of activity and expression related to homosexuality can extend to the refusal to allow religious services for LGBT people. In 1984, Metropolitan Community Church, an LGBT-focused ministry, was denied entry into a Michigan facility to provide religious services. Conversely, religious programs that promote heterosexuality and submission to “traditional” gender roles are welcome and promoted through incentives such as provision of more comfortable housing options in exchange for participation.⁴

ACCESS TO BOOKS

Ninety five percent of respondents have access to books provided by the institution. Of those, the vast majority have access to legal books, although only a fifth have access to books with LGBTQ content.

LGBTQ-affirming programming and books need to be made available in prisons. In order to be effective, these programs and books should be brought in to the prison via contracts with outside organizations, as outside organizations are much more likely to be trusted by LGBTQ prisoners than prison staff. Utilizing outside organizations for these services will strengthen trust by LGBTQ prisoners and ideally facilitate opportunities for deeper connections between LGBTQ prisoners and people on the outside.



Whether respondent is provided books by the institution they are in and, if yes, what kind(s) of books

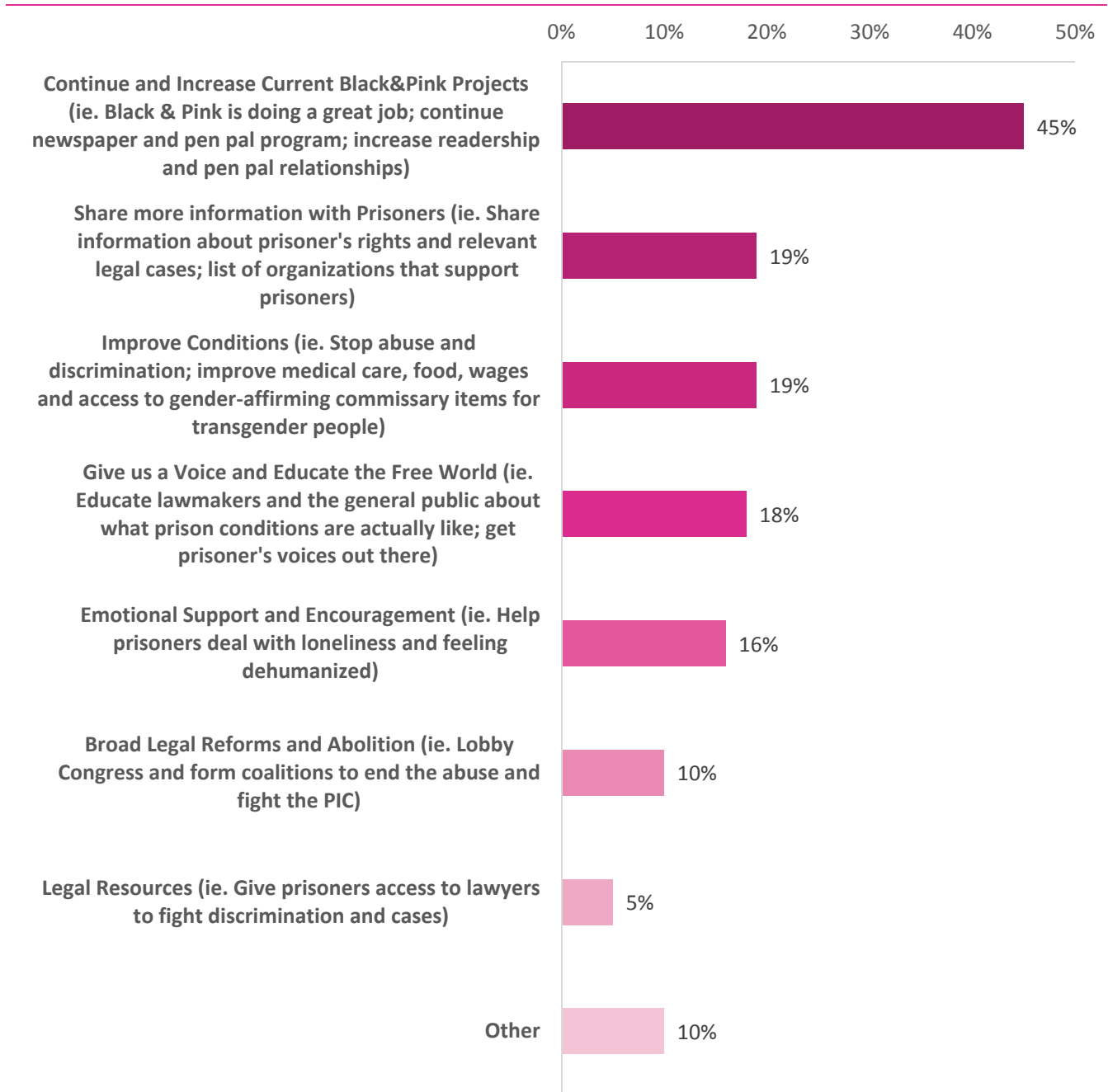
Respondents: 1079 & 1024, respectively



Art by Mikee, incarcerated member

VISIONS FOR MOVEMENT BUILDING

Respondents offered clear strategies for building the power of LGBTQ prisoners. Ninety percent of the responses fell into seven categories, listed below with representative examples:



The clearest mandate from respondents was that Black & Pink should continue its current projects: the newspaper and pen pal program, which help prisoners deal with the stress of being incarcerated and feel accepted in their

gender and sexuality, and the provision of resource lists as well as prisoner advocacy (i.e., calling prisons to advocate for individual prisoners who are being abused). Additionally, respondents requested more information on their rights, legal changes, and case law. As shown throughout this report, abuse and discrimination from prison staff members is a major concern. Respondents want their voices and stories to reach lawmakers and the general public to educate them about what prison conditions are actually like for LGBTQ prisoners.

Here is a selection of representative answers to the question: “How can the Black and Pink family increase the power of prisoners?”

- ▼ *The most important way to empower prisoners is by giving them a voice and a "soap box" to communicate from. Inability to communicate is the one most effective way prisons control and oppress us prisoners. Further to bring accountability to the staff abusers, and to stop retaliation from reporting. If we don't report a wrong or abuse for fear of being attacked we never will be strong. Finally we need to continue building our ranks in prison and out. Power In Numbers!*
- ▼ *By giving more of the honest truth to the world at large! Tell people the real truth, prisons don't deter crime, programs and mentoring do!*
- ▼ *Create a means of Holding Staff accountable for any and all wrongdoing. Help prisoners acquire more say so in How, Where, and With Whom they are housed.*
- ▼ *Increase the power of prisoners by letting us be placed with the one's we love and to help lower the commissary prices because it's hard living in prison with no help from the outside world and living on cheap state pay knowing that you can't eat a meal or snack at night all because of the government issues.*
- ▼ *1. Working to decrease the rate of recidivism; 2. Advocate restoration and use of voting rights by ex-offenders; 3. Educate prisoners about their rights and how to exercise said rights; 4. Centralize the flow of information and advocacy so that the prisoners in different systems can be on the same page in our struggle. 5. Inspire and enlighten those in the dark places. Light as many candles as we can!*
- ▼ *Maybe list addresses to pro bono attorneys. Help with getting our criminal truth version out to the free world. Addresses to counseling or self help groups to correspond with through mail maybe someone to help us with grievances that are never answered or held so that time elapses. You all are awesome already. You give us so much strength.*
- ▼ *We/I would like to see what can be done about all the violence/stigma that is being committed against all our transsexual, queers & lesbian, sisters across NYs who are incarcerated, held in solitary or put in protective custody against their will, and being denied not only certain medications by denied shots/pills for our beloved sisters who are transitioning to being what they want to be. A full woman*

CONCLUSION

It is the responsibility of those with power to listen to the voices of those affected by it. These pages offer necessary tools for those willing to work in solidarity with LGBTQ prisoners. It is the hope of the authors, and all members of Black & Pink, that the collective movement for liberation is strengthened by the addition of these stories, data, and information contained in this report. LGBTQ prisoners, disproportionately transgender women, nonbinary gender prisoners, cisgender gay men, and people of color, are experiencing horrific violence, harm, and inequities of all sorts. However, even while surviving all of this, LGBTQ prisoners also offer clear leadership to those willing to follow. This is an invitation for you to strengthen the work you are already doing with criminalized LGBTQ people and LGBTQ prisoners or get involved for the first time. There is much work to do and a movement to grow, join us!

ACKNOWLEDGMENTS

This report has been made possible because of so many people's hours of work. First and foremost, thanks goes to the prisoner members of Black & Pink, who took the time and risk to fill out this groundbreaking survey. Many thanks to the following people for entering survey data: Akane, Alice, Andrew, Andy, Ben, Courtney, Derwin, Desiree, DJ, Eddie, Eli, Elizabeth, Emily, Emma, Franklin, Gabriel, Gilbert, Greg, Jackie, Jaymie, Johannes, Julia, Kamaria, Katie, KC, Keelyn, Kenny, Mitali, Olivia, Peter, Reina, RK, Ruthie, Rye, Tyler, Victoria, Zoe. Thank you to Jackie Wang for highlighting the harms caused by solitary confinement as evidenced in our findings and for co-facilitating the Allied Media Conference workshop. Much gratitude to Chris Schweidler from the RAD Collective for creating survey tools, sharing data information, connecting collaborators, and in general having great wisdom. Thanks to Shaya French for coding data on building prisoner power. Thank you to Heike Schotten for the excellent editing of the report. We want to appreciate the image we used on the cover of this report, it is a photo taken of Alcatraz prison by Mike Shelby. Big thanks to Urvashi Vaid for opportunities to present the preliminary data and connecting possible donors and researchers.

Funding for this project was made possible by the Van Amerigen Foundation, the Hutchins Center for African and African American Research at Harvard University, Horizon's Foundation, Michael Field, and Alix Ritchie. However, truly none of this work would have been possible without the blood, sweat, and tears of our elders and ancestors in the prisoners' rights and penal abolitionist movement. To them also, we give our thanks.



The member survey begins by asking a bit about you. **PLEASE ONLY FILL OUT THIS IMPORTANT SURVEY ONE TIME.**

1. Your age: _____ years old
2. Your race/ethnicity:
 - ▽ 2a. Black/African American/Afro-Caribbean
 - ▽ 2b. Latin@/Hispanic
 - ▽ 2c. White (non-hispanic)
 - ▽ 2d. East Asian
 - ▽ 2e. Southeast Asian
 - ▽ 2f. South Asian
 - ▽ 2g. Middle Eastern/Arab
 - ▽ 2h. American Indian/Indigenous/First Nations/Native American
 - ▽ 2i. Mixed Race
 - ▽ 2j. Native Hawaiian or other Pacific Islander
 - ▽ 2k. Inuit/Native Alaskan
 - ▽ 2l. Other: _____
3. What languages do you speak? _____
4. Your gender/sex (below are some examples)
 - ▽ 4a. Trans woman (assigned Male when born, now a Woman)
 - ▽ 4b. Trans man (assigned Female when born, now a Man)
 - ▽ 4c. Woman, or Cisgender Woman (assigned Female when born, now a Woman)
 - ▽ 4d. Man, or Cisgender Man (assigned Male when born, now a Man)
 - ▽ 4e. Genderqueer / Gender fluid
 - ▽ 4f. Two Spirit (this identity only applies to people who identify as Indigenous / Native American / American Indian)
 - ▽ 4g. Intersex
 - ▽ 4h. Any other description of your gender? _____
5. Your sexuality
 - ▽ 5a. Lesbian
 - ▽ 5b. Gay
 - ▽ 5c. Homosexual
 - ▽ 5d. Bisexual
 - ▽ 5e. Queer
 - ▽ 5f. Same-Gender Loving
 - ▽ 5g. Two Spirit (this identity only applies to people who identify as Indigenous / Native American / American Indian)
 - ▽ 5h. Asexual
 - ▽ 5i. Any other description of your sexuality? _____
6. Do you have a disability? _____ Yes, _____ No
 - 6a. What kind of disability (please list all)? _____
7. Do you have children? _____ Yes, _____ No
 - 7a. If yes, do you ever get visits or phone calls from them? _____ Yes, _____ No
8. Did you complete this kind of school? Mark X for "Inside" an institution like prison or juvenile detention, or "Outside" in the free world
 - ▽ 8a. Elementary School: _____ "inside" an institution like prison or juvenile detention, _____ "outside" in the free world
 - ▽ 8b. Middle School: _____ "inside" an institution like prison or juvenile detention, _____ "outside" in the free world
 - ▽ 8c. High School: _____ "inside" an institution like prison or juvenile detention, _____ "outside" in the free world
 - ▽ 8d. GED: _____ "inside" an institution like prison or juvenile detention, _____ "outside" in the free world
 - ▽ 8e. Some college credit, no degree: _____ "inside" an institution like prison or juvenile detention, _____ "outside" in the free world
 - ▽ 8f. Trade/technical/vocational training: _____ "inside" an institution like prison or juvenile detention, _____ "outside" in the free world
 - ▽ 8g. 2 year college (Associate degree): _____ "inside" an institution like prison or juvenile detention, _____ "outside" in the free world
 - ▽ 8h. 4 year college (Bachelor's degree): _____ "inside" an institution like prison or juvenile detention, _____ "outside" in the free world
 - ▽ 8i. Graduate degree: _____ "inside" an institution like prison or juvenile detention, _____ "outside" in the free world
9. Have you ever served in any branch of the armed forces of the United States? _____ Yes, _____ No
 - 9a. If yes, which branch? _____
10. What was your housing situation before you were incarcerated most recently? _____
11. Were you employed before you were incarcerated most recently? _____ Yes, _____ No
12. Have you ever traded sex for money, housing, food, drugs, protection or services when not incarcerated? _____ Yes, _____ No
13. Have you ever sold drugs for money? _____ Yes, _____ No
14. Have you ever stolen money or anything else you needed? _____ Yes, _____ No
15. How much money did you make in a year before you were incarcerated most recently? \$ _____
16. Growing up, about how much money did the people who raised you make each year? \$ _____
17. How old were you when you were first arrested? _____ years old
18. How old were you when you were first incarcerated? _____ years old
19. How many times have you been incarcerated? _____ times

Pre-Trial and Court Questions (based on your current sentence)

20. Were you held in jail prior to your conviction because you could not afford bail? _____ Yes, _____ No
 - 20a. If yes, how long were you held in jail prior to your sentencing? _____ years _____ months _____ days
21. Were you denied bail prior to your conviction? _____ Yes, _____ No
 - 21a. If yes, how long were you held in jail prior to your sentencing? _____ years _____ months _____ days
22. Did you have a private attorney? _____ Yes, _____ No
23. Did you have an attorney appointed for you? _____ Yes, _____ No
24. Did your attorney know about your gender/sexual identity? _____ Yes, _____ No
25. Did you feel discriminated against by your attorney? _____ Yes, _____ No
26. Did you feel discriminated against by the prosecution? _____ Yes, _____ No
27. Did you feel discriminated against by the judge? _____ Yes, _____ No
28. Did you take a plea agreement? _____ Yes, _____ No
 - 28a. If yes, what were some of the reasons that you took the plea agreement? _____
29. Did you have a jury trial? _____ Yes, _____ No
 - 29a. If yes, did you feel discriminated against by the jury? _____ Yes, _____ No
30. What were you convicted of (remember this is anonymous, and we will not judge you based on your conviction)? _____

Instructions for survey (second printing of same survey)

- Please mark **one** or **more** ▽ which make sense for you.
- Please put an **X** for " X Yes, _____ No" type questions
- Please put **one** or **more X** for questions like: " X Emotional, _____ Physical, X Sexual"
- Please fill in the blank for other types like: " 35 years old" or " \$ 10,000 "
- Please write in answers to more detailed questions. You can use more paper if you are putting the survey in an envelope, please just write the question number ☺



Cute break!
They say "Hi!"

Incarceration Questions (based on your current sentence)

31. How long is your current sentence?
- ▽ 31a. Release after (Example: 10 years 6 months): _____ years _____ months
- ▽ 31b. Life sentence
- ▽ 31c. Life without parole
- ▽ 31d. Death Sentence
32. How long have you done on this sentence? (Example: 3 years 4 months) _____ years _____ months
33. What type of facility are you currently housed in? _____ Federal, _____ State, _____ County, _____ Hospital
34. What level facility are you currently housed in? _____ Pre-Release, _____ Minimum, _____ Medium, _____ Maximum, _____ Super Max
35. Which state are you incarcerated in now? _____
36. Have you ever been in solitary confinement? _____ Yes, _____ No
- Please only answer questions 37-41 if you have ever been in solitary confinement. Otherwise, skip to question 42. Thank you!
37. Are you currently in solitary confinement? _____ Yes, _____ No
38. How many times have you been in solitary confinement? _____ times
39. Added together, what is the total amount of time you have spent in solitary confinement? _____ years _____ months _____ days
40. Have you ever been placed in solitary confinement for your own safety, or as a protective measure by the prison, *against your will*? _____ Yes, _____ No
41. Have you ever been placed in solitary confinement for your own safety *by your own request*? _____ Yes, _____ No
- 41a. If yes, what were some of the reasons? _____

Parole Questions

42. Do you have the option for parole with your current sentence? _____ Yes, _____ No
- 42a. Given the opportunity, would you go on parole? _____ Yes, _____ No
- 42b. If yes, when do you go up for your next parole hearing? _____
43. Have you ever been granted parole during a previous sentence? _____ Yes, _____ No
44. Have you ever been denied parole? _____ Yes, _____ No
45. How do you feel the parole board treated you? _____
- 45a. Do you believe you were discriminated against by the parole board? _____ Yes, _____ No
46. Have you ever been returned to prison for a parole violation? _____ Yes, _____ No

This is a great time to take a break, stretch your fingers, and rest. The next bunch of questions start asking about your identity and experiences with harm.

Sexuality

47. Did you identify as LGBTQ before your incarceration? _____ Yes, _____ No
48. Have you felt emotional pain from hiding your sexuality? _____ Yes, _____ No
49. Do any other prisoners know what your sexuality is? _____ Yes, _____ No
- 49a. If yes, how did they respond? (It is okay if different people had different reactions) _____
50. Do prison staff know about your sexuality? _____ Yes, _____ No
- 50a. If yes, how did they respond? (It is okay if different people had different reactions) _____
51. If you have been sexually active in prison, have you had conversations while in prison with your sexual partners about:
 _____ Safer sex, _____ Sexually transmitted infections, _____ HIV/AIDs, _____ None of these topics, _____ I have not been sexually active in prison
52. Have you ever been disciplined for consensual sexual activity? _____ Yes, _____ No
- 52a. If yes, which then occurred?: _____ Disciplinary ticket (shot), _____ Loss of privileges (like phone calls), _____ Placed in solitary confinement,
 Other: _____
53. Have you ever used condoms or other barriers to help stop the transmission of Sexually Transmitted Infections while in prison? _____ Yes, _____ No
54. Does your prison offer access to condoms or other safer sex items? _____ Yes, _____ No
55. Have you ever traded sex with other prisoners for money/canteen/commissary during your incarceration? _____ Yes, _____ No
56. Have you ever traded sex with other prisoners for personal protection? _____ Yes, _____ No

Questions 57-69 are about Gender Identity.

Please answer only if you identify as transgender, gender non-conforming, genderqueer, two spirit, or another gender that is not cisman or ciswoman

Gender Identity

57. Have you felt emotional pain from hiding your gender identity? _____ Yes, _____ No
58. Do any other prisoners know what your gender identity is? _____ Yes, _____ No
- 58a. If yes, how did they respond? (It is okay if different people had different reactions) _____
59. Do prison staff know about your sexuality? _____ Yes, _____ No
- 59a. If yes, how did they respond? (It is okay if different people had different reactions) _____
60. Do you have a diagnosis of Gender Identity Disorder or Gender Dysphoria? _____ Yes, _____ No
61. Have you ever been denied a diagnosis of Gender Identity Disorder or Gender Dysphoria? _____ Yes, _____ No
62. Before you were incarcerated, did you take hormone replacement therapy to support your gender expression?
 _____ Yes prescribed by a doctor, _____ Yes from the street, _____ No
63. Do you take prescribed hormone replacement therapy to support your gender expression now? _____ Yes, _____ No
64. Have you ever been denied hormone replacement therapy you requested? _____ Yes, _____ No
65. Have you been given access to gender confirming (AKA sex reassignment) surgeries? _____ Yes, _____ No
66. Have you been denied access to gender confirming (AKA sex reassignment) surgery you requested? _____ Yes, _____ No
67. Do you know your prison's policy about medical services for transgender prisoners? _____ Yes, _____ No
- 67a. If yes, what is your understanding of the policy? _____
68. Are you permitted access to underwear and cosmetic needs that match your gender? _____ Yes, _____ No
69. Is there a special canteen available for transgender prisoners? _____ Yes, _____ No
- 69a. If yes, does one have to have a medical diagnosis to access products in this canteen? _____ Yes, _____ No



Sometimes even reading questions about violence can bring up things inside your mind. These thoughts can make you sad, angry, feel like you are back in the situation when harm happened. Remember to take breaks if you need them. Remember that you are not alone. One of the reasons we ask these questions is to show that violence against LGBTQ prisoners is far too common. Know that you are cared for and not forgotten.

Discrimination, harrassment, physical and sexual violence by prison staff

70. Have you experienced discrimination by prison staff? _____ Yes, _____ No
71. Have you experienced name calling or verbal harassment by a prison staff person? _____ Yes, _____ No
72. Have you ever been physically assaulted (hit, punched, kicked, beaten, etc) by a prison staff person? _____ Yes, _____ No
73. Approximately how many times have you been strip searched during your incarceration? _____ times
74. Have you ever been subjected to a cavity search (inserting fingers inside anus and/or vagina)? _____ Yes, _____ No
75. Have you ever had unwanted touching by a prison staff person? _____ Yes, _____ No
76. Have you ever been sexually assaulted or raped by a prison staff person? _____ Yes, _____ No

Appendix L

77. Would you be willing to share any details of your experience(s) of unwanted touching or sexual assault by a prison staff person? Yes, No
If yes, please describe (feel free to use another page if you are sending this in an envelope):

78. Have you ever been promised anything in exchange for sexual favors from prison staff? Yes, No
79. Have prison staff ever intentionally placed you where you would be at high risk of being sexually assaulted by another prisoner? Yes, No

Discrimination, harrassment, physical and sexual violence by another prisoner

80. Have you experienced discrimination by another prisoner? Yes, No
81. Have you experienced name calling or verbal harassment by another prisoner? Yes, No
82. Have you ever been physically assaulted (hit, punched, kicked, beaten, etc) by another prisoner? Yes, No
83. Have you ever had unwanted touching by another prisoner? Yes, No
84. Have you ever been sexually assaulted or raped by another prisoner? Yes, No
85. Would you be willing to share any details of your experience(s) of unwanted touching or sexual assault by another prisoner? Yes, No
If yes, please describe (feel free to use another page if you are sending this in an envelope):

Relationships

86. Have you ever been in a romantic relationship while in prison? Yes, No
87. Have you ever been in love with another prisoner? Yes, No
88. How did you make the relationship work? What were some of the successes? What were some of the challenges?
89. Are you now or have you ever been in an abusive relationship while in prison? Yes, No
89a. If yes, what kinds of abuse were present in your relationship? Abuse occurs when there is control by one person over another person:
Emotional, Physical, Sexual, Financial, Cultural
90. If you have gotten out of an abusive relationship while in prison, in the past, how did you do so?
91. Do you know of resources available for prisoners who are in abusive relationships during their incarceration? Yes, No
91a. If yes, what are they?

This is a great time to take another break. Stretch your body, stretch your fingers. Take a rest.

Drug Use

92. Have you ever struggled with drug/alcohol addiction? Yes, No
93. Which drugs or alcohol have you used?
94. Have you used while incarcerated? Yes, No
95. Are there drug treatment programs available to you? Yes, No

Prison Programs

96. Have you ever taken part in a program offered by the prison? Yes, No
96a. If yes, which programs have you taken art in? Parenting, Recovery, Violence Prevention, Music, Art, Job Training, GED/High School Diploma, College Classes, Other programs
97. Have you ever been denied access to a program because of being LGBTQ? Yes, No
98. Does the institution you're in provide access to any books? Yes, No
98a. If yes, can you access these kinds of books? Legal books, Computer databases about legal information, LGBTQ books
99. What types of books do you read (either from the institution or mailed to you)?

Healthcare

100. How many times per year do you see a doctor?
101. Do you have to pay a fee to see a doctor? Yes, No
101a. If yes, how much are the fees you have to pay to see a doctor? \$
101b. If yes, has the fee ever prevented you from accessing medical care? Yes, No
102. Does the medical staff know that you are LGBTQ? Yes, No
103. Have you ever been denied medical care you requested? Yes, No
104. How does the medical staff treat you?
Respectfully, Somewhat respectfully, Neutral, Somewhat disrespectfully, Disrespectfully

HIV/AIDS

105. Have you ever been tested for HIV/AIDS? Yes, No
106. Have you ever received education about HIV/AIDS in prison? Yes, No
107. Have you been diagnosed with HIV/AIDS? Yes, No
108. Were you diagnosed before your incarceration? Yes, No
109. If you are living with HIV/AIDS, are you provided with medication and doctor's visits for HIV/AIDS? Yes, No
110. Have you ever been put in solitary confinement because of your HIV/AIDS status? Yes, No
111. If you are living with HIV/AIDS, can you share some about your experience with harassment, stigma, support, or other interactions with prisoners and prison staff? Please share as much or as little as you would like

Hepatitis C

112. Have you been diagnosed with Hepatitis C? Yes, No
113. Were you diagnosed before your incarceration? Yes, No
114. Are you provided appropriate care for Hepatitis C (medication)? Yes, No

Mental Illness

115. Have you been diagnosed with any mental illness? Yes, No
115a. If yes, do you receive any therapy? Individual therapy, Group therapy, No, I do not receive therapy
116. How do your therapist(s) treat you?
Respectfully, Somewhat respectfully, Neutral, Somewhat disrespectfully, Disrespectfully

Note: this space is left blank so that your name, on the reverse side, can be removed from the survey and your answers will remain anonymous

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Note

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**BLATANTLY BIASED: EXPANDING *PEÑA-RODRIGUEZ* TO CASES OF
BIAS AGAINST SEXUAL ORIENTATION, RELIGION, AND SEX**

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INTRODUCTION

On January 26, 1993, after eight hours of deliberation, twelve jurors sentenced Charles Rhines to death.¹ During jury selection before the trial, Rhines's lawyers asked all but one juror if they harbored any biases against Rhines because he is a gay man.² One juror said that she thought of Rhines's life choices as “sinful” but that it would not impact her decision making.³ During the guilt phase, all of the jurors learned of Rhines's sexuality through the testimony of a witness *168 who saw him “cuddling” another man, and another witness testified that he had been in a relationship with Rhines.⁴ After finding Rhines guilty of first-degree murder, the same jurors listened to the state's penalty phase case, which incorporated victim impact testimony, and to the testimony of Rhines's family.⁵ After spending some time deliberating, the jurors sent the judge a note asking the following questions, among others: “Will Mr. Rhines be allowed to mix with the general inmate population[?]”; “[Will he be] allowed to create a group of followers or admirers[?]”; “Will Mr. Rhines be allowed to marry or have conjugal visits[?]”; and “Will Mr. Rhines be jailed alone or will he have a cellmate[?]”⁶ The trial court provided no extra information to answer the jurors' questions, and the jury shortly sentenced Rhines to death.⁷ Rhines appealed his sentence and conviction and lost.⁸

Rhines was unable to introduce on appeal the biased questions the jurors asked during the eight hours of deliberation because of South Dakota's no-impeachment rule, which mirrors [Rule 606 of the Federal Rules of Evidence](#).⁹ Recent interviews with jurors showed dangerous bias against Rhines, with a juror remembering that “the jury ‘also knew that [Mr. Rhines] was a homosexual and thought that he shouldn't be able to spend his life with men in prison.’”¹⁰ A second juror remembered that “[o]ne juror made ... a comment that if he's gay, [they]’d be sending him where he wants to go if [they] voted for [life imprisonment without the possibility of parole].”¹¹ A third juror said, “There was lots of discussion of homosexuality. There was a lot of disgust. This is a farming community There were lots of folks who were like[,] Ew, I can't believe that.”¹²

While Rhines was imprisoned on death row, the Supreme Court decided *Peña-Rodriguez v. Colorado*, and so found an exception to the juror no-impeachment rule in cases of racial bias.¹³ Rhines argued that the exception should apply to more than racial bias, including *169 sexual bias.¹⁴ Rhines's appeals on this matter have been exhausted; the South Dakota Supreme Court

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found that he did not meet the requisite bar for the exception to apply, and the Supreme Court denied certiorari in June 2018.¹⁵ Rhines currently remains on death row.¹⁶

This Note will argue that *Peña-Rodriguez* should be expanded to apply to post-conviction cases where jurors have made clear statements of bias against the sexual orientation, sex, or religion of a defendant, creating an exception to [Rule 606](#). Part I will cover the tensions between the Sixth Amendment and [Federal Rule of Evidence 606](#), defining varied applications of [Rule 606](#) and the Supreme Court decisions determining [Rule 606](#)'s scope. Part II will discuss *Peña-Rodriguez v. Colorado* in detail and the differences between the majority and minority's rationales. Part III will argue that the exception created to [Rule 606](#) in *Peña-Rodriguez v. Colorado* should be expanded to cover biases against sexuality, sex, and religion. Part IV will address concerns about expanding the *Peña-Rodriguez* exception.

I. TENSIONS BETWEEN THE SIXTH AMENDMENT AND FEDERAL RULE OF EVIDENCE 606**A. Promises of the Sixth Amendment and Evidentiary Requirements of [Rule 606\(b\)](#)**

There is inherent tension between the Sixth Amendment and [Rule 606](#).¹⁷ The Sixth Amendment states, “In all criminal prosecutions, the accused shall enjoy the right to a ... trial, by an impartial jury of the State and district wherein the crime shall have been committed”¹⁸ The Constitution requires that defendants receive “a tribunal both impartial and mentally competent to afford a hearing.”¹⁹ Simply put, a fair and impartial trial does not equate to a perfect one, and an impartial jury is made up of jurors who only consider the evidence presented to them at trial.²⁰ The fundamental principles behind the Sixth Amendment clash with the ***170 [Federal Rule of Evidence 606\(b\)](#)**, which prohibits inquiry into the inner deliberations of the jury.²¹ [Rule 606\(b\)](#) reads as follows:

Prohibited Testimony or Other Evidence. During an inquiry into the validity of a verdict or indictment, a juror may not testify about any statement made or incident that occurred during the jury's deliberations; the effect of anything on that juror's or another juror's vote; or any juror's mental processes concerning the verdict or indictment. The court may not receive a juror's affidavit or evidence of a juror's statement on these matters.²²

Despite the strong protections provided above, Congress foresaw a few scenarios in which the veil to the jury room should be pierced.²³ “A juror may testify about whether: (A) extraneous prejudicial information was improperly brought to the jury's attention; (B) an outside influence was improperly brought to bear on any juror.”²⁴ These codified exceptions are very limited; jurors can only testify about issues during jury deliberation if the jury considered extraneous information or an outside influence unduly bore upon deliberation.²⁵ Testimony of juror bias during jury deliberation does not fit easily into either exception because it is not extraneous information, nor is it an outside influence.²⁶ When a juror presents evidence or testimony that another juror was prejudiced or was in some way unable to render an impartial verdict, the Sixth Amendment demands that evidence be accepted, and [Rule 606](#) bars its admission.²⁷

B. Court Compromises

Courts have adapted to the tension between the promises of the Sixth Amendment and [Rule 606](#) in various ways, including holding that the Sixth Amendment can supersede [Rule 606](#), but each state and federal jurisdiction does protect jury deliberation from impeachment.²⁸ The protections for jury deliberations in [Rule 606](#) are based on the Mansfield Rule, which prohibited jurors from testifying on mental processes or events that happened during deliberation.²⁹ The Mansfield Rule has been interpreted in three different ways. First, ***171 Texas** applies the “Outside Influence” Rule, as codified in the Texas Rules of Civil Procedure.³⁰ In this interpretation, jurors can only testify to outside influences, such as threats made to jurors during

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deliberation.³¹ This interpretation significantly limits juror testimony and has strayed the least from the Mansfield Rule.³² Second, the Federal Rules also allow for juror testimony for “events extraneous to the deliberative process,” including juror consultation of dictionaries or newspapers.³³ Finally, some jurisdictions follow the “Iowa rule.”³⁴ The “Iowa rule” spawned from the 1866 Iowa Supreme Court decision in *Wright v. Illinois and Mississippi Telephone Co.*, in which the court ruled that jurors could testify to facts that happened during deliberation.³⁵ In jurisdictions following the “Iowa rule,” jurors are prohibited from testifying about their own subjective beliefs, but they may testify about objective facts and events that occurred during deliberation.³⁶ The Supreme Court disfavors the “Iowa rule” and seems to prefer the Federal Rule as a balance between the two extremes.³⁷

Prior to *Peña-Rodriguez*, the Supreme Court addressed the scope of Rule 606 only twice.³⁸ However, it has dealt with the common-law equivalent, finding exceptions for the “gravest and most important cases,” in *McDonald v. Pless*.³⁹ In the first case regarding the scope of Rule 606, *Tanner v. United States*, the Court ruled that juror intoxication and drug use was not an “outside influence.”⁴⁰ After Tanner’s conviction, his attorney received an unsolicited visit from a member of the jury who said that during the trial several other jurors became intoxicated during breaks, he and two other jurors smoked marijuana throughout the trial, and others ingested cocaine three to five times throughout the trial.⁴¹ The Court refused to find an exception, basing its reasoning on concerns that attorneys would harass jurors after litigation, destroying the freedom of discussion during deliberation, and that the exception would undermine the willingness of jurors to return an unpopular verdict.⁴² The Court also examined several public policy considerations, such as the finality of litigation and chilling full and free debate in deliberation by allowing in evidence about juror intoxication, determining in particular that voir dire allows for counsel to weed out any jurors incapable of judging impartially.⁴³ Juror intoxication and drug use are therefore not an exception to Rule 606(b)(1).⁴⁴

The issue of voir dire as a protection for defendants’ Sixth Amendment rights is a particularly thorny one that will be discussed in greater detail in Part III of this Note.⁴⁵ Suffice to say, voir dire is the examination of prospective jurors for selection for trial.⁴⁶ The Supreme Court has more fully explored voir dire as a protection for defendant’s rights in the Court’s second decision on the scope of Rule 606.⁴⁷ *Warger v. Shauers* was a civil case that dealt with juror dishonesty during voir dire.⁴⁸ During voir dire, each juror was asked if he or she could be fair and impartial during the trial and was given the chance to answer if he or she could not.⁴⁹ After rendering a verdict for the defendant, a juror approached the plaintiff’s attorney about the conduct of another juror who had expressed that her daughter had been in a similar situation to the defendant’s situation.⁵⁰ Despite clear dishonesty during voir dire by the prejudiced juror, the Court upheld the no-impeachment rule by finding no exception for a juror who fails to disclose pro-defendant bias.⁵¹ Additionally, the Court stated, “Even if jurors lie in voir dire in a way that conceals bias, juror impartiality is adequately assured by the parties’ ability to bring to the court’s attention any evidence of bias before the verdict is rendered, and to employ nonjuror evidence even after the verdict is rendered.”⁵²

More importantly, the Court echoed its old warning that there are some cases of “juror bias so extreme that, almost by definition, the jury trial right has been abridged.”⁵³ It further explained what the Court would do with such a case, leaving itself open to balancing the jury system requirements and the rights of the individual defendant.⁵⁴ The Court then left the exception to the no-impeachment rule in *McDonald* and its predecessors but still only in “the gravest and most important cases.”⁵⁵ In such an important case, excluding juror testimony would “violat[e] the plainest principles of justice.”⁵⁶

II. THE GRAVEST AND MOST IMPORTANT CASE: *PEÑA-RODRIGUEZ V. COLORADO*

A. Statement of Facts

The Court found its exception for the most important case in a sexual assault trial: *Peña-Rodriguez v. Colorado*.⁵⁷ Prosecutors brought charges against Peña-Rodriguez based on an alleged sexual assault in a bathroom.⁵⁸ Prospective jurors were repeatedly asked whether they believed that they could be fair and impartial and the court encouraged them to speak if they had any concerns

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about impartiality.⁵⁹ None of the jurors indicated that they could not be impartial.⁶⁰ The jury found the defendant guilty after a three day trial, and two jurors approached defendant's counsel and said that another juror had expressed anti-Hispanic bias.⁶¹

With permission of the court, both jurors signed affidavits describing comments during deliberation.⁶² The jurors swore that another juror, identified as H.C., told fellow jurors that he “believed the defendant was guilty because, in [his] experience as an ex-law enforcement officer, Mexican men had a bravado that caused them to believe they could do whatever they wanted with women.”⁶³ They also said that H.C. stated, “Mexican men are physically controlling of women because of their sense of entitlement,” and “I think he did it because he's Mexican and Mexican men take whatever they want.”⁶⁴ The “trial court acknowledged H.C.'s apparent bias” but found that the deliberations were protected under [Rule 606\(b\)](#), so it would not overturn the verdict.⁶⁵

***174 B. A Sixth Amendment Issue Masquerading as a Fourteenth Amendment Issue**

The Supreme Court found that there was an exception to [Rule 606](#) when jurors engage in racial bias and remanded *Peña-Rodriguez* to the lower court.⁶⁶ The Court took a Sixth Amendment issue and framed it within the Fourteenth Amendment.⁶⁷ The ruling is not designed to “perfect the jury but to ensure ... the promise of equal treatment under the law that is so central to a functioning democracy.”⁶⁸ It first distinguished racial bias from the pro-defendant bias in *Warger* and juror intoxication in *Tanner*, finding racial bias to be more serious.⁶⁹ Racial bias was an “evil that, if left unaddressed, would risk systemic injury to the administration of justice.”⁷⁰ In distinguishing racial bias, the Court noted that the safeguards mentioned in *Tanner* are less effective in these cases.⁷¹ Specifically, voir dire can be insufficient in determining racial bias cases because generic questions may not expose bias, and pointed questions about bias could exacerbate prejudice without actually exposing it.⁷² In addition to finding the *Tanner* safeguards inadequate, the Court also found that such cases must be addressed to prevent a “loss of confidence in jury verdicts, a confidence that is a central premise of the Sixth Amendment trial right.”⁷³ The Court held

where a juror makes a clear statement that indicates he or she relied on racial stereotypes or animus to convict a criminal defendant, the Sixth Amendment requires that the no-impeachment rule give way in order to permit the trial court to consider the evidence of the juror's statement and any resulting denial of the jury trial guarantee.⁷⁴

***175** Although the Court used language related to the Fourteenth Amendment, finding that an exception for racial bias is necessary because “equal treatment under the law ... is so central to a functioning democracy,” they held that the *Sixth Amendment* required an exception to [Rule 606](#).⁷⁵ As such, the Court expanded the power of the Sixth Amendment.⁷⁶ Justice Alito dissented.⁷⁷ He opined that “[t]his disparate treatment is unsupportable under the Sixth Amendment. If the Sixth Amendment requires the admission of juror testimony about statements or conduct during deliberations that show one type of juror partiality, then statements or conduct showing any type of partiality should be treated the same way.”⁷⁸ In other words, he believed that once the door to the jury room had been cracked open just a little for racial bias, the door should be opened for examination for other forms of bias, as well.⁷⁹ He also noted:

Recasting this as an equal protection case would not provide a ground for limiting the holding to cases involving racial bias. At a minimum, cases involving bias based on any suspect classification--such as national origin or religion--would merit equal treatment. So, I think, would bias based on sex Indeed, convicting a defendant on the basis of any irrational classification would violate the *Equal Protection Clause*.⁸⁰

Justice Alito's dissent is correct that several other classifications of bias could easily justify the same treatment as racial bias under *Peña-Rodriguez*, such as sexual orientation, religion, and sex.⁸¹ Just like the racial bias noted in *Peña-Rodriguez*, jurors can be and have been biased against sexual orientation, religion, and sex.⁸² Just like racial bias, voir dire is insufficient in

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discovering these biases in potential jurors, and even when they are discovered, rehabilitation does not remove them. Finally, the continued existence of biases against sexual orientation and sex undermines citizen trust in the justice system, just like racial bias.

176 III. EXPANDING PEÑA-RODRIGUEZ TO SEXUAL ORIENTATION, RELIGION, AND SEX*A. Examples of Specific Bias Within the Jury System****I. Sexual Orientation**

Biases based on sexual orientation, sex, and religion could all meet the standard dictated in *Peña-Rodriguez*, as voir dire is insufficient to protect defendants against these biases, and each bias could undermine belief in the legal system.⁸³ There are several noteworthy cases beyond Charles Rhine's that expose systemic juror biases against LGBTQ individuals.⁸⁴ In *Commonwealth v. Delp*, Christian Delp was convicted of three counts of child rape.⁸⁵ The week after he was convicted, a juror approached the trial judge on "a matter of conscience."⁸⁶ The juror stated in a letter that "[his] verdict was bias [sic] at the conclusion of Christian Delp's trial."⁸⁷ The juror's letter spawned a hearing and the juror testified that he "had felt that [he], [himself], had found Christian Delp guilty *solely* on his apparent homosexuality."⁸⁸ The court found that despite the juror's testimony that he had found Delp guilty because of Delp's sexuality, the juror's "uncorroborated posttrial testimony" did not necessitate a new trial.⁸⁹ The court affirmed that public policy dictated that jurors should keep secret conversation and their personal thoughts during deliberation.⁹⁰

More recent cases also expose juror bias against LGBTQ individuals.⁹¹ Eric Patrick was convicted of first-degree murder in 2009.⁹² Patrick's jury recommended the death penalty with a seven to five vote, and the trial court sentenced him to death.⁹³ During voir dire, a juror stated that he "would have a bias if [he] knew the perpetrator was homosexual."⁹⁴ When asked about holding the *177 prosecution to the proper burden of proof, he answered, "Put it this way, if [he] felt the person was a homosexual, [he] personally believe[d] that person is morally depraved enough that he might lie, might steal, might kill."⁹⁵ He also answered yes when asked if his expressed bias might affect deliberations.⁹⁶ The Florida Supreme Court remanded the case for an evidentiary hearing after vacating Patrick's death sentence.⁹⁷

Researchers have come to similar conclusions about implicit bias against sexual orientation.⁹⁸ In a 2009 study, researchers examined the effects of defendant's sexual orientation on juror's perceptions on a mock child sexual assault case.⁹⁹ A racially and religiously diverse sample of mock jurors read a fact pattern laying out, through prosecution witness testimony and the defendant's statement, a brief case of a male teacher sexually abusing a student.¹⁰⁰ The male teacher was either gay or straight, and the victim was either a boy or a girl.¹⁰¹ The mock jurors also read applicable jury instructions about the burden of proof and the elements of the crime.¹⁰² Researchers found that the mock jurors made "significantly more pro-prosecution judgements in cases involving gay as compared to straight defendants."¹⁰³ The mock jurors were more likely to convict a gay defendant, more likely to find the gay defendant as less credible than a straight one, and more likely to attribute more culpability to a gay defendant.¹⁰⁴ The jurors were also more likely to feel that the defendant needed to be punished and more likely to believe that sexual contact did occur.¹⁰⁵ The researchers concluded that "compared to straight defendants, defendants perceived to be gay face unfair presumptions of guilt in child sexual abuse cases."¹⁰⁶ Clearly, biases against sexual orientation exist and critically affect trial outcomes in the same way that biases against race affected the initial trial outcome of *Peña-Rodriguez*.¹⁰⁷

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***178 2. Religion**

Jurors have also expressed religious bias against defendants and have still remained on the jury.¹⁰⁸ In *People v. Al-Turki*, Homaïdan Al-Turki was convicted of unlawful sexual contact, extortion, false imprisonment, and several other charges in 2006.¹⁰⁹ The court asked each of the 106 potential jurors to give their reaction to the fact that “the defendant, the complaining witness, and the other witnesses in this case are Muslims.”¹¹⁰ The court also asked general questions about the jurors’ ability to be impartial.¹¹¹ After counsel whittled the 106 potential jurors to 12 and as the court swore in jury members, a juror interrupted and began to share his personal thoughts on the “Muslim religion.”¹¹² He stated that he thought that “a person of [the Muslim] faith would commit a crime if ... the faith conflicted with the laws of [the United States] government.”¹¹³ While this juror expressed bias while the jury was being sworn in, it was not caught because of voir dire, and so could have easily been mentioned during deliberations.¹¹⁴

Religious bias is also seen in civil cases.¹¹⁵ In *Fleshner v. Pepose Vision Institution, P.C.*, a juror made multiple anti-Semitic comments about a witness.¹¹⁶ After the jury was dismissed, a juror approached counsel and described the anti-Semitic statements made by that juror during deliberation.¹¹⁷ The juror allegedly said, “She is a Jewish witch,” “She is a Jewish bitch,” “She is a penny-pinching Jew,” and “She was such a cheap Jew that she did not want to pay Plaintiff unemployment compensation.”¹¹⁸ Though Missouri followed the stricter interpretation of the Mansfield Rule, the Missouri Supreme Court ruled that statements exhibiting “religious bias or prejudice deny the parties their constitutional rights to a trial by 12 fair and impartial jurors and *equal protection of the law*.”¹¹⁹ The court noted that *179 a religiously biased juror holds negative stereotypes that would prevent him or her from making verdicts based on the facts and law presented at trial.¹²⁰

In a psychological discussion about Al-Turki’s appeal, Marc Pearce and Samantha Schwartz summarized relevant background research about anti-Muslim bias.¹²¹ They noted that research indicated that “associating Muslims with negative attributes (such as terrorism) can create implicit biases.”¹²² They also stated that the use of negative associations could create a bias against a Muslim defendant.¹²³ A court found such a case in 2010 in which a prosecutor created bias against a Muslim defendant in South Carolina.¹²⁴ Angle Vazquez was charged and found guilty of two counts of murder and other assorted crimes.¹²⁵ During the sentencing phase of the trial, a witness testified that Vazquez was a Muslim.¹²⁶ Counsel had screened each potential juror about anti-Muslim bias during voir dire.¹²⁷ Vazquez’s trial also overlapped with the second anniversary of 9/11, a fact that the prosecutor took advantage of when he argued that Vazquez should be given the death penalty because he was a “domestic terrorist.”¹²⁸ The South Carolina Supreme Court overturned Vazquez’s sentence because the prosecution appealed to “prejudice involving anti-Muslim sentiment.”¹²⁹ Consequently, bias against certain religions has had the same effect that racial bias had in *Peña-Rodriguez*: it poisoned jury deliberation.

3. Sex

Claims of juror bias against sex are raised rarely and usually fail as it is difficult to show.¹³⁰ More often, cases are appealed for *180 bias against sex during voir dire as opposed to after deliberation.¹³¹ The Supreme Court demonstrated concern for biases against sex in voir dire.¹³² In *J.E.B. v. Alabama*, the Supreme Court expanded *Batson v. Kentucky*, which held that the prosecution cannot exercise a peremptory strike in voir dire on the basis of race, to peremptory strikes on the basis of sex.¹³³ The Court referred to the long history of prejudice against women in the jury system.¹³⁴ The Court found that, just like in cases of race, “gender simply may not serve as a proxy for bias.”¹³⁵ While juror biases against sex are rarely argued, it is likely that the concern for sex biases in jury selection would apply to sex biases against the defendant.¹³⁶

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Researchers, too, have tracked biases against defendant genders.¹³⁷ Jurors are more likely to find men guilty of both assault and theft and applied harsher punishments when the victim was female.¹³⁸ In studies designed to test the effect of defendant gender on alibi credibility, mock jurors found the female defendant to be more feminine, more credible, more likeable, and therefore less likely to be guilty.¹³⁹ The mock jurors read about a spousal homicide case with opening and closing statements, prosecution witness statements, and the defendant's statement containing his or her alibi.¹⁴⁰ The more the mock jurors believed the defendant's alibi, which was also manipulated into becoming more feminine or masculine, the less likely they were to find the defendant guilty.¹⁴¹ Female defendants with feminine alibis were seen as more trustworthy by the mock jurors as a whole.¹⁴² Bias against sexual orientation, religion, and sex are present in the legal system, both explicitly, evident through court cases, and *181 implicitly, as shown through research.¹⁴³ These biases, like racial bias, affect jurors and deliberation in a very real way.

B. Procedural Safeguards Are Insufficient in Removing Biased Jurors**1. Voir Dire's Insufficiency to Remove Biased Jurors**

Voir dire is the process of questioning and weeding out jurors who cannot be impartial.¹⁴⁴ “Ideally,” as the court in *Fleshner* stated, “the potential jurors' answers to questioning during voir dire would reveal every bias or prejudice. Those potential jurors expressing biases or prejudices would be stricken.”¹⁴⁵ Aware of the realities of the justice system, the court also noted that potential jurors are unlikely to admit to any biases openly in court, particularly those about religion or ethnicity.¹⁴⁶ Citizens who are called for jury duty will sometimes ask whether or not they can lie during voir dire, showing how uncomfortable they are with sharing their biases.¹⁴⁷ As a practical matter, *Warger* went to the Supreme Court because a juror explicitly lied during voir dire when she said that she had no bias toward either party.¹⁴⁸

Moreover, lawyers' questions during voir dire are often not designed to gain information about a bias, but are designed to further a particular theory of a case; for example, on a theory of self-defense, counsel could ask questions about whether jurors felt as if they needed to retreat in a dangerous situation.¹⁴⁹ “The voir dire process, for the most part, is stuck in the 19th century.”¹⁵⁰ Both the prosecution and defense have “virtually no information” about their potential jurors besides names; most jurisdictions do not conduct background checks on jurors.¹⁵¹ As a consequence, counsel conducting voir dire *182 does so in the dark.¹⁵² Voir dire is also seen as a less important part of trial, as lawyers spend little time on it.¹⁵³

Additionally, voir dire often fails to eliminate “stealth” and “rogue” jurors.¹⁵⁴ “Stealth” jurors have an agenda while “rogue” jurors lie during voir dire and deliberately hang juries.¹⁵⁵ While “rogue” jurors are rare, “stealth” jurors can be a problem.¹⁵⁶ Beyond jurors who intentionally try to manipulate the system, jurors often experience fear and try to please the judge and therefore do not tell the truth during voir dire.¹⁵⁷ Beyond fear of the courthouse, certain questions during voir dire put the potential jurors in tight spots; some worry about disclosing prior crimes in fear that they might lose their jobs.¹⁵⁸ Jurors who want to please judges may also mislead counsel during voir dire.¹⁵⁹ Judge Gregory E. Mize studied juror answers and found that some jurors always gave what they thought was the answer the judge wanted to hear in court, but when asked privately, would change their answer.¹⁶⁰

How effective voir dire is depends on who is asking the questions and how formal the procedure is.¹⁶¹ When voir dire is conducted by a judge, “subjects changed their answers to a significantly greater degree when they were asked to report their attitudes”¹⁶² Researchers also found that the most anxious jurors were also the most likely to lie during voir dire.¹⁶³ In a study about juror honesty, *183 jurors were asked in court if they or their family had been victims of a crime or if they knew any police officers.¹⁶⁴ Voir dire was brief and jurors answered questions mostly by raising hands.¹⁶⁵ Only 8.9% of the jurors indicated yes to the prior victimization question and only 7.9% indicated yes to knowing a police officer.¹⁶⁶ However, about 34% of the jurors or their family members had been victims and about 40% of the jurors knew police officers.¹⁶⁷ The authors

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concluded that “to a significant degree, ... jurors withhold information or lie during voir dire.”¹⁶⁸ Voir dire is insufficient to prevent bias as a whole even when the bias is not stigmatized, like knowing a police officer; it cannot handle the very real bias against sexual orientation, religion, and sex.¹⁶⁹ Jurors in Rhines's, Delp's, and Fleshner's respective trials did not express their bias during voir dire and later tainted jury deliberations.¹⁷⁰ Voir dire is insufficient in protecting defendants from bias against sexual orientation, religion, and sex in the same way it is insufficient to protect against racial bias.

2. Rehabilitation Failures to Remove Juror Bias

Even after a potential juror has expressed bias, judges may rehabilitate or ask if he or she could set aside bias.¹⁷¹ The process of rehabilitation is quick and begins with questions similar to “If the court were to instruct you, as a matter of law, to only consider evidence that is presented from the witness stand, could you set aside your bias?”¹⁷² Next, potential jurors “agree to ignore their biases” and are allowed to serve on the jury if counsel does not use one of their peremptory strikes.¹⁷³ Caroline Crocker and Margaret Bull Kovera studied the effect of rehabilitation on an insanity defense.¹⁷⁴ The judge pulled potential jurors into chambers one by one, and gave each either the rehabilitative instructions or normal voir dire questions.¹⁷⁵ The rehabilitative instructions did not affect the verdict¹⁸⁴ itself, and so did not remove any bias the jurors expressed during voir dire.¹⁷⁶ “Rehabilitation did not, however, interact with juror bias to affect verdict judgements”¹⁷⁷ Crocker and Kovera concluded that rehabilitation did not reduce the “negative impact of juror bias on verdicts” but instead decreased the confidence in the verdict of both unbiased and biased jurors.¹⁷⁸ Jurors did not become less biased as a result of rehabilitative instruction but instead became less sure of themselves.¹⁷⁹ Provided that jurors are honest about biases against sexual orientation, religion, and sex and the trial court deigns to rehabilitate them, they still bring their bias into deliberation.¹⁸⁰ Additionally, if unbiased jurors heard rehabilitative instructions, they become less sure in their verdict.¹⁸¹ Jurors in Patrick's and Al-Turki's respective trials expressed specific biases and were not removed from the potential jury pool because they had been rehabilitated.¹⁸²

3. The Inability of the Justice System to Remove Jurors with Bias Against Sexual Orientation, Religion, and Sex Undermines Confidence in the Jury Verdict

The Supreme Court has addressed systematic bias against defendants to protect the constitutional right to a fair and impartial trial.¹⁸³ Despite previous discrimination, all races, genders, and ethnicities serve on juries so as to represent the defendant's community.¹⁸⁴ However, as explained by Ronald Wright, “the colorblind ideal isn't true in practice.”¹⁸⁵ Later discovered or known and ignored bias have spawned a growing list of articles online, decrying the fairness of the system.¹⁸⁶ Before 2018, there was no empirical data confirming¹⁸⁵ what those who spend time in court already knew: peremptory challenges are used to remove minorities, who are more sympathetic both to defendants of color and defendants as a whole.¹⁸⁷ Later removal of white jurors does not rebalance the jury.¹⁸⁸ As an effect of stacking the jury against defendants of color, “the community become [s] more cynical about the justice system.”¹⁸⁹ Biases against sexual orientation, sex, and religion weaken community trust in the American justice system in the same way. The public becomes aware of juror biases in two different ways: through the internet, and through participating in trials.¹⁹⁰

While few people would have heard about juror prejudice against Christian Delp's sexual orientation in 1996, Charles Rhines's denial of certiorari was written about in the New York Times, the Miami Herald, and even Snopes, a website dedicated to debunking myths and rumors.¹⁹¹ Homaidan Al-Turki has his own Wikipedia page.¹⁹² The cracks in the justice system are becoming more visible and are compounded by decreasing citizen participation in jury trials.¹⁹³

As noted by Jocelyn Simonson's article, *The Criminal Court Audience in a Post-Trial World*, criminal jury trials are essentially a phenomenon.¹⁹⁴ As fewer defendants opt for jury trials, fewer members of the public experience the criminal justice system

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firsthand as jurors.¹⁹⁵ Their experiences are limited to being members of the audience, and thus, they have “minimal input into and receive[] little information about the behind-the-scenes decisions and negotiations” of the justice system.¹⁹⁶ Despite the decreasing number of *186 jurors in criminal cases, jurors are still lauded as an important part of the checks and balances of the criminal justice system.¹⁹⁷ As fewer citizens serve as jurors and are limited to observing the rare trial, they can no longer “perform a vital role in the American system of justice.”¹⁹⁸ They no longer enjoy the “high duty of citizenship.”¹⁹⁹ Instead, they are left to rely on what they have read: stories of clear juror prejudice. They contrast jurors as the gatekeepers of justice and liberty with the cold reality that jurors have expressed clear bias against sexual orientation, religion, and sex.²⁰⁰ As more stories are written about jurors’ expression of bias against sexual orientation, religion, and sex, the public will become more cynical about the justice system, just as racial minorities have.

IV. HESITATIONS TOWARDS EXPANDING PEÑA-RODRIGUEZ

There has been concern over expanding *Peña-Rodriguez* beyond race, best typified by Justice Alito's dissent in the case itself.²⁰¹ One of Justice Alito's concerns was that because the Court applied the Sixth Amendment instead of the Fourteenth, there was no framework in limiting the exception.²⁰² Indeed, because *Peña-Rodriguez* was decided as a Sixth Amendment case, bias against a defendant does not need to be limited to what have been previously decided as suspect classes.²⁰³ Under this expansive view, bias against a defendant's sports team could be treated as a violation of his or her Sixth Amendment right to an impartial jury.²⁰⁴ While surely avoiding all biases would be in line with the proper text of the Sixth Amendment, declaring that all defendants have a right to an impartial jury, the exception can easily be limited by applying the Fourteenth Amendment suspect classification test.²⁰⁵ Because *Peña-Rodriguez* used the language of *187 the Fourteenth Amendment, the Court could easily recast the decision as being based on Equal Protection and therefore limit *Peña-Rodriguez* significantly.²⁰⁶

As noted by Justice Kennedy in *Peña-Rodriguez*, racial bias is distinct because it “implicates unique historical, constitutional, and institutional concerns.”²⁰⁷ Indeed, race is incredibly inimitable in its historical treatment. However, the law has treated other biases similarly situated to racial bias under the Fourteenth Amendment.²⁰⁸ These biases, including sex and sexual orientation, can be treated as quasi-suspect classifications.²⁰⁹ Both sex and sexual orientation suffer from historical prejudice and are distinguishing characteristics to a degree.²¹⁰ While race is unique in its deeply entrenched history of bias, it is not so unique that its characteristics cannot be applied to sexual orientation or sex. Nor is there a clear basis from distinguishing biases against sexual orientation, sex, religion, or race from the juror misconduct testimony allowed by Rule 606(b).²¹¹

Another hesitation over expanding *Peña-Rodriguez* is whether other biases are prevalent enough to consider widening the exception to Rule 606(b). Rule 606(b) and its progeny in state jurisprudence are strongly protected, and in some circuits, Rule 606(b) trumped the Sixth Amendment.²¹² Rule 606(b) was nearly sacred prior to *Peña-Rodriguez*.²¹³ The Texas legislature, for example, specifically chose to limit any juror testimony about deliberations by only allowing testimony about outside juror influences.²¹⁴ However, as previously shown, cases in which jurors exhibit explicit bias against the sexual orientation, religion, and sex of defendants, while rare, are present.²¹⁵ Implicit bias against sexual orientation, religion, and sex are also present.²¹⁶ The Sixth Amendment does not guarantee an impartial trial to only *188 a majority of defendants, but to all of them.²¹⁷ In the words of Dr. Martin Luther King, Jr., “[i]njustice anywhere is a threat to justice everywhere.”²¹⁸

The final set of reasons for hesitating to expand *Peña-Rodriguez* are procedural in nature: lawyers will engage in “fishing expeditions” searching for bias, resulting in juror harassment, and the exception will encompass too many cases, making trials substantially more difficult to put on.²¹⁹ *Peña-Rodriguez* addresses the first issue itself, noting that court rules often limit interaction with jurors after trials.²²⁰ Counsel is often barred from contacting jurors after the trial through local court rules, state statutes, and judge orders.²²¹ Juror harassment is also less of a concern; while juror harassment has been often mentioned

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in preserving [Rule 606\(b\)](#), in practice, “restrictions on ... interviews of jurors often result in procedures that are more disruptive and traumatic than standard unencumbered interviews.”²²²

Courts should not hesitate in expanding *Peña-Rodriguez* for fear that they will be overrun with motions. While the Supreme Court only provided that a juror statement of racial bias had to be clear to trigger the exception to 606(b), the lower courts have interpreted “clear” to be a high bar.²²³ The Second Circuit held that even though a juror had expressed that “he knew the defendant was guilty the first time he saw him,” it was not “clear, strong, and incontrovertible evidence that this juror was animated by racial bias or hostility.”²²⁴ The Ninth Circuit has held similarly that a comment that the jury would quickly convict the defendant if he were black to be insufficient to trigger the exception.²²⁵ Given the unique legal treatment of race, it would be anomalous for biases against sexual orientation, religion, and sex to trigger the exception more frequently. Provided that the lower courts treat “clear” in the same manner, it would be unlikely for the exception to be triggered only in cases that “cast serious doubt on the fairness and impartiality of the jury's deliberations.”²²⁶

***189 CONCLUSION**

Biases against sexual orientation, religion, and sex have very real effects and jurors with these biases can poison the jury deliberation room just as easily those with racial biases. Voir dire fails to protect defendants from these biased jurors in the same way that voir dire cannot always protect defendants from racially biased members of the jury. Other safeguards such as juror rehabilitation also fail to remove bias based on sexual orientation, religion, and sex. Each failure of the criminal justice system to remove bad jurors becomes more apparent with the use of the internet and social media as citizen involvement in juries decreases. Citizens are limited to weighing news stories about unfair trials and the American principle that jurors should be impartial, losing trust in juries.

As of February 2019, the Supreme Court has rejected expanding *Peña-Rodriguez* to any bias beyond race.²²⁷ However, expanding the *Peña-Rodriguez* exception seems likely. States have already begun to codify larger exceptions to their equivalents to [Rule 606\(b\)](#), signaling a larger trend toward trials free of clear juror bias.²²⁸

The Supreme Court has also failed to limit illegal discrimination to only racial bias previously.²²⁹ The Court could easily limit exceptions to [Rule 606\(b\)](#) to suspect classes under the Equal Protection Clause and is likely to as a failsafe. The criminal justice system as a whole should continue to embrace changes that provide fair trials for defendants. As Justice Kennedy stated in his majority opinion in *Peña-Rodriguez*, “It is the mark of a maturing legal system that it seeks to understand and to implement the lessons of history.”²³⁰ History has taught that jurors have held and exercised bias against sexual orientation, religion, and sex in jury trials. The principle of the Sixth Amendment, declaring that all defendants have a right to a fair and impartial trial, demands that *Peña-Rodriguez* be expanded to cover these real biases, too.

Footnotes

^{a1} JD Candidate 2020, William & Mary Law School; BA History 2017, Brigham Young University. The author would like to thank the *William & Mary Journal of Race, Gender, and Social Justice* for the selection of this Note and their dedication to universal fundamental rights. This Note is dedicated to those who fight to protect the right to a fair trial.

¹ Petition for Writ of Certiorari at 3, 5-6, [Rhines v. South Dakota](#), 138 S. Ct. 2660 (2018) (No. 17-8791).

² *Id.* at 4.

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3 *Id.*

4 *Id.*

5 *Id.*

6 *Id.* at 5.

7 Petition for Writ of Certiorari, *supra* note 1, at 6. Rhines later appealed and the South Dakota Supreme Court affirmed his conviction and sentence. *Id.* Rhines claimed that the jury held an anti-gay bias based on a note they sent the judge, but the South Dakota Supreme Court specifically found that the note did not reflect bias. *Id.*

8 *See id.*

9 *See id.* at 7. Compare FED. R. EVID. 606, with S.D. CODIFIED LAWS § 19-19-606 (2019).

10 *Id.* at 7-8.

11 Petition for Writ of Certiorari, *supra* note 1, at 8.

12 *Id.* (internal quotations omitted). Rhines also alleged that one juror referred to him as an “SOB queer,” and another juror thought that Rhines “might be ‘a “sexual threat to other inmates and take advantage of other young men in or outside of prison.”’” *Id.* at 7 n.4.

13 137 S. Ct. 855, 869 (2017).

14 *See* Petition for Writ of Certiorari, *supra* note 1, at 8-9.

15 *Rhines v. South Dakota*, 138 S. Ct. 2660, 2660 (2018); Petition for Writ of Certiorari, *supra* note 1, at 10.

16 Ria Tabacco Mar, *A Jury May Have Sentenced a Man to Death Because He's Gay. And the Justices Don't Care.*, N.Y. TIMES (June 19, 2018), <https://www.nytimes.com/2018/06/19/opinion/charles-rhines-gay-jury-death-row.html> [<http://perma.cc/49XA-ETBV>].

17 For a more in-depth treatment of the Sixth Amendment and Rule 606, see Amanda R. Wolin, *What Happens in the Jury Room Stays in the Jury Room ... But Should It?: A Conflict Between the Sixth Amendment and Federal Rule of Evidence 606(b)*, 60 UCLA L. REV. 262, 264-65 (2012).

18 U.S. CONST. amend. VI.

19 *Jordan v. Massachusetts*, 225 U.S. 167, 176 (1912).

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- 20 Smith v. Phillips, 455 U.S. 209, 217 (1982).
- 21 FED. R. EVID. 606(b)(1).
- 22 *Id.*
- 23 *See* FED. R. EVID. 606(b)(2).
- 24 *Id.*
- 25 *Id.*
- 26 *See id.*
- 27 *See* U.S. CONST. amend. VI; FED. R. EVID. 606.
- 28 Peña-Rodriguez v. Colorado, 137 S. Ct. 855, 865, 869 (2017) (“Some version of the no-impeachment rule is followed in every [s]tate.”).
- 29 *Id.* at 863.
- 30 TEX. R. CIV. P. 327(b).
- 31 *See* Cooper Tire & Rubber Co. v. Mendez, 155 S.W.3d 382, 412 (Tex. Ct. App. 2004), *rev'd on other grounds*, 204 S.W.3d 797 (Tex. 2006).
- 32 *See* McQuarrie v. State, 380 S.W.3d 145, 163-64 (Tex. Crim. App. 2012) (Cochran, J., dissenting).
- 33 FED. R. EVID. 606(b)(2); Peña-Rodriguez, 137 S. Ct. at 863.
- 34 Peña-Rodriguez, 137 S. Ct. at 863.
- 35 20 Iowa 195, 212 (1866).
- 36 *Id.* at 210-11.
- 37 *See* Clark v. United States, 289 U.S. 1, 13 (1933).
- 38 Peña-Rodriguez, 137 S. Ct. at 866.

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- 39 238 U.S. 264, 269 (1915).
- 40 483 U.S. 107, 122 (1987).
- 41 *Id.* at 115-16.
- 42 *Id.* at 120-21, 124-26.
- 43 *Id.* at 124, 127 (“Petitioners’ Sixth Amendment interests in an unimpaired jury, on the other hand, are protected by several aspects of the trial process.”).
- 44 *Id.* at 122.
- 45 *See infra* Part III.
- 46 *Fleshner v. Pepose Vision Inst., P.C.*, 304 S.W.3d 81, 87 n.3 (Mo. 2010).
- 47 *See Warger v. Shauers*, 135 S. Ct. 521, 529 (2014).
- 48 *Id.* at 524.
- 49 *Id.*
- 50 *Id.*
- 51 *See id.* at 530.
- 52 *Id.* at 529.
- 53 *Warger*, 135 S. Ct. at 530 n.3.
- 54 *See id.* (“If and when such a case arises, the Court can consider whether the usual safeguards are or are not sufficient to protect the integrity of the process.”).
- 55 *McDonald v. Pless*, 238 U.S. 264, 269 (1915).
- 56 *Id.* (citing *United States v. Reid*, 53 U.S. 361, 366 (1852); *Mattox v. United States*, 146 U.S. 140, 148 (1892)).
- 57 *See Peña-Rodriguez v. Colorado*, 137 S. Ct. 855, 869 (2017).

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58 *Id.* at 861.

59 *Id.*

60 *Id.*

61 *Id.*

62 *Id.* at 861-62.

63 *Peña-Rodriguez*, 137 S. Ct. at 862.

64 *Id.*

65 *Id.*

66 *Id.* at 869, 871.

67 *See id.* at 867-69.

68 *Id.* at 868.

69 *Peña-Rodriguez*, 137 S. Ct. at 868.

70 *Id.*

71 *Id.* at 869.

72 *Id.*

73 *Id.*

74 *Id.* The Court did not define “clear” or the threshold showing in order to inquire into claims of racial bias. *See Commonwealth v. Young*, No. 1305, 2018 WL 2947919, at *5-6 (Pa. Super. June 13, 2018). Additionally, it failed to define the appropriate standard of review for appeals applying the *Peña-Rodriguez* exception to Rule 606. *See* Brief of Appellant at 24, *United States v. Birchette*, 908 F.3d 50 (2018) (No. 17-4450) 2017 WL 5997873, at *24.

75 *Peña-Rodriguez*, 137 S. Ct. at 868-69.

76 *See id.* at 869.

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77 *Id.* at 874 (Alito, J., dissenting).

78 *Id.* at 883.

79 *Id.* at 883-84.

80 *Id.* (emphasis added) (citations omitted).

81 *See infra* Part IV.

82 *See, e.g.,* Commonwealth v. Delp, 672 N.E.2d 114, 117 (Mass. App. Ct. 1996); Fleshner v. Pepose Vision Inst., P.C., 304 S.W.3d 81, 86 (Mo. 2010); *cf.* Harlee v. District of Columbia, 558 F.2d 351, 354 (D.C. Cir. 1989) (holding no support for appellant's claim that gender bias played a role in his conviction).

83 *See supra* notes 80-82 and accompanying text; *infra* notes 84-143 and accompanying text.

84 *See, e.g.,* Patrick v. State, 246 So. 3d 253, 265 (Fla. 2018); *Delp*, 672 N.E.2d at 117.

85 672 N.E.2d at 115.

86 *Id.*

87 *Id.*

88 *Id.* (emphasis added).

89 *Id.* at 117.

90 *Id.*

91 *See, e.g.,* Patrick v. State, 246 So. 3d 253, 262-63 (Fla. 2018)

92 *Id.* at 257.

93 *Id.* at 258.

94 *Id.* at 263.

95 *Id.*

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- 96 *Id.*
- 97 *Patrick*, 246 So. 3d at 265.
- 98 *See, e.g.*, Tisha R. A. Wiley & Bette L. Bottoms, *Effects of Defendant Sexual Orientation on Jurors' Perceptions of Child Sexual Assault*, 33 L. & HUM. BEHAV. 46, 46-47 (2009).
- 99 *Id.* at 46.
- 100 *Id.* at 48-49.
- 101 *Id.* at 49.
- 102 *Id.*
- 103 *Id.* at 54.
- 104 Wiley & Bottoms, *supra* note 98, at 54. The jurors were also more likely to find victims more credible when the defendant was gay. *Id.*
- 105 *Id.*
- 106 *Id.* at 55.
- 107 *See Peña-Rodriguez v. Colorado*, 137 S. Ct. 855, 870 (2017).
- 108 Marc W. Pearce & Samantha L. Schwartz, *Can Jurors' Religious Biases Affect Verdicts in Criminal Trials?*, AM. PSYCHOL. ASS'N (July 8, 2010), <https://www.apa.org/monitor/2010/07-08/jn.aspx> [<http://perma.cc/3H2V-JDDX>].
- 109 *Id.* The decision is unpublished but referred to in *People v. Al-Turki*, 2017 COA 39, ¶ 2 (Ct. App. Colo. 2017).
- 110 Pearce & Schwartz, *supra* note 108.
- 111 *Id.*
- 112 *Id.*
- 113 *Id.*
- 114 *Id.*

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- 115 *See, e.g.,* *Fleshner v. Pepose Vision Inst., P.C.*, 304 S.W.3d 81, 85 (Mo. 2010).
- 116 *Id.* at 86.
- 117 *Id.*
- 118 *Id.* Another juror approached counsel and reported that anti-Semitic comments were made during deliberation but did not describe exactly what was said. *Id.*
- 119 *Id.* at 87, 89-90 (emphasis added).
- 120 *Fleshner*, 304 S.W.3d at 90.
- 121 Pearce & Schwartz, *supra* note 108.
- 122 *Id.* “This finding suggests that people who are exposed to negative portrayals of Muslims ... might develop anti-Muslim biases” *Id.*
- 123 *Id.*
- 124 *Vasquez v. State*, 698 S.E.2d 561, 567 (S.C. 2010).
- 125 *Id.* at 562-63.
- 126 *Id.* at 563.
- 127 *Id.* at 568.
- 128 *Id.* at 563. “The solicitor, who characterized Petitioner as a ‘domestic terrorist’ during his opening guilt phase statements, drew a correlation between the events of September 11th and those for which Petitioner was charged.” *Id.*
- 129 *Vasquez*, 698 S.E.2d at 569.
- 130 *See Harlee v. District of Columbia*, 558 F.2d 351, 354 (D.C. Cir. 1989). Harlee was convicted of indecent exposure and argued that his Sixth Amendment rights had been violated, first by having a jury with disproportionately more women than men for his community, and second by the trial court refusing to question potential jurors about “prejudices involving men.” *Id.* at 352-54. The court rejected both claims, as the defendant provided no evidence the underrepresentation of men was a result of systematic exclusion and that jurors were biased against his sex. *Id.* at 353-54.

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- 131 See *United States v. Analetto*, 807 F.3d 423, 425 (1st Cir. 2015). The defendant in *Analetto* contended that the prosecution had used its peremptory strikes against eight male jurors. *Id.* The trial court found that the eighth strike was impermissibly based on sex. *Id.* at 426.
- 132 See *J.E.B. v. Alabama ex rel. T.B.*, 511 U.S. 127, 129 (1994).
- 133 *Id.* at 127, 129 (citing *Batson v. Kentucky*, 476 U.S. 79 (1986)).
- 134 *Id.* at 131-35.
- 135 *Id.* at 143.
- 136 See *id.* at 153 (“We do not prohibit racial and gender bias in jury selection only to encourage it in jury deliberations. Once seated, a juror should not give free rein to some racial or gender bias of his or her own A juror who allows racial or gender bias to influence assessment of the case breaches the compact and renounces his or her oath.”).
- 137 See Susan Yamamoto & Evelyn M. Maeder, *A Case of Culture: Defendant Gender and Juror Decision-Making*, 32 J. INTERPERSONAL VIOLENCE 3090, 3090 (2017).
- 138 *Id.* at 3095. Later research indicates that the stereotype linking men to crime has weakened, though by what degree varies by case type. *Id.* at 3096.
- 139 Evelyn M. Maeder & Julie L. Dempsey, *A Likely Story? The Influence of Type of Alibi and Defendant Gender on Juror Decision-Making*, 20 PSYCHIATRY, PSYCHOL. & L. 543, 550 (2013).
- 140 *Id.* at 547.
- 141 *Id.* at 550.
- 142 *Id.*
- 143 See *supra* notes 83-142 and accompanying text.
- 144 *Fleshner v. Pepose Vision Inst., P.C.*, 304 S.W.3d 81, 87 n.3 (Mo. 2010).
- 145 *Id.*
- 146 *Id.*
- 147 See, e.g., Amy Bloom, Jack Shafer, & Kenji Yoshino, *Can I Hide My Beliefs During Jury Selection?*, N.Y. TIMES MAG. (Mar. 4, 2015), <https://www.nytimes.com/2015/03/08/magazine/can-i-hide-my-beliefs-during-jury->

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- selection.html [<http://perma.cc/2NWZ-MYY5>]. A citizen in a Midwestern state asked if he or she should lie during voir dire “so [he or she] can subvert an unfair system.” *Id.*
- 148 Warger v. Shauers, 135 S. Ct. 521, 524 (2014).
- 149 See Cathy E. Bennett, Robert B. Hirschhorn, & Heather R. Epstein, *How to Conduct a Meaningful & Effective Voir Dire in Criminal Cases*, 46 SMU L.R. 659, 660 (1993). The authors suggest that jury selection has three main goals: eliciting juror information, educating jurors about the defense theory of the case, and establishing a relationship between the attorney and the jurors. *Id.*
- 150 Molly McDonough, *Rogue Jurors*, ABA J. (Oct. 24, 2006), http://www.abajournal.com/magazine/article/rogue_jurors [<http://perma.cc/92S4-P86D>].
- 151 *Id.*
- 152 See *id.* Some jurisdictions provide counsel with questionnaires and individual voir dire to solve this problem. *Id.*
- 153 See Mark A. Drummond, *Voir Dire: Don't Let the Judge Cut You Out*, ABA, <https://apps.americanbar.org/litigation/litigationnews/articles-print/050412-practice-points-spring12.html> [<http://perma.cc/AEN4-GSFR>] (noting that a judge gave lawyers exactly the amount of time they asked for voir dire: 30 to 45 minutes).
- 154 See McDonough, *supra* note 150.
- 155 See *id.* When caught, “rogue” jurors can face charges. In a DC murder trial, a “rogue” juror winked at the defendant to let him know that she was on his side and later conspired to hang the jury. The juror was later convicted of conspiracy and obstruction of justice. *Id.*
- 156 *Id.* One jury consultant stated that 15-18% of potential jurors harbor bias and actively seek out jury service to comment on or influence trials. *Id.*
- 157 McDonough, *supra* note 150. Jurors who lie as a result of fear or panic can also be punished. A juror was sentenced to a four month sentence for failing to disclose past arrests on his jury questionnaire; the juror had no ulterior motives but thought that he did not need to disclose the arrests because he had never been convicted. *Id.*
- 158 *Id.* One potential juror was asked whether she had an abortion and feared on one hand that her husband would find out, and on the other hand, that she could be convicted of perjury. *Id.*
- 159 *Id.*
- 160 *Id.*
- 161 See Marvin Zalman & Olga Tsoudis, *Plucking Weeds From The Garden: Lawyers Speak About Voir Dire*, 51 WAYNE L. REV. 163, 178 (2005).

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- 162 *Id.*
- 163 *Id.* at 177. Other predictors of juror honesty include previous juror experience. Those who had been jurors before were the least likely to lie. *Id.*
- 164 *Id.* at 180.
- 165 *Id.*
- 166 Zalman & Tsoudis, *supra* note 161, at 180.
- 167 *See id.*
- 168 *Id.* (quoting Richard Seltzer et al., *Juror Honesty During Voir Dire*, 19 J. CRIM. JUST. 451, 460 (1991)).
- 169 *See* Petition for Writ of Certiorari, *supra* note 1, at 2, 16. Each juror answered that he or she would be impartial and fair during voir dire, including those who later made biased statements against Rhines during jury deliberation. *Id.* at 2.
- 170 *See supra* notes 82-89 and accompanying text.
- 171 Caroline B. Crocker & Margaret Bull Kovera, *The Effects of Rehabilitative Voir Dire on Juror Bias and Decision Making*, 34 L. HUM. BEHAV. 212, 212 (2010).
- 172 Christopher A. Cosper, *Rehabilitation of the Juror Rehabilitation Doctrine*, 37 GA. L. REV. 1471, 1474-75 (2003).
- 173 Crocker & Kovera, *supra* note 171, at 212.
- 174 *Id.*
- 175 *Id.* at 216.
- 176 *Id.* at 220. However, the rehabilitative instruction made participants less confident in their verdict. *Id.* The authors postulate that the jurors thought that because the judge gave rehabilitative instructions, “the judge possessed favorable attitudes toward the ... defense.” *Id.*
- 177 Crocker & Kovera, *supra* note 171, at 220.
- 178 *Id.* at 224.
- 179 *See id.*

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- 180 *See id.*
- 181 *Id.*
- 182 *See supra* notes 91-97, 108-14 and accompanying text.
- 183 *See supra* notes 29-82 and accompanying text.
- 184 *See* J.E.B. v. Alabama *ex rel.* T.B., 511 U.S. 127, 127 (1994); Batson v. Kentucky, 476 U.S. 79,79 (1986).
- 185 Ronald Wright, *Yes, Jury Selection Is as Racist as You Think. Now We Have Proof*, N.Y. TIMES (Dec. 4, 2018), <https://www.nytimes.com/2018/12/04/opinion/juries-racism-discrimination-prosecutors.html> [<http://perma.cc/XUN5-B4RR>].
- 186 Adam Benforado, *Reasonable Doubts About the Jury System*, ATLANTIC (June 16, 2015), <https://www.theatlantic.com/politics/archive/2015/06/how-bias-shapes-juries/395957> [<http://perma.cc/E9W7-TCLG>]; Joshua Rozenberg, *Verdict on Juries: Placing Blind Trust in Them Helps No One*, GUARDIAN (May 14, 2013), <https://www.theguardian.com/law/2013/may/15/juries-research-internet-use> [<http://perma.cc/5Z3W-MRT6>]; Wright, *supra* note 185.
- 187 Wright, *supra* note 185. While Wright's data is from North Carolina, data from Mississippi and Louisiana show similar results. *Id.*
- 188 *See id.*
- 189 *Id.*
- 190 Mar, *supra* note 16; Jocelyn Simonson, *The Criminal Court Audience in a Post-Trial World*, 127 HARV. L. REV. 2173, 2174-75 (2014).
- 191 Kim Lacapria, *Was a Gay Man From South Dakota Sentenced to Death for Fear He Would 'Enjoy' Prison?*, SNOPE (June 25, 2018), <https://www.snopes.com/news/2018/06/25/gay-man-sentenced-death> [<http://perma.cc/V5W8-7WB2>]; Mar, *supra* note 16; Leonard Pitts, Jr., *His Crime Was Horrendous, But So Was the Reason Jurors Sentenced Him to Death. He's Gay.*, MIAMI HERALD (June 22, 2018), <https://www.miamiherald.com/opinion/opn-columns-blogs/leonard-pitts-jr/article213672629.html> [<http://perma.cc/6HYS-ZJY7>]. Rhines's case was also notably covered by the Marshall Project before the Supreme Court denied certiorari. Maurice Chammah, *Was This Man Sentenced to Death Because He's Gay?*, THE MARSHALL PROJECT (June 11, 2018), <https://www.themarshallproject.org/2018/06/11/was-this-man-sentenced-to-death-because-he-s-gay> [<http://perma.cc/X6T5-BLE5>].
- 192 *Homaidan Al-Turki*, WIKIPEDIA, https://en.wikipedia.org/wiki/Homaidan_Al-Turki [<http://perma.cc/83JU-6AWE>] (last visited Nov. 4, 2019). The Wikipedia page goes through Al-Turki's arrest, trial, and appeals to the Supreme Court.
- 193 *See* Simonson, *supra* note 190, at 2179-80.

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- 194 *Id.* at 2174-75.
- 195 *See id.*
- 196 *Id.* at 2175.
- 197 *Why Jury Trials Are Important to a Democratic Society*, JUDGES, <https://www.judges.org/uploads/jury/Why-Jury-Trials-are-Important-to-a-Democratic-Society.pdf> (last visited Nov. 4, 2019).
- 198 *Importance of Jury Service*, UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK, http://www.nysd.uscourts.gov/jury_handbook.php?id=2 [<http://perma.cc/Y65G-ZJA6>] (last visited Nov. 4, 2019).
- 199 *Id.*
- 200 *See supra* note 16 at the comments. Commenters grapple with the juror comments in the Rhines case and swing between claiming that the Supreme Court has no respect for due process, that certain cases should have trained jurors, and that the jurors came to the right decision regardless of any bias.
- 201 *Peña-Rodriguez v. Colorado*, 137 S. Ct. 855, 874-85 (2017) (Alito, J., dissenting).
- 202 *Id.* at 883 (“But it is hard to see what [racial bias] has to do with the scope of an *individual criminal defendant's* Sixth Amendment right to be judged impartially.”).
- 203 *See id.* Suspect classes have usually suffered a history of discrimination, exhibit immutable or distinguishing characteristics, and show that they have little political power or are a minority. Bertrall L. Ross II & Su Li, *Measuring Political Power: Suspect Class Determinations and the Poor*, 104 CALIF. L. REV. 323, 325 (2016).
- 204 *See Peña-Rodriguez*, 137 S. Ct. at 883.
- 205 *See* U.S. CONST. amends. VI, XIV; *id.* at 868.
- 206 *See supra* notes 59-80 and accompanying text.
- 207 *Peña-Rodriguez*, 137 S. Ct. at 868.
- 208 Susannah W. Pollvogt, *Beyond Suspect Classifications*, 16 U. PA. J. CONST. L. 739, 756-57, 761-63 (2014). Pollvogt states that “race is the paradigmatic suspect classification” and later qualifies bias against sex and sexual orientation as “quasi-suspect classifications.” *Id.* at 748, 761-88.
- 209 *Id.* at 761-63, 785-89.

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- 210 *Id.* at 775 (noting that even Justice Scalia, speaking of bias against sex, “agreed that social institutions--historical and contemporary--are permeated with prejudice”).
- 211 *See, e.g.,* Lee Goldman, *Post-Verdict Challenges to Racial Comments Made During Juror Deliberations*, 61 SYRACUSE L. REV. 1, 19 (2010) (“There ... is no clear basis for distinguishing juror testimony about racial bias from testimony about ... other forms of juror misconduct that Rule 606(b) was designed to exclude.”).
- 212 *See supra* notes 23-27 and accompanying text.
- 213 *See supra* notes 18-54 and accompanying text.
- 214 TEX. R. CIV. P. 327(b). However, other legislatures, most notably Virginia, which had no exception prior to *Peña-Rodriguez*, has created an exception which covered racial and *national-origin* biases. VA. R. EVID. 2:606.
- 215 *See supra* Section III.A.
- 216 *See id.*
- 217 U.S. CONST. amend. VI (“In all criminal prosecutions, the accused shall enjoy the right to a ... trial, by an impartial jury”).
- 218 Martin L. King, Jr. *Letter from Birmingham Jail* (Apr. 16, 1963), https://www.africa.upenn.edu/Articles_Gen/Letter_Birmingham.html [<http://perma.cc/Z9C3-LP5Y>].
- 219 The Supreme Court expressly rejected an exception in *Tanner* for these reasons. *Tanner v. United States*, 483 U.S. 107, 124 (1987).
- 220 *Peña-Rodriguez v. Colorado*, 137 S. Ct. 855, 869 (2017).
- 221 Kathryn E. Miller, *The Attorneys Are Bound and the Witnesses Are Gagged: State Limits on Post-Conviction Investigation in Criminal Cases*, CALIF. L. REV. 135, 138 (2018).
- 222 *Id.* at 160-61.
- 223 *United States v. Baker*, 899 F.3d 123, 130, 134 (2d Cir. 2018); *Berardi v. Paramo*, 705 F. App'x 517, 518-19 (9th Cir. 2017).
- 224 *Baker*, 899 F.3d at 134.
- 225 *Berardi*, 705 F. App'x at 518-19.

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226 *Peña-Rodriguez*, 137 S. Ct. at 869.

227 See *Rhines v. South Dakota*, 138 S. Ct. 2660 (2018), for the Supreme Court's rejection of expanding *Peña-Rodriguez* to sexual orientation.

228 Goldman, *supra* note 211, at 19.

229 See, e.g., *J.E.B. v. Alabama ex rel. T.B.*, 511 U.S. 127, 127 (1994) (expanding *Batson v. Kentucky* beyond race to gender).

230 *Peña-Rodriguez*, 137 S. Ct. at 871.

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“IT’S WAR IN HERE”

A REPORT
ON THE TREATMENT OF
TRANSGENDER
AND INTERSEX
PEOPLE IN
NEW YORK
STATE MEN’S
PRISONS

“IT’S WAR IN HERE”: A REPORT ON THE TREATMENT OF TRANSGENDER AND INTERSEX
PEOPLE IN NEW YORK STATE MEN’S PRISONS

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The Sylvia Rivera Law Project (SRLP) works to guarantee that all people are free to self-determine their gender identity and expression, regardless of income or race, and without facing harassment, discrimination, or violence.

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INTRODUCTION

Since opening in 2002, the Sylvia Rivera Law Project (SRLP) has provided free legal services to over 700 intersex, transgender, and gender non-conforming people.* Our clients are low-income people and people of color who face discrimination in the areas of employment, housing, education, healthcare, and social services. Since our founding, the attorneys and advocates at SRLP have consistently witnessed the disproportionate representation of our clients in the criminal justice system as a result of police profiling, poverty, and the necessity of becoming involved in criminalized activities to survive. We have also witnessed the exceptionally violent conditions they face once imprisoned.

Unfortunately, very little information has been collected about transgender people and people with intersex conditions across the United States or their experiences of confinement. A few key legal cases have highlighted the pervasive sexual violence¹ or gender-related medical discrimination that they encounter while imprisoned.² However, because corrections systems do not generally keep data regarding how many people in the criminal justice system are transgender or intersex or the nature of their experiences during imprisonment, a considerable gap exists with respect to information about this group of people.

Forty percent of SRLP's clients over the last four years have had criminal justice issues in their cases, demonstrating the disproportionate role the system plays in our communities. SRLP has served 106 clients who were imprisoned during the period

* See Appendix A, Frequently Asked Questions, on page 36 for explanations of language relating to gender identity and expression, as well as transgender and intersex identities.

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over which we provided them with services. These clients overwhelmingly report experiencing assault, denial of urgently needed medical care, and placement in gender inappropriate facilities. While much of this discrimination is clearly illegal under existing law, the lack of legal support available to imprisoned people results in most being unable to enforce their rights.³

SRLP undertook this research to document the experiences of our clients in New York State prisons. We recognize that while we do not have the capacity to collect broad-scale empirical research about this population, we can share the wealth of qualitative information we have obtained through advocacy on behalf of our imprisoned clients over the past three years. To create this report and to illustrate the conditions of confinement that are commonly reported by our clients, the author corresponded with and gathered detailed narratives from twelve SRLP clients who are currently or were formerly imprisoned in various New York State men’s prisons. In addition, the author interviewed a range of New York City–based advocates and service providers who work with transgender communities. We hope that the information contained in this report is useful in assessing the issues facing members of our community who are entangled in the criminal justice system, and in developing and implementing policies and practices to alleviate the violence and discrimination they face inside New York State correctional facilities.

DEAN SPADE
2006



SCOPE & METHODOLOGY

The main purpose of this report is to serve as a first step toward understanding the treatment of transgender, gender non-conforming, and intersex people in New York State men's prisons. The report does not seek to convey one unifying, definitive experience, or even to fully represent the experiences of the interviewees. Rather, its central objectives are to describe some of the daily realities faced by a number of SRLP's clients; to outline some of the reasons why transgender people are disproportionately poor, homeless, and imprisoned; and to propose pragmatic recommendations to improve their treatment and decrease their overrepresentation in the criminal justice system.

The research informing this report was conducted through in-person interviews and written correspondence with currently and formerly imprisoned clients of SRLP, as well as through supplementary interviews with a range of advocates in New York City. In total, twelve current and former prisoners and ten advocates working outside of prisons were interviewed for the report. In accordance with the interviewees' preferences, some names, along with all names and identifying characteristics of specific correctional facilities and officers, have been changed.

The focus of this report is specifically on conditions of confinement in men's prisons because the vast majority of SRLP's currently or formerly imprisoned clients were housed in men's facilities. Despite the focus on men's prisons, it is critical to note that many transgender, gender non-conforming, and intersex people in women's prisons, as well as their advocates, have reported similarly harsh treatment to that reported in men's prisons. Some of these experiences are discussed towards

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the end of the Daily Realities section. Further research on the unique experiences of gender non-conforming people in women’s prisons is urgently needed.*

There currently exists only minimal research on the experiences of transgender, gender non-conforming, and intersex people in the criminal justice system or on their paths to imprisonment.⁴ This report owes much of its analysis, findings, and recommendations to this emergent research and to the range of dedicated activists and advocates in New York City working to foreground the intersections of gender identity discrimination, poverty, and criminalization. Most importantly, this report emerges out of the insights and contributions of those imprisoned and non-imprisoned people generous enough to share their experiences in our collective effort to raise public awareness about this urgent issue. It is our hope that this report will help catalyze further research and policy change related to the treatment of transgender, gender non-conforming, and intersex people in prison, and on the myriad patterns of discrimination that result in their overrepresentation in the criminal justice system.

* Correctional Association of New York’s Women in Prison Project has recently undertaken to expand the research tools it uses when visiting prisoners in women’s facilities to include questions regarding harassment and violence based on gender identity or expression. The collection of this type of data is essential to understanding these issues in the context of women’s facilities where they often go unremarked. For further information, contact Tamar Kraft-Stolar, Project Director, or Jaya Vasandani, Project Associate, or visit <http://www.correctionalassociation.org>.



BACKGROUND

Discrimination, Poverty, & Imprisonment

U.S. Imprisonment Rates Continue to Rise As Prison Conditions Remain Brutal

As of June 30, 2005, there were over 2,186,230 people in U.S. prisons and jails—1 in every 136 U.S. residents is imprisoned⁵—placing this country’s rate of imprisonment far ahead of any other in the world.⁶ Over the past three decades, the U.S. prison system has undergone unprecedented growth in the rates of imprisonment, facility construction, and federal funding. In 1980, there were a total of 1.8 million adults under U.S. correctional supervision, including prisons, jails, detention centers, parole, and probation. At the end of 2004, that number had soared to almost 7 million—about 1 in every 31 adult residents—growing nearly 390% in 24 years.⁷ This surge in the prison population was largely a result of the “War on Drugs” declared by President Nixon and waged by each successive administration, as well as “law and order,” “tough on crime” policies, which have allocated an unparalleled amount of federal resources to national and local policing and imprisonment.⁸ The past thirty years have also seen a massive growth in prison construction,⁹ the widespread privatization of the correctional system, and the dramatic expansion of federal and local prison funding—in 2001, the government spent \$38.2 billion to maintain state correctional systems alone, representing an increase of 145% from the previous year.¹⁰ In 2003, the Bureau of Justice reported that the U.S. government spent nearly \$60.9 billion on corrections expenditures and employment, soaring over 423% since 1982.¹¹

The growth of the U.S. prison system has had a severe and disproportionate effect on communities of color and low-income communities. African American peo-

ple constitute 12.3% of the national population, compared to 43% of the U.S. prison population. White people represent 69.3% of the national population, and 37% of the imprisoned population. Latino/a people constitute 13% of the national population, compared to 19% of the prison population. Startlingly, almost 13% of African American men between the ages of 25 and 29 are currently in U.S. prisons or jails, compared to 3.7% of Latino men and 1.7% of white men in the same age range.¹² Although statistics on the rates of imprisonment in Native American communities are underreported, research has shown that Native Americans are disproportionately represented in the criminal justice system,* constituting the second most imprisoned group per capita.¹³ Additionally, the number of people in federal and state women’s prisons has grown from 12,279 in 1977 to 106,174 in 2005—an increase of more than 760%.¹⁴ In New York State, the number of people in the state’s women’s prisons increased by approximately 645% from 1973 to 2006. More than 71% of people in New York State women’s prisons are people of color: almost 48% are African American, about 24% are Latina/o, and about 28% are white.¹⁵

These national patterns are replicated in New York State, which as a state imprisons the fourth greatest number of people in the country (after Texas, California, and Florida).¹⁶ As of June 2005, 482 out of every 100,000—about 92,769—New York residents were in the state’s prisons and jails.¹⁷ New York’s rate of incarceration is nearly 153% more than the national average. People of color are disproportionately represented in New York State prisons and jails. African Americans make up 15.9% of the state’s general population, but represent 50.4% of the state’s imprisoned population. Together, African Americans and Latino/as make up about 91% of the 14,000 people in New York City jails.¹⁸

Reflecting national trends, people imprisoned in New York State are disproportionately from low-income backgrounds, lacking educational and economic opportunities. Ninety percent of people in New York City jails do not have a high school equivalency, and between 50 and 70% of the population reads English below a sixth grade level. More than 50% of people in New York State prisons do not have a high school diploma. Additionally, between 60 and 70% of prisoners in New York have a history of drug abuse.¹⁹ Nearly 60% of people in women’s prisons nationally were not employed full-time prior to their imprisonment, and about 37% had incomes of less than \$600 per month prior to arrest.²⁰

Concurrent with the expansion of prison populations, funding, and construction, the U.S. has also intensified its use of policing and surveillance since the early 1980s.²¹ Policing and law enforcement are disproportionately concentrated in low-income communities, communities of color, and poor urban areas, forcing these communities to bear the brunt of increased police presence and “law and order”

Policing and law enforcement are disproportionately concentrated in low-income communities, communities of color, and poor urban areas

* A 1999 Bureau of Justice Statistics report found that 4% of Native American adults were under some form of correctional supervision, compared with 10% of African American adults and 2% of white adults.

agendas. This practice has been consistent throughout the past few decades, but has been exacerbated by the federal government's "War on Drugs" and its current "War on Terror," which have driven the rates of arrest, detention, and deportation of people of color, homeless people, undocumented residents, and low-income people to unparalleled heights.²² Intensified police brutality and profiling and the erosion of many vital social services and public benefits have produced a national climate in which people from racially and economically marginalized communities are more likely than ever to be arrested and sent to prison. As discussed in the next section, the increasing imprisonment of low-income people, people of color, and women has occurred in conjunction with the disproportionate arrest and imprisonment of transgender and gender non-conforming people, and has led to a particularly high risk of imprisonment for people who live at the intersections of more than one of these experiences.

In the current era of correctional expansion, we have also seen a simultaneous intensification of human and civil rights abuses inside U.S. prisons, jails, and detention centers.²³ Pervasive sexual assault—at the hands of both correctional officers and other prisoners—has been documented as endemic and routine throughout U.S. correctional facilities, particularly in women's prisons.²⁴ Egregious medical and mental health neglect and mistreatment of prisoners are also extensively documented.²⁵ Inadequate HIV and hepatitis C (HCV) prevention and treatment, insufficient primary medical care and mental health treatment, among other violations of prisoners' rights, are prevalent.²⁶ The consistent use of isolation and solitary confinement as punitive measures and the resulting devastating psychological impacts have also been documented.²⁷ Racial segregation and pervasive racist harassment and abuse from correctional officials further compound the institutionalized discrimination within correctional facilities.²⁸ The range of such human rights violations in U.S. federal, state, and local custody inevitably produces a climate that can hardly be characterized as "rehabilitative." It is in this already neglectful, abusive, and discriminatory environment that the experiences of transgender, gender non-conforming, and intersex people in prison must be understood.

Due to Pervasive Discrimination and Targeting, Transgender People are Disproportionately Poor and Homeless

As a group, transgender and gender non-conforming people are disproportionately poor, homeless, criminalized, and imprisoned.* Discrimination against transgender people in housing, employment, healthcare, education, public benefits, and social services is pervasive, pushing transgender people to the margins of the formal economy. With few other options, many low-income and poor transgender people engage in criminalized means of making a living, such as sex work. Transgender

* See Appendix D for two useful flow charts that illustrate the cycles of systemic poverty, homelessness, and imprisonment in transgender and gender non-conforming communities.

people also encounter pervasive violence and physical brutality at the hands of family members, community members, and police because of entrenched social stigma and prejudice. Although incidences are vastly underreported because of antagonistic or fearful relationships with law enforcement officials, organizations such as the New York City Gay and Lesbian Anti-Violence Project have found high rates of anti-transgender physical and sexual assault and harassment.²⁹ As a result of discrimination and violence, transgender people are often unable to access the minimal safety nets that are supposed to provide for low-income and poor people—such as shelters, foster care, Medicaid, and public entitlements. This lack of access forces many transgender people to remain persistently homeless, marginally housed, unemployed, and without healthcare.³⁰

For many transgender people, this social and economic marginalization begins at a young age when they face rejection by their families and lose familial material and emotional support. One advocate who works with LGBT youth describes the frequency with which they choose or are forced to leave their homes: “Most of the kids I work with leave home for a variety of reasons, but there’s almost always a connection between homophobia, transphobia, and the family. Often this is exacerbated by poverty, and is combined with violence and harassment.”³¹ Because of a widespread lack of understanding of transgender identities, transgender youth report particularly high rates of familial rejection. As one report on the treatment of LGBT youth in out-of-home care settings notes, “A high proportion of LGBT youth who end up in state care leave home or are ejected from their homes as a result of conflict related to their sexual orientation or gender identity.”³² Many youth attempt to access the foster care system but face discrimination and harassment there and end up marginally housed or homeless.* It is estimated that up to 40% of homeless youth in New York City are lesbian, gay, bisexual, or transgender.³³ Many LGBT youth run away from hostile families and an unwelcoming foster care system, leading them to engage in illegal or criminalized activities to survive, placing them at a higher risk for arrest and entanglement in the criminal justice system.

Transgender youth also face discrimination at school, leading to difficulty continuing or completing their education.³⁴ Transgender youth often encounter violence and harassment from fellow students, teachers, school administrators, and school safety agents in their daily attempts to use gender-specific bathrooms, locker rooms, and other sex-segregated facilities in schools. In 2005, a national survey of LGBT students found that just over 64% of LGBT students reported feeling unsafe at their school because of their sexual orientation specifically, and over 40% reported feeling unsafe because of how they expressed their gender. In addition to extensive rates of verbal harassment (just over 64%), the survey found that over a third of students had experienced physical harassment at school on the basis of sexual orientation, and just over 26% on the basis of gender expression.³⁵ More often than

* In 2002 a New York City circuit court judge recognized the widespread and illegal discrimination that transgender youth face in the foster care system, ruling in *Jean Doe v. Bell* that transgender youth cannot be forced to wear only clothing associated with the gender assigned to them at birth. The court’s decision is available at <http://www.srlp.org/documents/JeanDoe.pdf>.

not, these incidences of verbal and physical harassment and assault went without staff intervention or response. Another survey of the transgender community in Washington D.C. found that over 40% of respondents reported not having finished high school.³⁶ Compounded by racism, poverty, and familial rejection, the pervasive transphobia and homophobia found in schools produce a climate in which many transgender youth find themselves unsafe and unable to complete educational programs.

These harsh realities compound the homelessness and lack of economic and educational opportunity for transgender youth. As one LGBT youth advocate noted,

For those who have access to a home in the first place, many youth are being kicked out or running away because of violence. You also have youth dropping out of school and ending up on the streets, or in the foster care system, where they're also being neglected or abused and where they are being forcibly housed according to the biological sex they were born in, not how they identify.³⁷

In this context, it is not difficult to understand why so many transgender and gender non-conforming young people find themselves homeless, without the support of families, communities, schools, or foster care, and entangled in the criminal justice system.

Although there is a significant lack of research documenting the poverty and over-imprisonment of transgender adults, the research that has been conducted reveals high rates of discrimination, low income levels, and significant exposure to risk factors related to imprisonment. Needs assessment surveys of the transgender communities in San Francisco and Washington D.C. illustrate the ubiquitous discrimination and bias that many transgender and gender non-conforming people encounter when trying to access basic healthcare, employment, and housing. A San Francisco needs assessment surveying 155 transgender people found that half of the respondents had experienced discrimination in employment, and that 64% made less than \$25,000 a year. Almost 20% did not have stable housing,³⁸ and over 40% lacked health insurance. Of the respondents who did have health insurance, very few had insurance with coverage of treatment related to their transition. Of that small group, most respondents had immense difficulty locating a competent doctor with whom they felt comfortable to provide transition-related services.³⁹ In Washington D.C., nearly 30% of the respondents reported having no income at all, and another 32% reported earning \$10,000 or less per year. Forty-two percent of the respondents were unemployed, and 47% had no health insurance,⁴⁰ more than three times higher than the 15.2% national rate a year earlier.⁴¹ Thirty-two percent of the respondents reported some form of discrimination in their attempts to access and maintain housing, including outright rejection, denial of conditions available to other tenants, and harassment by a landlord or fellow tenant. As the vast majority—over 94%—of participants in the sample were people of color (70% of whom were African American), this data makes apparent overlapping patterns of discrimination.

High rates of HIV/AIDS, sexually transmitted infections (STIs), hepatitis C (HCV), depression, and mental illness, along with the lack of adequate medical

treatment and transition-related care have been recognized as urgent health concerns for transgender and gender non-conforming people in the U.S.⁴² The transgender needs assessment in San Francisco found that 35% of MTF (Male-to-Female) respondents were HIV+. The findings of the D.C. assessment were close behind, with 25% of respondents overall and 32% of MTF respondents reporting that they were HIV+.⁴³ This high rate of HIV is the result of a range of factors, including lack of prevention and harm reduction services, high rates of intravenous drug use, and high-risk sexual activity.⁴⁴ Although 52% of respondents had taken hormones at some point in their lives, and 36% were currently taking some, only 34% of that group reported that a doctor monitored their blood levels while they were taking hormones, and 58% reported acquiring the hormones from friends or on the street, putting them at a greater risk for lower quality and inconsistent treatment, as well as heightened exposure to police criminalization. In these contexts, hormone injection without sufficient medical supervision or sterilized materials can also function as a vector for HIV transmission.

Lack of access to healthcare is a significant factor contributing to transgender imprisonment. Service providers and others working directly with the community often connect involvement in criminalized activity to efforts to access necessary and appropriate medical care. A Los Angeles–based transgender advocate has witnessed this pattern:

In my experience working with the trans community, I have seen many transgender people become entangled in the criminal justice system through activities they engage in to raise money for and access safe, adequate, and nondiscriminatory medical treatment related to their transition. It is easy to see the direct connection between discrimination in trans healthcare and the over-incarceration of transgender people.⁴⁵

Additionally, as one advocate who works with transgender communities in California noted, the systemic criminalization of low-income women of color also occurs at the level of over- and misdiagnosis: “Our communities are being labeled as having schizoaffective disorder or borderline personality disorder simply because they’re extremely traumatized from a lifetime of rejection and abuse, and use survival tactics that are also part of surviving as people of color and being poor, which seems to clinicians as ‘manipulative’ and ‘pathological.’”⁴⁶ Ill-equipped to provide adequate mental healthcare, correctional facilities are increasingly becoming depositories for people with actual or perceived mental health concerns,⁴⁷ a trend to which transgender and gender non-conforming communities have been disproportionately subject.

These multiple types of discrimination result in transgender and gender non-conforming people becoming disproportionately poor, or homeless; unable to access healthcare, employment, or housing; and forced to endure persistent discrimination and violence within those institutions as well as in their homes and com-

Ill-equipped to provide adequate mental healthcare, correctional facilities are increasingly becoming depositories for people with actual or perceived mental health concerns

munities. Because homeless shelters are sex-segregated and often riddled with transphobia—forcibly housing residents according to their birth sex and not their gender identity, thereby placing them at a high risk for violence and harassment⁴⁸—homeless transgender people are unable to access even the minimal support services available to non-transgender people who are marginally housed and without income.⁴⁹

Survival Crimes and Police Profiling Contribute to Transgender Arrest and Imprisonment Rates

In the face of poverty and discrimination, many transgender people engage in criminalized activity such as sex work, drug sales, or theft, or become entangled in the criminal justice system through other poverty-related arrests including loitering, turnstile jumping, or sleeping outside.⁵⁰ These activities, in combination with police profiling of transgender individuals as mentally unstable and violent, predisposed to involvement in sex work, inherently deceitful, or all of the above, place transgender people—particularly low-income transgender women of color—at an

Transgender people report consistent police harassment, brutality, and profiling

increased risk of contact with law enforcement. Such contact almost inevitably leads to violence and abuse at the hands of police officers acting on individual and systemic transphobia. In a recent national report on anti-LGBT police violence,

Amnesty International found that anti-transgender police brutality occurs frequently throughout the country:

Transgender people, particularly low-income transgender people of color, experience some of the most egregious cases of police brutality reported to Amnesty International. AI's findings suggest that police tend to target individuals who do not conform to gender stereotypes that govern 'appropriate' masculine and feminine behavior. Race plays an important factor in determining the likelihood of an LGBT person being targeted for police abuse, indicating that such abuses likely stem from racism as well as homophobia and transphobia. AI has also received reports of cruel, inhuman and degrading treatment of LGBT individuals during arrest, searches and detention in police precinct holding cells. AI heard reports of officers searching transgender and gender variant individuals in order to determine their 'true' gender. AI also heard allegations of misconduct and abuse of LGBT individuals in holding cells and detention centers, including the inappropriate placement of LGBT individuals in situations which compromise their safety. In particular, transgender individuals are often placed in holding cells according to their genitally determined sex, rather than their gender identity or expression, placing them at greater risk of verbal, physical and sexual abuse at the hands of other detainees.⁵¹

One San Francisco-based survey found that police officers were the perpetrators of

50% of incidents of transphobic and homophobic violence reported by transgender people.⁵² Transgender people report consistent police harassment, brutality, and profiling, a trend many attribute to the stereotyping of transgender women as sex workers⁵³—regardless of their actual engagement in sex work—as well as transgender people’s inability to acquire identification that matches their gender expression.⁵⁴ As one interviewee, a young transgender woman, describes:

My friends of trans experience get arrested like everyday. Sometimes they get arrested for sex work even when they’re not working, the cops are like ‘She’s trans, let’s arrest her.’ Cops are looking for trannies. But when we need help they’re not there, or when somebody is stalking us or somebody is harassing us, they never there. They really don’t care and they don’t want to hear it.⁵⁵

In recent decades, changes in policing of neighborhoods that were traditional meeting places for transgender community members—such as the West Village, Chelsea Piers, and Meat Packing District in New York City—have contributed to increasing rates of arrest.⁵⁶ One youth organizer describes the changes in the last decade:

The fact that the ‘Quality of Life’ [QOL] policies were initially tested on the 6th Precinct [New York City’s West Village] in the early 90s is not a coincidence. As one of the few remaining safe spaces for low-income queer and trans youth of color and homeless people, the QOL policies specifically criminalized these communities to remove them from sight and to maintain the ‘quality of life’ for the people who could afford to live in the West Village. The policies continue today imposed all over New York City and have been mimicked in many urban centers through out the United States. These types of policies are directly connected to gentrification projects that seek to displace and criminalize poor communities and communities of color.⁵⁷

It is through these patterns of systemic discrimination that transgender and gender non-conforming people are criminalized and become over-represented in the criminal justice system. Once arrested, they frequently receive severely inadequate legal representation, and experience ignorance or prejudice on the part of their attorneys, prosecutors, and the courts, which can lead to disproportionately long sentences for minor offenses.⁵⁸

The rampant discrimination that transgender people face in employment, social services, and healthcare—as well as their consequent poverty, homelessness, and increased risk of contact with the police—results in their disproportionate arrest and imprisonment. Much of the discrimination and violence experienced by transgender people outside of the criminal justice system are then replicated and amplified inside of it. As one interviewee summarized, “We go from one world that hates us to another one.”⁵⁹

IV

DAILY REALITIES: Conditions of Confinement for Transgender & Intersex People

We're seen as freaks or sick either mentally or physically or both. I know this to be true from sitting back and simply living day to day the dangerous life of a Puerto Rican pre-op transsexual locked up behind bars. I ask God everyday 'when's this nightmare gonna be over.'⁶⁰

I broke the law but I never did anything to deserve this . . . You live in fear and you do what you do to survive.⁶¹

Many of the misunderstandings and biases about transgender people that fuel discrimination in the outside world are pervasive within the criminal justice system and contribute to discriminatory treatment of transgender, gender non-conforming, and intersex people in prison. The discrimination and abuse that transgender, gender non-conforming, and intersex people encounter in prison are centered on issues of placement, access to medical care, access to showers, and clothing and appearance. Drawing on interviews with SRLP clients and their advocates, this section describes how harassment and violence are promoted and facilitated in these contexts.

Placement

Interviewees consistently reported that placement within prisons was central to their safety concerns. U.S. correctional facilities are sex-segregated, and house prisoners according to their birth-assigned sex and/or genitalia.⁶² Transgender women

who live and identify as women but who were identified as male at birth are generally placed in men’s facilities. In men’s facilities, transgender women, gender non-conforming people, and intersex people are frequent and visible targets for discrimination and violence, and are subject to daily refusals by correctional officers and other prisoners to recognize their gender identity.⁶³

Two of the main types of housing in which a prisoner may be placed are general population and protective custody. Protective custody units are reserved for people who are at a higher risk of violence or harassment by other prisoners, those who are receiving additional punishment, or those who are seen as more likely to commit violent acts towards others. Individuals placed in protective custody can include judges, politicians, people convicted of sex-related offenses, police officers, or people who might be targets of violence based on their gender expression or sexual orientation. The level of safety that protective custody actually provides, however, varies among facilities, sometimes providing a safe refuge from the violence of other prisoners, while other times isolating prisoners, and thereby placing them at a greater risk of violence at the hands of correctional officers.

One SRLP client, Jacquie, is currently seeking access to protective custody, hoping that such a placement would reduce her exposure to the violence and harassment she has experienced from other prisoners in the general population.

[Prison] is a horror show. It’s madness in here. Totally bizarre and crazy, and you think ‘this can’t be real.’ But it’s everyday life. The best thing about it is being locked up 23 hours a day, 7 days a week. Otherwise I would have to survive in open population.⁶⁴

Sunday, a former prisoner, echoes Jacquie’s sentiments, describing a specific instance in which she was experiencing so much violence and abuse in general population that protective custody seemed like the only alternative to death: “Can you imagine what it must have been like for me to have requested that? But they wouldn’t even do that for me.”⁶⁵

However, other SRLP clients report that placement in protective custody is undesirable because it makes them more vulnerable to harassment and assault by correctional officers. Clients also cite the constraints it places on their relative mobility and access to vocational and recreational programs. Bianca, an SRLP client who is currently imprisoned in general population and pursuing litigation in connection with incidents in which she was raped by correctional officers, observes, “PC [protective custody] is even worse cause there are no cameras.”⁶⁶ For Bianca, placement in protective custody would mean less opportunity to document an ongoing pattern of abuse she experiences. Another interviewee reports, “I’ve spent 95% of my time in PC where there are no programs,”⁶⁷ highlighting the negative impacts of denying educational, rehabilitative, and vocational programming to those housed in protective custody units.

Vicki, who is currently in general population, is also critical of the isolation of protective custody, explaining, “I need to be in general population. I need the freedom to move, if you can call it freedom.”⁶⁸ Carrie Davis, the coordinator of the

Gender Identity Project at the New York City LGBT Center, echoes Vicki's sentiments.

Many trans people I've worked with prefer to be in general population because finding their place in the prison culture, although it is an exploited and vulnerable one, is preferable to the isolation of protective custody.⁶⁹

Regardless of whether or not it provides some level of protection or safety, the detrimental physical and psychological impacts of isolation prove protective custody to be a highly undesirable alternative to placement in general population.⁷⁰ Our interviewees' experiences reveal that as long as placement in prisons is sex-segregated and based on genitalia and birth-assigned sex, and as long as isolation is the only alternative to living in general population, any placement for transgender, gender non-conforming, and intersex people in correctional facilities is dangerous and detrimental.

Harassment & Assault

Every person who was interviewed reported encountering some form of harassment and/or assault during their imprisonment. The persistent physical, emotional, and sexual abuse reported included verbal harassment, physical and sexual assault, humiliation, and rape.

PHYSICAL AND SEXUAL ABUSE

Because transgender, gender non-conforming, and intersex people in men's prisons are often highly visible, they become frequent targets for homophobic and transphobic violence and brutality.⁷¹ As one interviewee put it, "I'm 6'3"—I'm like a walking target."⁷² Interviewees reported that much of this violence and brutality comes at the hands of correctional officers and other prison employees. As Bianca notes, this pervasive abuse is life-endangering: "My life is constantly threatened. I just want to get out of here alive."⁷³ She describes repeated instances of rape and assault:

I'm not ashamed—it's war in here. The administration is against us. Something has to be done, and all they say is 'Act like a man!'... [There is] lots of harassment from other prisoners, but they're sort of scared of me. The correctional officers are the ones who are the most violent. They're the ones to be scared of. . . .

I'm raped on a daily basis, I've made complaint after complaint, but no response. No success. I'm scared to push forward with my complaints against officers for beating me up and raping me. I was in full restraints when the correctional officers assaulted me. Then after they said I assaulted them. All the officers say is 'I didn't do it.' The Inspector General said officers have a right to do that to me. That I'm just a man and shouldn't be dressing like this. . . .

When you get beat up real bad and they don't want to take you out to get checked out, they put you in the snake pit. They threw me in the snake

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pit for 6 months after beating me up. *Six months!* They’re animals. . . . I got beat up by 12 officers. I’m only 123 lbs.⁷⁴

After assaulting her, Bianca reported that the correctional officers tore up her mail and repeatedly denied her urgent medical treatment. In a letter to the Office of Mental Health, Bianca describes another incident in which a correctional officer assaulted her:

I had my face smashed into a wall by C.O. [name deleted], after asking him politely to please don’t touch me, when he was pulling and tugging at my sweater. I’m hurt, cause he’s not to put his hands on females, and that being the case, why did he put his hands on me? ‘I am a woman’ . . . Now I’m having a nervous breakdown, because my facial hair is growing, and I was deprived a shower and razor, all cause a officer smashes a woman’s face into a wall. That must make him a real man hitting a woman (me).⁷⁵

For Bianca, this type of outright violence is accompanied by ongoing harassment, discrimination, and humiliation:

At my last parole hearing they teased me, called me names. They shouldn’t be able to do that at a parole hearing . . . One Corrections Officer gave me women’s clothes, but then wrote me up the next day for attempted escape. They took my wedding ring—they said ‘homos can’t get married’ . . . They make us feel like we’re the bad ones. . . .

Now there’s a new charge just for walking with trans people (or fags, as they call us) for soliciting sex, they say. They think we’re all prostitutes. We get blamed for everything.⁷⁶

In addition to being verbally and physically harassed based on their gender identity, interviewees reported being issued disciplinary infractions for suspected “homosexual activity” based on their perceived sexual orientation. Such infractions can damage their parole eligibility and lead to more serious punishments.

HUMILIATION

Harassment also takes the form of humiliation focused on gender identity and expression. For instance, Vicki, a transgender woman imprisoned in general population in a maximum security men’s facility in upstate New York, reports many of the same types of harassment from correctional officers:

It’s the correctional officers that create trouble. They want me to be an out-cast . . . One guard put liquid soap in my toilet so it would overflow with bubbles. He hung my underwear all over the place as everyone was heading to chow so that they would all see. It was horrifying and humiliating. Alls I expected was to be left alone. One month after, I filed my complaint, no response. It’s a lot of work to write someone up. Finally he was sent on vacation. That’s it. But I’m still living with his friends . . . I feel like I’m being held hostage.⁷⁷

Vicki describes another incident in which a correctional officer took a love letter she had received from another prisoner, photocopied it, and posted it throughout the facility—the bulletin boards, the infirmary where she worked, and in the dining hall—for correctional officers and prisoners to see. “Can you imagine being that humiliated? It’s a joke for both correctional officers and prisoners. For everyone.”⁷⁸

Stefanie also describes humiliating incidences of harassment from correctional officers:

One time I had 2 bras missing from my laundry, which I reported to the CO’s. A Correctional Officer came on the loud speaker and announced it to the entire prison. It was one of the most mortifying things that’s ever happened. I couldn’t believe it.

There’s too much of a loophole for people to do whatever they want with us . . . They’ll go out of their way to make your bid a living hell—something needs to change. We need to better monitor what prison staff do and how they conduct themselves.⁷⁹

Lori, a transgender woman currently in the protective custody unit of a maximum security men’s prison in upstate New York, describes the greater impact of this kind of regular treatment:

It’s the little things, the things that are just a part of life here, but they add up to hundreds of little things all geared toward making life miserable for prisoners like me, but without risking discrimination complaints or other types of complaints against correctional officers or other staff.⁸⁰

Bea, a transgender woman imprisoned in the protective custody unit of a maximum security men’s facility in upstate New York, reports that her cell’s water and power have been shut off by correctional officers, she has been issued false tickets, and has been assaulted by prisoners at the instigation of correctional officers. The correctional officers in her unit have also denied her access to paper and pens. Bea reports, “Corrections allows all staff to abuse inmates, cheat inmates out of their privileges, and write false tickets. And the good-old-boy club supports this throughout the ranks.”⁸¹ Maverick, an intersex person who is currently imprisoned, also describes the daily behavior of correctional officers: “They laugh at you, they call you names, they collapse you emotionally.”⁸²

SEARCHES

Unnecessary frisks and abusive strip searches are also commonly reported by SRLP’s imprisoned clients. Vicki explains, “They use frisk as means of harassment, with all their friends watching. After frisking me they say, ‘I need a cigarette now.’”⁸³ Sunday, a transgender woman who has been imprisoned in numerous New York prisons and jails, reports similar harassment:

One or two officers got out of line—friskings and strip searches 4-5 times a day! Non-trans people don’t ever get searched unless they were suspected

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of something. If they want to they can just put you against a wall. And everybody knows there’s a big difference between patting you down and massaging you, feeling you up. But I couldn’t say anything cause I didn’t want no trouble.⁸⁴

People with intersex conditions also report experiencing regular unnecessary and forceful strip searches. One transgender attorney in Oakland, CA, has noted that correctional officers will often justify these excessive strip searches by the need to “decipher” the ambiguous gender of people with intersex conditions:

People with intersex conditions who have not been surgically ‘normalized’ are seen as ‘freaks’ in the prison system, because their bodies defy easy categorization as ‘male’ or ‘female.’ People in prison with intersex conditions have been put into punitive isolation for no other reason than because administrators did not know whether to place them in men’s or women’s prisons. One client of mine who has an intersex condition was repeatedly strip searched by custody staff for no other reason than to see her genitalia. She did not identify as transgender, but the type of mistreatment, harassment, and stigmatization she experienced was similar to that experienced by my transgender clients.⁸⁵

Although non-transgender-identified people with intersex conditions and transgender-identified people experience distinct forms of discrimination in U.S. prisons and jails, it is clear that there are overlapping patterns of neglect and abuse. Both groups report enduring consistent and humiliating strip searches at the hands of correctional officers who target those with genitalia and identities that do not conform to conventional notions of gender and sex.

PUNISHMENT

A central aspect of the harassment reported by SRLP’s clients includes exaggerated punishments. As Lori articulates,

When the average prisoner gets in trouble, they are given average punishments commensurate with the offense. When someone like myself gets in trouble, it gets blown far out of proportion and usually results in the gay or transgendered prisoner getting much harsher punishments than appropriate for the offense or in comparison to other non-gay or non-transgendered prisoners.⁸⁶

Interviewees report being subjected to disproportionate isolation and solitary confinement where they experience regular physical and sexual assault, harassment, and the denial of food and urgent medical services by correctional officers. At times, the punishment is directly linked to gender identity or expression (in addition to race, ethnicity, and HIV status), whereas in other cases transgender prisoners are subject to disproportionate and therefore discriminatory punishment for common offenses. Lori served

To compound the situation, correctional officers are almost never reprimanded or even reported for the majority of these violations

a 30-day sentence of solitary confinement for possession of a bra.⁸⁷ Bianca was placed in solitary confinement for six months after she was assaulted by correctional officers. She also received an additional sentence of two to four years because she was caught in possession of a weapon that she was carrying to defend herself against a group of prisoners who were continually assaulting her. To compound the situation, correctional officers are almost never reprimanded or even reported for the majority of these violations because of the serious lack of formal accountability or effective systems of recourse for imprisoned people.

LACK OF ACCOUNTABILITY

Such lack of accountability measures within prisons allows abuse of transgender prisoners to proceed with impunity. As one interviewee, Bea, reports:

I've filed close to 100 grievances in the last 6 years. Most are met with retaliation and the system is so corrupt that evil guards are supported all the way up to the central office level. In NYS, prison guards can do no wrong.⁸⁸

Lori also describes the inadequacy of the correctional grievance procedure:

There was no retaliation [to my claims] per se, but the way in which NYS DOCS [New York State Department of Corrections] prison staff and officials manage to give misdirection, hide identities of responsible staff members through conspiracies of silence and evasive propaganda, and reinterpret complaint of prisoners into entirely different issues that they refuse to address, there is often little need to retaliate because the inmate's problem is rarely even resolved.⁸⁹

Glaysa has also emphasized the lack of institutional recourse for discrimination and abuse:

The grievance procedure is suppose to be to help us, but a lot of the time this grievance procedure is a joke because most of the time they rule against us even though we have legit grievances. I have filed several grievances on the improper medical care and the treatment of myself as a transgender. Most of the grievances were ignored and I was harassed and threatened for writing these grievances.⁹⁰

One legal advocate for transgender prisoners emphasizes the thoroughly insufficient nature of correctional grievance procedures:

When a transgender, intersex, or gender non-conforming person experiences rape or sexual assault and makes the courageous decision to do something about it, the choices are often profoundly limited. One problem is a lack of evidence. Correction officers typically refuse to allow inmates access to medical care after a rape or assault or threaten retaliation if the inmate insists on accessing medical care, so no medical records exist. When inmates try to keep and hide physical evidence of an assault, such as semen, correction officers can usually find it, destroy it, and retaliate

against the inmate. Videotapes of incidents, when they exist, often mysteriously disappear or ‘fail to record.’ In one case, an assault against my client was videotaped according to procedure, but no tape was produced during discovery. . . . Another problem is a lack of legal service providers, agencies, law offices, or other potential advocates who are able and willing to take these kinds of cases.

An even more major obstacle, however, is retaliation against inmates for speaking up. My clients have been punched, choked, thrown against walls, threatened with murder, framed with contraband, described to other inmates as an informant, and threatened with all of these acts in retaliation for receiving a letter or a visit from me or my colleagues or for filing a grievance. Understandably, many transgender, intersex, and gender non-conforming inmates falter in their determination to bring a lawsuit or press their grievances in the face of these acts. As a legal service provider, it is difficult to contact my clients when I know from them that correctional officers are reading my letters and even claim to listen in on attorney-client visits. It is also frustrating not to be able to contact someone I believe I can help because she believes the officials’ threats that they will kill her if I do.⁹¹

ABUSE BY FELLOW PRISONERS

Although the majority of interviewees reported that the violence and abuse they encounter are at the hands of correctional officers, many interviewees also described incidences of assault and harassment from other prisoners. Importantly, these incidences were never without either the implicit permission or active participation of correctional officials. Stefanie articulates the forces underlying such abuse:

You have guys in here that for whatever there reasons were a threat to there environment. Maybe cause they find a transsexual looks good so now they question there own sexuality or manhood. You also have male prisoners who come from strong religious backgrounds and are taught from early on in there childhood to look at that as a repulsive thing and that this type of lifestyle is sinful and wrong. But they have such a distorted, twisted, and warped way of looking at things that they use there feelings of anger, bitterness, impotence, lust, denial, rage, bigotry, hatred, feeling power over someone weaker, non-understanding, homophobia, and peer pressures to inflict abuse and violence on transgenders.⁹²

Stefanie also reports daily harassment in the form of consistent verbal humiliation:

* Gender Identity Disorder is recognized as an illness by the medical community. Diagnostic criteria are promulgated by the American Psychiatric Association (APA) and the disease is listed in the ICD-10. Treatment of GID with psychotherapy, hormonal treatments, and surgery (also known as triadic therapy) is recognized as appropriate and standard care by both the APA in its treatment text, “Treatments of Psychiatric Disorders.” Triadic therapy is also recognized as medically necessary and as the standard of care by the Harry Benjamin International Gender Dysphoria Association, the largest professional organization of providers of care to transsexual patients.

I got a lot of slack from a lot of the CO's there and faced a lot of prejudices from inmates as well. They'd call me 'lizard,' faggot, homo, or to get me really upset, they'd call me by my boynome. 'Lizard' is a derogatory term directed at a lot of the transsexuals or 'queens' in prison. . . . Supposedly it's not the look to hang out with a 'queen' while in prison."⁹³

Bianca reports that she is subjected to so much harassment from other prisoners that she has stopped attempting to go to meals. "I don't go to breakfast, lunch, or chow, so that I can stay out of people's way. They come to me. I eat 5 or 6 pieces of bread a day. I don't go to meals—I can't."⁹⁴

Glaysa, a transgender woman imprisoned in a maximum security men's prison in upstate New York, also reports persistent violence and harassment:

I have faced violence where I have been beaten and raped because of my being a transgender with female breasts and feminine. I have been burned out of a cell block & dorm because I wouldn't give an inmate sex. I have been slapped, punched, and even threatened because of my being a transgender that told another inmate 'No' when they told me they wanted sex from me or my commissary buy. I have been harassed verbally and have had others grab my female breasts and ass because they knew I was transgender and figured they can get away with such actions—which they do most of the time due to the fact no one cares what happens to us transgenders inside. I've been subjected to all kinds of verbal harassment from 'look at that inmate scumbag transgender' all the way to threats and sexual harassment physically as well as verbally.⁹⁵

Another aspect of the abuse that transgender, gender non-conforming, and intersex people in prison face is collaboration between correctional officers and other prisoners to implement forced prostitution and coerced sexual engagement. Sunday describes the realities of prison prostitution:

Lots of the girls were pushed into prostitution—they were pushed into sexual things in order to get by. Some were just harassed, abused, spit on. Different categories depending on how you looked. Some of us got picked out as soon as we got there, even before we got classified—apparently somebody who was doing life decided they took a liking to me. They moved me in with him, I didn't have a choice. But I also didn't have the violence like other girls, cause I was fucking one man. On the other hand, I couldn't stray—I couldn't leave him—or he'd kill me. It wasn't my choice, it was told to me. They told me he'd take good care of me. The guards orchestrated all of this. These were the officers who were selling us off, not the inmates. They said 'You're gonna be with him or in solitary.'⁹⁶

Sunday's description of the sexualized violence she experienced at the hands of both correctional officers and other prisoners was echoed throughout the interviews. She goes on to explain: "If you're not fucking somebody, you're gonna get fucked by everybody."⁹⁷

In his testimony during a U.S. Department of Justice hearing on rape in prison,

one legal advocate for transgender people in prison remarked on the widespread practice of correctional officers forcing transgender people in prison into prostitution.

A common form of sexual abuse of transgender, intersex, and gender non-conforming people in prison is forced prostitution. In these systems, correction officers bring transgender women to the cell of male inmates and lock them in for the male inmate to have sex with. The male inmate will then pay the correction officer in some way, for example with cigarettes or money. The correction officer sometimes gives a small cut to the woman and brings her back to her cell.

The rape and sexual exploitation of transgender, intersex, and gender non-conforming people in some facilities is very open. Sometimes all or almost all the staff and officials in a particular facility know about the abuse, but even those who do not participate in it maintain a rigid conspiracy of silence.⁹⁸

As one interviewee explains, “. . . you’re the lowest rung on the totem pole of prison life. You have to pay somebody to protect you, but most people won’t be seen talking to you, or let you sit at their table, or touch their food.”⁹⁹ This low position within the prison hierarchy places transgender, intersex, and gender non-conforming people in prison at increased risk of violence and abuse by other prisoners.¹⁰⁰

Forced prostitution, sexual abuse, and the practice of exchanging sex for protection renders this population highly vulnerable to sexually transmitted infections (STIs), especially HIV and hepatitis, which are widespread in U.S. correctional facilities.¹⁰¹ Verbal harassment, physical abuse, and sexual assault and coercion create an exceptionally dangerous climate for transgender, gender non-conforming, and intersex people in prison. As Lori explains, these factors compound one another to produce a climate in which abuse and discrimination is inevitable: “. . . for transsexual prisoners like me, it is very hard to stay out of the limelight, in a problem free existence.”¹⁰²

Verbal harassment, physical abuse, and sexual assault and coercion create an exceptionally dangerous climate for transgender, gender non-conforming, and intersex people in prison

Denial of Medical Care

It is well documented that healthcare in U.S. prisons, jails, and detention centers is severely inadequate in terms of both accessibility and quality.¹⁰³ Following an extensive investigation of the recently privatized healthcare system in New York State prisons, a *New York Times* editorial emphasized the dilapidated state of correctional medical care, asserting: “Prison inmates are literally the sickest people in our society.” The authors continue:

Shoddy care and the denial of care are unfortunately not unique to private companies, which do not provide the majority of the health care that is supplied to inmates. Many publicly run systems, which provide most of the care for the nation's inmates, are equally bad. The root problem is that the country has tacitly decided to starve the prison system of medical care, even though AIDS, tuberculosis and hepatitis are rampant behind bars, and roughly one in six inmates suffers from a serious mental illness.¹⁰⁴

Compounding a context in which the provision of general medical care is neglectful and inconsistent if not outright abusive, care related to mental health and sexually transmitted and preventable infections such as HIV/AIDS and hepatitis, among other conditions, remains particularly insufficient.¹⁰⁵

Exacerbating these barriers to adequate healthcare, transgender, gender non-conforming, and intersex people in prison receive additional forms of care-related discrimination and neglect. Reports of the denial of basic care, discriminatory providers, denial of hormones and other transition-related treatments, and high rates of illness and STIs are common, and reveal serious health risks for transgender, gender non-conforming, and intersex people, as well as all people, in prison. Despite the fact that medical experts agree that gender-related healthcare sought by transgender and intersex people is medically necessary, non-experimental, safe, and effective,¹⁰⁶ these services are still routinely denied to imprisoned people. According to one interviewee, "Medical services are poor for the average inmate. They see gender-related services as cosmetic, not essential to transition and to a healthy life."¹⁰⁷

Though not all transgender and intersex people undergo medical treatment related to their gender, those who do consider their treatment both medically necessary and a central aspect to their general well-being.* In order to obtain hormonal therapy during imprisonment in New York State, transgender and gender non-conforming people must have been diagnosed with Gender Identity Disorder (GID) prior to imprisonment and already be taking hormones pursuant to a prescription.¹⁰⁸ Even for those who can overcome the administrative hurdles necessary to be deemed entitled to gender-related care, such care is often inconsistent, featuring incorrect dosages of hormones and arbitrary termination of treatment. Denial of gender-related medical care can result in serious medical and mental health conditions for prisoners, and can lead some to turn to hormones purchased from other prisoners, self-surgeries, and other high-risk alternatives that often make transgender, gender non-conforming, and intersex people increasingly vulnerable to formal disciplinary measures and unofficial punishment for having engaged in criminalized activity. Vicki, who was diagnosed with GID prior to her imprisonment, explains:

Hormones are sporadic. It's a major chore to get refills. They took me off Premarin [commonly prescribed hormone] for *four months*. You have no idea the effect of that. I filed a grievance, wrote letters, finally won them back after four months. Here I have to apply monthly, and they lie about not having them. They're trying to lower my dosage. They treat hormones like they're narcotics or something.¹⁰⁹

Dr. Nick Gorton, a transgender health expert, describes the severe health consequences that termination of treatment can have for transgender patients:

Numerous studies in the medical literature as well as the clinical experience of experts in the field demonstrate that denial of sexual reassignment therapies not only cause patients significant anguish and suffering but that it also results in significant morbidity and mortality. Untreated transsexual patients have a suicidality of 20-30%, which is reduced to less than 1-2% after treatment. Delay of treatment for transsexual patients not only exposes them to a longer duration of pain, suffering, and decreased social functionality, but also unnecessarily places their lives at risk. The longer the duration of suicidal feelings, the greater risk that a patient will be a completer. Treated transsexual patients have a durable and sustained remission of their illness resulting in decreased psychiatric morbidity and mortality as well as improvements in well-being, social and occupational functioning, and interpersonal relationships.¹¹⁰

If a transgender person in prison does not meet the administrative requirements for receipt of hormone treatment and is therefore denied treatment they may have been pursuing outside of prison, the effects described by Dr. Gorton are amplified. Bianca describes her situation: “I was diagnosed with GID inside, and because of that they said I couldn’t get hormones. I was on bootleg hormones from other girls in here. I got found out, got my hormones taken away, and got moved from the block.”¹¹¹ Bianca’s situation is not unusual. Many transgender people outside of prisons cannot access healthcare due to poverty, discrimination, and other barriers. Upon entering prison, even if they have been taking hormones from an alternative source, many are unlikely to be able to produce a paper trail that would entitle them to continue treatment under New York State’s current policy.

Many transgender people outside of prisons cannot access healthcare due to poverty, discrimination, and other barriers. Upon entering prison, even if they have been taking hormones . . . many are unlikely to be able to produce a paper trail that would entitle them to continue treatment under New York State’s current policy

Bea has faced many obstacles in her attempts to access hormones, and is completely unable to access Sex Reassignment Surgery (SRS). As she explains, this denial of care has resulted in significant trauma and emotional anguish: “I’ve told Mental Health several times that I will not die with this on me, but they still do nothing.”¹¹² While in prison, Bea tried to perform surgery on herself three times with personal items she had in her cell. The first time she was caught, placed in isolation for 60 days, and put in a disciplinary segregation unit for a week. The second and third times she was taken to the hospital.¹¹³ Unable to access healthcare that would support and affirm her gender identity, Bea has been driven to dangerous alternatives that demonstrate the urgency of her circumstances.

TRANSGENDER PEOPLE IN PRISON AT HIGH RISK FOR HIV/AIDS

HIV/AIDS in prison has reached endemic proportions,¹¹⁴ particularly for transgender, gender non-conforming, and intersex people, who often find themselves at a higher risk for contracting HIV and for receiving inadequate and discriminatory treatment. Sunday, who is HIV+ and an active member of an HIV+ homeless transgender advocacy group in New York City, describes the impacts of inappropriate medical care for HIV/AIDS on transgender, gender non-conforming, and intersex people in prisons:

Last time I was inside they told me they couldn't give me my regimen that I needed, because I'm HIV+ too. Even though they were in contact with my doctor. They told me they didn't have the meds I needed, so I chose not to take anything. Thank god everything was OK, because I could have died. You can't play with HIV medication. I'm wondering how many girls go in there non-resistant and come out resistant. And the psych meds are the same way.¹¹⁵

HIV and AIDS are highly stigmatized in prison, and people who are HIV+ are consistently denied proper treatment and discriminated against based on their HIV status. Failure on the part of correctional administrators to promote harm reduction strategies further compounds the problem. Sunday describes this difficult situation:

[T]hey don't give you condoms because they say you're two men and you're not allowed to have sex. What are you supposed to do? They know it's happening. You're in bunks a foot from each other, and if you blow someone up, they'll cut you in the bathroom. Who you gonna tell? The police? Most of the time you pray they're cute and you do what you gotta do. What do you expect? Men go in there for a long time, don't have sex, and then here we come? And you won't give us condoms because you don't think we're having sex. But what do you expect? It's not a coincidence. There's no information about HIV, no condoms, no classes. There's almost no testing. There's nothing. And there are people getting raped all the time.¹¹⁶

The high rates of rape, sexual coercion, and prostitution and the denial of condoms and safer sex education put transgender, gender non-conforming, and intersex prisoners at a much higher risk for HIV infection than other prisoners. This high-risk situation is then exacerbated by widespread failure on the part of correctional administrators to provide appropriate medical care for prisoners with HIV.

Showers and Lack of Privacy

SRLP's imprisoned transgender, gender non-conforming, and intersex clients report that accessing shower facilities safely is extremely difficult. Because most facilities have group showers, transgender, gender non-conforming, and intersex people fear

showering because of the unwanted sexual attention they receive from other prisoners and correctional officers. SRLP’s clients and advocates have had little success in their efforts to obtain permission to shower privately. Bea explains, “I asked for a medical permit to take private showers but individual correctional officers continue to try to force me into group showers. They constantly try to force me to take showers with men and if I refuse they won’t give me one.”¹¹⁷ Bianca recalls, “Somebody ran up on me in the shower and the officer just sat there and laughed.”¹¹⁸ Lori continues:

It is really uncomfortable taking a shower in a room with several other men, at least some of which are incarcerated for some type of sex crime, and every one of them has his eyes all over your body. I could get rich by charging men to see my body in here, but would rather be poor and do without the uncomfortable sensation of being watched so intensely.¹¹⁹

Sunday echoes Lori’s sentiments:

And the showers were the worst. They are one big open area with shower heads. If you get in there with titties, or with any other work done, it becomes a masturbation-athon. The officers are right next to you, they can see everything. How I survived is sticking with the girls. Or you find somebody big and you become the typical jailhouse punk.¹²⁰

Another client of SRLP reports similar harassment in the shower setting:

I have trouble showering safely because that’s when others come in the bathroom and always try to see me naked, ask me for sex, or try to take sex from me even though I’m unwilling to do anything sexual with them.¹²¹

An attorney at SRLP describes one particularly disturbing experience in advocating for access to private showers for two clients at a New York State prison, which clearly illustrates correctional officers’ indifference to the abuse that accompanies this basic daily function for transgender, gender non-conforming, and intersex people in prison:

I have two clients in the same facility. I heard from one, a trans woman, that she was not being allowed to shower alone, and was afraid to shower in the group shower because she has breasts and other feminine characteristics and already gets a lot of sexual attention. She feared assault in a group shower, but was being denied private showering so she wasn’t showering at all. My other client, a person with an intersex condition, was being allowed to shower alone, so I reached out to the superintendent to ask that the trans client receive the same treatment. It seemed clear that both of these clients were vulnerable to assault in group showers. The superintendent told me ‘Our policy is to prevent pregnancy.’ He was making it clear that he was not concerned about rape, only about making sure that the intersex client did not become pregnant.¹²²

As this incident demonstrates, for many transgender, gender non-conforming, and intersex people in New York State prisons, showering is a particularly dangerous aspect of imprisonment because group showering facilities make them exceptionally vulnerable to sexual harassment and assault.

Appearance Regulations and the Denial of Gender Expression

The denial of access to gender-appropriate clothing, make-up, and other items associated with gender expression, as well as punishment for possessing such items, are other concerns that SRLP's imprisoned clients frequently raise. As one client reports, "Anything feminine—if it says 'ladies' on it—you're not getting them."¹²³ Lori describes one instance of punishment for possessing feminine clothing:

I am currently serving a 30 day keeplock [disciplinary segregation] for possession of brassieres which were not authorized. Unless I develop breast tissue, I will never get authorization for bras. And I will only develop breast tissue after receiving hormonal therapy, which the state has continuously denied me.¹²⁴

Jacque also raises the problem of restricted access to feminine clothing in the facility where she is imprisoned, explaining, "You can have a bra but you can't have panties. You're only allowed a sports bra, but no make-up."¹²⁵

Many transgender women also report having their hair forcibly cut upon entrance to men's prisons. Stefanie describes this traumatizing experience:

It was the most devastating day of my life when they made me cut my hair when I was transferred to [facility removed]. It took me so long to grow it. It was like taking an arm. I wish they would not have done that. They don't do that to female inmates. I have to keep my fingernails trimmed, like they are weapons or something.¹²⁶

Interviewees in men's prisons reported that wearing longer hair and nails are often some of the only outlets available to them to express their gender.

During a hearing before the U.S. Department of Justice on conditions of confinement for transgender and intersex prisoners, one advocate spoke about the damaging effects of restrictive policies around gendered clothing and expression:

Too many jails and prisons limit the ability of prisoners to dress or groom in a way that is comfortable for them . . . many transgender women housed in men's facilities are denied access to bras and are forced to keep their hair at a stereotypically male length. Transgender men in women's facilities often find that they have to keep their face shaven despite the fact that they are not provided with proper grooming supplies . . . some women's institutions require male inmates to wear garb that is similar to a dress.

This form of harassment is the kind of on-going indignity that can lead to more significant issues down the line . . . health problems can result from women being denied bras or men being forced to shave without the proper tools. And the lack of bras has facilitated, in a number of cases, sexual harassment.¹²⁷

In a letter to the Office of Mental Health in her facility, Bianca also describes the destructive impacts of having her gender expression regulated:

I style my long hair in a feminine manner, and I’m getting picked on and called names, and everybody is laughing at me. These are coming from the correctional officers. . . .

I get so depressed, and I hide under my covers and start crying, cause this isn’t fair, ‘why me,’ I’ve been a respectful person. I do not deserve this. I try to stay strong, and keep in mind, that soon, I will be 100% woman the way I was ment to be, but as each day go by, I hurt, and hurt, and hurt. I need weekly psychological counseling, cause I am to depressed to feel good about myself, and consintrate. And I’m asking for help. I do not want to hurt myself no more, but I need weekly counseling in private, so I can prevent any suicidal thoughts or attempts. . . .

I refuse to come out of my cell until I be able to shower and shave. If I continue to be deprived of shower and shaving, I will start with a letter to Albany Mental Health Department, followed by a hunger strike.¹²⁸

Multiple interviewees described the traumatic consequences of having their appearance and gender expression monitored and curtailed by policies such as those described above. These regulations create an environment in which transgender, gender non-conforming, and intersex people are more likely to suffer from depression, anxiety, and a range of other mental health conditions.

Women’s Prisons

As is the case in men’s prisons, authorities in women’s prisons target transgender, gender non-conforming, and intersex people in those facilities with verbal harassment, humiliation, excessive strip searches, and isolation, and refuse to recognize their gender identities.

A transgender attorney who works with transgender and intersex people in California’s women’s prisons has noted the discriminatory and abusive treatment that transgender and gender non-conforming people encounter in those facilities.

The excessively harsh treatment that male-identified and masculine-appearing transgender and gender non-conforming people frequently report at the hands of law enforcement carries over into their experiences in custody

Trans men and gender variant people—many of whom identify as butches, studs, and aggressives—receive particularly forceful treatment and neglect

by correctional officers. They are faced with homophobic and transphobic harassment from guards who call them ‘it’ and write them up for hugging another prisoner because they assume they are violating rules against ‘homosexual contact.’ They are almost completely denied hormones and transition-related care, and they are subjected to excessive, humiliating, and voyeuristic strip searches. These types of harassment are particularly pervasive for trans and gender variant people of color—especially black and Latino people—who are also targeted by correctional officers because of their race.¹²⁹

One transgender man imprisoned in a women’s correctional facility in California articulates the imposition of clothing requirements as part of the constant harassment he experiences: “At one point I was being made to wear a dress, despite the fact that no one else in the prison was forced to. It was just to humiliate me.” He also describes an incident in which another transgender man in his facility was strip-searched publicly by correctional officers so they could “tell his gender.”¹³⁰ Another person imprisoned in the same facility who identifies as an aggressive femme lesbian, describes repeated incidents in which male correctional officers harassed transgender and gender non-conforming prisoners, questioning why they “think they’re men:” “Butch and aggressive women get messed with the most. They’re the ones who get written up, harassed. They do this to isolate and quarantine people—it’s all motivated by hate.”¹³¹

The excessively harsh treatment that male-identified and masculine-appearing transgender and gender non-conforming people—particularly people of color—frequently report at the hands of law enforcement carries over into their experiences in custody.¹³² During a police raid of a predominately LGBT people of color political event in New York City, a Filipino transgender activist reported that two police officers “grabbed and pushed him down on the trunk of the car, kicked his legs apart, and repeatedly hit his head against the trunk, then handcuffed him.”¹³³ After he was taken into custody, at the NYPD’s 77th Precinct in Brooklyn, one of the arresting officers verbally targeted him because of his non-conforming gender expression, allegedly saying, “I know what you are. I know your kind. I just want you to know you’re never going to have a family like me, kids like me, a dog like me. And know that whatever you strap on between your legs will never be as real or as big as mine. You’re going to end up like the rest of your kind, without a job, homeless, and shooting up drugs.” Because officers were unclear how to handle his search or placement, he was subsequently left handcuffed to a pole during questioning and ultimately detained in the female section of the jail. Throughout his detention, the officers insisted on using female pronouns when referring to him.¹³⁴ As his experience illustrates, the forms of harassment, humiliation, and abuse that are common in women’s prisons, jails, and detention centers are compounded when correctional officers and law enforcement target people for non-conforming gender identities and expressions, as well as for their racial identities and political views.

V

RECOMMENDATIONS

As extensive research has shown, the criminal justice system continues to devastate those communities who are subject to the most intense forms of marginalization and criminalization—communities of color, transgender communities, and poor communities. Because of this reality, SRLP recognizes the urgent need for a fundamental shift away from our culture’s over-reliance on imprisonment and policing, as solutions to poverty, violence, drug use, and other social and economic problems. As such, we support strategies that help communities to attain the resources they need to combat poverty and discrimination, and to avoid contact with law enforcement. However, we also recognize the need for immediate relief from the life-endangering violence and abuse that transgender, gender non-conforming, and intersex people, as well as all people, face inside the criminal justice system. These recommendations articulate immediate changes that can be made to alleviate some of these conditions.

1 Adopt measures that will reduce the criminalization and imprisonment of transgender, intersex, and gender non-conforming people in recognition of the extreme danger this population faces while imprisoned.

Ensure access to safe and gender identity-appropriate housing, employment, healthcare, social services, and education for transgender, intersex, and gender non-conforming people. Such access is essential to mitigating the high rates of

homelessness, poverty, illness, and unemployment resulting from transphobic discrimination that leads to survival crimes and the disproportionate rates of arrest and imprisonment of transgender and gender non-conforming people.

Expand funding for and use of community-based gender identity-appropriate alternatives to imprisonment, including drug treatment programs.

Improve re-entry services, providing access to programs upon release from imprisonment that can effectively meet the needs of transgender, intersex, and gender non-conforming people, such as employment support, drug treatment, and trauma counseling to help transgender prisoners heal from the violence they experience inside prisons. Such programs will help to decrease parole violations and recidivism among formerly imprisoned transgender people. Most importantly, no person leaving prison or jail should be mandated against their will to participate in a program in which they will be forced to live as a different gender identity than their own, or in which they are likely to be mistreated on the basis of their gender identity, gender expression, or intersex conditions.

Eliminate the profiling and false arrest of transgender, intersex, and gender non-conforming people, as well as people of color, low-income people, and homeless people. This can be achieved through strategies such as producing and implementing clear policing policies relating to gender identity issues, ongoing training at all levels of law enforcement, and developing oversight and accountability structures to monitor police conduct and ensure compliance with behavior guidelines and policies.

2 **Make concrete changes to correctional policies to improve the safety and treatment of transgender, intersex, and gender non-conforming people in prison, as well as all people in prison.**

Place transgender, intersex, and gender non-conforming people based on their own assessment of where they will be most safe and least vulnerable to violence and harassment while fully respecting their gender identity. Upon entry to a correctional facility, officials should place transgender and intersex people according to where individuals determine they will be able to achieve a maximum level of safety and respect for their gender identity. Possible placements include women's facilities, men's facilities, general population, protective custody, and/or single bunk cells. Officials should not automatically place transgender people according to their birth-assigned sex, but allow them to determine the most appropriate placement based on their safety concerns and gender identity. Provide for immediate changes in placement should an individual's assessment of their safety change.

Develop clear written policies about the treatment of transgender, intersex, and gender non-conforming prisoners, providing guidelines for appropriately addressing safety concerns, prohibiting discrimination, verbal harassment, and inappropriate and abusive searches, and providing for effective enforcement. These policies should make clear that verbal harassment (such as using homophobic or transphobic epithets), sexual harassment, or using a name or pronoun other than that which a person prefers are unacceptable. These policies should also ensure that transgender, intersex, and gender non-conforming people in prison have access to private showers upon request for safety reasons.

Provide in-depth, regular, and mandatory training to all civilian and correctional staff and contractors who interact with people in prison by appropriately qualified outside trainers to increase awareness of issues specific to transgender, intersex, and gender non-conforming people, including appropriate ways to interact with this population. This training should also be provided to all other parties involved in the criminal justice system in an official capacity, including police officers, judges, attorneys, prosecutors, parole and probation officers, and inspectors general and their staff.

3 Improve and enhance grievance procedures and accountability measures to address assault, discrimination, and abuse when it does occur.

Improve methods for prisoners to quickly and easily make confidential complaints of abuse, discrimination, or harassment to an independent agency. This agency should be adequately trained and have unrestricted access to the correctional facility and the necessary authority and resources to conduct thorough, sensitive, and prompt investigations, including affirmative investigations.

Eliminate statutory and practical obstacles to prisoners seeking legal redress for harms they suffer while imprisoned. This should include repeal of the Prison Litigation Reform Act and the Son of Sam laws, which place unfair limitations on the ability of prisoners to seek such redress. Additionally, prisoners should be ensured meaningful access to law libraries and free legal assistance resources for prisoners should be increased.

Create a strong statutory presumption against prisons, jails, detention facilities, and their officials if they fail to produce evidence related to a prisoner’s lawsuit (e.g. video records, medical records, grievance claims).

4 **Ensure access to adequate and nondiscriminatory medical and mental healthcare, vocational and educational programming, recreational activities, and gender-appropriate clothing.**

Provide consistent and adequate access to medical care to all prisoners, including hormonal therapy and transition-related services, even if a prisoner cannot adequately document that s/he was receiving hormonal therapy prior to imprisonment. The ability to transition and express their gender identity is central to the psychological and physical health of many transgender people. If they have not accessed transgender-related healthcare prior to imprisonment, they should be provided with access to a clinician who can help them begin this process, and provided with the subsequent treatment to facilitate their transition.

Improve access to basic medical and mental healthcare without discrimination or harassment. Guarantee basic medical and mental healthcare that is free from discrimination, harassment, and abuse.

Provide access to educational, vocational, and rehabilitative programming, recreational activities, and employment without discrimination or harassment.

Ensure access to gender-appropriate clothing. Allow transgender prisoners access to clothing and related items that they feel are compatible with their gender identity and expression, and with which they feel most comfortable. For transgender women, this may include bras, skirts, blouses, and feminine underwear. In addition, officials should lift prohibitions on long hair and nails, as they are often essential aspects of the gender expression of transgender people.

Ensure that appropriate medical and mental health services are available to survivors of rape, sexual abuse, assault, or harassment.

Ensure that condoms are readily accessible to prisoners. This is a critical measure because of the extremely high rates of transmission of HIV and other STIs in prison.

Appendix A Frequently Asked Questions: Gender Identity & Expression¹³⁴

The following are a series of questions that are frequently asked as people attempt to better understand gender identity and expression and the experiences of transgender, gender non-conforming, and intersex people. These questions, their answers, and the terms used are constantly evolving, deeply personal, and vary greatly across cultural and age lines. The following is only one set of answers, and does not represent the full range of answers or experiences that exist among transgender, gender non-conforming, and intersex people.

1. What is “transgender”?

Transgender is a term used to describe people whose way of understanding their own gender, or whose way of expressing their gender (clothing, hairstyle, etc.), is different from what society expects based on what gender they were identified with when they were born. This term includes a wide range of people with different experiences—those who change from one gender to another as well as those who sometimes express different gender characteristics, or whose gender expression is not clearly definable as masculine or feminine.

2. What do the terms “transgender woman” and “transgender man” mean? Who do I use them for?

When speaking about transgender people, always refer to their *current* gender. A transgender man is someone who is a man now, even though he was identified as female at birth. A transgender woman is a someone who is a woman now, even though she was identified as male at birth.

3. What is “transition”?

Transition refers to the process that some transgender people go through in changing from one gender to another. This process can include beginning to go by a new first name, using a new pronoun (“she” instead of “he” or “he” instead of “she”), and making changes in appearance.

4. What is “intersex”?

People with intersex conditions have bodies that are not easily classifiable as “male” or “female” according to current Western medical standards governing what “male” and “female” bodies are supposed to look like. There are a variety of intersex conditions. For example, some people have chromosomes that are not XX or XY but are XXY or some other set of shapes. Similarly, many people have masculine or feminine hormones in their bodies in balances that are not considered the norm for female or male bodies. The most commonly discussed intersex experience is that of people who are born with what some doctors call “ambiguous genitalia,” meaning genitalia that do not look the way doctors think male or female genitalia should look. Too often, parents of children with this intersex condition are pressured to make a rushed decision to have the child undergo surgery to make the child’s gen-

itals conform more closely to the medical standard for their assigned sex.¹³⁵ These procedures are often performed without giving parents sufficient information about intersex conditions and what options exist, and can sometimes result in the loss of sexual or reproductive function.¹³⁶

Intersex activist organizations are working to educate doctors, parents, and medical students so that children with intersex conditions will be allowed to determine what procedures they may or may not want for their bodies after they have fully developed. The Intersex Society of North America website, <<http://www.isna.org>>, is a great source of information. Many people are surprised to learn how high the rates of intersex conditions are: one in 2,000 babies have intersex conditions, and five or six babies a day in the U.S. are subjected to related surgery.¹³⁷ Despite these large numbers, the experiences of people with intersex conditions remain marked by stigma and secrecy.

5. With all these new terms emerging all the time, what am I supposed to call people?

Transgender communities, like other communities facing discrimination, have used different words to refer to themselves over time. Some words are acceptable to use if you are part of the transgender community but can sound offensive if someone outside the community uses them. All communities fighting discrimination develop new terms over time to refer to themselves and their experiences. For example, years ago people commonly referred to “homosexual rights,” whereas now people often say “gay and lesbian rights.” All of these communities continually revise the language they use to self-identify—language that more accurately describes their experiences—in an effort to move away from outdated, offensive, and inaccurate terms. Transgender communities are the same, and different members of the community will use different words to describe themselves. It would be impossible to create a glossary that included every potential word a person might use, especially since these terms are still emerging. For that reason, the best way to use this glossary is as a general guide. First and foremost, always *refer to people in the way that they prefer*.

6. What should I call a transgender person?

Transgender people should always be called by the name they currently prefer, even if their legal or medical records still use their old name. They should also always be called by the pronoun they currently use. Transgender women should be called “she/her” and transgender men should be called “he/him.”

7. Do all transgender people have surgery? What is transgender healthcare like?

Misconceptions about transgender healthcare are pervasive. Perhaps the single most erroneous misconception is that transgender healthcare consists of a single “sex-change operation.” In fact, there are several different kinds of treatment that people seeking sex reassignment pursue, including psychotherapy, hormone therapy treatment, voice surgery, voice training, Adam’s apple reduction, facial surgery, chest

or breast surgeries, and a range of genital surgeries. Medical professionals, in conjunction with their patients, determine what treatment is medically appropriate for each person, taking into account pre-existing medical conditions, mental health status, and lived gender experience.

Although a common medical treatment that transgender people undergo is hormone therapy, there are many people who prefer to use hairstyle, clothing style, and other non-medical interventions to express their gender identity.

There is no medical rationale for linking legal recognition of a person’s new gender to genital reconstructive surgery or any other specific treatment that may not be desirable, medically appropriate, or possible for all people. For example, the most common sex reassignment surgery for transgender men is chest surgery. In contrast, fewer than 3% of male-identified transgender people undergo any reconstructive genital surgery, due to the severe limitations and medical risks associated with this surgery at this time.¹³⁸

8. Are transgender people gay?

Although they are often confused in our culture, gender identity and sexual orientation are different parts of a person’s identity. Sexual orientation is about who you are sexually or romantically attracted to, whether you are lesbian, gay, straight, bisexual, etc. Gender identity is about how you understand your own gender: whether you understand yourself to be male, female, or something else, and how you express that.

- Every individual has a sex assigned to them at birth, a gender identity, and a sexual orientation.
- Being transgender does not mean that you are gay and being gay does not mean that you are transgender.
- Gender is about who we believe ourselves to be; sexual orientation is about who we are attracted to.
- Just like non-transgender people, transgender people can be gay, lesbian, straight, bisexual, or anything else.
- Assuming a transgender person’s sexual orientation, or asking them detailed personal questions about it, is never appropriate.

9. Are there certain words I should avoid saying that might offend someone?

Some terms are used often by the media, but are actually offensive or inappropriate to use when talking about transgender people. Here are some ways to avoid potentially offending a transgender person:

- **Avoid the term “transvestite.”** This term is used often by the media to refer to anyone who is transgender. It is not a very commonly used term in transgender communities in North America, and can sound very offensive when used to describe someone who does not identify that way. “Transgender” is a better general term to use. Most importantly, refer to the person as they refer to themselves.

- **Always refer to a person's current gender.** A person who was identified at birth as male but sees herself as a woman now is a woman or a transgender woman. A person who was identified at birth as female but sees himself as male now is a man or a transgender man.
- **Avoid the terms “pre-op” and “post-op.”** These terms suggest that every transgender person is on the road to some kind of surgery when, in reality, individual decisions about whether to have any medical procedure vary from person to person. These terms can also often be used as a judgment, indicating that some transgender people are more “real” than others. Referring to people in terms of what medical procedures they have undergone is inappropriate and could potentially reveal private information about them. These terms should not be used to refer to clients or co-workers.

Appendix B Organizations

The following is a list of organizations in New York City and across the United States working on issues related to criminalization, poverty, and imprisonment in transgender and intersex communities.

American Friends Service Committee

1501 Cherry Street
Philadelphia, PA 19102
(215) 241-7125
<http://www.afsc.org/lgbt/fighting-violence.htm>

Amnesty International, OUTfront!

5 Penn Plaza
New York, NY 10001
(212) 807-8400
<http://www.amnestyusa.org/outfront/>

Correctional Association of New York

135 E. 15th Street
New York, NY 10003
(212) 254-5700
<http://www.correctionalassociation.org>

Critical Resistance

1904 Franklin Street Suite 504
Oakland, CA 94612
(510) 444-0484
<http://www.criticalresistance.org>

FIERCE!

437 W. 16th Street, Lower Level
New York, NY 10011
(646) 336-6789
<http://www.fierceny.org>

Housing Works

57 Willoughby Street
Brooklyn, NY 11201
(347) 473-7400
<http://www.housingworks.org>

LockedOut

c/o Prison Book Project
P.O. Box 396
Amherst, MA 01004

NYC Gay & Lesbian Anti-Violence Project

240 W. 35th Street, Suite 200
New York, NY 10001
(212) 714-1184
<http://www.avp.org>

Peter Cicchino Youth Project

c/o Urban Justice Center
666 Broadway, 10th Floor
New York, NY 10012
(646) 602-5600
<http://www.urbanjustice.org>

Stop Prisoner Rape

3325 Wilshire Boulevard, Suite 340
Los Angeles, CA 90010
(213) 384-1400
<http://www.spr.org>

Sylvia Rivera Law Project

322 8th Avenue, 3rd Floor
New York, NY 10001
(212) 337-8550
<http://www.srlp.org>

Transgender, Gender Variant, and Intersex Justice Project (TGJIP)

1095 Market Street, Suite 308
San Francisco, CA 94103
(415) 252-1444
<http://www.tgjip.org>

Transgender/Gender Variant in Prison (TIP) Committee

1095 Market Street, Suite 308
San Francisco, CA 94103
(415) 252-1444
<http://www.tgjip.org/tip>

Transgender in Prison Journal

c/o Gender Identity Center of Colorado
1401 Saulsbury, Suite G9
Lakewood, CO 80214
<http://www.gicofcolo.org>

Transgender Law Center

870 Market Street, Room 823
San Francisco, CA 94102
(415) 865-0176
<http://www.transgenderlawcenter.org>

TransJustice c/o Audre Lorde Project

85 South Oxford Street
Brooklyn, NY 11217
(718) 596-0342
<http://www.alp.org>

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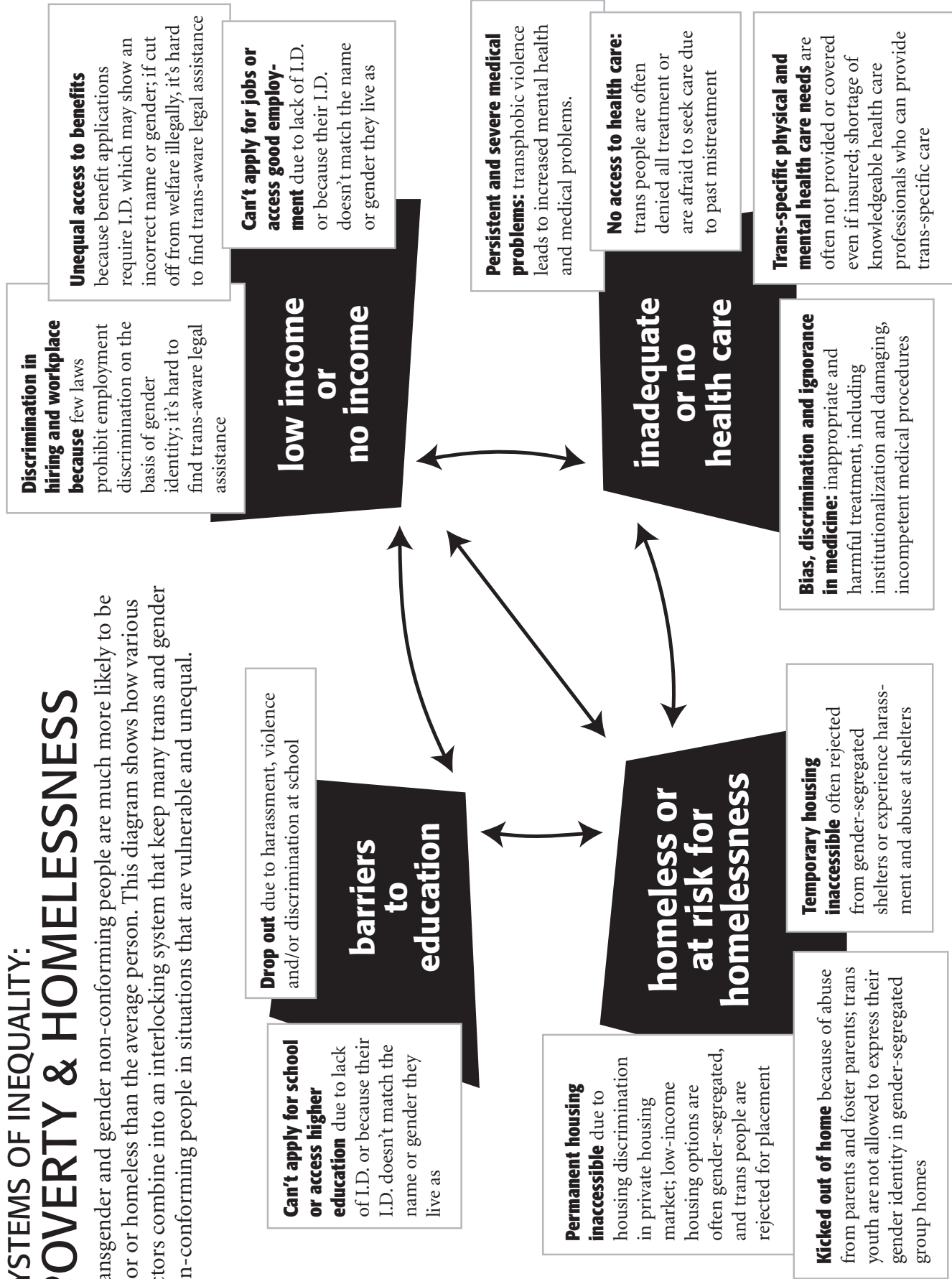
Appendix D Flow Charts

The following charts illustrate the cycles of systemic poverty, homelessness, and imprisonment in transgender and gender non-conforming communities.

SYSTEMS OF INEQUALITY:

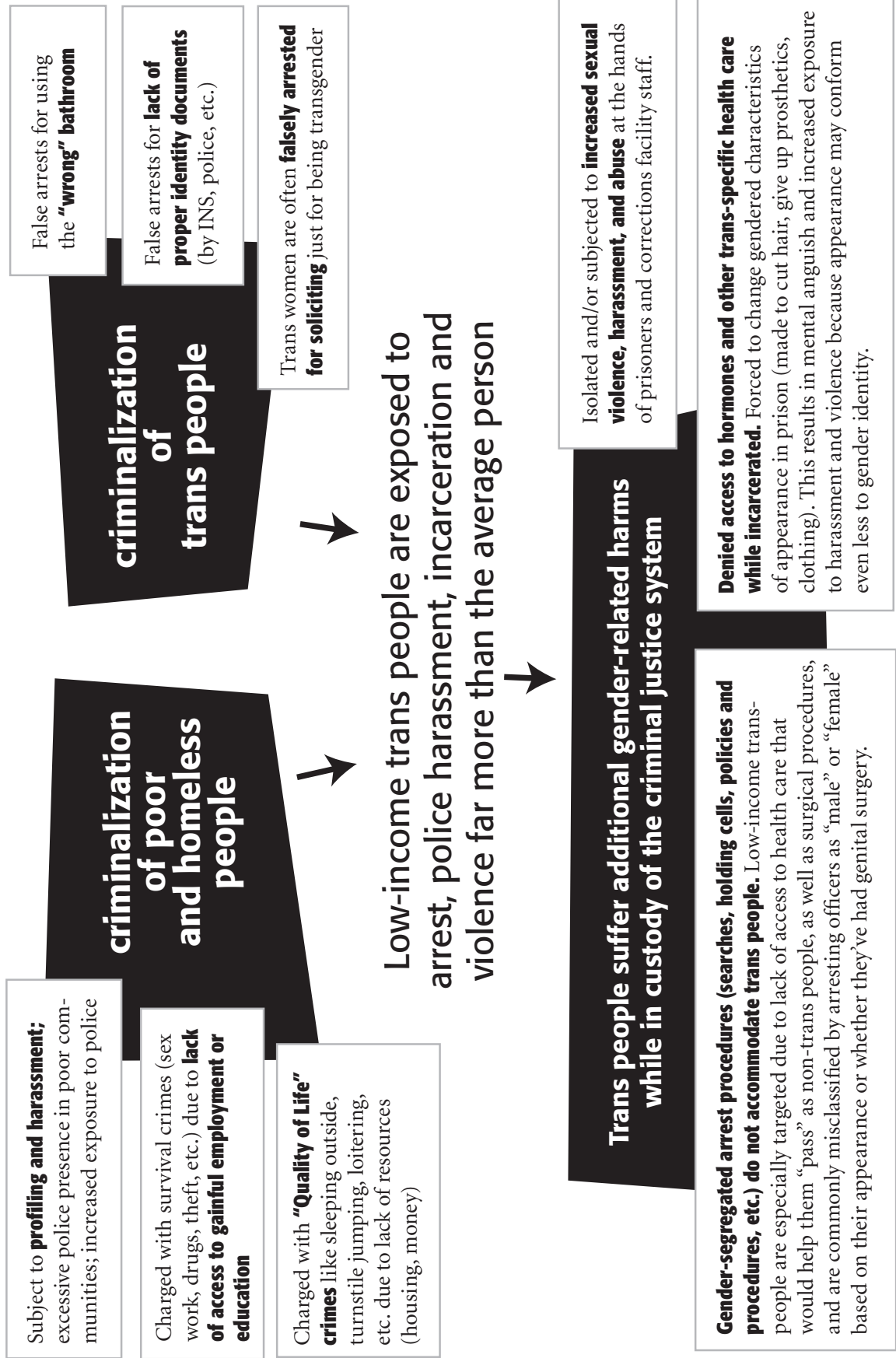
POVERTY & HOMELESSNESS

Transgender and gender non-conforming people are much more likely to be poor or homeless than the average person. This diagram shows how various factors combine into an interlocking system that keep many trans and gender non-conforming people in situations that are vulnerable and unequal.



SYSTEMS OF INEQUALITY: CRIMINAL JUSTICE

This diagram illustrates how overpolicing and profiling of low income people and of trans and gender non-conforming people intersect, producing a far higher risk than average of imprisonment, police harassment, and violence for low income trans people.



Notes

- 1 See, e.g., *Farmer v. Brennan*, 511 U.S. 825 (1994) (finding that prison officials are not liable for violence inflicted on a transsexual prisoner by other prisoners unless they have *actual subjective knowledge* that the transsexual prisoner is at risk and deliberately fail to act on that knowledge. See also *Lucrecia v. Samples*, 1995 U.S. Dist. LEXIS 15607 (Oct. 16, 1995) (finding no Eighth Amendment violation where prison officials transferred male-to-female transsexual prisoner, who had developed breasts and had her testicles surgically removed, from female prison to male prison, where she was subjected to constant verbal, physical, and sexual harassment and assault by other prisoners and by prison guards). But see *Powell v. Schriver*, 175 F.3d 107 (2nd Cir. 1999) (holding that qualified immunity did not protect prison official from claim that the disclosure of the inmate’s transsexual status constituted deliberate indifference to a substantial risk of serious harm, in violation of the 8th Amendment).
- 2 See *Kosilek v. Maloney*, 221 F. Supp. 2d 156 (D. Mass. 2002) (holding plaintiff’s transgender healthcare was a serious medical need and prison officials were required to provide treatment as prescribed by a physician with experience in treating gender identity disorder; the court further held this treatment could include hormone therapy or gender reassignment surgery); *De’Lonta v. Angelone*, 330 F.3d 630 (4th Cir. 2003) (holding termination of a transgender prisoner’s hormone treatment which led her attempts to mutilate herself, could constitute deliberate indifference). See also *Allard v. Gomez*, 2001 WL 638413 at **1 (9th Cir. 2001) (holding that whether a transgender prisoner who was denied hormone therapy on a case-by-case basis or a blanket rule either of which was deliberate indifference was a triable question of fact); *Wolfe v. Horn*, 130 F. Supp. 2d 648 (D. Pa. 2001); *Phillips v. Michigan Department of Corrections*, 731 F. Supp. 792 (W.D. Mich. 1990).
- 3 See, e.g., *Powell v. Schriver*, 175 F.3d 107 (2nd Cir. 1999) (holding that qualified immunity did not protect prison official from claim that the disclosure of the inmate’s transsexual status constituted deliberate indifference to a substantial risk of serious harm, in violation of the 8th Amendment); *Kosilek v. Maloney*, 221 F. Supp. 2d 156 (D. Mass. 2002) (holding plaintiff’s transgender healthcare was a serious medical need and prison officials were required to provide treatment as prescribed by a physician with experience in treating gender identity disorder; the court further held this treatment could include hormone therapy or gender reassignment surgery); *De’Lonta v. Angelone*, 330 F.3d 630 (4th Cir. 2003) (holding termination of a transgender prisoner’s hormone treatment which led her attempts to mutilate herself, could constitute deliberate indifference). See also *Allard v. Gomez*, 2001 WL 638413 at **1 (9th Cir. 2001) (holding that whether a transgender prisoner who was denied hormone therapy on a case-by-case basis or a blanket rule, either of which was deliberate indifference, was a triable question of fact); Joslin, Courtney. “Fact Sheet: Rights of Transgender Prisoners.” National Center for Lesbian Rights. July 2006. 4 December 2006 <<http://www.nclrights.org/publications/tgprisoners.htm>>.
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- 135 These Frequently Asked Questions and Answers are adapted from text written by Paisley Currah (Transgender Law and Policy Initiative), Carrie Davis (NYC LGBT Community Services Center) and Dean Spade (SRLP) during 2005 negotiations with the Human Resources Administration of New York City to create a Best Practices Guide for HRA workers serving transgender, intersex, and gender non-conforming clients. That document has not yet been adopted by HRA officially, and the text has been adapted as a model policy in other advocacy contexts.
- 136 See Bodies Like Ours at <http://www.bodieslikeours.org>; Intersex Initiative at <http://www.intersexinitiative.org>; and Intersex Society of North America at <http://www.isna.org> for more information about this surgery and its physiological and psychological ramifications.
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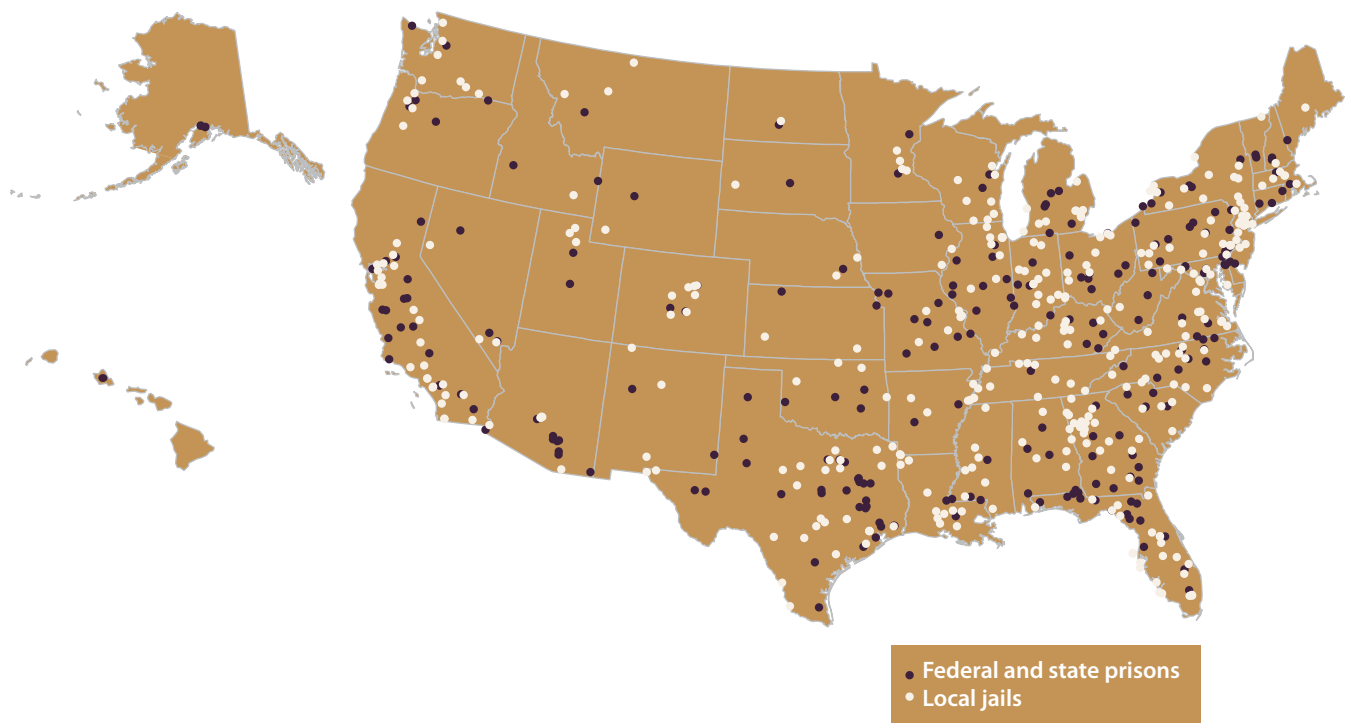
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Sexual Victimization in Prisons and Jails Reported by Inmates, 2011–12

National Inmate Survey, 2011–12



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May 2013, NCJ 241399

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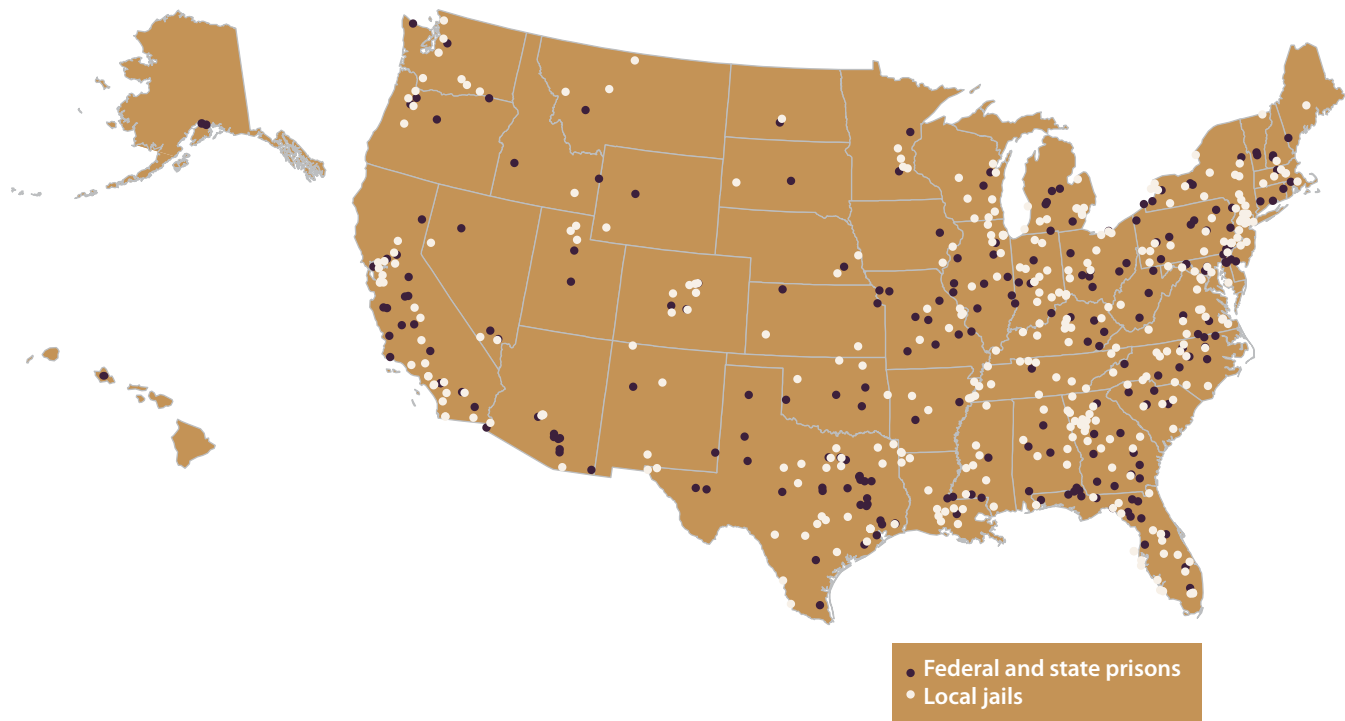
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Morgan Young and Jill Thomas edited the report, and Barbara Quinn designed and produced the report under the supervision of Doris J. James.

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Sexual Victimization in Prisons and Jails Reported by Inmates, 2011–12

National Inmate Survey, 2011–12



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Highlights

Prevalence of sexual victimization

- In 2011-12, an estimated 4.0% of state and federal prison inmates and 3.2% of jail inmates reported experiencing one or more incidents of sexual victimization by another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.
- Using the same methodology since 2007, the rate of sexual victimization among state and federal prison inmates was 4.5% in 2007 and 4.0% in 2011-12; but, the difference was not statistically significant. Among jail inmates, the rate of sexual victimization remained unchanged—3.2% in 2007 and 3.2% in 2011-12.
- Among state and federal prison inmates, 2.0% (or an estimated 29,300 prisoners) reported an incident involving another inmate, 2.4% (34,100) reported an incident involving facility staff, and 0.4% (5,500) reported both an incident by another inmate and staff.
- About 1.6% of jail inmates (11,900) reported an incident with another inmate, 1.8% (13,200) reported an incident with staff, and 0.2% (2,400) reported both an incident by another inmate and staff.
- From 2007 to 2011-12, reports of “willing” sexual activity with staff (excluding touching) declined in prisons and jails, while reports of other types of sexual victimization remained stable.

Facility rankings

- Eleven male prisons, 1 female prison, and 9 jails were identified as high-rate facilities based on the prevalence of inmate-on-inmate sexual victimization in 2011-12. Eight male prisons, 4 female prisons, and 12 jails were identified as high rate based on the prevalence of staff sexual misconduct. Each of these facilities had a lower bound of the 95%-confidence interval that was at least 55% higher than the average rate among comparable facilities.
- Seven male prisons, 6 female prisons, and 4 jails were identified as low-rate facilities based on a small percentage of inmates reporting any sexual victimization by another inmate or staff and a low upper bound of the 95%-confidence interval around the rate.
- Among the 225 prisons and 358 jails in the survey, 13 prisons and 34 jails had no reported incidents of sexual victimization.
- Two military facilities and one Indian country jail had high rates of staff sexual misconduct in 2011-12. The

Northwest Joint Regional Correctional Facility (Fort Lewis, Washington) (6.6%) and the Naval Consolidated Brig (Miramar, California) (4.9%) had high rates of staff sexual misconduct that were more than double the average of prisons (2.4%) and jails (1.8%) nationwide. The Oglala Sioux Tribal Offenders Facility (Pine Ridge, South Dakota) (10.8%) reported the highest rate of staff sexual misconduct among all tribal and nontribal jails in the survey.

Variations in victimization rates

- Patterns of inmate-on-inmate sexual victimization in 2011-12 were consistent with patterns in past surveys. Rates reported by prison and jail inmates were higher among females than males, higher among whites than blacks, and higher among inmates with a college degree than those who had not completed high school.
- Variations in staff sexual misconduct rates were also similar across surveys. Rates reported by inmates were higher among males in jails than females in jails, higher among black inmates in prisons and jails than white inmates in prisons and jails, and lower among inmates age 35 or older than inmates ages 20 to 24 in both prisons and jails.
- Inmates held for violent sexual offenses reported higher rates of inmate-on-inmate sexual victimization (3.7% in prison and 3.9% in jails) than inmates held for other offenses.

Special inmate populations

- In 2011-12, juveniles ages 16 to 17 held in adult prisons and jails did not have significantly higher rates of sexual victimization than adult inmates:
 - An estimated 1.8% of juveniles ages 16 to 17 held in prisons and jails reported being victimized by another inmate, compared to 2.0% of adults in prisons and 1.6% of adults in jails.
 - An estimated 3.2% of juveniles ages 16 to 17 held in prisons and jails reported experiencing staff sexual misconduct. Though higher, these rates were not statistically different from the 2.4% of adults in prisons and 1.8% of adults in jails.
 - Juveniles (ages 16 to 17) and young adults (ages 18 to 19 and 20 to 24) reported similar rates of sexual victimization for most of the key subgroups (sex, race or Hispanic origin, body mass index, sexual orientation, and offense).

Highlights (continued)

- Inmates with serious psychological distress reported high rates of inmate-on-inmate and staff sexual victimization in 2011-12:
 - Among state and federal prison inmates, an estimated 6.3% of those identified with serious psychological distress reported that they were sexually victimized by another inmate. In comparison, among prisoners with no indication of mental illness, 0.7% reported being victimized by another inmate.
 - Similar differences were reported by jail inmates. An estimated 3.6% of those identified with serious psychological distress reported inmate-on-inmate sexual victimization, compared to 0.7% of inmates with no indication of mental illness.
 - Rates of serious psychological distress in prisons (14.7%) and jails (26.3%) were substantially higher than the rate (3.0%) in the U.S. noninstitutional population age 18 or older.
 - For each of the measured demographic subgroups, inmates with serious psychological distress reported higher rates of inmate-on-inmate sexual victimization than inmates without mental health problems.
- Inmates who reported their sexual orientation as gay, lesbian, bisexual, or other were among those with the highest rates of sexual victimization in 2011-12:
 - Among non-heterosexual inmates, 12.2% of prisoners and 8.5% of jail inmates reported being sexually victimized by another inmate; 5.4% of prisoners and 4.3% of jail inmates reported being victimized by staff.
 - In each demographic subgroup (sex, race or Hispanic origin, age, and education), non-heterosexual prison and jail inmates reported higher rates of inmate-on-inmate sexual victimization than heterosexual inmates.
 - Among inmates with serious psychological distress, non-heterosexual inmates reported the highest rates of inmate-on-inmate sexual victimization (21.0% of prison inmates and 14.7% of jail inmates).

Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12

National Inmate Survey-3

Between February 2011 and May 2012, BJS completed the third National Inmate Survey (NIS-3) in 233 state and federal prisons, 358 jails, and 15 special confinement facilities operated by Immigration and Customs Enforcement (ICE), the U.S. Military, and correctional authorities in Indian country. The survey, conducted by RTI International (Research Triangle Park, North Carolina), was administered to 92,449 inmates age 18 or older, including 38,251 inmates in state and federal prisons, 52,926 in jails, 573 in ICE facilities, 539 in military facilities, and 160 in Indian country jails. The survey was also administered to juveniles ages 16 to 17 held in adult prisons and jails. Based on 527 completed interviews of juveniles in state prisons and 1,211 interviews in local jails, the NIS-3 provides the first-ever national estimates of sexual victimization of juveniles held in adult facilities.

The NIS-3 is part of the National Prison Rape Statistics Program, which collects reported sexual violence from administrative records and allegations of sexual victimization directly from victims through surveys of inmates in prisons and jails and surveys of youth held in juvenile correctional facilities. Administrative records have been collected annually since 2004. Reports by victims of sexual victimization have been collected since 2007.

The NIS-3 survey consisted of an audio computer-assisted self-interview (ACASI) in which inmates used a touch-screen to interact with a computer-assisted questionnaire and followed audio instructions delivered via headphones. Some inmates (751) completed a short paper form instead of using the ACASI. Most of these inmates were housed in administrative or disciplinary segregation or were considered too violent to be interviewed.

The Prison Rape Elimination Act of 2003 (P.L. 108-79; PREA) requires the Bureau of Justice Statistics (BJS) to carry out a comprehensive statistical review and analysis of incidents and effects of prison rape for each calendar year. This report fulfills the requirement under Sec. 4c(2)(B)(ii) of the act to provide a list of prisons and jails according to the prevalence of sexual victimization.

As in the NIS-1 (conducted 2007) and the NIS-2 (conducted 2008-09), the NIS-3 collected only allegations of sexual victimization. Since participation in the survey is anonymous and reports are confidential, the survey does not permit any follow-up investigation or substantiation of reported incidents through review. Some allegations in the NIS-3 may be untrue. At the same time, some inmates may not report sexual victimization experienced in the facility, despite efforts of survey staff to assure inmates that their responses would be kept confidential. Although the effects may be offsetting, the relative extent of under reporting and false reporting in the NIS-3 is unknown.

Incidents of sexual victimization

In 2011-12, 4.0% of prison inmates and 3.2% of jail inmates reported experiencing one or more incidents of sexual victimization

Among the 91,177 adult prison and jail inmates participating in the NIS-3 sexual victimization survey, 3,381 reported experiencing one or more incidents of sexual victimization in the past 12 months or since admission to the facility, if less than 12 months. Since the NIS-3 is a sample survey, weights were applied for sampled facilities and inmates within facilities to produce national-level and facility-level estimates. The estimated number of prison and jail inmates experiencing sexual victimization totaled 80,600 (or 4.0% of all prison inmates and 3.2% of jail inmates nationwide) ([table 1](#)).

Among all state and federal prison inmates, 2.0% (or an estimated 29,300 prisoners) reported an incident involving another inmate, and 2.4% (34,100) reported an incident involving facility staff. Some prisoners (0.4% or 5,500) reported sexual victimization by both another inmate and facility staff.

Among all jail inmates, about 1.6% (11,900) reported an incident with another inmate, and 1.8% (13,200) reported an incident with staff. Approximately 0.2% of jail inmates (2,400) reported being sexually victimized by both another inmate and staff.

TABLE 1
Adult inmates reporting sexual victimization, by type of facility and incident, National Inmate Survey, 2011–12

Type of incident ^c	Number of victims ^a		Percent of inmates		Standard errors ^b	
	Prisons	Jails	Prisons	Jails	Prisons	Jails
Total	57,900	22,700	4.0%	3.2%	0.2%	0.2%
Inmate-on-inmate	29,300	11,900	2.0%	1.6%	0.1%	0.1%
Nonconsensual sexual acts	15,400	5,100	1.1	0.7	0.1	0.1
Abusive sexual contacts only	13,900	6,800	1.0	0.9	0.1	0.1
Staff sexual misconduct	34,100	13,200	2.4%	1.8%	0.2%	0.1%
Unwilling activity	21,500	10,000	1.5	1.4	0.1	0.1
Excluding touching	15,400	7,400	1.1	1.0	0.1	0.1
Touching only	5,600	2,500	0.4	0.3	0.1	--
Willing activity	19,700	6,200	1.4	0.9	0.1	0.1
Excluding touching	17,000	5,200	1.2	0.7	0.1	0.1
Touching only	2,700	900	0.2	0.1	--	--

Note: Detail may not sum to total because inmates may report more than one type of victimization. They may also report victimization by both other inmates and staff.

--Less than 0.05%.

^aEstimates of the number of victims nationwide are based on weighted data and rounded to the nearest 100.

^bStandard errors may be used to construct confidence intervals around each estimate. See *Methodology* for calculations.

^cSee *Methodology* for terms and definitions.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

The NIS-3 screened for specific sexual activities in which inmates may have been involved during the past 12 months or since admission to the facility, if less than 12 months. Inmates were then asked if they were forced or pressured to engage in these activities by another inmate or staff. (See appendices 1, 2, and 3 for specific survey questions.) Reports of inmate-on-inmate sexual victimization were classified as either nonconsensual sexual acts or abusive sexual contacts. (See text box for *Terms and definitions*.)

Approximately 1.1% of prisoners and 0.7% of jail inmates said they were forced or pressured to have nonconsensual sex with another inmate, including manual stimulation and oral, anal, or vaginal penetration. An additional 1.0% of prison inmates and 0.9% of jail inmates said they had experienced one or more abusive sexual contacts only or unwanted touching of specific body parts in a sexual way by another inmate.

An estimated 1.5% of prison inmates and 1.4% of jail inmates reported that they had sex or sexual contact unwillingly with staff as a result of physical force, pressure, or offers of special favors or privileges. An estimated 1.4% of all prison inmates and 0.9% of jail inmates reported they willingly had sex or sexual contact with staff. Any sexual contact between inmates and staff is illegal, regardless of whether an inmate reported being willing or unwilling, but this difference between willing and unwilling may be informative when addressing issues of staff training, prevention, and investigation.

Terms and definitions

Sexual victimization—all types of sexual activity, e.g., oral, anal, or vaginal penetration; hand jobs; touching of the inmate's buttocks, thighs, penis, breasts, or vagina in a sexual way; abusive sexual contacts; and both willing and unwilling sexual activity with staff.

Nonconsensual sexual acts—unwanted contacts with another inmate or any contacts with staff that involved oral, anal, vaginal penetration, hand jobs, and other sexual acts.

Abusive sexual contacts only—unwanted contacts with another inmate or any contacts with staff that involved touching of the inmate's buttocks, thigh, penis, breasts, or vagina in a sexual way.

Unwilling activity—incidents of unwanted sexual contacts with another inmate or staff.

Willing activity—incidents of willing sexual contacts with staff. These contacts are characterized by the reporting inmates as willing; however, all sexual contacts between inmates and staff are legally nonconsensual.

Staff sexual misconduct—includes all incidents of willing and unwilling sexual contact with facility staff and all incidents of sexual activity that involved oral, anal, vaginal penetration, hand jobs, blow jobs, and other sexual acts with facility staff.

The NIS-3 recorded slightly lower rates of sexual victimization in prisons compared to the NIS-1 and NIS-2, which was largely driven by a decline in the reported rates of staff sexual misconduct (table 2). Overall, the rate of sexual victimization was 4.5% in 2007 and 4.0% in 2011-12, but the difference was not statistically significant. (See *Methodology* for discussion of significance testing and standard errors.) Staff sexual misconduct considered “willing” by the victims was the only rate to show a decline, from 1.8% in 2008-09 to 1.4% in 2011-12. This drop was limited to willing sexual activity, excluding touching. In addition, willing sexual activity with staff (excluding touching only) in 2011-12 was significantly different from 2007 (dropping from 1.5% to 1.2%).

Among jail inmates, the overall rates of sexual victimization remained unchanged (3.2% in 2007, 3.1% in 2008-09, and 3.2% in 2011-12). The rates of staff sexual misconduct in jails were 2.0% in 2007, 2.0% in 2008-09, and 1.8% in 2011-12, but this decline was not statistically significant. Jail inmates in 2011-12 were less likely to report experiencing willing sexual activity with staff (0.9%) than jail inmates in 2007 (1.1%) and 2008-09 (1.1%). This decline was limited to willing sexual activity, excluding touching.

Facility-level rates

The NIS-3 provides a basis for identifying high rate and low rate facilities

As required under the Prison Rape Elimination Act, the NIS-3 provides facility-level estimates of inmate-on-inmate sexual victimization and staff sexual misconduct. Since these estimates are based on a sample of inmates rather than a complete enumeration, they are subject to sampling error. (See *Methodology* for description of sampling procedures.)

The precision of each of the facility-level estimates can be calculated based on the estimated standard error. Typically, a 95%-confidence interval around each survey estimate is calculated by multiplying the standard error by 1.96 and then adding and subtracting the result from the sample estimate to create an upper and lower bound. This interval expresses the range of values that could result among 95% of the different samples that could be drawn.

For small samples and estimates close to 0%, as is the case with facility-level estimates of sexual victimization by type of incident, the use of the standard error to construct the 95%-confidence interval may not be reliable. An alternative method developed by E. B. Wilson has been shown to perform better than the traditional method.^{1,2}

¹Brown, L.D., Cai, T., & DasGupta, A. (2001). “Interval Estimation for a Binomial Proportion.” *Statistical Science*, 16(2), pp. 101–117.

²Wilson, E.B. (1927). “Probable Inference, the Law of Succession, and Statistical Inference.” *Journal of the American Statistical Association*, 22(158), pp. 209–12.

TABLE 2
Prevalence of sexual victimization across inmate surveys, by type of incident, National Inmate Survey, 2007, 2008–09, and 2011–12

Type of incident	Percent of prison inmates			Percent of jail inmates		
	NIS-1 2007	NIS-2 2008–09	NIS-3 2011–12*	NIS-1 2007	NIS-2 2008–09	NIS-3 2011–12*
Total	4.5%	4.4%	4.0%	3.2%	3.1%	3.2%
Inmate-on-inmate	2.1%	2.1%	2.0%	1.6%	1.5%	1.6%
Nonconsensual sexual acts	1.3	1.0	1.1	0.7	0.8	0.7
Abusive sexual contacts only	0.8	1.0	1.0	0.9	0.7**	0.9
Staff sexual misconduct	2.9%	2.8%	2.4%	2.0%	2.0%	1.8%
Unwilling activity	1.7	1.7	1.5	1.3	1.5	1.4
Excluding touching	1.3	1.3	1.1	1.1	1.1	1.0
Touching only	0.4	0.4	0.4	0.3	0.4	0.3
Willing activity	1.7	1.8**	1.4	1.1**	1.1**	0.9
Excluding touching	1.5**	1.5**	1.2	0.9**	0.9**	0.7
Touching only	0.2	0.3	0.2	0.2	0.2	0.1

Note: Detail may not sum to total because inmates may report more than one type of victimization. They may also report victimization by both other inmates and staff. See appendix table 10 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level. (See *Methodology* for tests of significance.)

Source: Bureau of Justice Statistics, National Inmate Survey, 2007, 2008–09, and 2011–12.

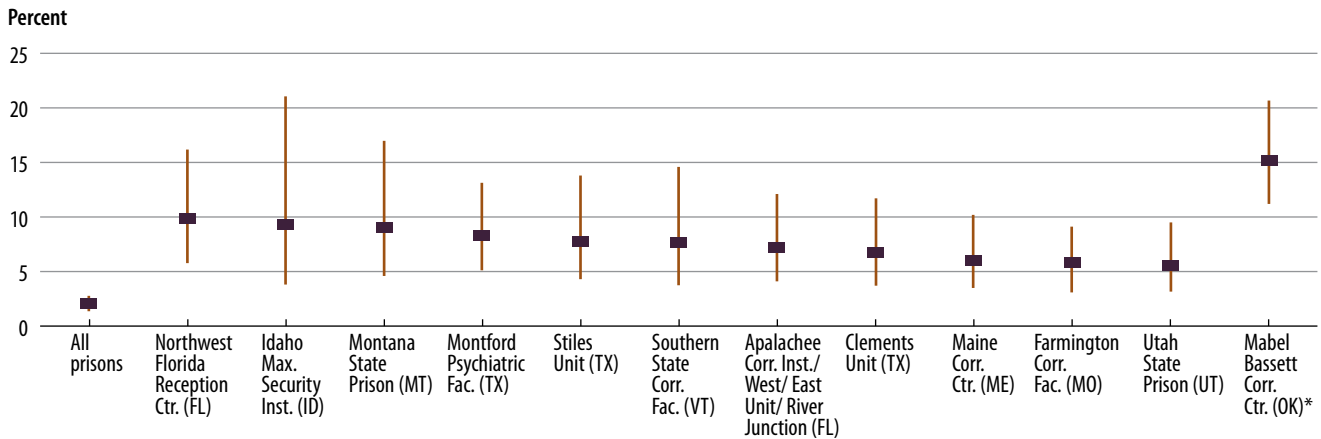
This method provides asymmetrical confidence intervals for facilities in which the lower bound is constrained to be no less than 0%. It also provides confidence intervals for facilities in which the survey estimates are 0% (but other similarly conducted samples could yield non-zero estimates).

Although the NIS-3 provides facility-level estimates and measures of precision, it cannot provide an exact ranking for all facilities as required under PREA. Rates of inmate-on-inmate sexual victimization and staff sexual misconduct differ across facilities, but the observed differences are not always statistically significant. To address PREA requirements, facilities have been categorized as having high rates or low rates based on criteria applied to the lower and upper bounds of the 95%-confidence interval for each facility (figure 1 and figure 2).

As with the NIS-2, the criterion that the lower bound of the confidence interval be at least 55% higher than the average rate for comparable facilities was used in the NIS-3 to identify high-rate male prisons, female prisons, and jails. The criterion that the upper bound of the confidence interval be lower than 65% of the average rate for comparable facilities was used to identify low-rate facilities.

To better identify variations among correctional facilities in rates of sexual victimization, prisons and jails are compared separately by type of sexual victimization. Though informative, an analysis of a single, overall prevalence rate of sexual victimization for each sampled facility would confound differing risk factors, circumstances, and underlying causes of victimization. For the same reasons, prisons are compared separately by the sex of inmates housed.

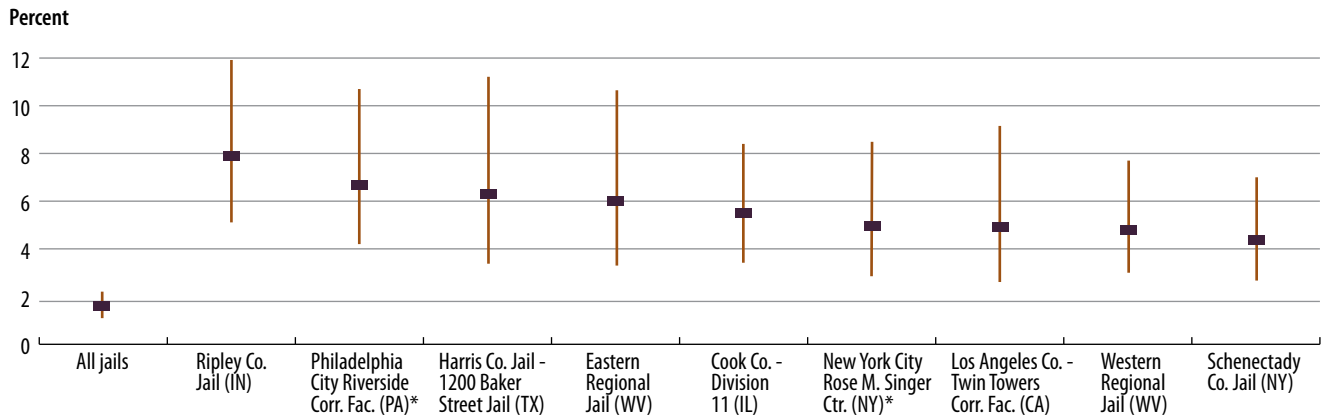
FIGURE 1
Confidence intervals at the 95% level for prisons with high rates of inmate-on-inmate sexual victimization, National Inmate Survey, 2011–12



*Facility housed only female inmates.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

FIGURE 2
Confidence intervals at the 95% level for jails with high rates of inmate-on-inmate sexual victimization, National Inmate Survey, 2011–12



*Facility housed only female inmates.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

The NIS-3 sample was designed to ensure a sufficient number of female-only prison facilities (44 facilities participated) and a sufficient number of female respondents (7,141 completed the survey) to allow for valid comparisons among female prisons. Four of the 358 jails that participated in the NIS-3 housed females only and one other jail was majority female. As a result, rates of sexual victimization in jails could not be compared separately by sex of inmates housed.

11 male prisons, 1 female prison, and 9 jails were identified as having high rates of inmate-on-inmate sexual victimization in 2011-12

Among the 233 prisons and 358 jails surveyed in the NIS-3, 11 male prisons, 1 female prison, and 9 jails were designated as high-rate facilities based on reports of inmate-on-inmate sexual

victimization (table 3). Each of these facilities had a rate of inmate-on-inmate sexual victimization that was at least twice the national rate of 1.7% for male prisons, 7.2% for female prisons, and 1.6% for jails. Each had a 95%-confidence interval with a lower bound that was at least 55% higher than the average rate among comparable facilities.

Among male prisons, Northwest Florida Reception Center (Florida), Idaho Maximum Security Institution, and Montana State Prison recorded inmate-on-inmate sexual victimization rates of 9.0% or greater. Mabel Bassett Correctional Center (Oklahoma), with a rate of 15.3%, was the only female prison that could be classified as high rate. Eleven other female-only prison facilities had rates of 10% or greater but did not meet the requirement of a lower bound that was 55% higher than the average rate for all female prisons. (See appendix table 2.)

TABLE 3

Facilities with high rates of inmate-on-inmate sexual victimization, by type of facility, National Inmate Survey, 2011-12

Facility name	Number of respondents ^b	Response rate	Any inmate-on-inmate incident ^a		
			Percent ^c	95%-confidence interval	
				Lower bound	Upper bound
All prisons	38,251	60.0%	2.0%	1.8%	2.3%
Male facilities	31,110	59.0%	1.7%	1.5%	2.0%
Northwest Florida Reception Ctr. (FL)	131	49.0	9.8	5.8	16.1
Idaho Max. Security Inst. (ID)	78	39.0	9.4	3.9	21.0
Montana State Prison (MT)	191	65.0	9.0	4.6	16.8
Montford Psychiatric Fac. (TX)	166	70.0	8.4	5.2	13.1
Stiles Unit (TX)	151	49.0	7.8	4.3	13.8
Southern State Corr. Fac. (VT)	109	55.0	7.7	3.9	14.6
Apalachee Corr. Inst./West/ East Unit/ River Junction (FL)	161	57.0	7.3	4.3	12.1
Clements Unit (TX)	141	44.0	6.8	3.8	11.7
Maine Corr. Ctr. (ME)	192	80.0	6.1	3.6	10.2
Farmington Corr. Fac. (MO)	240	84.0	5.8	3.6	9.3
Utah State Prison (UT)	233	73.0	5.6	3.2	9.5
Female facilities	7,141	69.0%	7.2%	5.9%	8.6%
Mabel Bassett Corr. Ctr. (OK) ^d	192	70.0	15.3	11.3	20.6
All jails	52,926	61.0%	1.6%	1.4%	1.9%
Ripley Co. Jail (IN)	51	89.0	7.9	5.1	11.9
Philadelphia City Riverside Corr. Fac. (PA) ^d	194	58.0	6.7	4.2	10.7
Harris Co. Jail - 1200 Baker Street Jail (TX)	238	58.0	6.3	3.4	11.2
Eastern Regional Jail (WV)	130	51.0	6.0	3.3	10.6
Cook Co. - Division 11 (IL)	272	76.0	5.5	3.5	8.4
New York City Rose M. Singer Ctr. (NY) ^d	202	63.0	5.0	2.9	8.4
Los Angeles Co. - Twin Towers Corr. Fac. (CA)	199	44.0	4.9	2.6	9.1
Western Regional Jail (WV)	215	68.0	4.8	3.0	7.7
Schenectady Co. Jail (NY)	162	68.0	4.4	2.7	7.0

Note: High-rate facilities are those in which the lower bound of the 95%-confidence interval is larger than 1.55 times the average among prisons by sex of inmates housed, and 1.55 times the average among all jail facilities.

^aWeighted percent of inmates reporting one or more incidents of sexual victimization involving another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.

^bNumber of inmates who responded to the sexual victimization survey.

^cWeights were applied so that inmates who responded accurately reflected the entire population of each facility on selected characteristics, including age, sex, race, sentence length, and time since admission.

^dFacility housed only female inmates.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011-12.

Ripley County Jail (Indiana) recorded an inmate-on-inmate sexual victimization rate of 7.9% and Philadelphia City Riverside Correctional Facility (Pennsylvania), a female-only jail facility, recorded a rate of 6.7%, both of which were more than four times the average rate among jails nationwide. Two other jails—Harris County Jail, Baker Street (Texas) and Eastern Regional Jail (Martinsburg, West Virginia)—each had rates of 6% or greater.

8 male prisons, 4 female prisons, and 12 jails were identified as having high rates of staff sexual misconduct

Twelve prisons were identified as high-rate facilities based on reports of staff sexual misconduct—eight male prisons and four female prisons (table 4). Twelve jails were also

identified as high-rate facilities. Each had a confidence interval with a lower bound that was at least 55% higher than the national rate for male prisons (2.4%), female prisons (2.4%), and jails (1.8%) (figure 3 and figure 4).

In five state prisons, at least 9% of surveyed inmates reported being the victims of staff sexual misconduct, including 10.1% of inmates in Santa Rosa Correctional Institution (Florida), 9.9% in Montana State Prison, 9.6% in Walnut Grove Youth Correctional Facility (Mississippi), 9.5% in Clements Unit (Texas), and 10.7% in Denver Women's Correctional Facility (Colorado).

TABLE 4
Facilities with high rates of staff sexual misconduct, by type of facility, National Inmate Survey, 2011–12

Facility name	Number of respondents ^b	Response rate	Any staff sexual misconduct ^a		
			Percent ^c	95%-confidence interval	
				Lower bound	Upper bound
All prisons	38,251	60.0%	2.4%	2.0%	2.8%
Male facilities	31,110	59.0%	2.4%	2.0%	2.9%
Santa Rosa Corr. Inst. (FL)	185	60.0	10.1	6.5	15.5
Montana State Prison (MT)	191	65.0	9.9	5.3	17.7
Walnut Grove Youth Corr. Fac. (MS)	249	92.0	9.6	6.9	13.2
Clements Unit (TX)	141	44.0	9.5	5.7	15.3
Apalachee Corr. Inst./West/ East Unit/ River Junction (FL)	161	57.0	6.8	3.7	12.2
Coffield Unit (TX)	210	66.0	6.8	4.1	11.1
Wilkinson Co. Corr. Ctr. - CCA (MS)	173	67.0	6.4	3.8	10.6
Louisiana State Penitentiary (LA)	219	70.0	6.3	3.9	10.1
Female facilities	7,141	69.0%	2.4%	1.9%	3.0%
Denver Women's Corr. Fac. (CO) ^d	160	68.0	10.7	6.8	16.3
Broward Corr. Inst. (FL) ^d	154	64.0	7.3	3.9	13.3
Delores J. Baylor Women's Corr. Inst. (DE) ^d	165	83.0	7.0	4.6	10.3
Julia Tutwiler Prison (AL) ^d	181	68.0	6.8	4.1	10.9
All jails	52,926	61.0%	1.8%	1.7%	2.0%
Marion Co. Jail Intake Fac. (IN)	62	43.0	7.7	3.4	16.3
Baltimore City Det. Ctr. (MD)	261	66.0	6.7	4.3	10.2
St. Louis Med. Security Inst. (MO)	220	58.0	6.3	3.9	10.0
Philadelphia City Industrial Corr. Ctr. (PA)	207	69.0	6.3	3.9	10.0
Santa Clara Co. Main Jail (CA)	130	37.0	6.2	3.0	12.5
Ulster Co. Law Enforcement Ctr. (NY)	153	68.0	6.1	3.6	10.2
Houston Co. Jail (GA)	174	71.0	6.0	3.7	9.6
Contra Costa Co. Martinez Det. Fac. (CA)	143	42.0	5.9	3.2	10.4
Oakland Co. Law Enforcement Complex (MI)	148	49.0	5.9	3.0	11.1
New York City Rose M. Singer Ctr. (NY) ^d	202	63.0	5.9	3.7	9.4
New York City Otis Bantum Corr. Ctr. (NY)	170	44.0	5.6	2.9	10.5
Robeson Co. Jail (NC)	147	52.0	5.2	3.0	8.7

Note: High-rate facilities are those in which the lower bound of the 95%-confidence interval is larger than 1.55 times the average among prisons by sex of inmates housed, and 1.55 times the average among all jail facilities.

^aWeighted percent of inmates reporting one or more incidents of sexual victimization involving another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.

^bNumber of inmates who responded to the sexual victimization survey.

^cWeights were applied so that inmates who responded accurately reflected the entire population of each facility on selected characteristics, including age, sex, race, sentence length, and time since admission.

^dFacility housed only female inmates.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

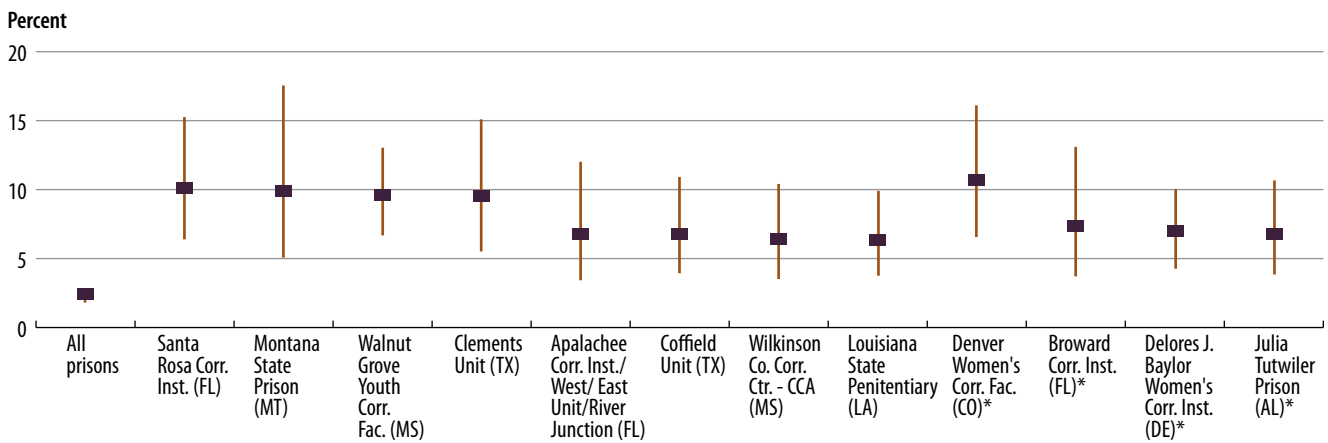
Seven jails had staff sexual misconduct rates of at least 6%. Marion County Jail Intake Facility (Indiana) had the highest reported rate of staff sexual misconduct (7.7%), followed by Baltimore City Detention Center (Maryland) (6.7%), St. Louis Medium Security Institution (Missouri) (6.3%), and Philadelphia City Industrial Correctional Center (Pennsylvania) (6.3%).

The reported use or threat of physical force to engage in sexual activity with staff was generally low among all prison and jail inmates (0.8%); however, at least 5% of the inmates in three state prisons and one high-rate jail facility reported they had been physically forced or threatened with force. (See appendix tables 3 and 7.) The Clements Unit (Texas) had the highest percentage of inmates reporting sexual victimization involving physical force or threat of force by staff (8.1%), followed by Denver Women’s Correctional Facility (Colorado) (7.3%), and Idaho Maximum Security

Institution (6.0%). Wilson County Jail (Kansas) led all surveyed jails, with 5.6% of inmates reporting that staff used physical force or threat of force to have sex or sexual contact.

While 0.8% of prison and jail inmates reported the use or threat of physical force, an estimated 1.4% of prison inmates and 1.2% of jail inmates reported being coerced by facility staff without any use or threat of force, including being pressured or made to feel they had to have sex or sexual contact. In 8 of the 24 facilities with high rates of staff sexual misconduct, at least 5% of the inmates reported such pressure by staff. Among state prisoners, the highest rates were reported by female inmates in the Denver Women’s Correctional Facility (Colorado) (8.8%) and by male inmates in the Clements Unit (Texas) (8.7%). Among jail inmates, the highest rates were reported by inmates in the Rose M. Singer Center (New York) (5.6%) and the Contra Costa County Martinez Detention Facility (California) (5.2%).

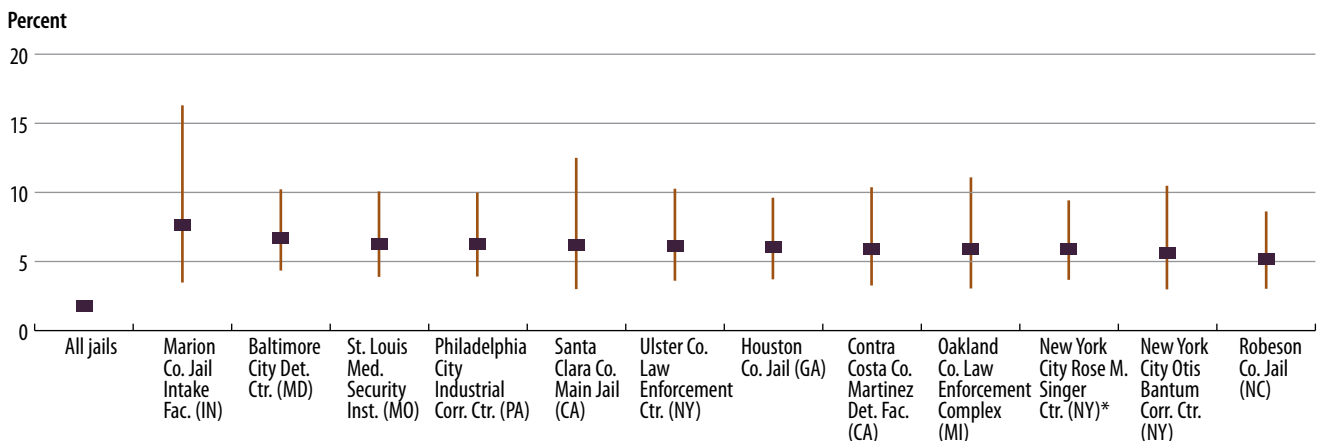
FIGURE 3
Confidence intervals at the 95% level for prisons with high rates of staff sexual misconduct, National Inmate Survey, 2011–12



*Facility housed only female inmates.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

FIGURE 4
Confidence intervals at the 95% level for jails with high rates of staff sexual misconduct, National Inmate Survey, 2011–12



*Facility housed only female inmates.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

7 male prisons, 6 female prisons, and 4 jails were identified as low-rate facilities for sexual victimization overall

Thirteen prisons and 34 jails had no reported incidents of sexual victimization of any kind. (See appendix tables 1 and 5.) Estimates of the number of inmates who experienced a sexual victimization in each of these facilities are also subject to sampling error and could vary if a different group of inmates had been interviewed. Although the lower bound of the 95%-confidence interval in each of these facilities is 0%, the upper bound varies depending on the number of completed interviews in each facility.

Combining reports of inmate-on-inmate sexual victimization and staff sexual misconduct, seven male prisons and six female prisons were designated as low-rate facilities. These designations were based on their low rate of sexual victimization overall and the upper bound of their 95%-confidence interval that was less than 65% of

the average rate among male and female prisons ([table 5](#)). Six of these facilities had no reported incidents of sexual victimization, while seven facilities had at least one inmate who reported sexual victimization.

Danville Correctional Center (Illinois), with a reported sexual victimization rate of 0.5%, had a confidence interval with the lowest upper bound (1.8%) among male prisons. FCI Marianna Camp (operated in Florida by the Federal Bureau of Prisons), with a reported sexual victimization rate of 0.6%, had a confidence interval with the lowest upper bound (2.1%) among female prisons.

Four jails were designated as low-rate facilities based on the upper bound of the 95%-confidence interval that was less than 65% of the average for jails nationwide. Woodford County Detention Center (Kentucky), with a 0.1% overall sexual victimization rate, had a confidence interval with the lowest upper bound (0.6%).

TABLE 5
Facilities with low rates of sexual victimization, by type of facility, National Inmate Survey, 2011–12

Facility name	Number of respondents ^b	Response rate	Inmates reporting any sexual victimization ^a		
			Percent ^c	95%-confidence interval	
				Lower bound	Upper bound
All prisons	38,251	60.0%	4.0%	3.6%	4.5%
Male prisons	31,110	59.0%	3.7%	3.2%	4.3%
Danville Corr. Ctr. (IL)	205	70.0	0.5	0.2	1.8
Lawtey Corr. Inst. (FL)	198	80.0	0.0	0.0	1.9
CI Eden (TX) ^d	185	67.0	0.0	0.0	2.0
CI Reeves III (TX) ^d	188	69.0	0.4	0.1	2.0
CI Reeves I and II (TX) ^d	180	64.0	0.0	0.0	2.1
Jackie Brannon Corr. Ctr. (OK)	179	72.0	0.5	0.1	2.3
La Palma Corr. Ctr. (AZ) ^d	163	45.0	0.0	0.0	2.3
Female prisons	7,141	69.0%	8.5%	7.2%	10.0%
FCI Marianna Camp (FL)	172	88.0	0.6	0.2	2.1
FMC Lexington Camp (KY)	148	83.0	0.8	0.2	2.7
Decatur Corr. Ctr. (IL)	157	65.0	1.1	0.3	3.3
Brunswick Women's Reception and Pre-Release Ctr. (VA)	95	86.0	0.0	0.0	3.9
Woodman State Jail (TX)	139	57.0	1.3	0.4	4.3
Mary Frances Ctr. (NC)	68	85.0	0.0	0.0	5.3
All jails	52,926	61.0%	3.2%	2.9%	3.5%
Woodford Co. Det. Ctr. (KY)	34	51.0	0.1	0.0	0.6
Cameron Co. Carrizales-Rucker Det. Ctr. (TX)	262	72.0	0.3	0.1	1.6
Jefferson Co. Jail (CO)	205	62.0	0.0	0.0	1.8
Sarasota North Co. Jail (FL)	203	65.0	0.0	0.0	1.9

Note: Low-rate facilities are those in which the upper bound of the 95%-confidence interval is lower than 0.65 times the average among prisons by sex of inmates housed, and 0.65 times the average among all jail facilities.

^aPercent of inmates reporting one or more incidents of sexual victimization involving another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.

^bNumber of inmates who responded to the sexual victimization survey.

^cWeights were applied so that inmates who responded accurately reflected the entire population of each facility on selected characteristics, including age, sex, race, time since admission, and sentence length.

^dPrivately operated facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

In 2011-12, two military facilities and one Indian country jail had high rates of staff sexual misconduct

The NIS-3 also surveyed 15 special confinement facilities, including 5 ICE facilities, 5 military facilities, and 5 Indian country jails. (See *Methodology* for sample description.) As a result of too few completed interviews, rates in two Indian country facilities—Hualapai Adult Detention Center (Arizona) and Standing Rock Law Enforcement and Adult Detention Center (North Dakota)—could not be provided.

Among ICE facilities, sexual victimization rates were highest in the Krome North Service Processing Center (Florida), in which 3.2% of detainees reported experiencing sexual victimization by another detainee and 3.0% reported experiencing staff sexual misconduct (table 6). Overall, an estimated 3.8% of detainees in this ICE facility reported experiencing one or more incidents of sexual victimization, which was somewhat lower than the 4.0% average in prisons nationwide and slightly higher than the 3.2% average in jails nationwide. (See appendix table 9.)

The Northwest Joint Regional Correctional Facility (Washington), which is operated by the U.S. Army Corrections Command and holds pretrial offenders

and short-term post-trial offenders, had a staff sexual misconduct rate (6.6%) that was more than double the average rate for prisons (2.4%) and jails (1.8%) nationwide. Inmates held at this military facility also reported a high rate of inmate-on-inmate sexual victimization (5.1%), which was also more than double the 2.0% average among prisons and 1.6% average among jails nationwide.

Inmates at the Naval Consolidated Brig Mirimar (California) reported high rates of staff sexual misconduct (4.9%) and inmate-on-inmate sexual victimization (3.0%). This facility, which is operated by the U.S. Navy, holds male inmates sentenced to terms of 10 years or less and female inmates regardless of sentence length from all military services.

Among all facilities sampled, staff sexual misconduct was highest in the Oglala Sioux Tribal Offenders Facility (South Dakota) (10.8%). Based on the 6.2% lower bound of the 95%-confidence interval, the rate of staff sexual misconduct in this Indian country facility was statistically higher than the rate reported for any jail nationwide. This facility, with a peak population of 147 in June 2011, was the most crowded facility among the 80 Indian jails in operation at midyear 2011. (See *Jails in Indian Country, 2011*, NCJ 238978.)

TABLE 6

Rates of sexual victimization in special correctional facilities, by type of incident and facility, National Inmate Survey, 2011-12

Facility name	Number of completed interviews	Any inmate-on-inmate incident			Any staff sexual misconduct		
		Percent ^a	95%-confidence interval		Percent ^a	95%-confidence interval	
			Lower bound	Upper bound		Lower bound	Upper bound
Immigration and Customs Enforcement facilities							
El Centro SPC (CA)	115	0.0%	0.0%	3.2%	0.8%	0.2%	3.4%
Jena/LaSalle Det. Fac. (LA) ^b	97	0.0	0.0	3.8	1.1	0.2	5.4
Krome North SPC (FL)	60	3.2	0.8	11.7	3.0	0.7	11.6
Otero Co. Processing Ctr. (NM)	140	1.7	0.6	4.4	0.5	0.1	2.4
Port Isabel Processing Ctr. (TX)	161	2.3	1.0	5.6	0.0	0.0	2.3
Military facilities							
Midwest Joint Regional Corr. Fac., Fort Leavenworth (KS)	82	1.0%	0.3%	3.6%	3.0%	1.3%	6.7%
Naval Consolidated Brig, Charleston (SC)	94	2.9	1.6	5.3	2.4	1.1	5.1
Naval Consolidated Brig, Miramar (CA) ^c	121	3.0	1.5	6.0	4.9	2.5	9.4
Northwest Joint Regional Corr. Fac. (WA)	85	5.1	1.9	13.0	6.6	2.9	14.1
United States Disciplinary Barracks, Fort Leavenworth (KS)	157	2.1	0.9	5.1	1.1	0.4	3.2
Indian country jails							
Hualapai Adult Det. Ctr. (AZ) ^b	7	^	^	^	^	^	^
Laguna Det. Ctr. (NM) ^b	26	0.0%	0.0%	12.9%	0.0%	0.0%	12.9%
Oglala Sioux Tribal Offenders Fac. (SD) ^b	56	1.8	0.5	6.4	10.8	6.2	17.9
San Carlos Dept. of Corr. and Rehabilitation - Adult and Juvenile Det. (AZ) ^b	64	0.0	0.0	5.7	1.6	0.6	4.2
Standing Rock Law Enforcement and Adult Det. Ctr. (ND) ^b	7	^	^	^	^	^	^

^aToo few cases to provide reliable estimate.

^aWeighted percent of inmates reporting one or more incidents of sexual victimization involving another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.

^bFacility housed both males and females; both were sampled at this facility.

^cFacility housed both males and females; only males were sampled at this facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011-12.

Demographic and other characteristics

Overweight and obese prison inmates had lower rates of inmate-on-inmate sexual victimization and staff misconduct than inmates who were at or below a normal weight

Variations in reported sexual victimization rates across inmate demographic categories in the NIS-3 were consistent with past surveys:

- Rates of inmate-on-inmate sexual victimization among prison inmates were higher among females (6.9%) than males (1.7%), higher among whites (2.9%) or inmates of two or more races (4.0%) than among blacks (1.3%), higher among inmates with a college degree (2.7%) than among inmates who had not completed high school (1.9%), and lower among currently married inmates (1.4%) than among inmates who never married (2.1%) (table 7).

TABLE 7
Prevalence of sexual victimization, by type of incident and inmate characteristics, National Inmate Survey, 2011–12

Characteristic	Prison inmates reporting sexual victimization ^a			Jail inmates reporting sexual victimization ^a		
	Number of inmates ^b	Inmate-on-inmate	Staff sexual misconduct	Number of inmates ^b	Inmate-on-inmate	Staff sexual misconduct
Sex						
Male*	1,345,200	1.7%	2.4%	628,600	1.4%	1.9%
Female	96,600	6.9**	2.3	91,600	3.6**	1.4**
Race/Hispanic origin						
White ^c	430,000	2.9%**	1.6%**	240,500	2.0%**	1.4%**
Black ^{c*}	507,900	1.3	2.6	239,200	1.1	2.1
Hispanic	339,800	1.6	2.2	159,300	1.5	1.5**
Other ^{c,d}	38,200	1.7	2.6	18,900	1.2	1.8
Two or more races ^c	108,300	4.0**	3.9**	54,300	3.0**	3.2**
Age						
18–19	18,500	1.6%	2.4%	40,000	1.9%	2.6%
20–24*	162,500	2.2	3.5	145,800	2.0	2.4
25–34	457,100	2.3	2.9	250,700	1.9	2.2
35–44	398,200	2.0	2.3**	150,900	1.4**	1.5**
45–54	281,400	2.0	1.7**	102,800	1.1**	0.9**
55 or older	124,000	1.1**	0.8**	30,000	1.3	0.3**
Education						
Less than high school*	813,300	1.9%	2.4%	379,700	1.4%	1.8%
High school graduate	293,900	1.7	2.3	168,700	1.4	1.7
Some college ^e	231,100	2.7**	1.8	120,700	2.3**	1.9
College degree or more	98,700	2.7**	2.4	47,200	3.0**	2.7**
Marital status						
Married*	265,600	1.4%	1.9%	134,800	1.1%	1.8%
Widowed, divorced, or separated	390,500	1.9	1.6	165,800	1.9**	1.7
Never married	741,200	2.1**	2.5	410,800	1.7**	1.8
Body Mass Index						
Underweight	12,500	3.2%	3.6%	9,800	3.5%**	2.0%
Normal*	357,000	2.7	2.7	267,000	1.6	1.8
Overweight	632,200	1.4**	2.0**	272,200	1.5	1.7
Obese	348,700	1.8**	1.8**	133,000	1.7	1.9
Morbidly obese	32,700	2.7	3.7	14,400	3.0**	2.6

Note: See appendix table 11 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aPercent of inmates reporting one or more incidents of sexual victimization involving another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.

^bEstimated number of inmates at midyear 2011 and yearend 2011 in prisons and jails represented by NIS-3, excluding inmates under age 18. Estimates have been rounded to the nearest 100.

^cExcludes persons of Hispanic or Latino origin.

^dIncludes American Indian, Alaska Native, Asian, Native Hawaiian, and other Pacific Islander.

^eIncludes persons with an associate degree.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

- Similar patterns of inmate-on-inmate sexual victimization were reported by jail inmates. Female jail inmates (3.6%), whites (2.0%), and inmates with a college degree (3.0%) reported higher rates of victimization than males (1.4%), blacks (1.1%), and inmates who had not completed high school (1.4%).
- Rates of inmate-on-inmate sexual victimization were unrelated to age among state and federal prisoners, except for slightly lower rates among inmates age 55 or older.
- Rates were lower among jail inmates in the oldest age categories (ages 35 to 44, 45 to 54, and 55 or older) than among jail inmates ages 20 to 24.
- Patterns of staff sexual misconduct were different, with higher rates among males in jails (1.9%) than among females in jails (1.4%), and higher among black inmates in prisons (2.6%) and jails (2.1%) than among white inmates in prisons (1.6%) and jails (1.4%).
- In both prisons and jails, rates of reported staff sexual misconduct were lower among inmates in the oldest age categories (ages 35 to 44, 45 to 54, and 55 or older), compared to inmates in the 20 to 24 age category.

With a new survey question on the inmate's specific height in combination with a question on the inmate's weight, the NIS-3 provides the first opportunity to determine if rates of sexual victimization vary based on an inmate's Body Mass Index (BMI). Among state and federal prison inmates, obese inmates (with a BMI of 30 to 39) and overweight

inmates (with a BMI of 25 to 30) had lower rates of inmate-on-inmate sexual victimization and staff sexual misconduct than inmates with a normal weight (with a BMI of 18.5 to 24) or who were underweight (a BMI of less than 18.5). (See *Methodology* for calculation of BMI.)

Among jail inmates, those underweight (3.5%) and those morbidly obese (BMI of 40 or greater) (3.0%) have nearly double the rate of inmate-on-inmate sexual victimization than inmates in other categories (1.6%, normal weight; 1.5%, overweight; and 1.7%, obese). There are no statistically significant variations in reported staff sexual misconduct among jail inmates across BMI categories.

Large differences in sexual victimization were found among inmates based on their sexual orientation and past sexual experiences

Inmates who identified their sexual orientation as gay, lesbian, bisexual, or other reported high rates of inmate-on-inmate sexual victimization and staff sexual misconduct:

- Among heterosexual state and federal prisoners, an estimated 1.2% reported being sexually victimized by another inmate, and 2.1% reported being victimized by staff. In comparison, among non-heterosexual prison inmates (including gay, lesbian, bisexual, and other sexual orientations), 12.2% reported being sexually victimized by another inmate, and 5.4% reported being sexually victimized by staff ([table 8](#)).

TABLE 8
Prevalence of sexual victimization, by type of incident and inmate sexual characteristics, National Inmate Survey, 2011–12

Sexual characteristic	Prison inmates reporting sexual victimization ^a			Jail inmates reporting sexual victimization ^a		
	Number of inmates ^b	Inmate-on-inmate	Staff sexual misconduct	Number of inmates ^b	Inmate-on-inmate	Staff sexual misconduct
Sexual orientation						
Heterosexual [*]	1,298,000	1.2%	2.1%	654,500	1.2%	1.7%
Non-heterosexual ^c	111,500	12.2**	5.4**	50,100	8.5**	4.3**
Number of sexual partners						
0–1 [*]	227,500	1.1%	1.2%	106,900	1.5%	1.1%
2–4	173,300	2.3**	1.6	99,900	1.7	1.4
5–10	242,200	2.1**	1.5	127,800	1.6	1.2
11–20	218,500	2.5**	2.9**	117,100	1.8	1.6
21 or more	491,700	1.9**	2.8**	234,600	1.8	2.9**
Prior sexual victimization						
Yes	178,800	12.0%**	6.7%**	94,200	8.3%**	5.1%**
No [*]	1,262,500	0.6	1.8	625,800	0.6	1.3

Note: See appendix table 12 for standard errors.

^{*}Comparison group.

^{**}Difference with comparison group is significant at the 95%-confidence level.

^aPercent of inmates reporting one or more incidents of sexual victimization involving another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.

^bEstimated number of inmates at midyear 2011 and yearend 2011 in prisons and jails represented by NIS-3, excluding inmates under age 18. Estimates have been rounded to the nearest 100.

^cIncludes gay, lesbian, bisexual, and other sexual orientations.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

- Among jail inmates, heterosexual inmates reported lower rates of inmate-on-inmate sexual victimization (1.2%) and staff sexual misconduct (1.7%) than non-heterosexual inmates (8.5% for inmate-on-inmate and 4.3% for staff sexual misconduct).
- Inmates who experienced sexual victimization before coming to the facility were also more likely than inmates with no sexual victimization history to report incidents of sexual victimization involving other inmates and staff. Among inmates who experienced sexual victimization before coming to the facility, 12.0% of prisoners and 8.3% of jail inmates reported being sexually victimized

by another inmate at the current facility. An estimated 6.7% of prisoners and 5.1% of jail inmates who experienced sexual victimization before coming to the facility reported sexual victimization by staff.

In 2011-12, inmates held for a violent sexual offense reported higher rates of inmate-on-inmate sexual victimization than inmates held for other offenses

An estimated 3.7% of violent sex offenders in prison and 3.9% of violent sex offenders in jail reported being sexually victimized by another inmate in the last 12 months or since admission to the facility, if less than 12 months (**table 9**).

TABLE 9
Prevalence of sexual victimization, by type of incident and inmate criminal justice status and history, National Inmate Survey, 2011–12

Criminal justice status and history	Prison inmates reporting sexual victimization ^a			Jail inmates reporting sexual victimization ^a		
	Number of prison inmates ^b	Inmate-on-inmate	Staff sexual misconduct	Number of jail inmates ^b	Inmate-on-inmate	Staff sexual misconduct
Most serious offense						
Violent sexual offense*	211,300	3.7%	2.1%	34,300	3.9%	2.0%
Other violent	440,900	2.3**	3.4**	113,700	2.3**	3.3**
Property	244,100	2.4**	2.6	165,400	1.9**	1.7
Drug	310,300	0.7**	1.1**	153,900	1.1**	1.4
Other	162,900	1.7**	2.1	190,300	1.2**	1.6
Sentence length						
Less than 1 year	53,400	1.5%	1.6%	:	:	:
1–4 years*	350,400	1.8	1.3	:	:	:
5–9 years	311,100	1.6	2.2**	:	:	:
10–19 years	296,900	1.8	2.3**	:	:	:
20 years or more	239,300	2.2	2.5**	:	:	:
Life/death	139,600	2.7**	3.2**	:	:	:
Time in a correctional facility prior to current facility						
None	296,400	1.8%	1.5%	204,500	1.9%	1.5%
Less than 6 months	161,400	2.3	1.7	135,500	1.7	1.3
6–11 months	131,200	1.7	2.1	69,200	1.5	1.9
1–4 years	384,900	1.6	1.8	171,700	1.4**	2.1**
5 years or more	423,500	2.2	3.0**	129,700	1.6	2.5**
Number of times arrested						
1 time*	217,600	2.0%	1.7%	78,800	2.1%	1.3%
2–3	427,200	2.0	2.2	197,800	1.7	1.6
4–10	495,400	1.8	2.0	265,900	1.5	1.9**
11 or more	253,200	2.0	2.8**	164,400	1.5	2.3**
Time since admission						
Less than 1 month*	79,600	1.4%	0.8%	226,800	0.9%	1.2%
1–5 months	367,500	1.6	1.7**	341,100	1.7**	1.8**
6–11 months	263,200	2.2	2.6**	92,500	2.7**	2.5**
1–4 years	558,100	2.1	2.5**	58,000	2.6**	3.3**
5 years or more	172,400	2.9**	3.4**	1,600	2.1	3.2

Note: See appendix table 13 for standard errors.

: Not calculated.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aPercent of inmates reporting one or more incidents of sexual victimization involving another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.

^bEstimated number of inmates at midyear 2011 and yearend 2011 in prisons and jails represented by NIS-3, excluding inmates under age 18. Estimates have been rounded to the nearest 100.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

These rates were higher than those reported by inmates held for other offenses. Among state and federal prisoners, rates of inmate-on-inmate sexual victimization were—

- higher among prison inmates serving a sentence of life or death (2.7%) than among inmates serving a sentence of 1 to 4 years (1.8%).
- higher among prison inmates who had been at their current facility for 5 years or more (2.9%) than among inmates who had been admitted in the last month (1.4%).

Among jail inmates, the rate of inmate-on-inmate sexual victimization increased with the length of time served in the current facility, rising from 0.9% among inmates who had been at the facility for less than a month to 1.7% among inmates in jail for 1 to 5 months, 2.7% among inmates in jail for 6 to 11 months, and 2.6% among those in jail for 1 to 4 years.

Rates of staff sexual misconduct varied among inmates based on their criminal justice status and history

- Among state and federal prisoners, inmates with a long sentence, inmates who had served 5 years or more in prison prior to coming to the current facility, and inmates who had served 5 years or more at the current facility were more likely to report experiencing staff sexual misconduct than inmates with a sentence of 1 to 4 years, inmates who had not served any prior time, and inmates who had been admitted in the last month.
- Among jail inmates, the rate of reported staff sexual misconduct increased with time served in the current facility and was higher among inmates who had previously served time in a correctional facility for 1 year or more.

These variations in rates of sexual victimization among inmate subgroups based on demographic characteristics, sexual history and orientation, and criminal justice status are almost identical to those reported in the NIS-2. (See *Sexual Victimization in Prisons and Jails Reported by Inmates, 2008-09*, NCJ 231169, BJS Web, August 2010.)

Special inmate populations—Inmates ages 16 to 17

In 2011-12, juvenile inmates ages 16 to 17 held in adult facilities reported rates of sexual victimization similar to those of adult inmates

The NIS-3 was specially designed to provide estimates of sexual victimization for inmates ages 16 to 17 held in adult facilities. Previous NIS collections excluded inmates age 17 or younger due to special human subject issues (related to consent and assent, as well as risk of trauma in the survey process) and statistical issues (related to clustering of youth and the need to oversample to ensure a representative sample). To address issues of consent and risk, the NIS-3 juvenile sample was restricted to inmates ages 16 to 17 (who represented an estimated 95% of the 1,790 juveniles held in prisons at yearend 2011 and 97% of the 5,870 juveniles held in local jails at midyear 2011).

The NIS-3 was designed to oversample for facilities that house juveniles and to oversample juveniles within selected facilities. The resulting sample was structured to provide separate nationwide estimates for juveniles in prisons and jails, while providing national-level and facility-level estimates for adult inmates that were comparable to estimates in the NIS-1 and NIS-2. (See *Methodology* for the juvenile sample design.)

Juveniles ages 16 to 17 held in prisons and jails did not report significantly higher rates of sexual victimization than adult inmates. Although the overall rates for juveniles (4.5% in prisons and 4.7% in jails) were somewhat higher than those for adults (4.0% in prisons and 3.2% in jails), the differences were not statistically significant (table 10).

Rates of inmate-on-inmate sexual victimization are unrelated to age among state and federal prisoners (table 11). When compared to inmates in every other age category, inmate ages 16 to 17 reported experiencing inmate-on-inmate sexual victimization at similar rates. Among jail inmates, the rate of staff sexual misconduct was higher for inmates ages 16 to 17 than for older inmates; however, the differences were statistically significant only for inmates age 35 or older.

These data do not support the conclusion that juveniles held in adult prisons and jails are more likely to be sexually victimized than inmates in other age groups. Due to the relatively small number of juveniles held in state prisons (an estimated 1,700 inmates ages 16 to 17 at midyear 2011), BJS combined these data with reports from juveniles held in local jails (an estimated 5,700 inmates ages 16 to 17).

TABLE 10
Juvenile inmates reporting sexual victimization, by type of incident, National Inmate Survey, 2011–12

Type of incident ^b	Percent of inmates		
	All facilities	Prisons	Jails
Total	4.7%	4.5%	4.7%
Inmate-on-inmate	1.8%	1.8%	1.8%
Nonconsensual sexual acts	0.7	1.6	0.4
Abusive sexual contacts only	1.1	0.2	1.4
Staff sexual misconduct	3.2%	2.8%	3.3%
Unwilling activity	1.9	0.9	2.2
Excluding touching	1.6	0.9	1.9
Touching only	0.2	0.0	0.3
Willing activity	2.2	2.5	2.1
Excluding touching	2.2	2.5	2.1
Touching only	0.0	0.0	0.0
Number of inmates	7,400	1,700	5,700

Note: Detail may not sum to total because inmates may report more than one type of victimization. They may also report victimization by both other inmates and staff. See appendix table 14 for standard errors.

: Not calculated.

^aStandard errors may be used to construct confidence intervals around each estimate. See *Methodology* for calculations.

^bSee *Methodology* for terms and definitions.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

TABLE 11
Prevalence of sexual victimization, by type of incident and age of inmate, National Inmate Survey, 2011–12

Age	Prison inmates			Jail inmates		
	Number	Inmate-on-inmate	Staff sexual misconduct	Number	Inmate-on-inmate	Staff sexual misconduct
16–17*	1,700	1.8%	2.8%	5,700	1.8%	3.3%
18–19	18,550	1.6	2.4	40,000	1.9	2.6
20–24	162,520	2.2	3.5	145,770	2.0	2.4
25–34	457,060	2.3	2.9	250,690	1.9	2.2
35–44	398,230	2.0	2.3	150,890	1.4	1.5**
45–54	281,390	2.0	1.7	102,820	1.1	0.9**
55 or older	124,050	1.1	0.8	30,010	1.3	0.3**

Note: See appendix table 15 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Overall, the patterns of reported sexual victimization by juveniles were similar to those for adult inmates, including higher rates of staff sexual misconduct than rates of inmate-on-inmate sexual victimization:

- Of juveniles held in prisons and jails, 1.8% reported being victimized by another inmate in the past 12 months or since admission to the facility, if less than 12 months) (table 12). This rate was similar to the rate reported by adult prisoners (2.0%) and adult jail inmates (1.6%).
- Among juveniles held in prisons and jails nationwide, 3.2% reported experiencing staff sexual misconduct. Though higher, the rate was not statistically different from that of adults in prisons (2.4%) and adults in jails (1.8%).

Among juveniles and young adult inmates in 2011-12, patterns of sexual victimization across demographic subgroups showed little variation

Across subgroups defined by sex, race or Hispanic origin, BMI, sexual orientation, and most serious offense, juveniles and young adults reported experiencing similar rates of sexual victimization. Due to the small number of juveniles within each subgroup, few differences in sexual victimization rates across age groups were statistically significant. (Tests across age group not shown; see appendix table 14 for standard errors.)

TABLE 12

Prevalence of sexual victimization among juveniles ages 16–17 and inmates ages 18–19 and 20–24, by type of incident and inmate characteristics, National Inmate Survey, 2011–12

Characteristic	Prison and jail inmates reporting sexual victimization ^a								
	Number of inmates			Inmate-on-inmate			Staff sexual misconduct		
	Ages 16–17	18–19	20–24	Ages 16–17	18–19	20–24	Ages 16–17	18–19	20–24
All inmates	7,400	58,550	308,290	1.8%	1.8%	2.1%	3.2%	2.5%	2.9%
Sex									
Male*	6,930	54,220	280,670	1.6%	1.5%	1.8%	3.3%	2.6%	3.1%
Female	470	4,330	27,610	4.4	5.2**	5.7**	0.9**	0.8**	1.7**
Race/Hispanic origin									
White ^c	910	12,080	76,890	6.6%	3.8%**	3.6%**	3.4%	2.5%	2.0%**
Black ^{c*}	3,760	24,770	115,000	1.1	1.0	1.2	3.3	2.5	3.0
Hispanic	1,820	14,730	78,470	1.1	1.6	1.5	3.5	2.0	3.0
Other ^{c,d}	100	1,120	8,200	0.0**	1.6	1.1	0.0**	1.8	4.7
Two or more races ^c	740	5,430	25,910	1.5	2.0	3.8**	1.9	3.8	3.6
Body Mass Index									
Underweight	340	1,260	3,670	5.9%	1.7%	2.5%	6.6%	1.8%	4.1%
Normal*	4,410	33,850	139,140	1.1	1.8	2.0	2.9	2.6	2.4
Overweight	1,540	15,940	110,360	2.4	1.9	1.7	2.7	2.8	3.0
Obese	520	3,970	36,160	4.8	2.0	2.9	4.8	0.9**	3.2
Morbidly obese	70	310	3,740	0.0**	5.3	4.3	0.0**	7.3	5.0
Sexual orientation									
Heterosexual*	6,930	54,200	277,960	1.7%	1.1%	1.4%	3.0%	2.5%	2.6%
Non-heterosexual ^e	270	3,150	22,840	6.3	13.9**	11.3**	1.4	4.3	7.0**
Most serious offense									
Violent sexual offense*	160	2,200	18,830	7.5%	10.4%	6.9%	12.0%	3.0%	2.4%
Other violent	3,100	18,580	94,970	1.7	1.5	2.1**	4.3	3.6	4.1**
Property	2,170	18,480	70,730	1.0	1.5	2.4**	1.5**	2.4	2.5
Drug	480	6,980	53,990	4.8	1.3	1.4**	2.9	1.6	2.0
Other	870	8,230	50,900	2.3	1.8	1.2**	1.9**	1.3	2.1

Note: See appendix table 16 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aPercent of inmates reporting one or more incidents of sexual victimization involving another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.

^bEstimated number of inmates at midyear 2011 in jails and yearend 2011 in prisons represented by NIS-3, excluding inmates under age 18. Estimates have been rounded to the nearest 100.

^cExcludes persons of Hispanic or Latino origin.

^dIncludes American Indian, Alaska Native, Asian, Native Hawaiian, and other Pacific Islander.

^eIncludes gay, lesbian, bisexual, and other sexual orientations.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Among juvenile inmates ages 16 to 17 and young adult inmates ages 18 to 19 and 20 to 24—

- Young adult females reported higher rates of inmate-on-inmate sexual victimization than young adult males, while young adult males reported higher rates of staff sexual misconduct than young adult females.
- White non-Hispanic young adults (ages 18 to 19 and 20 to 24) reported higher rates of inmate-on-inmate sexual victimization than black non-Hispanic and Hispanic youth in the same age groups.
- Inmates ages 18 to 19 and 20 to 24 with a sexual orientation other than heterosexual experienced higher rates of sexual victimization by another inmate than heterosexual inmates in similar age groups.
- Male juvenile inmates reported higher rates of staff sexual misconduct (3.3%) than female juveniles (0.9%).
- Juvenile inmates held for violent sex offenses reported higher rates of staff sexual misconduct (12.0%) than those held for property offenses (1.5%).

Among juveniles victimized by other inmates in 2011-12, more than three-quarters experienced force or threat of force, and a quarter were injured

Juveniles ages 16 to 17 who reported sexual victimization by other inmates revealed that—

- Two-thirds were victimized more than once (65.5%) (table 13).
- An estimated 78.6% reported experiencing physical force or threat of force, and 39.8% were pressured by the perpetrator to engage in the sexual act or other sexual contact.
- More than a quarter (27.7%) were injured in at least one of the incidents.
- Fewer than 1 in 6 (15.4%) reported an incident to someone at the facility, a family member, or a friend.

Among juvenile inmates ages 16 to 17 who reported experiencing staff sexual misconduct—

- Three-quarters (75.8%) were victimized more than once.
- An estimated 43.7% said that staff used force or threat of force.
- An estimated 10.8% were injured in at least one of the incidents.
- Fewer than 1 in 10 (9.0%) reported the staff sexual misconduct to someone at the facility, a family member, or a friend.

TABLE 13
Circumstances surrounding incidents among juveniles ages 16–17 and inmates ages 18–19 and 20–24, by type of victimization, National Inmate Survey, 2011–12

Circumstance	Victims in prisons and jails					
	Inmate-on-inmate			Staff sexual misconduct		
	Ages 16–17*	18–19	20–24	16–17*	18–19	20–24
Number of victims	130	1,070	6,490	230	1,470	9,070
Number of incidents ^a						
1	34.5%	26.2%	29.9%	24.2%	19.7%	27.9%
2 or more	65.5	73.8	70.1	75.8	80.3	72.1
Type of coercion or force ^b						
Without pressure or force	~	~	~	68.9%	59.9%	67.2%
Pressured	39.8%	62.6%	73.8%**	51.2	52.6	49.7
Force or threat of force	78.6	75.5	62.1	43.7	36.2	33.0
Ever injured	27.7%	33.2%	15.9%	10.8%	12.9%	13.5%
Ever report an incident	15.4%	29.9%	18.1%	9.0%	14.3%	16.9%

Note: See appendix table 17 for standard errors.

~Not applicable.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aNumber of incidents by another inmate and number of reported willing and unwilling incidents of staff sexual misconduct.

^bDetail sums to more than 100% because some inmates reported more than one victimization.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Special inmate populations— Inmates with mental health problems

The NIS-3 collected data on the mental health problems of inmates for the first time in 2011-12. Inmates were asked whether they had been told by a mental health professional that they had a mental disorder or if because of a mental health problem they had stayed overnight in a hospital or other facility, used prescription medicine, or they had received counseling or treatment from a trained professional. These items have been previously used by BJS to determine if inmates in prisons and jails had any history of mental health problems. (See *Mental Health Problems of Prison and Jail Inmates*, NCJ 213600, BJS Web, September 2006.)

A high percentage of inmates had a history of problems with their emotions, nerves, or mental health

An estimated 36.6% of prison inmates and 43.7% of jail inmates reported being told by a mental health professional that they had a mental health disorder, as specified in

the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (table 14). Inmates were asked specifically if they had ever been told they had manic depression, bipolar disorder, or other depressive disorder, schizophrenia or another psychotic disorder, post-traumatic stress disorder, or an anxiety or other personality disorder. (See *Methodology* for survey items and full list of disorders.)

More than a third of prison inmates (35.8%) and jail inmates (39.2%) said they had received some counseling or therapy from a trained professional for these problems. An estimated 8.9% of prisoners and 12.8% of jail inmates reported an overnight stay in a hospital or other facility before their current admission to prison or jail. Approximately 15.4% of prisoners and 19.7% of jail inmates reported taking prescription medication for these mental health and emotional problems at the time of the offense for which they were currently being held.

TABLE 14
Prevalence of victimization by current mental health status and history of mental health problems among inmates, by type of facility, National Inmate Survey, 2011–12

Mental health status	Adult prison inmates				Adult jail inmates			
	Number ^b	Percent	Inmate-on-inmate	Staff sexual misconduct	Number	Percent	Inmate-on-inmate	Staff sexual misconduct
Current mental health status^a								
No mental illness*	926,800	67.1%	0.7%	1.1%	360,600	51.4%	0.7%	1.0%
Anxiety-mood disorder	251,700	18.2	2.8**	3.0**	155,800	22.2	1.3**	1.4**
Serious psychological distress	203,200	14.7	6.3**	5.6**	184,500	26.3	3.6**	3.6**
History of mental health problems^b								
Ever told by mental health professional had disorder								
Yes	505,600	36.6%	3.8%**	3.4%**	305,400	43.7%	2.9%**	2.5%**
No*	875,500	63.4	0.8	1.3	393,500	56.3	0.6	1.2
Had overnight stay in hospital in year before current admission								
Yes	122,800	8.9	5.7%**	4.9%**	89,700	12.8%	4.4%**	3.4%**
No*	1,257,700	91.1	1.5	1.8	611,300	87.2	1.2	1.5
Used prescription medications at time of current offense								
Yes	211,800	15.4	4.5%**	3.3%**	137,700	19.7%	3.2%**	2.7%**
No*	1,165,000	84.6	1.4	1.8	561,400	80.3	1.2	1.5
Ever received professional mental health therapy								
Yes	492,000	35.8%	3.6%**	3.0%**	274,100	39.2%	2.8%**	2.3%**
No*	884,000	64.2	0.9	1.5	425,200	60.8	0.8	1.4

Note: See appendix table 18 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aBased on the K6 scale where a score of 1–7 indicates no mental illness, a score of 8–12 indicates anxiety mood-disorder, and a score of 13 or more indicates serious psychological distress. See *Methodology* for discussion of the K6 scale and past applications.

^bSee *Methodology* for survey items.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Inmates with a history of mental health problems had higher rates of sexual victimization than other inmates

Inmates who had been told by a mental health professional that they had a mental disorder were more likely than other inmates to report being sexually victimized while in prison or jail. Among inmates who had been told they had a specific DSM-IV disorder—

- During 2011-12, an estimated 3.8% of prison inmates and 2.9% of jail inmates reported that they were sexually victimized by another inmate.
- Approximately 3.4% of prison inmates and 2.5% of jail inmates reported that they were sexually victimized by staff during 2011-12.

Sexual victimization rates were also higher among inmates who had stayed overnight in a hospital or other treatment facility because of a mental health problem than among inmates who had no prior admission for mental health problems. Among those who had stayed overnight in a hospital for mental or emotional problems, 5.7% of prison inmates and 4.4% of jail inmates said they were victimized by another inmate, and 4.9% of prison inmates and 3.4% of jail inmates said they were victimized by facility staff.

Differences in sexual victimization rates among inmates were similar across other mental health measures. Rates of inmate-on-inmate sexual victimization were—

- Two to three times higher among inmates who were taking prescription medications for their mental health or emotional problems at the time of the current offense than among inmates who were not taking such medications.
- Three to four times higher among inmates who had received mental health counseling or treatment from a trained professional in the past than among inmates who had not received such counseling or treatment.

In 2011-12, nearly 15% of state and federal prisoners and 26% of jail inmates had symptoms of serious psychological distress

To determine whether inmates had a current mental health problem, BJS used the K6 screening scale in the NIS-3. The K6 was previously developed by Kessler and others for estimating the prevalence of serious mental illness in noninstitutional settings as a tool to identify cases of psychiatric disorder. It has been used widely in epidemiological surveys in the U.S. and internationally.^{3,4}

³Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi, E., Howes, M.J., Normand, S.L., Manderscheid, R.W., Walters, E.E., & Zaslavsky, A.M. (2003). "Screening for serious mental illness in the general population." *Archives of General Psychiatry*, 60, 184–189.

The K6 consists of six questions that ask inmates to report how often during the past 30 days they had felt—

- nervous
- hopeless
- restless or fidgety
- so depressed that nothing could cheer them up
- everything was an effort
- worthless.

The response options were (1) all of the time, (2) most of the time, (3) some of the time, (4) a little of the time, and (5) none of the time. Following Kessler, the responses were coded from 4 to 0, with 4 assigned to "all of the time" and 0 assigned to "none of the time." A summary scale combining the responses from all six items was then produced with a range of 0 to 24. The summary score was then reduced to three categories: 0 to 7 indicated no mental illness, 8 to 12 indicated an anxiety-mood disorder, and 13 or higher indicated serious psychological distress (SPD).

Since 2008, the K6 scale has been used in federal epidemiological studies to measure symptoms of SPD rather than serious mental illness. Although the K6 has been demonstrated to be a good predictor of serious mental illness in prior studies, a technical advisory group, convened by the Center for Mental Health Services at the Substance Abuse and Mental Health Services Administration (SAMHSA), recommended that it should be supplemented with questions on functional impairment to improve statistical prediction and validity. (See *Methodology* for discussion of K6 scaling rules and current applications.)

Consistent with other measures of mental health or emotional problems, the K6 reveals that prison and jail inmates have high rates of SPD. An estimated 203,200 state and federal inmates and 185,500 jail inmates reported levels of psychological distress in the 30 days prior to the interview consistent with SPD. These estimates of current SPD represented nearly 15% of state and federal inmates and 26% of local jail inmates. These may be underestimates because some inmates with serious mental illness may have been unable to participate in the NIS-3 due to cognitive limitations that precluded them from fully understanding the informed consent procedures or the survey questions.

⁴Kessler, R.C., Green, J.G., Gruber, M.J., Sampson, N.A., Bromet, E., Cuitan, M., Furukawa, T.A., et al. (2010). "Screening for serious mental illness in the general population with the K6 screening scale: results from the WHO World Mental Health (WMH) survey initiative." *International Journal of Methods in Psychiatric Research*, 19 (Sup. 1) 4–22.

An additional 251,700 state and federal prisoners (18.2%) and 155,800 jail inmates (22.2%) reported lower levels of psychological distress, indicative of anxiety-mood disorders.

Rates of SPD in prisons and jails were substantially higher than the 3.0% rate of SPD observed in the 2012 National Health Interview Survey of the noninstitutional U.S. population age 18 or older, using the same K6 screener.⁵ Although inmate populations are demographically different from the general U.S. population, these differences in the prevalence of SPD remain significant when comparisons are restricted to demographic subgroups most commonly held in prisons and jails (**table 15**):

- Among males, 3.0% of the general U.S. population was identified with SPD, compared to 14.7% of prisoners and 26.3% of jails inmates.
- Among persons ages 18 to 44, 2.7% of the general population, 14.8% of prisoners and 26.1% of jail inmates had SPD.
- Among black non-Hispanic adults, 2.6% of the general population was classified with SPD, compared to 13.0% of prisoners and 22.1% of jail inmates.
- Among white non-Hispanic adults, 2.9% of the general population, 17.5% of prisoners and 30.8% of jail inmates had SPD.

Inmates with SPD or anxiety-mood disorders reported high overall rates of sexual victimization in 2011-12

Inmates identified with SPD reported significantly higher rates of inmate-on-inmate sexual victimization and staff sexual misconduct than inmates without a mental health problem:

- Among state and federal inmates, an estimated 6.3% of those identified with SPD reported being sexually victimized by another inmate, and 5.6% reported being victimized by staff. In comparison, among prison inmates with no indication of mental illness or anxiety-mood disorders, 0.7% reported being sexually victimized by another inmate and 1.1% reported experiencing staff sexual misconduct.

⁵Centers for Disease Control and Prevention, *Early Release of Selected Estimates Based on Data from Surveillance Among Adults in the United States*, Morbidity and Mortality Weekly Report, 2011;60 (Suppl.) table 7. January-September 2012, National Health Interview Survey. Figures 13.1-13.3, March 2013.

- Similarly, jail inmates identified with SPD reported higher rates of inmate-on-inmate sexual victimization (3.6%) and staff sexual misconduct (3.6%) than inmates with no mental illness (0.7% for inmate-on-inmate and 1.0% for staff sexual misconduct).

TABLE 15
Prevalence of serious psychological distress among adults in prisons, jails, and the U.S. civilian noninstitutional population, 2011–12

Demographic characteristic	Percent with symptoms of serious psychological distress ^a			
	U.S. noninstitutional adult population ^{b*}	Inmates age 18 or older	Prison	Jail
Total	3.0%	14.7%**	26.3%**	
Sex				
Male	2.8%	14.3%**	25.5%**	
Female	3.7%	20.8%**	32.2%**	
Race/Hispanic origin				
White ^c	2.9%	17.5%**	30.8%**	
Black ^c	2.6%	13.0%**	22.4%**	
Hispanic	3.6%	11.6%**	23.1%**	
Age				
18–44	2.7%	14.8%**	26.1%**	
45–64	3.9%	14.7%**	27.7%**	
65 or older	1.9%	9.5%**	19.3%**	

Note: See appendix table 19 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aBased on a score of 13 or more on the K-6 scale.

^bBased on household interviews of a national sample of the civilian noninstitutional population between January and September 2012.

^cExcludes persons of Hispanic or Latino origin.

Sources: Bureau of Justice Statistics, National Inmate Survey, 2011–12; and Centers for Disease Control and Prevention, National Health Interview Survey, 2012.

Inmates identified as having anxiety-mood disorders reported higher rates of sexual victimization than inmates who did not report a mental health problem. Inmates with anxiety-mood disorders reported lower victimization rates than inmates with SPD. Among inmates with anxiety-mood disorders—

- An estimated 2.8% of prison inmates and 1.3% of jail inmates reported that they were sexually victimized by another inmate.
- About 3.0% of prison inmates and 1.4% of jail inmates reported that they were sexually victimized by staff.

Inmates with mental illness reported higher rates of sexual victimization than inmates without mental health problems across subgroups

For each of the measured subgroups (i.e., sex, race or Hispanic origin, age, sexual orientation, and most serious offense), inmates with SPD reported higher rates of inmate-on-inmate sexual victimization than inmates without mental health problems (**table 16**). With the exception of jail inmates age 45 or older, the differences were large and statistically significant. Among inmates with SPD, non-heterosexual inmates reported the highest rates of inmate-on-inmate sexual victimization (an estimated 21.0% of prison inmates and 14.7% of jail inmates).

TABLE 16
Prevalence of inmate-on-inmate sexual victimization, by current mental health status and inmate characteristics, National Inmate Survey, 2011–12

Characteristic	Prison inmates reporting sexual victimization ^a			Jail inmates reporting sexual victimization ^a		
	No mental illness*	Anxiety-mood disorder	Serious psychological distress	No mental illness*	Anxiety-mood disorder	Serious psychological distress
Sex						
Male	0.5%	2.2%**	5.6%**	0.5%	1.1%**	3.2%**
Female	3.4	8.9**	12.9**	2.3	2.8	5.8**
Race/Hispanic origin^c						
White ^d	1.1%	3.9%**	7.0%**	0.8%	1.4%**	4.0%**
Black ^d	0.3	1.5**	5.3**	0.5	0.9	2.7**
Hispanic	0.6	2.2**	5.3**	0.6	1.3**	3.8**
Age						
18–24	0.4%	3.4%**	7.4%**	0.5%	1.8%**	4.8%**
25–34	0.9	3.2**	6.1**	1.0	1.6**	3.6**
35–44	0.5	2.4**	6.9**	0.5	0.7	3.4**
45 or older	0.7	2.4**	5.4**	0.6	0.8	2.2
Sexual orientation						
Heterosexual	0.4%	1.6%**	4.0%**	0.5%	1.0%**	2.6%**
Non-heterosexual ^e	5.9	13.4**	21.0**	5.0	5.1	14.7**
Most serious offense						
Violent sexual offense	1.5%	4.8%**	9.5%**	1.4%	4.1%	6.7%**
Other violent	0.9	3.1**	6.1**	1.2	1.8	3.9**
Property	0.5	3.1**	8.1**	0.8	1.6**	4.1**
Drug	0.3	1.2**	2.8**	0.3	0.6	2.9**
Other	0.6	1.3	4.2**	0.5	0.8	2.9**

Note: See appendix table 20 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aPercent of inmates reporting one or more incidents of sexual victimization involving another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.

^bEstimated number of inmates at midyear 2011 in jails and yearend 2011 in prisons represented by NIS-3, excluding inmates under age 18. Estimates have been rounded to the nearest 100.

^cDue to small sample size, estimates for other races, including American Indian, Alaska Native, Asian, Native Hawaiian, and other Pacific Islander, and two or more races, are not shown.

^dExcludes persons of Hispanic or Latino origin.

^eIncludes gay, lesbian, bisexual, and other sexual orientations.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Patterns of staff sexual misconduct were similar to those of inmate-on-inmate victimization. Staff sexual misconduct was also higher among inmates with SPD than those without mental health problems (table 17). With the exception of

female jail inmates, the differences within each demographic subgroup were statistically significant. Among inmates with SPD, non-heterosexual prison inmates recorded the highest rate (10.5%) of sexual victimization by staff.

TABLE 17
Prevalence of staff sexual misconduct, by current mental health status and inmate characteristics, National Inmate Survey, 2011–12

Characteristic	Prison inmates reporting sexual victimization ^a			Jail inmates reporting sexual victimization ^a		
	No mental illness*	Anxiety-mood disorder	Serious psychological distress	No mental illness*	Anxiety-mood disorder	Serious psychological distress
Sex						
Male	1.1%	3.0%**	5.7%**	1.0%	1.4%**	4.0%**
Female	1.0	2.4**	5.2**	1.1	1.0	1.7
Race/Hispanic origin^c						
White ^d	0.6%	2.0%**	3.6%**	0.8%	0.7%	2.5%**
Black ^d	1.2	4.1**	6.1**	1.1	1.7	4.7**
Hispanic	1.1	1.7	6.8**	0.5	1.2**	3.9**
Age						
18–24	1.8%	3.1%	7.4%**	1.2%	1.8%**	5.1%**
25–34	1.6	3.4**	6.1**	1.3	1.6	3.9**
35–44	0.9	3.3**	5.6**	0.7	0.9	3.3**
45 or older	0.6	2.0**	4.3**	0.4	0.7	1.4**
Sexual orientation						
Heterosexual	1.0%	2.9%**	4.8%**	0.9%	1.3%**	3.4%**
Non-heterosexual ^e	3.4	3.6	10.5**	3.0	2.4	6.2**
Most serious offense						
Violent sexual offense	1.4%	2.3%	4.1%**	1.2%	1.2%	3.3%
Other violent offense	1.7	3.8**	7.2**	2.2	2.2	5.7**
Property	1.1	3.1**	6.7**	0.8	1.6**	3.3**
Drug	0.4	2.9	2.3**	0.7	1.0	2.8**
Other	0.8	1.7	5.9**	0.8	1.0	3.5**

Note: See appendix table 21 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aPercent of inmates reporting one or more incidents of sexual victimization involving another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.

^bEstimated number of inmates at midyear 2011 in jails and yearend 2011 in prisons represented by NIS-3, excluding inmates under age 18. Estimates have been rounded to the nearest 100.

^cDue to small sample size, estimates for other races, including American Indian, Alaska Native, Asian, Native Hawaiian, and other Pacific Islander, and two or more races, are not shown.

^dExcludes persons of Hispanic or Latino origin.

^eIncludes gay, lesbian, bisexual, and other sexual orientations.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Reports of sexual victimization differed among inmates with SPD and other inmates

Among prison and jail inmates who reported inmate-on-inmate sexual victimization, those with SPD were more likely than those without mental health problems to be—

- victimized more than once (80.4% compared to 62.6%)
- forced or threatened with force by the perpetrator (71.2% compared to 57.7%)
- injured (26.4% compared to 12.3%) (table 18).

Among victims of staff sexual misconduct, inmates with SPD were more likely than those without mental health problems to—

- report being pressured by staff (73.4% compared to 50.2%) or forced or threatened with force (47.2% compared to 33.8%)
- be injured by staff (19.8% compared to 6.3%)
- report at least one victimization to someone at the facility, a family member, or a friend (24.9% compared to 14.1%).

TABLE 18
Circumstances surrounding incidents among adult inmates, by current mental health status and type of victimization, National Inmate Survey, 2011–12

Circumstance	Victims in prisons and jails					
	Inmate-on-inmate			Staff sexual misconduct		
	No mental illness*	Anxiety-mood disorder	Serious psychological distress	No mental illness*	Anxiety-mood disorder	Serious psychological distress
Number of victims	8,880	9,040	19,490	13,910	9,580	18,130
Number of incidents^a						
1	37.4%	33.5%	19.6%**	23.4%	25.5%	23.6%
2 or more	62.6	66.5	80.4%**	76.6	74.5	76.4
Type of coercion or force^b						
Without pressure or force	~	~	~	64.1%	57.2%	43.6%**
Pressured	72.7%	79.4%	73.7%	50.2	54.8	73.4%**
Force or threat of force	57.7	61.9	71.2%**	33.8	29.8	47.2%**
Ever injured	12.3%	14.1%	26.4%**	6.3%	6.1%	19.8%**
Ever report an incident	21.2%	15.4%	23.1%	14.1%	18.4%	24.9%**

Note: See appendix table 22 for standard errors.

~Not applicable.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aNumber of sexual acts by another inmate and number of reported willing and unwilling incidents of staff sexual misconduct.

^bDetail sums to more than 100% because some inmates reported more than one victimization.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Special inmate populations—Inmates with a non-heterosexual sexual orientation

To date, all of the BJS victim self-report surveys conducted under PREA have found that inmates with the highest rates of sexual victimization are those who reported their sexual orientation as gay, lesbian, bisexual, or other. For example, among non-heterosexual inmates interviewed in the NIS-2, 11.2% of prison inmates and 7.2% of jail inmates reported being victimized by another inmate in the past 12 months or since admission to the facility, if less than 12 months. Among former state prison inmates interviewed in the National Former Prisoner Survey (NFPS, conducted in 2008), more than a third of non-heterosexual males (33% of bisexuals and 39% of gays and lesbians) reported being sexually victimized by another inmate during their most recent period of incarceration. Combined with the higher rates among non-heterosexual inmates in the NIS-3 (12.2% in prisons and 8.5% in jails), the surveys clearly identify a high-risk population. Although the NIS-2 and NFPS provide detailed multivariate models that control for other risk factors, NIS-3 provides additional detail on this population.

Across subgroups, inmate-on-inmate victimization rates were higher for non-heterosexual inmates than heterosexual inmates

In every measured subgroup (i.e., sex, race or Hispanic origin, age, education, and mental health problems), non-heterosexual prison and jail inmates reported higher rates of inmate-on-inmate sexual victimization than heterosexual inmates (table 19). Rates of sexual victimization by other inmates against non-heterosexual inmates were at least 10 times greater than that of heterosexual inmates when the victim was also male, black, Hispanic, or had less than a high school education. These differences were smaller, but still large, among non-heterosexual female inmates (2.5 times larger), whites (more than 6 times larger), and high school graduates (8 times larger).

Within each of the other demographic subgroups, staff-on-inmate victimization rates were at least double for non-heterosexual inmates compared to heterosexual inmates. Among non-heterosexual prison and jail inmates, rates of staff sexual misconduct were the highest for inmates ages 18 to 24 (6.7%), blacks (6.2%), and males (6.1%).

TABLE 19
Prevalence of sexual victimization, by type of incident and inmate sexual orientation, National Inmate Survey, 2011–12

Characteristic	Inmate-on-inmate		Staff sexual misconduct	
	Heterosexual*	Non-heterosexual ^a	Heterosexual*	Non-heterosexual ^a
Sex				
Male	1.0%	11.9%**	2.0%	6.1%**
Female	3.6	9.4**	1.4	3.0**
Race/Hispanic origin^b				
White ^c	1.7%	11.4%**	1.3%	3.2%**
Black ^c	0.6	10.6**	2.2	6.2**
Hispanic	1.0	10.1**	1.8	5.9**
Age				
18–24	1.3%	11.6%**	2.5%	6.7%**
25–44	1.2	11.9**	2.2	5.0**
45 or older	0.9	8.9**	1.1	4.2**
Education				
Less than high school	1.0%	11.0%**	2.0%	5.1%**
High school graduate	1.1	9.0**	2.0	4.9
Some college or more	1.7	12.6**	1.8	4.8**
Current mental health status				
No mental illness	0.4%	5.7%**	1.0%	3.2%**
Anxiety-mood disorder	1.3	10.7**	2.3	3.2
Serious psychological distress	3.3	18.6**	4.1	8.8**

Note: Prison and jail inmates have been combined to obtain a sufficient number of non-heterosexual inmates. See appendix table 23 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aIncludes gay, lesbian, bisexual, and other sexual orientations.

^bDue to small sample size, estimates for other races, including American Indian, Alaska Native, Asian, Native Hawaiian, and other Pacific Islander, and persons of two or more races, are not shown.

^cExcludes persons of Hispanic or Latino origin.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Non-heterosexual victims (82.9%) were more likely than heterosexual victims (68.0%) to report that the victimization by another inmate involved pressure, but less likely to report that it involved force or threat of force (62.0% for non-heterosexual compared to 69.7%

for heterosexual victims) (table 20). In addition, non-heterosexual victims (84.2%) of staff sexual misconduct were more likely than heterosexual victims (71.4%) to report more than one incident.

TABLE 20
Circumstances surrounding incidents of sexual victimization among heterosexual and non-heterosexual inmates, National Inmate Survey, 2011–12

Circumstance	Victims in prisons and jails			
	Inmate-on-inmate		Staff sexual misconduct	
	Heterosexual*	Non-heterosexual ^a	Heterosexual *	Non-heterosexual ^a
Number of victims	22,960	17,910	38,320	8,130
Number of incidents^b				
1	32.5%	25.9%	28.6%	15.8%**
2 or more	67.5	74.1	71.4	84.2**
Type of coercion or force^c				
Without pressure or force	~	~	53.0%	60.6%
Pressured	68.0%	82.9%**	60.1	63.8
Force or threat of force	69.7	62.0**	37.8	41.7
Ever injured	22.5%	20.9%	11.0%	15.6%
Ever report an incident	27.5%	19.4%**	19.5%	26.7%

Note: Prison and jail inmates have been combined to obtain a sufficient number of non-heterosexual inmates. See appendix table 24 for standard errors.

~Not applicable.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aIncludes gay, lesbian, bisexual, and other sexual orientations.

^bNumber of incidents by another inmate and number of reported willing and unwilling incidents of staff sexual misconduct.

^cBased only on victims reporting incidents involving force, threat of force, or pressure.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Methodology

The National Inmate Survey, 2011-12 (NIS-3) was conducted in 233 state and federal prisons, 358 jails, and 15 special facilities (military, Indian country, and Immigration and Customs Enforcement (ICE)) between February 2011 and May 2012. The data were collected by RTI International under a cooperative agreement with the Bureau of Justice Statistics (BJS).

The NIS-3 comprised two questionnaires—a survey of sexual victimization and a survey of mental and physical health, past drug and alcohol use, and treatment for substance abuse. Inmates were randomly assigned to receive one of the questionnaires so that at the time of the interview the content of the survey remained unknown to facility staff and the interviewers.

A total of 106,532 inmates participated in NIS-3, including the sexual victimization survey or the randomly assigned companion survey. Combined, the surveys included 43,721 inmates in state and federal prisons, 61,351 inmates in jails, 605 inmates in military facilities, 192 inmates in Indian country jails, and 663 inmates in facilities operated by ICE.

The interviews, which averaged 35 minutes in length, used computer-assisted personal interviewing (CAPI) and audio computer-assisted self-interviewing (ACASI) data collection methods. For approximately the first two minutes, survey interviewers conducted a personal interview using CAPI to obtain background information and date of admission to the facility. For the remainder of the interview, respondents interacted with a computer-administered questionnaire using a touchscreen and synchronized audio instructions delivered via headphones. Respondents completed the ACASI portion of the interview in private, with the interviewer either leaving the room or moving away from the computer.

A shorter paper questionnaire was made available for inmates who were unable to come to the private interviewing room or interact with the computer. The paper form was completed by 751 prison inmates (or 1.9% of all prison interviews)—733 were completed by adult prison inmates (1.9% of adult prison inmate interviews) and 18 were completed by prisoners ages 16 to 17 (3.4% of all prison inmate interviews of inmates ages 16 to 17). The paper questionnaire was also completed by 264 jail inmates (0.5% of all jail inmate interviews)—255 were completed by adults (0.5% of adult jail inmate interviews) and 9 were completed by jail inmates ages 16 to 17 (0.7% of jail inmate interviews of inmates ages 16 to 17). In addition, five paper questionnaires were completed by military inmates (0.9%

of all military inmate interviews). Most of these inmates were housed in administrative or disciplinary segregation or were considered too violent to be interviewed.

Before the interview, inmates were informed verbally and in writing that participation was voluntary and that all information provided would be held in confidence. Interviews were conducted in either English (96% in prisons, 95% in jails, 35% in ICE facilities, and 100% in military and Indian country facilities) or Spanish (4% in prisons, 5% in jails, and 65% in ICE facilities).

Selection of state and federal prisons

A sample of 241 state and federal prisons was drawn to produce a sample representing the 1,158 state and 194 federal adult confinement facilities identified in the 2005 Census of State and Federal Adult Correctional Facilities, supplemented with updated information from websites maintained by each state's department of corrections (DOC) and the Federal Bureau of Prisons (BOP). The 2005 census was a complete enumeration of adult state prisons, including all publicly operated and privately operated facilities under contract to state correctional authorities.

The NIS-3 was restricted to confinement facilities—institutions in which fewer than 50% of the inmates were regularly permitted to leave, unaccompanied by staff, for work, study, or treatment. Such facilities included prisons, penitentiaries, prison hospitals, prison farms, boot camps, and centers for reception, classification, or alcohol and drug treatment. The NIS-3 excluded community-based facilities, such as halfway houses, group homes, and work release centers.

Based on BJS's 2011 National Prisoner Statistics and 2005 Census of State and Federal Adult Correctional Facilities, the prisons in the study universe held an estimated 1,238,000 state and 203,800 federal inmates age 18 or older and 1,700 state inmates ages 16 to 17 at yearend 2011. Facilities that had been closed and new facilities that had opened since the 2005 census were identified via review of DOC and BOP websites. Facilities determined to be closed were removed from the NIS-3 frame and new facilities were added.

State and federal confinement facilities were sequentially sampled with probabilities of selection proportionate to size (as measured by the number of inmates held in state prisons on December 30, 2005, and in federal prisons on September 9, 2010).

Facilities on the sampling frame were stratified by sex of inmates housed, whether the facility had a mental health function, and whether the facility held five or more juveniles:

- Among facilities that housed males, the measure of size for facilities that held male inmates and participated in the NIS-1 in 2007 or NIS-2 in 2008-09 were adjusted to lower their probability of selection in the NIS-3.
- Among facilities with an inmate population that was at least 50% female, the measure of size for facilities that participated in the NIS-2 was reduced to lower their probability of selection in the NIS-3.
- The measures of size were further adjusted to increase the probability of selection of facilities with large juvenile populations.

Within each stratum, facilities in the sampling frame were first sorted by region, state, and public or private operation:

- The sample measures of size for facilities housing only female inmates were increased by a factor of 5 to ensure a sufficient number of women and allow for meaningful analyses of sexual victimization by sex. This led to an allocation of 51 female facilities (out of 233) in the sample.
- An additional 25 facilities were allocated to the stratum with facilities that have a mental health function, and another 20 facilities were allocated to the strata that housed juveniles.
- This led to the allocation of 66 facilities known to have a mental health function—49 male facilities and 17 female facilities—and 38 facilities that housed juveniles (36 facilities that housed males and 2 facilities that housed females).

Facilities were sampled ensuring that at least one facility in every state was selected. Federal facilities were grouped together and treated like a state for sampling purposes. The remaining facilities were selected from each region with probabilities proportionate to size.

Of the 241 selected prison facilities, 7 had closed prior to the start of data collection: Metro State Prison (Georgia), Hillsborough Corr. Inst. (Florida), Gates Corr. Inst. (Connecticut), Brush Corr. Fac. (Colorado), Burnet Co. Intermediate Sanction Fac. (Texas), and Diamondback Corr. Fac. (Oklahoma). One facility—Chittenden Regional Corr. Fac. (Vermont)—had transitioned from holding males to females during the data collection period and was considered a closed facility. All other selected prison facilities participated fully in NIS-3.

Selection of inmates within prisons

A roster of inmates was obtained just prior to the start of data collection at each facility. Inmates age 15 or younger and inmates who were released prior to data collection were deleted from the roster. Eligible inmates within a facility were placed into one of two strata based on their ages. Inmates who were ages 16 to 17 (juveniles) were placed in one stratum and inmates age 18 or older (adults) were placed in the other. Inmates age 15 or younger were considered ineligible for the NIS-3.

Selection of adult inmates within prisons

The number of adult inmates sampled in each facility varied based on six criteria—

- an expected sexual victimization prevalence rate of 4%
- a desired level of precision based on a standard error of 1.75%
- a projected 70% response rate among selected inmates
- a 10% chance among participating inmates of not receiving the sexual victimization questionnaire
- an adjustment factor of 1.9 to account for the complex survey design
- the size of the facility.

Each eligible adult inmate was assigned a random number and sorted in ascending order. Inmates were selected from the list up to the expected number of inmates determined by the sampling criteria.

Selection of inmates ages 16 to 17 within prisons

The number of inmates ages 16 to 17 sampled in each facility varied based on the number who appeared on the roster:

- If fewer than 50 were on the roster, all inmates ages 16 to 17 were selected.
- If between 50 and 149 were on the roster, 75% were sampled (with a minimum of 50).
- If 150 or more were on the roster, 75% were sampled (with a minimum of 150).

In cases in which not all inmates ages 16 to 17 were selected, each eligible inmate ages 16 to 17 was assigned a random number and sorted in ascending order. Inmates were selected from the list up to the expected number of inmates determined by the sampling criteria.

A total of 74,655 prison inmates were selected. After selection, 2,233 ineligible inmates were excluded—1,441 (1.9%) were released or transferred to another facility before interviewing began, 657 (0.9%) were mentally or physically unable to be interviewed, 10 (0.01%) were age 15 or younger or their age could not be obtained during the interview process, 56 (0.5%) were selected in error (i.e., an inmate was incorrectly listed on the facility roster), 21 (0.03%) were only in the facility on weekends, and 47 (0.06%) were on unsupervised work release or only served time on weekends.

Of all selected eligible prison inmates, 32% refused to participate in the survey, 0.5% were not available to be interviewed (e.g., in court, in medical segregation, determined by the facility to be too violent to be interviewed, or restricted from participation by another legal jurisdiction), and 0.5% were not interviewed due to survey logistics (e.g., language barriers, releases, or transfers to another facility after interviewing began).

Overall, 43,721 prison inmates participated in the survey, yielding a response rate of 60%. Approximately 90% of the participating inmates (38,778) received the sexual assault survey. (See appendix table 1 for the number of participating inmates in each prison facility.)

Selection of jail facilities

A sample of 393 jails was drawn to represent the 2,957 jail facilities identified in the Census of Jail Inmates, 2005, and the sample was supplemented with information obtained during the NIS-1 and NIS-2. The 2005 census was a complete enumeration of all jail jurisdictions, including all publicly operated and privately operated facilities under contract to jail authorities. The NIS-3 was restricted to jails that had six or more inmates on June 30, 2005. Jails identified as closed or ineligible during the NIS-1 and NIS-2 were removed from the NIS-3 frame. Based on estimates from the Annual Survey of Jails, 2011, the jails in the NIS-3 held an estimated 720,171 inmates age 18 or older and 5,700 inmates ages 16 to 17 on June 30, 2011.

Jail facilities were sequentially sampled with probabilities of selection proportionate to size (as measured by the number of inmates held on June 30, 2005).

- Two facilities that were unable to participate in the NIS-2 were selected with certainty in the NIS-3.
- The measures of size for facilities that participated in the NIS-1 or NIS-2 were adjusted to give them a lower probability of selection.

- Facilities with juveniles had their measures of size adjusted to increase their probability of selection.
- Facilities were stratified such that facilities in each of the 10 largest jail jurisdictions were placed into a stratum. Within the large jurisdiction stratum, three facilities were selected from the five largest jurisdictions with probabilities proportionate to size, and two facilities were selected from the next five largest jurisdictions with probabilities proportionate to size.
- All other facilities were placed in a single stratum and then sorted by region, state, and public or private operation. Facilities were sampled to ensure that at least one jail facility in every state was selected. The remaining jail facilities were selected from each region with probabilities proportionate to size.

Of the 393 selected jails in the NIS-3, 20 facilities refused to participate:

- Covington Co. Jail (Alabama)
- Mobile Co. Metro Jail (Alabama)
- Delaware Co. George W. Hill Corr. Fac. (Pennsylvania)
- Montcalm Co. Jail (Michigan)
- Will Co. Adult Det. Fac. (Illinois)
- Northumberland Co. Prison (Pennsylvania)
- Kenosha Co. Pre-Trial Det. Fac. (Wisconsin)
- Carroll Co. Jail (Tennessee)
- Brevard Co. Jail (Florida)
- Pinellas Co. North Division (Florida)
- Hillsborough Co. Falkenburg Road Jail (Florida)
- Paulding Co. Det. Ctr. (Georgia)
- Whitfield Co. Jail (Georgia)
- Marion Co. Jail (Tennessee)
- Sandoval Co. Det. Ctr. (New Mexico)
- Williamson Co. Jail (Texas)
- Montgomery Co. Jail (North Carolina)
- Catahoula Parish Corr. Ctr. (Louisiana)
- Escambia Co. Det. Ctr. (Alabama)
- Orleans Parish House of Det. (Louisiana).

Williamsburg Co. Jail (South Carolina), was excused due to construction at the facility. In Nassau Co. Corr. Ctr. (New York), data were collected only among inmates ages 16 to 17 due to lack of space to interview both adults and juveniles ages 16 to 17.

Fourteen facilities were determined to be ineligible: six had closed, two were considered part of another facility on the sampling frame, three had fewer than six eligible inmates, two were facilities containing only unsupervised work release inmates, and one had active litigation related to sexual victimization. All other selected jail facilities participated fully in NIS-3.

Selection of inmates within jails

A roster of inmates was obtained just prior to the start of data collection at each facility. Inmates age 15 or younger and inmates who had not been arraigned were removed from the roster. Eligible inmates within a facility were placed into one of two stratum based on their age. Inmates who were ages 16 to 17 (juveniles) were placed in one stratum and inmates age 18 or older (adults) were placed in the other. Inmates age 15 or younger were considered ineligible for the NIS-3.

Selection of adult inmates within jails

The number of adult inmates sampled in each facility varied based on six criteria:

- an expected prevalence rate of sexual victimization of 3%
- a desired level of precision based on a standard error of 1.4%
- a projected 65% response rate among selected inmates
- a 10% chance among participating inmates of not receiving the sexual victimization questionnaire
- an adjustment factor of 1.9 to account for the complex survey design
- a pre-arraignment adjustment factor equal to 1 in facilities where the status was known for all inmates and less than 1 in facilities where only the overall proportion of inmates who were pre-arraigned was known.

Each eligible adult inmate was assigned a random number and sorted in ascending order. Inmates were selected from the list up to the expected number of inmates determined by the sampling criteria.

Due to the dynamic nature of jail populations, a second roster of inmates was obtained on the first day of data collection. Eligible adult inmates who appeared on the second roster but who had not appeared on the initial roster were identified. These inmates had been arraigned since the initial roster was created or were newly admitted to the facility and arraigned. A random sample of these new inmates was chosen using the same probability of selection used to sample from the first roster.

Selection of inmates ages 16 to 17 within jails

The number of inmates ages 16 to 17 sampled in each facility varied based on the number who appeared on the roster:

- If fewer than 50 were on the roster, all inmates ages 16 to 17 were selected.
- If between 50 and 149 were on the roster, 75% were sampled (with a minimum of 50).
- If 150 or more were on the roster, 75% were sampled (with a minimum of 150).

In facilities in which not all inmates ages 16 to 17 were selected, each eligible inmate ages 16 to 17 was assigned a random number and sorted in ascending order. Inmates were selected from the list up to the expected number of inmates determined by the sampling criteria.

As with adult jail inmates, a second roster obtained on the first day of data collection was used to identify inmates that had been arraigned since the initial roster was created or newly admitted. A random sample of these new inmates was chosen using the same probability of selection used to sample from the first roster.

A total of 112,594 jail inmates was selected. After selection, 11,342 ineligible inmates were excluded—9,479 (8.4%) were released or transferred to another facility before interviewing began, 1,036 (0.8%) were mentally or physically unable to be interviewed, 25 (0.02%) were age 15 or younger or their age could not be obtained during the interview process, 296 (0.3%) were selected in error (i.e., an inmate was incorrectly listed on the facility roster), and 484 (0.4%) were on unsupervised work release or only served time on weekends.

Of all selected inmates, 22% refused to participate in the survey, 1.1% were not available to be interviewed (e.g., in court, in medical segregation, determined by the facility to be too violent to be interviewed, or restricted from participation by another legal jurisdiction), and 8% were not interviewed due to survey logistics (e.g., language barriers, releases, and transfers to another facility after interviewing began).

Overall, 61,351 jail inmates participated in the survey, yielding a response rate of 61%. Approximately 90% of the participating inmates (54,137) received the sexual victimization survey. (See appendix table 5 for the number of participating inmates in each jail facility.)

Selection of special confinement facilities

A sample of 16 special facilities was drawn to represent the inmate populations in military, Indian country, and ICE facilities. Five military, six Indian country, and five ICE facilities were included.

The military frame came from the military correctional facilities population report on April 1, 2011. The Indian country frame came from the BJS report, *Jails in Indian Country, 2009*, NCJ 232223, BJS Web, February 2011. The ICE frame came from the ICE integrated decision support system on March 21, 2011.

Military, Indian country, and ICE facilities were sequentially selected with probability proportionate to the adjusted number of inmates in the facility. The measures of size (population) were adjusted to reduce the probability of selection among facilities included in the NIS-2.

Tohono O'odham Adult Detention Facility (Arizona) refused to participate in the NIS-3. All other selected special confinement facilities participated fully in the survey.

Selection of inmates in special confinement facilities

For purposes of inmate selection, military facilities were treated as prisons, and Indian country and ICE facilities were treated like jails. The assumptions used to determine the sample size within a prison or jail and the corresponding selection procedures were used. However, in ICE facilities, a second sample of newly admitted inmates was not drawn due to an inability to identify new inmates on the ICE rosters. In addition, inmates in ICE facilities who did not speak English or Spanish were defined as ineligible for the study.

Overall, 2,874 inmates were selected, including 910 in military facilities, 300 in Indian country facilities, and 1,664 in ICE facilities. After selection, 163 ineligible inmates were excluded—28 (1.0%) were released or transferred to another facility before interviewing began, 46 (1.1%) were mentally or physically unable to be interviewed, 3 (0.1%) were sampled in error, 2 (0.1%) were inmates in custody only on the weekend, and 84 (3.0%) in ICE facilities did not speak English or Spanish.

Overall, 1,272 inmates participated in the survey (605 in military, 192 in Indian country, and 663 in ICE facilities), yielding a response rate of 68% in military, 68% in Indian country, and 43% in ICE facilities. Approximately 90% of the participating inmates (1,379) received the sexual victimization survey (539 in military, 160 in Indian country, and 573 in ICE facilities). (See appendix table 9 for the number of participating inmates in each special confinement facility.)

Weighting and nonresponse adjustments

Responses from interviewed inmates were weighted to provide national-level and facility-level estimates. Each interviewed inmate was assigned an initial weight corresponding to the inverse of the probability of selection within each sampled facility. A series of adjustment factors was applied to the initial weight to minimize potential bias due to nonresponse and to provide national estimates.

Bias occurs when the estimated prevalence is different from the actual prevalence for a given facility. In each facility, bias could result if the random sample of inmates did not accurately represent the facility population. Bias could also result if the nonrespondents were different from the respondents. Post-stratification and nonresponse adjustments were made to the data to compensate for these two possibilities. These adjustments included—

- calibration of the weights of the responding inmates within each facility so that the estimates accurately reflected the facility's entire population in terms of known demographic characteristics. These characteristics included distributions by inmate age, sex, race, sentence length, and time since admission. This adjustment ensured that the estimates better reflected the entire population of the facility and not just the inmates who were randomly sampled.
- calibration of the weights so that the weight from a non-responding inmate was assigned to a responding inmate with similar demographic characteristics. This adjustment ensured that the estimates accurately reflected the full sample, rather than only the inmates who responded.

For each inmate, these adjustments were based on a generalized exponential model, developed by Folsom and Singh, and applied to the sexual victimization survey respondents.⁶

A final ratio adjustment to each inmate weight was made to provide national-level estimates for the total number of inmates age 18 or older and the total number of inmates ages 16 to 17 who were held in jails at midyear 2011 or in prison at yearend 2011. These ratios represented the estimated number of inmates by sex (from BJS's 2011 Annual Survey of Jails and 2011 National Prisoner Statistics) divided by the number of inmates by sex for adults and overall for juvenile inmates ages 16 to 17 in the NIS-3, after calibration for sampling and nonresponse. The national estimates for state prisons were 1,154,600

⁶Folsom, Jr., R.E., & Singh, A.C. (2002). "The Generalized Exponential Model for Sampling Weight Calibration for Extreme Values, Nonresponse, and Poststratification." *Proceedings of the American Statistical Association, Survey Research Methods Section*, pp. 598–603.

adult males, 83,400 adult females, and 1,700 juveniles ages 16 to 17; for federal prisons, 190,600 adult males and 13,200 adult females (there were no juveniles ages 16 to 17 in federal custody); and for jails (with an average daily population of six or more inmates), 628,620 adult males, 91,551 adult females, and 5,700 juveniles ages 16 to 17.

Final ratio adjustments were not applied to inmate weights in military, Indian country, and ICE facilities. Estimates for special confinement facilities were made at the facility level only.

Standard errors and tests of significance

The NIS-3 is statistically unable to provide an exact ranking for all facilities as required under PREA. As with any survey, the NIS estimates are subject to error arising from the fact that they are based on a sample rather than a complete enumeration. Within each facility, the estimated sampling error varies by the size of the estimate, the number of completed interviews, and the size of the facility.

A common way to express this sampling variability is to construct a 95%-confidence interval around each survey estimate. Typically, multiplying the standard error by 1.96 and then adding or subtracting the result from the estimate produces the confidence interval. This interval expresses the range of values that could result among 95% of the different samples that could be drawn.

For small samples and estimates close to 0%, as is the case with sexual victimization in most prisons and jails, the use of the standard error to construct the 95%-confidence interval may not be reliable. An alternative developed by Wilson has been shown to perform better than the traditional method when constructing a confidence interval. (See footnote 1 on page 10.) This method produces an asymmetrical confidence interval around the facility estimates in which the lower bound is constrained to be greater than or equal to 0%. It also provides confidence intervals for facilities in which the survey estimates are zero (but other similarly conducted surveys could yield non-zero estimates). (See tables 3, 4, 5, and 6 and appendix tables 1, 2, 4, 5, 6, 8, and 9.)

When applied to large samples, the traditional and the Wilson confidence intervals are nearly identical. As a result, the tables that show national estimates display traditional standard errors. (See tables 1 and 2.) The traditional standard errors have also been used to compare estimates of sexual victimization among selected groups of inmates that have been defined by type of incident, demographic subgroup, sexual history, and criminal justice status. (See tables 7 through 9 and 11 through 20.) To facilitate the

analysis, rather than provide the detailed estimates for every standard error, differences in the estimates of sexual victimization for subgroups in these tables have been tested and notated for significance at the 95%-level of confidence.

For example, the difference in the rate of inmate-on-inmate sexual victimization among female prison inmates (6.9%) compared to male prison inmates (1.7%) is statistically significant at the 95%-level of confidence (**table 7**). In all tables providing detailed comparisons, statistically significant differences at the 95%-level of confidence or greater have been designated with two asterisks (**).

Exposure period

To calculate comparative rates of sexual victimization, respondents were asked to provide the most recent date of admission to the current facility. If the date of admission was at least 12 months prior to the date of the interview, inmates were asked questions related to their experiences during the past 12 months. If the admission date was less than 12 months prior to the interview, inmates were asked about their experiences since they had arrived at the facility.

The average exposure period of inmates participating in the sexual victimization survey was—

- 8.8 months for federal prisoners
- 8.1 months for adult state prisoners
- 5.5 months for juveniles ages 16 to 17 in state prisons
- 3.7 months for jail inmates
- 7.6 months for inmates in military facilities
- 2.8 months for inmates in ICE facilities
- 2.0 months for inmates in Indian country facilities.

Measurement of sexual victimization

The survey of sexual victimization relied on inmates reporting their direct experiences, rather than inmates reporting on the experiences of other inmates. Questions related to inmate-on-inmate sexual activity were asked separately from questions related to staff sexual misconduct. (For specific survey questions, see appendices 1 and 2.)

The ACASI survey began with a series of questions that screened for specific sexual activities without restriction, including both wanted and unwanted sex and sexual contacts with other inmates. To fully measure all sexual activities, questions related to the touching of body parts in a sexual way were followed by questions related to manual stimulation and questions related to acts involving oral,

anal, and vaginal sex. The nature of coercion (including use of physical force, pressure, and other forms of coercion) was measured for each type of reported sexual activity.

ACASI survey items related to staff sexual misconduct were asked in a different order. Inmates were first asked about being pressured or being made to feel they had to have sex or sexual contact with the staff and then asked about being physically forced. In addition, inmates were asked if any facility staff had offered favors or special privileges in exchange for sex. Finally, inmates were asked if they willingly had sex or sexual contact with staff. All reports of sex or sexual contact between an inmate and facility staff, regardless of the level of coercion, were classified as staff sexual misconduct.

The ACASI survey included additional questions related to both inmate-on-inmate sexual victimization and staff sexual misconduct. These questions, known as latent class measures, were included to assess the reliability of the survey questionnaire. After being asked detailed questions, all inmates were asked a series of general questions to determine if they had experienced any type of unwanted sex or sexual contact with another inmate or had any sex or sexual contact with staff. (See appendix 3.)

The entire ACASI questionnaire (listed as the National Inmate Survey-3) and the shorter paper and pencil survey form (PAPI) are available on the BJS website at www.bjs.gov.

Interviews checked for inconsistent response patterns

Once data collection was completed, individual response patterns were assessed to identify interviewer error, interviews that had been completed in too short of time, and incomplete interviews. In 141 interviews, the interviewers administered sex-specific survey items inconsistent with the sex of the inmate. In 693 interviews, the inmate failed to complete enough questions to be considered a completed interview. These interviews were excluded from the calculations of sexual victimization.

Interviews were also examined for inconsistent response patterns. A list of 31 indicators were developed based on inmate characteristics (e.g., education, age, marital status, and time since admission) and items related to victimization (e.g., number of times, injuries, willing contact with staff, sex of staff perpetrator, and reporting of victimization). Indicators compared responses to initial questions with responses to detailed follow-up questions. The indicators were identified as unlikely, highly unlikely, or extremely unlikely.

Of the 31 indicators, 21 were deemed unlikely, 7 were deemed highly unlikely, and 3 were deemed extremely unlikely. An example of an unlikely indicator is when a respondent indicated victimization occurred, but responded no to all types of victimization. An example of a highly unlikely indicator is when a respondent indicated that the first time a victimization occurred was before the inmate was admitted to the facility. An example of an extremely unlikely indicator is if the inmate responded yes to 12 or more of the sex-specific victimization items and indicated being victimized 11 or more times to both staff sexual misconduct and inmate-on-inmate victimization. If any of the extremely unlikely indicators were triggered and at least one highly unlikely indicator or four or more unlikely indicators were triggered, the inmate's data were removed.

The amount of time the interview took was also reviewed. Inmates whose average time for the sexual victimization items was less than 2 seconds per item and inmates whose total time was less than 10 minutes for English respondents and less than 12 minutes for Spanish respondents had their data removed.

Overall, the results revealed very high levels of consistency in survey responses. Of the 92,689 respondents to the sexual victimization survey, 87 triggered one extremely highly unlikely flag. Of these, 20 met the additional criteria for removal. In addition, data for 12 respondents were removed because their interviews did not meet the length of interview criteria. Among the 32 cases that were removed, 1 respondent was in a federal facility, 13 respondents were in state prisons (2 were juveniles ages 16 to 17), and 18 respondents were in jails. These 32 inmates came from separate facilities (i.e., only one inmate from each of these facilities was removed) and were excluded from the calculation of sexual victimization.

Calculation of Body Mass Index (BMI)

BMI is a measurement of body fat, based on height and weight, that applies to both men and women ages 18 to 65. BMI can be used to determine if a person is underweight (18.5 or less), normal (18.5 to 24.9), overweight (25 to 29.9), obese (30 to 39.9), or morbidly obese (40 or greater). The calculation in the NIS-3 was based on the following formula provided by the Centers for Disease Control and Prevention:

$$\text{BMI} = \text{weight (pounds)} / [\text{height (inches)}]^2 \times 703.$$

Screening for serious psychological distress (SPD) and history of mental health problems

The NIS-3 included four items to measure the prevalence of any problems with emotions, nerves, or mental health an inmate may have had in the past:

R24. Have you ever been told by a mental health professional, such as a psychiatrist or psychologist, that you had...

- a. manic depression, a bipolar disorder or mania?
- b. a depressive disorder?
- c. schizophrenia or another psychotic disorder?
- d. post-traumatic stress disorder (PTSD)?
- e. another anxiety disorder, such as panic disorder or obsessive compulsive disorder (OCD)?
- f. a personality disorder, such as antisocial or borderline personality?
- g. a mental or emotional condition other than those listed above?

R27. During the 12 months before you were admitted to [this facility / any facility to serve time on your current sentence], did you stay overnight or longer in any type of hospital or other facility to receive treatment or counseling for problems you were having with your emotions, nerves, or mental health?

R30. At the time of the offense for which you are currently [being held / serving time], were you taking prescription medicine for any problem you were having with your emotions, nerves, or mental health?

R33. Have you ever received counseling or therapy from a trained professional, such as a psychiatrist, psychologist, social worker, or nurse, for any problem you were having with your emotions, nerves, or mental health?

Development of the K6

The K6 is a six-item scale designed to provide rapid assessment of the prevalence of serious psychological distress (SPD) in population surveys. (See page 25 for the six items and response categories.) Developed by Kessler and colleagues, the K6 has become widely used in epidemiological surveys throughout the world. It is included in three general population surveys in the U.S.—the Behavioral Risk Factor Surveillance System and the National Health Interview Survey (conducted

by the Centers for Disease Control and Prevention) and the National Survey on Drug Use and Health (conducted by the U.S. Substance Abuse and Mental Health Services Administration).

The K6 has been recognized as a broad screener rather than a specific screener for any one mental disorder. Kessler and others have shown that the K6 outcomes are consistent with blinded clinical diagnoses of SPD in general population samples. Moreover, their statistical analyses of alternative scoring rules for the sex items have shown the unweighted sum (based on codes 0 to 4, with a total sum ranging from 0 to 24) to be virtually identical to sums using other weighting schemes. Although its use under PREA is to determine risk related to SPD and the incidence of sexual victimization, more specific screening scales could have been used to determine if sexual victimization was associated with particular kinds of mental disorder.

Prior to 2004, the K6 was used in the National Survey on Drug Use and Health (NSDUH) to estimate the prevalence of serious mental illness. In 2008, following the recommendation of a technical advisory group, convened by the Center for Mental Health Services at the SAMHSA, NSDUH supplemented the K6 scale with questions on functional impairment. Functional impairment is defined as difficulties that substantially interfere with or limit role functioning in one or more major life activities, including basic living skills; instrumental living skills; and functioning in social, family, and vocational or educational contexts.⁷ However, the NIS-3 did not include any items related to functional impairment, since past measures and scales are not appropriate for inmates held in prisons or jails.

The use of K6 for predicting serious mental illness has never been validated in a correctional setting. It may be expected that some inmates feel nervous, hopeless, restless or fidgety, sad or depressed, or worthless due to their confinement rather than due to an underlying mental health disorder. Consequently, the exact cut point for serious psychological distress may be higher than 13 among inmates than among persons in the general population.

However, the link between SPD and sexual victimization rates remains strong, regardless of the exact cut point in the K6 scale. For example, had the cut point for serious psychological distress in the NIS been raised to 17 (from 13), inmate-on-inmate sexual victimization rates would have increased to 7.6% among prison inmates and 4.4%

⁷Gfroerer, J., Hedden, S., Barker, P., Bose, J., & Aldworth, J. (2012). "Estimating Mental Illness in an Ongoing National Survey," Federal Committee on Statistical Methodology, available at www.fcsm.gov/12papers/Gfroerer_2012FCSM_VII-A.pdf

among jail inmates, and staff sexual misconduct rates would have increased to 7.2% among prison inmates and 4.4% among jail inmates.

Imputation of missing data

SPD status was determined by the sum of the responses to the K6 items. Since some inmates did not respond to all six items, inclusion and imputation criteria were developed. Only respondents who answered at least four of the K6 items were included in the estimates of SPD status.

A missing K6 item was imputed in a nearest neighbor approach (i.e., the donor value for the imputed value was the nearest previous nonmissing K6 response). If the nearest K6 item was missing, then the value from the first nonmissing response preceding the missing item was used as the donor. For example, if item 2 was not answered, but item 1 was answered, then the value from the first K6 item was used as the value for the selected K6 item. If the first K6 item was missing, then the first nonmissing value that followed was used as the donor. Since only respondents who answered at least four of the K6 items were included in the analysis, the donor response was never more than two items away from the item with the missing response.

In prisons, among the 38,251 adult respondents, 555 (1.5%) answered fewer than four items and thus were not included in the estimates of SPD. Of the adult prison inmates who responded to four or more items, 931 (2.4%) had one or two items imputed.

In jails, among the 52,926 adult respondents, 1,106 (2.1%) answered fewer than four items and therefore were not included in the estimates of SPD status. Of the adult jail inmates who responded to four or more items, 1,840 (3.5%) had one or two items imputed.

Terms and definitions

Sexual victimization—all types of sexual activity, e.g., oral, anal, or vaginal penetration; hand jobs; touching of the inmate's buttocks, thighs, penis, breasts, or vagina in a sexual way; abusive sexual contacts; and both willing and unwilling sexual activity with staff.

Nonconsensual sexual acts—unwanted contacts with another inmate or any contacts with staff that involved oral, anal, vaginal penetration, hand jobs, and other sexual acts.

Abusive sexual contacts only—unwanted contacts with another inmate or any contacts with staff that involved touching of the inmate's buttocks, thigh, penis, breasts, or vagina in a sexual way.

Unwilling activity—incidents of unwanted sexual contacts with another inmate or staff.

Willing activity—incidents of willing sexual contacts with staff. These contacts are characterized as willing by the reporting inmates; however, all sexual contacts between inmates and staff are legally nonconsensual.

Staff sexual misconduct—includes all incidents of willing and unwilling sexual contact with facility staff and all incidents of sexual activity that involved oral, anal, vaginal penetration, hand jobs, blow jobs, and other sexual acts with facility staff.

Related prior publications

Eight BJS reports on sexual victimization in prisons and jails:

Sexual Violence Reported by Correctional Authorities, 2004 (NCJ 210333)

Sexual Violence Reported by Correctional Authorities, 2005 (NCJ 214646)

Sexual Violence Reported by Correctional Authorities, 2006 (NCJ 218914)

Sexual Victimization Reported by Adult Correctional Authorities, 2007-2008 (NCJ 231172)

Sexual Victimization in State and Federal Prisons Reported by Inmates, 2007 (NCJ 219414)

Sexual Victimization in Local Jails Reported by Inmates, 2007 (NCJ 221946)

Sexual Victimization in Prisons and Jails Reported by Inmates, 2008-09 (NCJ 231169)

Sexual Victimization Reported by Former State Prisoners, 2008 (NCJ 237363).

An overview of all of the BJS prison rape collections: *PREA Data Collection Activities, 2012* (NCJ 238640)

These reports are available on the BJS website at www.bjs.gov.

Appendix 1. Survey items related to inmate-on-inmate sexual victimization, National Inmate Survey, 2011–12

Males

E16. During the last 12 months, did another inmate use physical force to touch your butt, thighs, or penis in a sexual way?

E17. During the last 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to let them touch your butt, thighs, or penis in a sexual way?

E22. During the last 12 months, did another inmate use physical force to make you give or receive a hand job?

E23. During the last 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to give or receive a hand job?

E26. During the last 12 months, did another inmate use physical force to make you give or receive oral sex or a blow job?

E27. During the last 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to give or receive oral sex or a blow job?

E32. During the last 12 months, did another inmate use physical force to make you have anal sex?

E33. During the last 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to have anal sex?

E34. During the last 12 months, did another inmate use physical force to make you have any type of sex or sexual contact other than sexual touching, hand jobs, oral sex or blow jobs, or anal sex?

E35. During the last 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to have any type of sex or sexual contact other than sexual touching, hand jobs, oral sex or blow jobs, or anal sex?

Females

E18. During the last 12 months, did another inmate use physical force to touch your butt, thighs, breasts, or vagina in a sexual way?

E19. During the last 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to let them touch your butt, thighs, breasts, or vagina in a sexual way?

E24. During the last 12 months, did another inmate use physical force to make you give or receive oral sex?

E25. During the last 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to give or receive oral sex?

E28. During the last 12 months, did another inmate use physical force to make you have vaginal sex?

E29. During the last 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to have vaginal sex?

E32. During the last 12 months, did another inmate use physical force to make you have anal sex?

E33. During the last 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to have anal sex?

E34. During the last 12 months, did another inmate use physical force to make you have any type of sex or sexual contact other than sexual touching, oral sex, vaginal sex, or anal sex?

E35. During the last 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to have any type of sex or sexual contact other than sexual touching, oral sex, vaginal sex, or anal sex?

Appendix 2. Survey items related to staff sexual misconduct, National Inmate Survey, 2011–12

These next questions are about the behavior of staff at this facility during the last 12 months. By staff we mean the employees of this facility and anybody who works as a volunteer in this facility.

G4. During the last 12 months, have any facility staff pressured you or made you feel that you had to let them have sex or sexual contact with you?

G5. During the last 12 months, have you been physically forced by any facility staff to have sex or sexual contact?

G7. During the last 12 months, have any facility staff offered you favors or special privileges in exchange for sex or sexual contact?

G2. During the last 12 months, have you willingly had sex or sexual contact with any facility staff?

G11. [IF G2 OR G4 OR G5 OR G7 = Yes] During the last 12 months, which of the following types of sex or sexual contact did you have with a facility staff person?

G11a. You touched a facility staff person's body or had your body touched in a sexual way.

G11b. You gave or received a hand job.

G11c. You gave or received oral sex or a blow job.

G11d. You had vaginal sex.

G11e. You had anal sex.

Appendix 3. Follow-up questions for inmates reporting no sexual activity, National Inmate Survey, 2011–12

Follow-up questions for inmates reporting no sexual activity in the screener questions for sexual activity with inmates:

LCM1. During the last 12 months, did another inmate use physical force, pressure you, or make you feel that you had to have any type of sex or sexual contact?

LCM2. How long has it been since another inmate in this facility used physical force, pressured you, or made you feel that you had to have any type of sex or sexual contact?

1. Within the past 7 days
2. More than 7 days ago but within the past 30 days
3. More than 30 days ago but within the past 12 months
4. More than 12 months ago
5. This has not happened to me at this facility

Follow-up questions for inmates reporting no sexual activity in the screener questions for sexual activity with staff:

LCM5. During the last 12 months, have you had any sex or sexual contact with staff in this facility whether you wanted to have it or not?

LCM6. How long has it been since you had any sex or sexual contact with staff in this facility whether you wanted to or not?

1. Within the past 7 days
2. More than 7 days ago but within the past 30 days
3. More than 30 days ago but within the past 12 months
4. More than 12 months ago
5. This has not happened to me at this facility

APPENDIX TABLE 1**Characteristics of state and federal prisons and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	95%-confidence interval ^b	
					Lower bound	Upper bound
Total	386,307	38,778	60.4%	4.0%	3.6%	4.5%
Alabama						
Bibb Corr. Fac.	1,928	219	72.9%	5.8%	3.6%	9.4%
G.K. Fountain Corr. Fac./J.O. Davis Corr. Fac.	1,233	194	66.7	5.7	3.3	9.6
Julia Tutwiler Prison ^g	964	181	68.2	14.1	10.1	19.3
St. Clair Corr. Fac.	1,331	178	64.4	5.5	2.8	10.7
Alaska						
Anchorage Corr. Complex West	472	119	57.0%	5.9%	3.1%	10.7%
Hiland Mountain Corr. Ctr. ^g	412	139	76.0	12.9	8.5	19.1
Arizona						
ASPC - Douglas	2,512	163	55.6%	1.2%	0.3%	4.5%
ASPC - Eyman	4,919	200	41.2	4.1	2.0	8.2
ASPC - Perryville ^g	3,417	208	66.9	9.1	5.9	13.9
ASPC - Tuscon ^h	5,092	273	72.7	3.7	1.9	7.2
ASPC - Yuma	4,190	158	50.6	1.9	0.6	5.6
Florence Corr. Ctr. ^{h,i}	2,809	188	67.4	1.0	0.3	3.5
La Palma Corr. Ctr. ⁱ	3,023	163	45.1	0.0	0.0	2.3
Red Rock Corr. Ctr. ⁱ	1,525	62	18.8	2.9	0.8	10.0
Arkansas						
Ouachita River Corr. Unit	2,558	136	80.2%	4.2%	2.1%	8.5%
California						
Avenal State Prison	5,619	183	61.3%	1.2%	0.3%	4.4%
California Corr. Ctr.	3,527	120	39.0	2.1	0.7	6.0
California Corr. Inst.	4,939	161	38.7	5.4	2.4	11.5
California Inst. for Women ^g	1,952	146	51.6	6.7	3.8	11.3
California Men's Colony	6,273	168	51.8	1.5	0.6	4.2
California Rehabilitation Ctr.	4,173	137	45.2	2.5	0.8	7.3
Calipatria State Prison	4,408	92	30.8	2.3	0.8	6.4
Central California Women's Fac. ^g	3,745	196	67.6	10.1	6.5	15.3
Chuckawalla Valley State Prison	3,169	158	52.7	2.7	1.1	6.7
Corcoran State Prison	4,812	155	35.7	6.4	3.0	12.9
Corr. Training Fac.	6,635	214	66.4	3.2	1.6	6.3
Sacramento State Prison	2,827	93	29.7	3.3	1.2	8.7
Salinas Valley State Prison	3,589	143	45.8	3.8	1.8	7.6
San Quentin State Prison	3,495	156	50.3	3.8	1.6	8.6
Sierra Conservation Ctr.	3,451	187	59.8	1.4	0.5	3.9
Solano State Prison	4,649	202	64.8	2.0	0.8	5.0
Valley State Prison for Women ^g	3,513	178	56.3	11.5	7.5	17.2
Colorado						
Buena Vista Corr. Ctr.	929	128	55.3%	3.3%	1.5%	7.1%
Denver Women's Corr. Fac. ^g	777	160	68.2	19.3	13.8	26.3
Skyline Corr. Ctr.	248	95	54.9	3.7	1.4	8.9
Connecticut						
Manson Youth Inst.	446	242	84.3%	5.2%	3.4%	7.9%
York Corr. Inst. ^g	1,087	206	76.3	12.0	8.3	17.2
Delaware						
Central Violation of Probation Ctr.	216	138	88.3%	3.0%	1.7%	5.3%
Delores J. Baylor Women's Corr. Inst. ^g	360	165	82.9	13.6	10.0	18.3
James T. Vaughn Corr. Ctr.	2,538	167	57.4	5.3	2.7	10.0

APPENDIX TABLE 1 (continued)**Characteristics of state and federal prisons and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	Lower bound	Upper bound
Florida						
Apalachee Corr. Inst./West/East Unit/River Junction	2,230	161	56.9%	12.2%	8.0%	18.3%
Broward Corr. Inst. ^g	699	154	64.4	12.0	7.6	18.6
Calhoun Corr. Inst. and Work Camp	1,615	185	64.2	4.1	2.2	7.7
Central Florida Reception Ctr. East and South	2,057	115	48.0	0.0	0.0	3.4
Florida State Prison and Work Camp	2,082	133	44.2	5.2	2.6	10.2
Jackson Corr. Inst. and Work Camp	1,522	129	46.1	4.0	1.7	9.1
Lancaster Corr. Inst. and Work Camp	908	184	69.0	5.5	3.2	9.3
Lawtey Corr. Inst.	806	198	79.7	0.0	0.0	1.9
Levy Forestry Camp ^g	159	91	66.0	6.1	3.1	11.9
Marion Corr. Inst. and Work Camp	1,455	238	83.2	2.2	1.1	4.6
Martin Corr. Inst. and Work Camp	1,489	189	66.4	5.8	3.4	9.7
Northwest Florida Reception Ctr.	2,073	135	48.9	13.7	8.8	20.7
Santa Rosa Corr. Inst.	2,686	185	60.0	14.0	9.5	20.3
Taylor Corr. Inst. and Annex	2,996	206	67.1	2.7	1.1	6.0
Zephyrhills Corr. Inst.	656	156	62.5	7.9	4.7	13.0
Georgia						
Autry State Prison	1,662	132	46.2%	6.1%	3.3%	11.1%
Burruss Corr. Training Ctr.	763	228	79.7	0.6	0.1	2.6
D. Ray James Prison ⁱ	2,066	195	66.0	0.5	0.1	2.7
Lee Arrendale State Prison ^g	1,664	211	78.9	5.9	3.5	9.7
Macon State Prison	1,706	215	74.1	5.8	3.5	9.5
Rogers State Prison	1,479	235	80.2	2.2	1.0	4.8
Valdosta State Prison	1,457	139	50.6	10.5	6.5	16.7
Ware State Prison	1,521	231	78.0	4.6	2.7	7.8
Washington State Prison	1,537	216	82.3	2.2	1.0	4.7
Hawaii						
Waiawa Corr. Fac.	280	155	92.0%	6.2%	4.2%	8.8%
Idaho						
Idaho Max. Security Inst.	388	78	39.3%	14.0%	7.0%	25.9%
St. Anthony Work Camp	230	72	43.2	2.3	0.5	9.4
Illinois						
Danville Corr. Ctr.	1,833	206	69.7%	0.5%	0.2%	1.8%
Decatur Corr. Ctr. ^g	683	157	65.0	1.1	0.3	3.3
Dwight Corr. Ctr. ^g	1,029	203	81.0	10.7	7.1	15.6
Hill Corr. Ctr.	1,843	248	84.1	4.9	2.7	8.7
Menard Corr. Ctr.	3,660	162	51.4	2.6	1.1	6.0
Pittsfield Work Camp	401	79	35.7	0.0	0.0	4.6
Stateville Corr. Ctr.	3,670	229	74.2	1.0	0.4	3.0
Western Illinois Corr. Ctr.	1,932	156	55.0	3.7	1.6	8.1
Indiana						
Miami Corr. Fac.	3,168	203	65.5%	3.2%	1.5%	7.0%
Reception-Diagnostic Ctr.	645	148	63.2	2.4	1.1	5.5
Rockville Corr. Fac. ^g	1,140	224	83.1	7.6	4.3	12.9
Wabash Valley Corr. Fac.	2,080	169	49.1	3.2	1.3	7.7
Iowa						
Anamosa State Penitentiary	1,166	166	59.0%	4.5%	2.3%	8.7%
Kansas						
Lansing Corr. Fac.	2,241	191	66.3%	6.7%	4.0%	11.0%
Norton Corr. Fac.	808	128	61.6	5.1	2.6	9.9

APPENDIX TABLE 1 (continued)**Characteristics of state and federal prisons and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	Lower bound	Upper bound
Kentucky						
Eastern Kentucky Corr. Complex	1,704	154	50.3%	6.3%	3.6%	10.9%
Kentucky State Reformatory	2,039	156	53.3	6.4	3.6	11.3
Otter Creek Corr. Complex ⁱ	640	117	47.3	7.0	3.8	12.3
Louisiana						
B.B. Rayburn Corr. Ctr.	1,157	187	70.1%	4.1%	2.1%	8.0%
Elayn Hunt Corr. Ctr.	2,158	184	68.9	6.5	3.7	11.0
Louisiana State Penitentiary	5,351	220	69.5	8.5	5.5	12.8
Maine						
Maine Corr. Ctr. ^h	617	192	80.5%	6.1%	3.6%	10.2%
Maryland						
Maryland Corr. Inst. - Hagerstown	2,021	180	61.4%	3.1%	1.5%	6.4%
Maryland Corr. Inst. for Women ^g	827	151	54.8	12.7	8.5	18.4
Maryland Corr. Training Ctr.	2,653	203	64.7	3.4	1.7	6.8
Metropolitan Transition Ctr.	635	106	43.9	3.2	1.4	7.6
Massachusetts						
Old Colony Corr. Ctr.	856	181	69.3%	5.6%	3.4%	9.3%
Michigan						
Bellamy Creek Corr. Fac.	1,822	186	58.1%	4.4%	2.2%	8.6%
Central Michigan Corr. Fac.	2,455	226	76.0	2.7	1.2	6.0
Lakeland Corr. Fac.	1,368	222	78.0	5.6	3.4	9.3
Saginaw Corr. Fac.	1,459	215	78.0	2.9	1.4	6.0
Thumb Corr. Fac.	955	181	58.3	3.2	1.3	7.4
Minnesota						
MCF - Moose Lake	1,019	191	70.0%	4.4%	2.5%	7.8%
MCF - Shakopee ^g	564	156	67.8	13.0	8.4	19.6
Mississippi						
Pike Co. Community Work Ctr.	46	29	79.5%	0.0%	0.0%	11.7%
Walnut Grove Youth Corr. Fac. ⁱ	976	281	92.0	9.9	7.2	13.6
Wilkinson Co. Corr. Fac. ⁱ	881	173	66.8	7.5	4.6	11.8
Missouri						
Algoa Corr. Ctr.	1,485	152	53.3%	0.0%	0.0%	2.5%
Farmington Corr. Fac.	2,602	240	83.9	7.9	5.2	11.8
South Central Corr. Fac.	1,576	182	62.6	7.2	4.2	12.1
Tipton Corr. Ctr.	1,155	152	51.0	1.3	0.4	4.5
Western Missouri Corr. Ctr.	1,910	161	54.0	3.4	1.7	6.9
Western Reception, Diagnostic and Corr. Ctr.	1,876	187	67.1	1.5	0.5	4.1
Women's Eastern Reception, Diagnostic and Corr. Ctr. ^g	1,535	198	68.9	8.7	5.3	13.7
Montana						
Montana State Prison	1,443	191	65.3%	13.9%	8.8%	21.4%
Nebraska						
Lincoln Corr. Ctr.	491	141	64.2%	4.5%	2.4%	8.1%
Nevada						
Florence McClure Women's Corr. Ctr. ^g	705	142	61.0%	16.3%	10.8%	23.7%
High Desert State Prison	2,713	192	59.4	2.5	1.0	6.4
Lovelock Corr. Ctr.	1,609	191	61.9	3.8	1.8	7.6
New Hampshire						
New Hampshire State Prison for Men	1,370	193	69.2%	5.5%	2.9%	10.3%
New Hampshire State Prison for Women ^g	111	78	84.0	8.2	5.5	12.1
New Jersey						
Bayside State Prison	2,241	119	39.6%	3.4%	1.3%	8.6%
Mountainview Youth Corr. Fac.	1,060	151	53.2	3.1	1.4	6.7
South Woods State Prison	3,398	131	44.1	5.2	2.3	11.3

APPENDIX TABLE 1 (continued)**Characteristics of state and federal prisons and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	95%-confidence interval ^b	
					Lower bound	Upper bound
New Mexico						
Lea Co. Corr. Fac. ⁱ	1,137	135	51.4%	4.5%	2.2%	9.2%
New Mexico Women's Corr. Fac. ^{9,i}	599	157	65.2	14.3	10.1	19.9
New York						
Auburn Corr. Fac.	1,710	195	67.4%	9.8%	6.3%	14.7%
Cayuga Corr. Fac.	979	165	60.9	2.7	1.2	5.7
Gowanda Corr. Fac.	1,503	239	85.6	3.4	1.8	6.1
Lakeview Shock Incarceration Corr. Fac. ^h	950	233	85.4	1.9	0.8	4.3
Otisville Corr. Fac.	407	128	61.1	8.3	4.9	13.7
Washington Corr. Fac.	705	180	69.0	3.9	2.0	7.3
Wyoming Corr. Fac.	1,576	217	73.5	3.1	1.6	6.0
North Carolina						
Harnett Corr. Inst.	987	160	58.9%	3.6%	1.8%	7.0%
Lanesboro Corr. Inst.	982	161	37.0	3.3	1.5	7.1
Mary Frances Ctr. ^{9,i}	93	68	84.6	0.0	0.0	5.3
Maury Corr. Inst.	961	102	29.0	5.6	2.7	11.3
North Carolina Corr. Inst. for Women ⁹	1,138	150	57.8	13.0	8.3	19.6
Odom Corr. Inst.	531	129	59.0	3.3	1.5	7.4
Western Youth Inst.	668	227	70.6	1.1	0.4	3.2
North Dakota						
North Dakota State Penitentiary	517	146	61.5%	5.3%	2.9%	9.3%
Ohio						
Allen Corr. Inst.	1,340	116	41.2%	3.2%	1.1%	9.0%
Belmont Corr. Inst.	2,648	167	55.0	2.4	0.9	5.8
Chillicothe Corr. Inst.	2,944	197	59.4	5.1	2.8	9.0
Franklin Medical Ctr. ^h	577	129	55.9	0.0	0.0	2.9
Madison Corr. Inst.	2,333	172	47.0	7.2	3.5	14.3
Noble Corr. Inst.	2,561	186	62.1	4.5	2.4	8.1
Northeast Pre-Release Ctr. ⁹	553	157	65.5	7.6	4.5	12.3
Pickaway Corr. Fac.	2,185	188	65.4	5.3	2.9	9.5
Oklahoma						
Dr. Eddie Warrior Corr. Ctr. ⁹	717	187	75.3%	9.4%	6.3%	13.8%
Jackie Brannon Corr. Ctr.	709	179	72.1	0.5	0.1	2.3
Mabel Bassett Corr. Ctr. ⁹	1,054	193	70.1	17.5	13.1	22.9
North Fork Corr. Fac. ⁱ	2,326	46	17.2	1.7	0.3	8.7
Oregon						
Coffee Creek Corr. Fac. ⁹	1,107	207	69.1%	10.8%	7.5%	15.3%
Deer Ridge Corr. Inst.	754	165	65.7	3.2	1.5	6.6
Oregon State Penitentiary	1,989	203	62.3	2.9	1.4	6.1
Pennsylvania						
Cambridge Springs State Corr. Inst. ⁹	856	199	76.6%	4.1%	2.3%	7.3%
Chester State Corr. Inst.	1,237	195	70.0	1.5	0.5	4.1
Houtzdale State Corr. Inst.	2,268	175	55.7	1.8	0.6	5.4
Mahanoy State Corr. Inst.	2,323	202	68.6	0.9	0.3	3.2
Muncy State Corr. Inst. ⁹	1,443	216	75.6	11.4	8.2	15.8
Pine Grove State Corr. Inst.	798	196	68.2	7.1	4.0	12.2
Somerset State Corr. Inst.	2,237	183	61.0	4.5	2.2	9.1
Waymart State Corr. Inst.	1,426	189	66.1	1.4	0.4	5.1
Rhode Island						
Donald Price Med. Security Fac.	290	151	81.9%	2.6%	1.4%	4.8%

APPENDIX TABLE 1 (continued)**Characteristics of state and federal prisons and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	Lower bound	Upper bound
South Carolina						
Camille Griffin Graham Corr. Inst. ^g	495	129	67.5%	8.7%	5.2%	14.1%
Kershaw Corr. Inst.	1,473	232	78.9	5.6	3.2	9.7
Kirkland Reception and Evaluation Ctr.	1,672	233	85.3	2.8	1.4	5.8
Turbeville Corr. Inst.	1,163	214	74.6	3.2	1.6	6.2
Tyger River Corr. Inst.	1,287	206	63.7	1.9	0.7	4.8
South Dakota						
South Dakota Women's Prison ^g	220	118	74.7%	13.2%	9.5%	18.1%
Tennessee						
Riverbend Max. Security Inst.	698	87	16.5%	1.2%	0.3%	4.1%
Texas						
Byrd Unit	1,095	183	60.9%	1.8%	0.8%	4.4%
Carole Young Medical Fac. Complex ^g	402	162	79.5	1.7	0.8	3.6
Clemens Unit	1,168	173	55.8	6.4	3.1	12.7
Clements Unit	3,631	141	43.6	11.9	7.6	18.0
Coffield Unit	4,113	210	66.1	7.9	4.9	12.4
Dawson State Jail ^{h,i}	2,202	188	63.7	2.4	1.1	5.1
Eastham Unit	2,439	207	68.1	4.7	2.7	8.2
Gist State Jail	1,997	213	72.2	1.5	0.5	4.1
Gurney Transfer Fac.	1,834	179	62.3	1.5	0.5	4.2
Henley State Jail ^g	423	138	69.0	2.4	1.0	5.8
Hodge Unit	928	154	21.9	2.1	0.8	5.3
Holliday Transfer Fac.	2,077	161	52.9	2.8	1.1	7.1
Huntsville Unit	1,530	171	67.1	0.9	0.2	2.9
McConnell Unit	2,905	172	54.2	5.3	2.8	10.0
Michael Unit	3,257	179	57.1	6.0	3.4	10.3
Montford Psychiatric Fac.	819	166	70.2	10.2	6.7	15.2
Murray Unit ^g	1,315	168	63.7	15.3	10.7	21.4
Plane State Jail ^g	2,175	175	63.0	4.4	2.2	8.9
Powledge Unit	1,119	170	61.3	2.9	1.0	8.0
Stiles Unit	2,935	151	49.4	11.9	7.5	18.6
Willacy Co. State Jail ⁱ	1,069	151	55.6	1.1	0.3	3.8
Woodman State Jail ^g	796	140	56.8	1.3	0.4	4.3
Utah						
Central Utah Corr. Fac.	1,105	193	69.9%	5.5%	3.2%	9.2%
Utah State Prison ^h	3,746	233	73.1	6.4	3.8	10.5
Vermont						
Southeast State Corr. Fac.	92	58	71.1%	5.1%	2.3%	10.9%
Southern State Corr. Fac.	359	109	55.3	9.9	5.6	16.9
Virginia						
Brunswick Women's Reception and Pre-Release Ctr. ^g	131	95	85.8%	0.0%	0.0%	3.9%
Dillwyn Corr. Ctr.	1,061	163	60.3	4.5	2.2	9.0
Sussex II State Prison	1,276	204	74.1	5.4	3.0	9.5
Washington						
Clallam Bay Corr. Ctr.	894	146	53.2%	5.1%	2.6%	9.6%
Monroe Corr. Complex	2,229	183	60.2	2.9	1.2	7.0
Washington State Penitentiary	2,017	119	41.2	5.2	2.2	11.9
West Virginia						
Huttonsville Corr. Ctr.	1,147	128	46.6%	8.1%	4.4%	14.6%
Wisconsin						
Green Bay Corr. Inst.	1,076	208	72.2%	4.8%	2.8%	7.9%
Oshkosh Corr. Ctr.	2,020	223	74.3	4.7	2.7	8.1

APPENDIX TABLE 1 (continued)**Characteristics of state and federal prisons and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	Lower bound	Upper bound
Wyoming						
Wyoming Honor Farm	153	97	69.9%	2.9%	1.5%	5.5%
Federal Facilities (Bureau of Prisons)						
CI Eden ⁱ	1,556	185	67.5%	0.0%	0.0%	2.0%
CI Reeves I and II ⁱ	2,395	180	63.7	0.0	0.0	2.1
CI Reeves III ⁱ	1,345	188	69.2	0.4	0.1	2.0
CI Rivers ⁱ	1,416	159	58.3	0.9	0.2	4.7
FCI Allenwood Low	1,398	149	52.4	1.9	0.7	5.2
FCI Big Spring Camp	209	70	45.7	1.2	0.3	5.0
FCI Butner Med. I Camp	328	99	49.1	0.0	0.0	3.7
FCI Butner Med. II	1,722	180	61.0	2.2	0.7	7.1
FCI Forrest City Med.	1,725	152	51.4	0.6	0.1	2.9
FCI Greenville Camp ^g	353	130	65.8	4.1	2.1	8.0
FCI Jesup	1,127	132	46.5	0.0	0.0	2.8
FCI Lompoc	1,413	164	57.5	0.6	0.1	2.8
FCI Manchester Camp	495	110	49.0	0.9	0.2	4.1
FCI Marianna Camp ^g	296	172	88.5	0.6	0.2	2.1
FCI Milan	1,525	163	58.6	2.4	1.0	6.0
FCI Seagoville	1,562	194	67.4	1.1	0.4	3.1
FCI Tallahassee ^g	1,250	157	60.2	5.8	3.2	10.3
FCI Terre Haute	1,182	92	34.6	2.2	0.5	8.2
FDC Philadelphia ^h	1,093	162	59.1	1.8	0.7	4.8
FMC Carswell ^g	1,413	193	64.6	4.2	2.3	7.5
FMC Devens	1,027	155	57.2	2.6	1.2	5.8
FMC Lexington Camp ^g	285	148	83.2	0.8	0.2	2.7
FPC Alderson ^g	1,130	237	83.6	2.7	1.2	5.9
Limestone Co. Det. Ctr. ⁱ	1,021	157	60.1	0.6	0.1	3.1
MCFP Springfield	1,163	80	33.5	1.8	0.6	5.2
USP Hazelton - Female ^g	487	111	49.0	5.2	2.6	10.2
USP Lee	1,479	101	32.3	1.7	0.5	5.7
USP Tucson	1,521	140	42.2	7.3	3.9	13.4

^aIncludes all types of sexual victimization, including oral, anal, or vaginal penetration, hand jobs, touching of the inmate's butt, thighs, penis, breasts, or vagina in a sexual way, and other sexual acts occurring in the past 12 months or since admission to the facility, if shorter.

^bIndicates that different samples in the same facility would yield prevalence rates falling between the lower and upper bound estimates 95 out of 100 times.

^cNumber of inmates in custody on day when the facility provided the sample roster.

^dNumber of respondents completing the sexual victimization survey. (See *Methodology*.)

^eResponse rate is equal to the number of respondents divided by the number of eligible sampled inmates times 100 percent.

^fWeights were applied so that inmates who responded accurately reflected the entire population of each facility on select characteristics, including age, sex, race, sentence length, and time served. (See *Methodology*.)

^gFemale facility.

^hFacility housed both males and females; both were sampled at this facility.

ⁱPrivately operated facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 2**Percent of prison inmates reporting sexual victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Total	2.0%	1.8%	2.3%	2.4%	2.0%	2.8%
Alabama						
Bibb Corr. Fac.	3.1%	1.5%	6.0%	3.6%	2.0%	6.5%
G.K. Fountain Corr. Fac./J.O. Davis Corr. Fac.	4.4	2.3	8.2	2.3	1.0	5.2
Julia Tutwiler Prison ^d	10.0	6.8	14.6	6.8	4.1	10.9
St. Clair Corr. Fac.	3.2	1.3	7.6	3.5	1.4	8.4
Alaska						
Anchorage Corr. Complex West	3.7%	1.8%	7.5%	2.2%	0.7%	6.5%
Hiland Mountain Corr. Ctr. ^d	9.9	6.2	15.5	3.0	1.2	7.4
Arizona						
ASPC - Douglas	0.0%	0.0%	2.3%	1.2%	0.3%	4.5%
ASPC - Eyman	1.8	0.7	4.4	3.2	1.4	7.2
ASPC - Perryville ^d	7.5	4.6	11.9	2.1	0.8	5.4
ASPC - Tuscon ^e	1.3	0.5	3.9	2.4	1.0	5.4
ASPC - Yuma	0.5	0.1	3.0	1.4	0.4	5.0
Florence Corr. Ctr. ^{e,f}	0.5	0.1	2.7	0.5	0.1	2.7
La Palma Corr. Ctr. ^f	0.0	0.0	2.3	0.0	0.0	2.3
Red Rock Corr. Ctr. ^f	0.0	0.0	5.8	2.9	0.8	10.0
Arkansas						
Ouachita River Corr. Unit	3.0%	1.2%	7.2%	1.3%	0.5%	3.6%
California						
Avenal State Prison	1.2%	0.3%	4.4%	0.0%	0.0%	2.1%
California Corr. Ctr.	1.4	0.4	5.0	0.7	0.1	3.9
California Corr. Inst.	3.3	1.1	9.4	2.0	0.7	6.0
California Inst. for Women ^d	3.6	1.7	7.4	4.2	2.1	8.3
California Men's Colony	1.5	0.6	4.2	0.0	0.0	2.2
California Rehabilitation Ctr.	1.4	0.3	5.2	1.1	0.2	5.9
Calipatria State Prison	0.7	0.1	3.8	1.6	0.4	5.5
Central California Women's Fac. ^d	9.5	6.1	14.7	2.1	0.8	5.1
Chuckawalla Valley State Prison	2.7	1.1	6.7	0.0	0.0	2.4
Corcoran State Prison	2.4	0.9	5.9	4.3	1.6	11.0
Corr. Training Fac.	1.6	0.6	3.9	2.8	1.3	5.7
Sacramento State Prison	2.4	0.8	7.6	2.2	0.6	7.9
Salinas Valley State Prison	2.2	0.8	5.6	3.0	1.4	6.3
San Quentin State Prison	1.7	0.4	5.9	2.7	1.1	6.8
Sierra Conservation Ctr.	0.4	0.1	2.3	1.0	0.3	3.4
Solano State Prison	0.5	0.1	2.5	2.0	0.8	5.0
Valley State Prison for Women ^d	11.5	7.5	17.2	3.9	1.8	8.0
Colorado						
Buena Vista Corr. Ctr.	1.5%	0.5%	4.9%	3.3%	1.5%	7.1%
Denver Women's Corr. Fac. ^d	13.4	8.8	19.9	10.7	6.8	16.3
Skyline Corr. Inst.	0.0	0.0	3.9	3.6	1.4	8.9
Connecticut						
Manson Youth Inst.	1.3%	0.5%	3.1%	4.0%	2.5%	6.3%
York Corr. Fac. ^d	11.0	7.4	16.0	2.5	1.0	6.3
Delaware						
Central Violation of Probation Ctr.	0.7%	0.2%	2.0%	2.4%	1.2%	4.5%
Delores J. Baylor Women's Corr. Inst. ^d	10.7	7.4	15.3	7.0	4.6	10.3
James T. Vaughn Corr. Ctr.	3.6	1.7	7.6	1.7	0.5	5.7

APPENDIX TABLE 2 (continued)**Percent of prison inmates reporting sexual victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Florida						
Apalachee Corr. Inst./West/East Unit/River Junction	7.3%	4.3%	12.1%	6.8%	3.7%	12.2%
Broward Corr. Inst. ^d	5.4	2.9	9.9	7.3	3.9	13.3
Calhoun Corr. Inst. and Work Camp	1.7	0.7	4.3	2.4	1.0	5.5
Central Florida Reception Ctr. East and South	0.0	0.0	3.4	0.0	0.0	3.4
Florida State Prison and Work Camp	2.8	1.0	7.2	3.3	1.5	7.1
Jackson Corr. Inst. and Work Camp	1.8	0.5	6.1	3.0	1.2	7.6
Lancaster Corr. Inst. and Work Camp	2.7	1.2	5.7	3.4	1.7	6.7
Lawtey Corr. Inst.	0.0	0.0	1.9	0.0	0.0	1.9
Levy Forestry Camp ^d	4.7	2.1	10.4	1.4	0.4	4.3
Marion Corr. Inst. and Work Camp	1.0	0.4	2.6	1.6	0.7	3.8
Martin Corr. Inst. and Work Camp	4.3	2.3	7.8	2.5	1.1	5.5
Northwest Florida Reception Ctr.	9.8	5.8	16.1	4.9	2.3	10.2
Santa Rosa Corr. Inst.	4.6	2.1	9.4	10.1	6.5	15.5
Taylor Corr. Inst. and Annex	0.4	0.1	2.2	2.2	0.9	5.5
Zephyrhills Corr. Inst.	2.9	1.3	6.1	5.5	2.9	10.3
Georgia						
Autry State Prison	1.9%	0.7%	5.2%	4.2%	2.0%	8.8%
Burruss Corr. Training Ctr.	0.0	0.0	1.9	0.6	0.1	2.6
D. Ray James Prison ^f	0.5	0.1	2.7	0.0	0.0	1.9
Lee Arrendale State Prison ^d	5.9	3.5	9.7	0.0	0.0	1.8
Macon State Prison	1.3	0.5	3.6	5.3	3.1	8.9
Rogers State Prison	0.0	0.0	1.6	2.2	1.0	4.8
Valdosta State Prison	5.0	2.5	9.8	6.5	3.4	11.9
Ware State Prison	0.4	0.1	1.8	4.6	2.7	7.8
Washington State Prison	0.0	0.0	1.7	2.1	1.0	4.7
Hawaii						
Waiawa Corr. Fac.	4.1%	2.6%	6.4%	2.1%	1.1%	3.9%
Idaho						
Idaho Max. Security Inst.	9.4%	3.9%	21.0%	8.2%	3.1%	19.7%
St. Anthony Work Camp	0.0	0.0	5.1	2.3	0.5	9.4
Illinois						
Danville Corr. Ctr.	0.5%	0.2%	1.8%	0.3%	0.1%	1.4%
Decatur Corr. Ctr. ^d	1.1	0.3	3.3	0.0	0.0	2.4
Dwight Corr. Ctr. ^d	9.2	6.0	14.0	4.2	2.2	7.9
Hill Corr. Ctr.	0.8	0.2	2.5	4.1	2.1	7.9
Menard Corr. Ctr.	0.4	0.1	2.4	2.6	1.1	6.0
Pittsfield Work Camp	0.0	0.0	4.6	0.0	0.0	4.6
Stateville Corr. Ctr.	0.0	0.0	1.7	1.0	0.4	3.0
Western Illinois Corr. Ctr.	2.2	0.8	6.1	3.0	1.2	7.4
Indiana						
Miami Corr. Fac.	1.6%	0.5%	4.9%	2.7%	1.1%	6.4%
Reception-Diagnostic Ctr.	1.3	0.4	3.9	1.2	0.4	3.6
Rockville Corr. Fac. ^d	5.8	3.2	10.4	1.8	0.5	6.5
Wabash Valley Corr. Fac.	1.7	0.5	5.7	2.3	0.8	6.3
Iowa						
Anamosa State Penitentiary	4.0%	2.0%	8.2%	0.5%	0.1%	2.4%
Kansas						
Lansing Corr. Fac.	2.9%	1.4%	6.2%	5.1%	2.8%	9.1%
Norton Corr. Fac.	1.6	0.5	5.2	4.5	2.2	9.1
Kentucky						
Eastern Kentucky Corr. Complex	2.0%	0.7%	5.6%	5.7%	3.2%	10.1%
Kentucky State Reformatory	3.4	1.5	7.7	4.5	2.2	8.9
Otter Creek Corr. Complex ^f	4.7	2.3	9.6	2.9	1.2	6.7

APPENDIX TABLE 2 (continued)**Percent of prison inmates reporting sexual victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Louisiana						
B.B. Rayburn Corr. Ctr.	2.7%	1.1%	6.3%	2.1%	0.9%	5.0%
Elayn Hunt Corr. Ctr.	3.5	1.6	7.5	4.6	2.5	8.4
Louisiana State Penitentiary	3.5	1.7	7.0	6.3	3.9	10.1
Maine						
Maine Corr. Ctr. ^e	6.1%	3.6%	10.2%	1.8%	0.6%	5.1%
Maryland						
Maryland Corr. Inst. - Hagerstown	1.5%	0.5%	4.1%	1.6%	0.6%	4.4%
Maryland Corr. Inst. for Women ^d	8.4	5.2	13.2	5.6	3.0	10.3
Maryland Corr. Training Ctr.	1.6	0.6	4.5	2.4	1.0	5.3
Metropolitan Transition Ctr.	0.8	0.2	3.8	3.2	1.4	7.6
Massachusetts						
Old Colony Corr. Ctr.	3.1%	1.5%	6.1%	2.6%	1.2%	5.4%
Michigan						
Bellamy Creek Corr. Fac.	0.7%	0.1%	3.4%	4.3%	2.2%	8.6%
Central Michigan Corr. Fac.	1.3	0.5	3.5	1.8	0.6	5.1
Lakeland Corr. Fac.	1.7	0.7	3.9	4.0	2.1	7.4
Saginaw Corr. Fac.	0.4	0.1	2.1	2.9	1.4	6.0
Thumb Corr. Fac.	1.4	0.4	4.4	2.5	0.9	6.5
Minnesota						
MCF - Moose Lake	2.8%	1.4%	5.6%	2.6%	1.2%	5.5%
MCF - Shakopee ^d	12.8	8.2	19.4	0.5	0.2	1.5
Mississippi						
Pike Co. Community Work Ctr.	0.0%	0.0%	11.7%	0.0%	0.0%	11.7%
Walnut Grove Youth Corr. Fac. ^f	0.4	0.1	1.6	9.6	6.9	13.2
Wilkinson Co. Corr. Fac. ^f	1.1	0.3	3.4	6.4	3.8	10.6
Missouri						
Algoa Corr. Ctr.	0.0%	0.0%	2.5%	0.0%	0.0%	2.5%
Farmington Corr. Fac.	5.8	3.6	9.3	3.7	2.0	6.7
South Central Corr. Fac.	1.0	0.3	3.6	6.1	3.4	10.9
Tipton Corr. Ctr.	0.0	0.0	2.5	1.3	0.4	4.5
Western Missouri Corr. Ctr.	1.1	0.3	3.9	2.3	1.0	5.3
Western Reception, Diagnostic and Corr. Ctr.	0.0	0.0	2.0	1.5	0.5	4.1
Women's Eastern Reception, Diagnostic and Corr. Ctr. ^d	7.8	4.6	12.8	1.3	0.5	3.6
Montana						
Montana State Prison	9.0%	4.6%	16.8%	9.9%	5.3%	17.7%
Nebraska						
Lincoln Corr. Ctr.	0.5%	0.1%	2.1%	4.0%	2.1%	7.6%
Nevada						
Florence McClure Women's Corr. Ctr. ^d	16.3%	10.8%	23.7%	2.1%	0.8%	5.3%
High Desert State Prison	1.3	0.4	4.7	1.2	0.3	4.5
Lovelock Corr. Ctr.	2.3	0.9	5.7	1.5	0.5	4.4
New Hampshire						
New Hampshire State Prison for Men	2.2%	0.9%	5.3%	3.3%	1.3%	7.9%
New Hampshire State Prison for Women ^d	5.8	3.5	9.3	2.4	1.2	4.8
New Jersey						
Bayside State Prison	2.0%	0.6%	7.1%	1.4%	0.4%	4.9%
Mountainview Youth Corr. Fac.	0.8	0.2	4.2	3.1	1.4	6.7
South Woods State Prison	3.5	1.3	8.8	4.0	1.5	10.2
New Mexico						
Lea Co. Corr. Fac. ^f	1.3%	0.4%	4.4%	3.2%	1.3%	7.7%
New Mexico Women's Corr. Fac. ^{d,f}	12.2	8.3	17.5	6.0	3.4	10.5

APPENDIX TABLE 2 (continued)**Percent of prison inmates reporting sexual victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
New York						
Auburn Corr. Fac.	3.7%	1.9%	7.3%	6.0%	3.4%	10.4%
Cayuga Corr. Fac.	0.0	0.0	2.3	2.7	1.2	5.7
Gowanda Corr. Fac.	1.1	0.4	3.2	2.6	1.3	5.1
Lakeview Shock Incarceration Corr. Fac. ^e	0.5	0.1	2.4	1.9	0.8	4.3
Otisville Corr. Fac.	3.7	1.7	8.1	5.9	3.2	10.6
Washington Corr. Fac.	1.0	0.3	3.1	2.9	1.4	6.1
Wyoming Corr. Fac.	1.4	0.5	3.8	1.7	0.7	4.0
North Carolina						
Harnett Corr. Inst.	1.9%	0.8%	4.7%	1.9%	0.8%	4.7%
Lanesboro Corr. Inst.	0.0	0.0	2.3	3.3	1.5	7.1
Mary Frances Ctr. ^{d,f}	0.0	0.0	5.3	0.0	0.0	5.3
Maury Corr. Inst.	1.9	0.7	5.0	3.7	1.4	9.4
North Carolina Corr. Inst. for Women ^d	11.4	7.1	17.8	4.9	2.3	10.1
Odom Corr. Inst.	0.9	0.2	3.9	3.3	1.5	7.4
Western Youth Inst.	0.6	0.1	2.5	0.5	0.1	2.3
North Dakota						
North Dakota State Penitentiary	2.5%	1.1%	5.6%	3.3%	1.6%	6.9%
Ohio						
Allen Corr. Inst.	1.5%	0.3%	7.7%	1.7%	0.5%	5.7%
Belmont Corr. Inst.	1.6	0.6	4.6	0.7	0.1	3.8
Chillicothe Corr. Inst.	4.5	2.4	8.1	0.8	0.2	3.3
Franklin Medical Ctr. ^e	0.0	0.0	2.9	0.0	0.0	2.9
Madison Corr. Inst.	3.0	1.2	7.3	4.2	1.5	11.4
Noble Corr. Inst.	0.8	0.3	2.3	3.7	1.8	7.3
Northeast Pre-Release Ctr. ^d	5.2	3.0	8.8	2.4	0.8	7.0
Pickaway Corr. Fac.	3.2	1.5	6.7	2.1	0.8	5.3
Oklahoma						
Dr. Eddie Warrior Corr. Ctr. ^d	8.1%	5.3%	12.3%	2.4%	1.0%	5.5%
Jackie Brannon Corr. Ctr.	0.5	0.1	2.3	0.0	0.0	2.1
Mabel Bassett Corr. Ctr. ^d	15.3	11.3	20.6	3.4	1.8	6.6
North Fork Corr. Fac. ^f	0.0	0.0	7.7	1.6	0.3	8.7
Oregon						
Coffee Creek Corr. Fac. ^d	8.0%	5.2%	12.0%	4.7%	2.7%	8.1%
Deer Ridge Corr. Inst.	2.3	1.1	5.0	0.9	0.2	4.1
Oregon State Penitentiary	2.1	0.8	5.0	0.9	0.3	3.1
Pennsylvania						
Cambridge Springs State Corr. Inst. ^d	3.7%	1.9%	6.7%	0.9%	0.3%	2.7%
Chester State Corr. Inst.	0.5	0.1	2.3	1.0	0.3	3.6
Houtzdale State Corr. Inst.	0.0	0.0	2.1	1.8	0.6	5.4
Mahanoy State Corr. Inst.	0.0	0.0	1.9	0.9	0.3	3.2
Muncy State Corr. Inst. ^d	8.9	6.0	12.9	3.6	2.0	6.4
Pine Grove State Corr. Inst.	2.0	0.8	4.6	6.3	3.4	11.4
Somerset State Corr. Inst.	2.9	1.1	7.4	3.1	1.3	7.1
Waymart State Corr. Inst.	1.0	0.2	5.0	0.4	0.1	2.1
Rhode Island						
Donald Price Med. Security Fac.	0.9%	0.4%	2.4%	1.7%	0.8%	3.6%
South Carolina						
Camille Griffin Graham Corr. Inst. ^d	6.5%	3.6%	11.4%	3.0%	1.3%	6.7%
Kershaw Corr. Inst.	3.0	1.3	6.8	2.6	1.3	5.3
Kirkland Reception and Evaluation Ctr.	1.5	0.5	3.9	1.4	0.5	3.7
Turbeville Corr. Inst.	1.5	0.5	3.9	2.3	1.0	5.0
Tyger River Corr. Inst.	0.9	0.3	2.9	1.0	0.3	3.8

APPENDIX TABLE 2 (continued)**Percent of prison inmates reporting sexual victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
South Dakota						
South Dakota Women's Prison ^d	12.4%	8.8%	17.3%	2.6%	1.2%	5.4%
Tennessee						
Riverbend Max. Security Inst.	0.4%	0.1%	2.0%	1.2%	0.3%	4.1%
Texas						
Byrd Unit	0.9%	0.3%	2.8%	1.0%	0.3%	3.3%
Carole Young Medical Fac. Complex ^d	1.2	0.5	3.0	1.3	0.5	3.1
Clemens Unit	2.9	0.9	8.8	3.5	1.5	8.2
Clements Unit	6.8	3.8	11.7	9.5	5.7	15.3
Coffield Unit	1.1	0.3	3.8	6.8	4.1	11.1
Dawson State Jail ^{e,f}	1.4	0.5	3.9	1.6	0.6	4.1
Eastham Unit	2.3	1.0	5.1	2.9	1.4	5.9
Gist State Jail	0.6	0.1	2.9	0.9	0.2	3.1
Gurney Transfer Fac.	1.5	0.5	4.2	0.6	0.1	2.9
Henley State Jail ^d	1.7	0.6	4.9	0.8	0.2	3.2
Hodge Unit	1.9	0.7	5.2	0.7	0.2	2.6
Holliday Transfer Fac.	1.0	0.3	3.7	1.8	0.5	6.1
Huntsville Unit	0.5	0.1	2.6	0.3	0.1	1.7
McConnell Unit	3.4	1.4	8.0	2.3	1.1	4.9
Michael Unit	4.4	2.3	8.4	2.1	0.8	5.2
Montford Psychiatric Fac.	8.4	5.2	13.1	5.0	2.7	9.2
Murray Unit ^d	11.3	7.3	17.0	4.4	2.3	8.2
Plane State Jail ^d	2.1	0.9	5.2	2.3	0.8	6.5
Powledge Unit	1.8	0.5	6.5	1.1	0.2	5.2
Stiles Unit	7.8	4.3	13.8	6.2	3.2	11.4
Willacy Co. State Jail ^f	1.1	0.3	3.8	0.6	0.1	2.8
Woodman State Jail ^d	1.3	0.4	4.3	0.0	0.0	2.7
Utah						
Central Utah Corr. Fac.	3.7%	2.0%	6.9%	2.7%	1.2%	5.7%
Utah State Prison ^e	5.6	3.2	9.5	1.2	0.4	3.6
Vermont						
Southeast State Corr. Fac.	2.2%	0.7%	6.5%	5.1%	2.3%	10.9%
Southern State Corr. Fac.	7.7	3.9	14.6	4.8	2.2	10.3
Virginia						
Brunswick Women's Reception and Pre-Release Ctr. ^d	0.0%	0.0%	3.9%	0.0%	0.0%	3.9%
Dillwyn Corr. Ctr.	0.8	0.2	3.9	3.7	1.7	8.0
Sussex II State Prison	1.3	0.4	4.6	4.1	2.2	7.7
Washington						
Clallam Bay Corr. Ctr.	1.6%	0.5%	5.1%	3.5%	1.6%	7.5%
Monroe Corr. Complex	0.3	0.1	1.6	2.6	1.0	6.8
Washington State Penitentiary	3.3	1.1	9.4	1.9	0.5	6.9
West Virginia						
Huttonsville Corr. Ctr.	2.8%	1.0%	7.5%	6.5%	3.2%	12.8%
Wisconsin						
Green Bay Corr. Inst.	2.4%	1.2%	4.7%	2.4%	1.1%	5.1%
Oshkosh Corr. Ctr.	3.9	2.1	7.2	1.1	0.4	3.1
Wyoming						
Wyoming Honor Farm	1.0%	0.3%	3.0%	2.9%	1.5%	5.5%

APPENDIX TABLE 2 (continued)**Percent of prison inmates reporting sexual victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Federal Facilities (Bureau of Prisons)						
CI Eden ^f	0.0%	0.0%	2.0%	0.0%	0.0%	2.0%
CI Reeves I and II ^f	0.0	0.0	2.1	0.0	0.0	2.1
CI Reeves III ^f	0.0	0.0	2.0	0.4	0.1	2.0
CI Rivers ^f	0.9	0.2	4.7	0.0	0.0	2.4
FCI Allenwood Low	0.5	0.1	2.8	1.4	0.4	4.5
FCI Big Spring Camp	0.0	0.0	5.2	1.2	0.3	5.0
FCI Butner Med. I Camp	0.0	0.0	3.7	0.0	0.0	3.7
FCI Butner Med. II	1.4	0.3	7.0	0.8	0.2	2.7
FCI Forrest City Med.	0.0	0.0	2.5	0.6	0.1	2.9
FCI Greenville Camp ^d	3.3	1.5	7.0	0.8	0.2	3.2
FCI Jesup	0.0	0.0	2.8	0.0	0.0	2.8
FCI Lompoc	0.0	0.0	2.3	0.6	0.1	2.8
FCI Manchester Camp	0.9	0.2	4.1	0.0	0.0	3.4
FCI Marianna Camp ^d	0.6	0.2	2.1	0.0	0.0	2.2
FCI Milan	1.2	0.3	4.0	1.3	0.4	4.4
FCI Seagoville	1.1	0.4	3.1	0.0	0.0	1.9
FCI Tallahassee ^d	4.0	2.1	7.8	2.3	0.8	6.1
FCI Terre Haute	0.5	0.1	2.7	1.6	0.3	8.3
FDC Philadelphia ^e	1.2	0.4	4.0	0.6	0.1	3.0
FMC Carswell ^d	4.2	2.3	7.5	0.4	0.1	2.2
FMC Devens	1.3	0.4	4.1	1.4	0.5	3.8
FMC Lexington Camp ^d	0.8	0.2	2.7	0.0	0.0	2.5
FPC Alderson ^d	2.3	1.0	5.5	0.4	0.1	1.8
Limestone Co. Det. Ctr. ^f	0.6	0.1	3.1	0.0	0.0	2.4
MCFP Springfield	1.2	0.3	4.2	0.6	0.1	3.4
USP Hazelton - Female ^d	4.4	2.0	9.2	0.8	0.2	3.7
USP Lee	0.9	0.2	4.8	0.7	0.1	3.9
USP Tucson	4.1	1.7	9.5	3.2	1.3	7.9

Note: Detail may sum to more than total victimization rate because victims may have reported both inmate-on-inmate and staff-on-inmate sexual victimization.

^aIncludes all types of sexual victimization, including oral, anal, or vaginal penetration, hand jobs, touching of the inmate's butt, thighs, penis, breasts, or vagina in a sexual way, and other sexual acts occurring in the past 12 months, or since admission to the facility, if shorter.

^bIndicates that different samples in the same facility would yield prevalence rates falling between the lower and upper bound estimates 95 out of 100 times.

^cWeights were applied so that inmates who responded accurately reflected the entire population of each facility on select characteristics, including age, sex, race, time served, and sentence length. (See *Methodology*.)

^dFemale facility.

^eFacility housed both males and females; both were sampled at this facility.

^fPrivately operated facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 3**Percent of prison inmates reporting sexual victimization by level of coercion, by facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		Without force or pressure ^d
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	
Total	1.3%	1.6%	0.8%	1.4%	1.4%
Alabama					
Bibb Corr. Fac.	2.0%	1.8%	0.3%	1.5%	2.9%
G.K. Fountain Corr. Fac./J.O. Davis Corr. Fac.	3.5	3.1	1.0	1.7	1.3
Julia Tutwiler Prison ^e	5.0	7.8	4.0	5.5	2.4
St. Clair Corr. Fac.	2.5	3.2	1.1	2.9	1.7
Alaska					
Anchorage Corr. Complex West	3.7%	2.3%	1.2%	1.2%	1.0%
Hiland Mountain Corr. Ctr. ^e	5.9	8.3	0.7	3.0	1.6
Arizona					
ASPC - Douglas	0.0%	0.0%	1.2%	0.4%	0.4%
ASPC - Eyman	1.3	1.8	1.8	1.7	1.7
ASPC - Perryville ^e	4.3	6.5	1.3	1.8	1.7
ASPC - Tuscon ^f	0.6	0.7	0.6	1.6	1.2
ASPC - Yuma	0.5	0.0	0.5	1.4	0.0
Florence Corr. Ctr. ^{f,g}	0.0	0.5	0.5	0.5	0.5
La Palma Corr. Ctr. ^g	0.0	0.0	0.0	0.0	0.0
Red Rock Corr. Ctr. ^g	0.0	0.0	0.0	0.0	2.9
Arkansas					
Ouachita River Corr. Unit	2.2%	3.0%	0.4%	0.4%	0.9%
California					
Avenal State Prison	1.2%	0.5%	0.0%	0.0%	0.0%
California Corr. Ctr.	0.8	1.4	0.0	0.0	0.7
California Corr. Inst.	0.9	2.9	0.3	2.0	0.0
California Inst. for Women ^e	1.9	3.0	0.6	3.7	1.2
California Men's Colony	1.1	1.5	0.0	0.0	0.0
California Rehabilitation Ctr.	0.4	1.0	0.0	1.1	0.0
Calipatria State Prison	0.7	0.7	0.7	0.7	0.9
Central California Women's Fac. ^e	7.5	5.4	1.5	2.1	0.0
Chuckawalla Valley State Prison	1.5	1.8	0.0	0.0	0.0
Corcoran State Prison	2.0	2.0	0.0	1.7	2.6
Corr. Training Fac.	1.2	0.8	1.8	1.1	2.2
Sacramento State Prison	1.4	2.4	0.0	2.2	0.0
Salinas Valley State Prison	2.2	2.2	1.4	2.0	1.0
San Quentin State Prison	1.7	1.7	1.4	1.9	1.9
Sierra Conservation Ctr.	0.0	0.4	0.0	0.4	0.5
Solano State Prison	0.0	0.5	0.4	0.9	1.1
Valley State Prison for Women ^e	8.8	10.7	3.1	3.6	0.7
Colorado					
Buena Vista Corr. Ctr.	1.5%	1.5%	1.2%	2.8%	0.8%
Denver Women's Corr. Fac. ^e	9.7	11.8	7.3	8.8	3.2
Skyline Corr. Inst.	0.0	0.0	0.6	1.8	1.9
Connecticut					
Manson Youth Inst.	0.5%	0.8%	1.6%	2.2%	2.7%
York Corr. Fac. ^e	7.2	9.1	0.4	2.4	0.3
Delaware					
Central Violation of Probation Ctr.	0.7%	0.7%	0.8%	1.5%	1.6%
Delores J. Baylor Women's Corr. Inst. ^e	6.0	5.8	0.6	5.2	3.2
James T. Vaughn Corr. Ctr.	3.2	2.5	0.0	0.8	0.9
Florida					
Apalachee Corr. Inst./West/East Unit/River Junction	5.0%	6.9%	1.3%	2.4%	5.7%
Broward Corr. Inst. ^e	2.3	3.6	4.7	3.5	1.3
Calhoun Corr. Inst. and Work Camp	1.4	1.0	0.7	1.1	2.4
Central Florida Reception Ctr. East and South	0.0	0.0	0.0	0.0	0.0
Florida State Prison and Work Camp	2.3	1.6	0.9	1.4	2.9

APPENDIX TABLE 3 (continued)**Percent of prison inmates reporting sexual victimization by level of coercion, by facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		Without force or pressure ^d
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	
Jackson Corr. Inst. and Work Camp	0.8%	1.8%	1.8%	1.9%	0.3%
Lancaster Corr. Inst. and Work Camp	1.6	2.0	1.1	2.2	2.8
Lawtey Corr. Inst.	0.0	0.0	0.0	0.0	0.0
Levy Forestry Camp ^e	4.7	3.6	1.4	1.4	0.0
Marion Corr. Inst. and Work Camp	0.6	1.0	0.7	1.2	1.6
Martin Corr. Inst. and Work Camp	1.3	4.3	1.5	1.5	1.0
Northwest Florida Reception Ctr.	6.9	6.9	1.8	2.9	3.4
Santa Rosa Corr. Inst.	2.5	3.5	2.4	6.4	3.5
Taylor Corr. Inst. and Annex	0.4	0.4	1.2	1.2	1.0
Zephyrhills Corr. Inst.	1.9	2.5	1.9	2.0	3.4
Georgia					
Autry State Prison	0.7%	1.9%	0.8%	0.8%	4.2%
Burruss Corr. Training Ctr.	0.0	0.0	0.0	0.0	0.6
D. Ray James Prison ^g	0.0	0.5	0.0	0.0	0.0
Lee Arrendale State Prison ^e	2.5	4.4	0.0	0.0	0.0
Macon State Prison	1.3	1.3	1.5	2.9	3.8
Rogers State Prison	0.0	0.0	0.0	0.4	1.8
Valdosta State Prison	4.2	4.0	2.2	3.0	2.6
Ware State Prison	0.0	0.4	1.7	2.2	3.4
Washington State Prison	0.0	0.0	0.9	0.5	1.7
Hawaii					
Waiawa Corr. Fac.	2.6%	3.3%	0.7%	1.4%	1.4%
Idaho					
Idaho Max. Security Inst.	8.3%	4.8%	6.0%	6.0%	5.9%
St. Anthony Work Camp	0.0	0.0	0.0	2.3	0.0
Illinois					
Danville Corr. Ctr.	0.5%	0.3%	0.0%	0.3%	0.0%
Decatur Corr. Ctr. ^e	1.1	0.0	0.0	0.0	0.0
Dwight Corr. Ctr. ^e	6.8	6.9	2.6	3.7	0.5
Hill Corr. Ctr.	0.3	0.8	1.2	3.3	2.2
Menard Corr. Ctr.	0.4	0.0	0.6	1.3	1.3
Pittsfield Work Camp	0.0	0.0	0.0	0.0	0.0
Stateville Corr. Ctr.	0.0	0.0	0.0	0.3	0.8
Western Illinois Corr. Ctr.	0.8	2.2	0.8	2.3	0.9
Indiana					
Miami Corr. Fac.	0.9%	1.6%	0.0%	1.5%	1.2%
Reception-Diagnostic Ctr.	1.0	0.3	0.0	0.0	1.2
Rockville Corr. Fac. ^e	2.6	4.0	0.3	0.0	1.4
Wabash Valley Corr. Fac.	0.0	1.7	0.8	0.8	1.5
Iowa					
Anamosa State Penitentiary	1.3%	4.0%	0.5%	0.0%	0.5%
Kansas					
Lansing Corr. Fac.	2.4%	1.9%	2.8%	3.2%	3.1%
Norton Corr. Fac.	1.6	1.0	2.6	2.6	2.8
Kentucky					
Eastern Kentucky Corr. Complex	1.2%	2.0%	1.6%	2.9%	5.0%
Kentucky State Reformatory	2.1	2.6	0.5	3.1	3.6
Otter Creek Corr. Complex ^g	1.4	3.9	0.7	0.7	2.2
Louisiana					
B.B. Rayburn Corr. Ctr.	1.2%	2.7%	1.7%	1.1%	0.9%
Elayn Hunt Corr. Ctr.	2.7	1.3	1.6	3.8	1.2
Louisiana State Penitentiary	1.6	3.5	2.2	3.3	4.6
Maine					
Maine Corr. Ctr. ^f	3.1%	4.4%	0.0%	1.8%	1.0%

APPENDIX TABLE 3 (continued)**Percent of prison inmates reporting sexual victimization by level of coercion, by facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		Without force or pressure ^d
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	
Maryland					
Maryland Corr. Inst. - Hagerstown	1.0%	1.5%	0.6%	0.6%	1.6%
Maryland Corr. Inst. for Women ^e	4.8	5.1	0.9	5.6	1.4
Maryland Corr. Training Ctr.	1.6	1.0	0.6	1.4	1.4
Metropolitan Transition Ctr.	0.8	0.8	1.8	1.8	2.2
Massachusetts					
Old Colony Corr. Ctr.	2.5%	1.6%	1.5%	2.0%	1.1%
Michigan					
Bellamy Creek Corr. Fac.	0.7%	0.7%	1.1%	2.0%	2.7%
Central Michigan Corr. Fac.	0.4	1.3	0.7	0.7	1.8
Lakeland Corr. Fac.	0.8	0.9	2.4	3.5	2.7
Saginaw Corr. Fac.	0.4	0.4	1.5	1.1	1.6
Thumb Corr. Fac.	1.4	0.7	1.5	2.5	1.0
Minnesota					
MCF - Moose Lake	0.4%	2.4%	1.5%	1.6%	2.1%
MCF - Shakopee ^f	7.3	10.2	0.2	0.5	0.0
Mississippi					
Pike Co. Community Work Ctr.	0.0%	0.0%	0.0%	0.0%	0.0%
Walnut Grove Youth Corr. Fac. ^g	0.4	0.0	1.5	2.7	8.8
Wilkinson Co. Corr. Fac. ^g	1.1	0.6	0.5	1.9	5.7
Missouri					
Algoa Corr. Ctr.	0.0%	0.0%	0.0%	0.0%	0.0%
Farmington Corr. Fac.	4.7	4.2	2.4	3.2	1.7
South Central Corr. Fac.	1.0	1.0	2.2	1.8	3.0
Tipton Corr. Ctr.	0.0	0.0	0.8	0.8	1.3
Western Missouri Corr. Ctr.	0.7	0.4	0.0	0.6	2.3
Western Reception, Diagnostic and Corr. Ctr.	0.0	0.0	0.0	0.5	1.0
Women's Eastern Reception, Diagnostic and Corr. Ctr. ^e	6.2	4.1	0.4	1.3	0.4
Montana					
Montana State Prison	7.1%	5.0%	3.5%	8.0%	2.3%
Nebraska					
Lincoln Corr. Ctr.	0.5%	0.0%	0.7%	1.1%	2.8%
Nevada					
Florence McClure Women's Corr. Ctr. ^e	12.0%	11.3%	0.4%	2.1%	0.0%
High Desert State Prison	0.0	1.3	0.8	0.8	1.2
Lovelock Corr. Ctr.	1.5	1.5	1.2	0.2	1.0
New Hampshire					
New Hampshire State Prison for Men	1.7%	1.2%	2.4%	2.4%	0.9%
New Hampshire State Prison for Women ^e	4.3	3.3	2.4	2.4	1.2
New Jersey					
Bayside State Prison	1.2%	2.0%	0.0%	1.4%	0.0%
Mountainview Youth Corr. Fac.	0.8	0.8	0.8	2.6	1.8
South Woods State Prison	2.9	3.5	1.0	2.3	2.8
New Mexico					
Lea Co. Corr. Fac. ^g	0.6%	1.3%	0.0%	2.4%	2.4%
New Mexico Women's Corr. Fac. ^{e,g}	6.8	8.9	4.5	5.3	2.4
New York					
Auburn Corr. Fac.	3.1%	2.8%	3.0%	2.9%	1.8%
Cayuga Corr. Fac.	0.0	0.0	1.6	2.1	1.6
Gowanda Corr. Fac.	0.4	1.1	1.8	1.9	0.3
Lakeview Shock Incarceration Corr. Fac. ^f	0.5	0.5	0.9	1.4	1.3
Otisville Corr. Fac.	0.8	3.7	3.3	0.8	3.5
Washington Corr. Fac.	0.6	0.4	1.8	2.5	0.4
Wyoming Corr. Fac.	0.4	1.4	0.4	1.2	0.5

APPENDIX TABLE 3 (continued)**Percent of prison inmates reporting sexual victimization by level of coercion, by facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		Without force or pressure ^d
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	
North Carolina					
Harnett Corr. Inst.	0.8%	1.4%	1.0%	1.5%	1.0%
Lanesboro Corr. Inst.	0.0	0.0	1.2	1.2	3.3
Mary Frances Ctr. ^{e,g}	0.0	0.0	0.0	0.0	0.0
Maury Corr. Inst.	1.6	1.0	1.1	0.0	3.7
North Carolina Corr. Inst. for Women ^e	7.1	9.1	2.5	2.5	4.0
Odom Corr. Inst.	0.9	0.9	0.9	0.9	1.6
Western Youth Inst.	0.0	0.6	0.0	0.0	0.5
North Dakota					
North Dakota State Penitentiary	1.6%	1.4%	1.6%	1.1%	2.8%
Ohio					
Allen Corr. Inst.	1.5%	1.5%	0.9%	0.9%	1.7%
Belmont Corr. Inst.	1.0	1.2	0.7	0.7	0.7
Chillicothe Corr. Inst.	3.0	2.3	0.0	0.6	0.2
Franklin Medical Ctr. ^f	0.0	0.0	0.0	0.0	0.0
Madison Corr. Inst.	2.3	3.0	0.0	4.2	0.0
Noble Corr. Inst.	0.5	0.6	1.7	2.1	3.2
Northeast Pre-Release Ctr. ^e	2.4	4.7	0.0	2.4	0.0
Pickaway Corr. Fac.	1.9	2.3	0.3	1.6	0.5
Oklahoma					
Dr. Eddie Warrior Corr. Ctr. ^e	6.7%	6.5%	1.7%	2.4%	1.2%
Jackie Brannon Corr. Ctr.	0.0	0.5	0.0	0.0	0.0
Mabel Bassett Corr. Ctr. ^e	9.5	13.2	1.4	2.5	1.5
North Fork Corr. Fac. ^g	0.0	0.0	0.0	0.0	1.6
Oregon					
Coffee Creek Corr. Fac. ^e	5.5%	5.5%	1.1%	3.9%	1.3%
Deer Ridge Corr. Inst.	1.2	1.7	0.0	0.9	0.0
Oregon State Penitentiary	1.1	2.1	0.9	0.5	0.0
Pennsylvania					
Cambridge Springs State Corr. Inst. ^e	2.8%	3.0%	0.0%	0.4%	0.5%
Chester State Corr. Inst.	0.0	0.5	0.7	1.0	0.0
Houtzdale State Corr. Inst.	0.0	0.0	0.0	1.1	0.7
Mahanoy State Corr. Inst.	0.0	0.0	0.0	0.5	0.5
Muncy State Corr. Inst. ^e	5.7	6.0	1.0	3.2	0.3
Pine Grove State Corr. Inst.	1.5	2.0	1.8	1.8	5.6
Somerset State Corr. Inst.	1.9	1.4	1.5	2.0	2.1
Waymart State Corr. Inst.	0.0	1.0	0.4	0.4	0.0
Rhode Island					
Donald Price Med. Security Fac.	0.9%	0.5%	0.4%	1.7%	0.8%
South Carolina					
Camille Griffin Graham Corr. Inst. ^e	3.3%	4.4%	0.7%	1.1%	1.2%
Kershaw Corr. Inst.	1.9	2.6	0.4	1.3	2.2
Kirkland Reception and Evaluation Ctr.	0.5	1.5	0.5	1.0	1.4
Turbeville Corr. Inst.	0.5	1.0	1.6	1.9	1.9
Tyger River Corr. Inst.	0.5	0.9	0.3	0.3	1.0
South Dakota					
South Dakota Women's Prison ^e	7.9%	9.9%	0.0%	1.9%	0.7%
Tennessee					
Riverbend Max. Security Inst.	0.4%	0.4%	0.4%	0.4%	1.2%

APPENDIX TABLE 3 (continued)**Percent of prison inmates reporting sexual victimization by level of coercion, by facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		Without force or pressure ^d
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	
Texas					
Byrd Unit	0.9%	0.4%	0.4%	0.4%	1.0%
Carole Young Medical Fac. Complex ^e	0.4	1.2	0.8	1.3	0.5
Clemens Unit	2.0	2.6	0.3	1.5	2.0
Clements Unit	4.9	5.7	8.1	8.7	2.5
Coffield Unit	0.7	0.4	2.0	3.5	3.8
Dawson State Jail ^{f,g}	1.4	1.4	1.6	1.0	0.6
Eastham Unit	1.4	2.3	1.9	1.9	1.8
Gist State Jail	0.6	0.6	0.0	0.6	0.3
Gurney Transfer Fac.	1.5	0.5	0.0	0.6	0.0
Henley State Jail ^e	1.7	0.0	0.0	0.8	0.0
Hodge Unit	1.9	1.9	0.5	0.5	0.2
Holliday Transfer Fac.	1.0	0.7	0.7	1.8	0.7
Huntsville Unit	0.0	0.5	0.3	0.3	0.0
McConnell Unit	3.0	2.9	1.0	1.6	1.1
Michael Unit	3.8	2.3	1.1	1.1	1.0
Montford Psychiatric Fac.	5.2	7.3	2.9	4.5	2.0
Murray Unit ^e	6.9	7.4	1.0	3.6	1.1
Plane State Jail ^e	1.7	1.1	1.0	2.3	0.0
Powledge Unit	1.3	0.5	1.1	1.1	1.1
Stiles Unit	4.5	6.3	0.9	2.5	4.9
Willacy Co. State Jail ^g	0.0	1.1	0.0	0.0	0.6
Woodman State Jail ^e	0.8	1.3	0.0	0.0	0.0
Utah					
Central Utah Corr. Fac.	3.7%	2.8%	2.2%	1.5%	1.8%
Utah State Prison ^f	2.4	4.7	0.0	1.2	0.0
Vermont					
Southeast State Corr. Fac.	2.2%	2.2%	2.2%	2.2%	5.1%
Southern State Corr. Fac.	3.3	7.7	2.2	4.1	1.3
Virginia					
Brunswick Women's Reception and Pre-Release Ctr. ^e	0.0%	0.0%	0.0%	0.0%	0.0%
Dillwyn Corr. Ctr.	0.0	0.8	0.6	0.0	3.2
Sussex II State Prison	1.3	1.3	0.8	2.1	2.8
Washington					
Clallam Bay Corr. Ctr.	0.8%	0.7%	1.4%	1.4%	2.6%
Monroe Corr. Complex	0.3	0.3	0.4	0.4	2.2
Washington State Penitentiary	3.3	3.3	0.0	1.3	0.7
West Virginia					
Huttonsville Corr. Ctr.	2.0%	1.6%	0.9%	2.8%	4.7%
Wisconsin					
Green Bay Corr. Inst.	1.6%	0.8%	0.9%	1.5%	1.9%
Oshkosh Corr. Ctr.	1.6	3.1	0.4	0.7	0.4
Wyoming					
Wyoming Honor Farm	1.0%	1.0%	0.0%	2.0%	0.8%

APPENDIX TABLE 3 (continued)**Percent of prison inmates reporting sexual victimization by level of coercion, by facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		Without force or pressure ^d
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	
Federal Facilities (Bureau of Prisons)					
CI Eden ⁹	0.0%	0.0%	0.0%	0.0%	0.0%
CI Reeves I and II ⁹	0.0	0.0	0.0	0.0	0.0
CI Reeves III ⁹	0.0	0.0	0.0	0.4	0.0
CI Rivers ⁹	0.9	0.9	0.0	0.0	0.0
FCI Allenwood Low	0.0	0.5	0.7	1.4	0.0
FCI Big Spring Camp	0.0	0.0	1.2	1.2	0.0
FCI Butner Med. I Camp	0.0	0.0	0.0	0.0	0.0
FCI Butner Med. II	1.4	0.0	0.0	0.4	0.8
FCI Forrest City Med.	0.0	0.0	0.0	0.0	0.6
FCI Greenville Camp ^e	0.0	3.3	0.0	0.8	0.8
FCI Jesup	0.0	0.0	0.0	0.0	0.0
FCI Lompoc	0.0	0.0	0.0	0.0	0.6
FCI Manchester Camp	0.9	0.0	0.0	0.0	0.0
FCI Marianna Camp ^e	0.6	0.0	0.0	0.0	0.0
FCI Milan	0.5	1.2	0.5	0.5	0.8
FCI Seagoville	0.4	1.1	0.0	0.0	0.0
FCI Tallahassee ^e	1.7	3.5	0.0	0.8	1.5
FCI Terre Haute	0.0	0.5	1.7	1.6	0.0
FDC Philadelphia ^f	0.6	1.2	0.0	0.6	0.6
FMC Carswell ^e	1.5	4.2	0.0	0.4	0.0
FMC Devens	0.7	1.3	0.0	1.0	0.4
FMC Lexington Camp ^e	0.8	0.0	0.0	0.0	0.0
FPC Alderson ^e	1.3	2.3	0.4	0.4	0.0
Limestone Co. Det. Ctr. ⁹	0.6	0.6	0.0	0.0	0.0
MCFP Springfield	1.2	0.6	0.6	0.0	0.0
USP Hazelton - Female ^e	3.3	3.6	0.8	0.8	0.0
USP Lee	0.9	0.9	0.0	0.7	0.0
USP Tucson	1.2	4.1	0.6	3.2	2.5

Note: Detail may sum to more than total victimization rate because victims may report on more than one incident involving different levels of coercion.

^aIncludes all types of sexual victimization, including oral, anal, or vaginal penetration, hand jobs, touching of the inmate's butt, thighs, penis, breasts, or vagina in a sexual way, and other sexual acts occurring in the past 12 months or since admission to the facility, if shorter.

^bPhysical force or threat of physical force reported.

^cIncludes incidents in which the perpetrator, without using force, pressured the inmate or made the inmate feel that they had to participate. (See *Methodology*.)

^dIncludes incidents in which the staff offered favors or privileges in exchange for sex or sexual contact and incidents in which the inmate reported that they willingly had sex or sexual contact with staff.

^eFemale facility.

^fFacility housed both males and females; both were sampled at this facility.

⁹Privately operated facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 4**Percent of prison inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12**

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
Total	1.3%	1.1%	1.6%	2.7%	2.4%	3.0%
Alabama						
Bibb Corr. Fac.	0.8%	0.2%	2.5%	5.1%	3.0%	8.5%
G.K. Fountain Corr. Fac./J.O. Davis Corr. Fac.	2.3	0.9	5.5	3.4	1.7	6.7
Julia Tutwiler Prison ^e	6.1	3.6	10.1	8.0	5.1	12.2
St. Clair Corr. Fac.	0.0	0.0	2.1	5.5	2.8	10.7
Alaska						
Anchorage Corr. Complex West	2.6%	1.0%	6.7%	3.2%	1.4%	7.1%
Hiland Mountain Corr. Ctr. ^e	6.2	3.8	9.9	6.7	3.4	12.8
Arizona						
ASPC - Douglas	0.0%	0.0%	2.3%	1.2%	0.3%	4.5%
ASPC - Eyman	0.0	0.0	1.9	4.1	2.0	8.2
ASPC - Perryville ^e	4.7	2.6	8.3	4.5	2.3	8.5
ASPC - Tuscon ^f	1.6	0.6	4.6	2.1	0.9	4.8
ASPC - Yuma	0.5	0.1	3.0	1.4	0.4	5.0
Florence Corr. Ctr. ^{f,g}	0.0	0.0	2.0	1.0	0.3	3.5
La Palma Corr. Ctr. ^g	0.0	0.0	2.3	0.0	0.0	2.3
Red Rock Corr. Ctr. ^g	0.0	0.0	5.8	2.9	0.8	10.0
Arkansas						
Ouachita River Corr. Unit	0.8%	0.1%	4.0%	3.5%	1.6%	7.4%
California						
Avenal State Prison	1.2%	0.3%	4.4%	0.0%	0.0%	2.1%
California Corr. Ctr.	1.4	0.4	5.0	0.7	0.1	3.9
California Corr. Inst.	4.5	1.8	10.4	0.9	0.2	4.8
California Inst. for Women ^e	1.4	0.4	4.6	5.3	2.9	9.5
California Men's Colony	0.0	0.0	2.2	1.5	0.6	4.2
California Rehabilitation Ctr.	1.5	0.4	5.9	1.0	0.2	5.1
Calipatria State Prison	1.4	0.4	4.9	0.9	0.2	4.7
Central California Women's Fac. ^e	4.8	2.6	8.6	5.3	2.8	9.8
Chuckawalla Valley State Prison	2.2	0.8	6.2	0.5	0.1	2.5
Corcoran State Prison	1.6	0.5	5.3	4.7	1.9	11.3
Corr. Training Fac.	0.9	0.2	3.0	2.4	1.1	5.2
Sacramento State Prison	0.9	0.2	4.7	2.4	0.8	7.6
Salinas Valley State Prison	1.0	0.3	3.6	2.7	1.2	6.3
San Quentin State Prison	0.0	0.0	2.4	3.8	1.6	8.6
Sierra Conservation Ctr.	0.0	0.0	2.0	1.4	0.5	3.9
Solano State Prison	0.5	0.1	2.5	1.5	0.5	4.4
Valley State Prison for Women ^e	6.1	3.4	10.7	5.4	2.8	10.0
Colorado						
Buena Vista Corr. Ctr.	1.2%	0.4%	4.1%	2.1%	0.7%	5.5%
Denver Women's Corr. Fac. ^e	7.0	3.8	12.6	12.2	8.0	18.3
Skyline Corr. Inst.	2.4	0.8	7.5	1.2	0.3	4.8
Connecticut						
Manson Youth Inst.	1.7%	0.8%	3.6%	3.5%	2.1%	5.8%
York Corr. Fac. ^e	6.5	4.1	10.3	5.5	3.0	10.0
Delaware						
Central Violation of Probation Ctr.	0.0%	0.0%	2.7%	3.0%	1.7%	5.3%
Delores J. Baylor Women's Corr. Inst. ^e	6.2	3.8	10.0	7.4	4.9	11.0
James T. Vaughn Corr. Ctr.	1.5	0.4	5.1	3.8	1.8	8.0

APPENDIX TABLE 4 (continued)**Percent of prison inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12**

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
		Lower bound	Upper bound		Lower bound	Upper bound
Florida						
Apalachee Corr. Inst./West/East Unit/River Junction	4.5%	2.3%	8.6%	7.7%	4.4%	13.3%
Broward Corr. Inst. ^e	5.0	2.5	9.5	7.1	3.7	13.1
Calhoun Corr. Inst. and Work Camp	1.2	0.4	3.7	2.9	1.4	6.1
Central Florida Reception Ctr. East and South	0.0	0.0	3.4	0.0	0.0	3.4
Florida State Prison and Work Camp	1.9	0.5	6.7	3.3	1.5	7.1
Jackson Corr. Inst. and Work Camp	2.5	0.9	7.0	1.5	0.4	5.7
Lancaster Corr. Inst. and Work Camp	2.2	0.9	5.0	3.3	1.6	6.6
Lawley Corr. Inst.	0.0	0.0	1.9	0.0	0.0	1.9
Levy Forestry Camp ^e	1.6	0.7	4.0	4.5	1.9	10.4
Marion Corr. Inst. and Work Camp	0.3	0.1	1.6	1.9	0.9	4.2
Martin Corr. Inst. and Work Camp	1.2	0.3	3.9	4.7	2.6	8.2
Northwest Florida Reception Ctr.	3.3	1.5	7.4	10.4	6.1	17.0
Santa Rosa Corr. Inst.	4.4	2.2	8.7	9.6	5.9	15.2
Taylor Corr. Inst. and Annex	1.1	0.3	3.7	1.6	0.5	4.5
Zephyrhills Corr. Inst.	0.5	0.1	2.5	7.4	4.3	12.4
Georgia						
Autry State Prison	0.0%	0.0%	2.8%	6.1%	3.3%	11.1%
Burruss Corr. Training Ctr.	0.0	0.0	1.9	0.6	0.1	2.6
D. Ray James Prison ^g	0.0	0.0	1.9	0.5	0.1	2.7
Lee Arrendale State Prison ^e	3.5	1.7	6.8	2.4	1.1	5.3
Macon State Prison	0.0	0.0	1.8	5.8	3.5	9.5
Rogers State Prison	0.0	0.0	1.6	2.2	1.0	4.8
Valdosta State Prison	4.0	1.9	8.4	6.5	3.4	12.0
Ware State Prison	0.0	0.0	1.7	4.6	2.7	7.8
Washington State Prison	0.0	0.0	1.7	2.1	1.0	4.7
Hawaii						
Waiawa Corr. Fac.	2.1%	1.1%	4.0%	4.0%	2.5%	6.3%
Idaho						
Idaho Max. Security Inst.	6.9%	2.6%	17.1%	7.0%	2.5%	18.0%
St. Anthony Work Camp	2.3	0.5	9.4	0.0	0.0	5.1
Illinois						
Danville Corr. Ctr.	0.5%	0.2%	1.8%	0.0%	0.0%	1.8%
Decatur Corr. Ctr. ^e	1.1	0.3	3.3	0.0	0.0	2.4
Dwight Corr. Ctr. ^e	4.0	2.1	7.4	6.7	3.9	11.0
Hill Corr. Ctr.	1.9	0.8	4.5	3.0	1.4	6.5
Menard Corr. Ctr.	1.0	0.3	3.5	1.6	0.5	4.6
Pittsfield Work Camp	0.0	0.0	4.6	0.0	0.0	4.6
Stateville Corr. Ctr.	0.3	0.1	1.5	0.8	0.2	2.7
Western Illinois Corr. Ctr.	0.0	0.0	2.4	3.7	1.6	8.1
Indiana						
Miami Corr. Fac.	0.0%	0.0%	1.9%	3.2%	1.5%	7.0%
Reception-Diagnostic Ctr.	1.2	0.3	3.9	1.3	0.4	3.6
Rockville Corr. Fac. ^e	4.1	2.0	8.3	3.5	1.5	8.1
Wabash Valley Corr. Fac.	0.8	0.1	4.0	2.4	0.9	6.7
Iowa						
Anamosa State Penitentiary	2.1%	0.7%	5.5%	2.5%	1.0%	5.9%
Kansas						
Lansing Corr. Fac.	2.1%	0.8%	5.2%	4.5%	2.4%	8.4%
Norton Corr. Fac.	2.2	0.8	5.8	2.9	1.2	7.1

APPENDIX TABLE 4 (continued)**Percent of prison inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12**

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
Kentucky						
Eastern Kentucky Corr. Complex	1.0%	0.3%	3.4%	5.4%	2.9%	9.7%
Kentucky State Reformatory	2.0	0.7	5.6	4.4	2.2	8.8
Otter Creek Corr. Complex ^g	1.3	0.4	4.2	5.7	2.9	10.9
Louisiana						
B.B. Rayburn Corr. Ctr.	1.0%	0.3%	3.1%	3.2%	1.4%	6.9%
Elayn Hunt Corr. Ctr.	2.5	0.9	6.3	4.0	2.1	7.6
Louisiana State Penitentiary	1.1	0.3	3.7	7.4	4.7	11.5
Maine						
Maine Corr. Ctr. ^f	2.6%	1.3%	5.4%	3.5%	1.6%	7.2%
Maryland						
Maryland Corr. Inst. - Hagerstown	0.0%	0.0%	2.1%	3.1%	1.5%	6.4%
Maryland Corr. Inst. for Women ^e	5.8	3.1	10.6	6.9	4.1	11.4
Maryland Corr. Training Ctr.	1.5	0.5	4.1	2.0	0.8	4.8
Metropolitan Transition Ctr.	0.0	0.0	3.5	3.2	1.4	7.6
Massachusetts						
Old Colony Corr. Ctr.	3.2%	1.6%	6.4%	2.4%	1.1%	5.1%
Michigan						
Bellamy Creek Corr. Fac.	0.7%	0.1%	3.4%	3.7%	1.7%	7.7%
Central Michigan Corr. Fac.	0.0	0.0	1.7	2.7	1.2	6.0
Lakeland Corr. Fac.	0.8	0.2	2.7	4.8	2.7	8.4
Saginaw Corr. Fac.	0.8	0.2	3.1	2.1	0.9	4.9
Thumb Corr. Fac.	1.5	0.5	4.9	1.7	0.5	5.4
Minnesota						
MCF - Moose Lake	2.5%	1.2%	5.4%	1.9%	0.8%	4.5%
MCF - Shakopee ^e	7.6	4.5	12.6	5.4	2.5	11.4
Mississippi						
Pike Co. Community Work Ctr.	0.0%	0.0%	11.7%	0.0%	0.0%	11.7%
Walnut Grove Youth Corr. Fac. ^g	1.2	0.5	3.1	8.7	6.1	12.2
Wilkinson Co. Corr. Fac. ^g	1.8	0.7	4.6	5.7	3.3	9.7
Missouri						
Algoa Corr. Ctr.	0.0%	0.0%	2.5%	0.0%	0.0%	2.5%
Farmington Corr. Fac.	3.0	1.5	5.7	4.9	2.9	8.3
South Central Corr. Fac.	2.0	0.7	5.7	5.1	2.7	9.5
Tipton Corr. Ctr.	0.6	0.1	2.8	0.8	0.2	3.9
Western Missouri Corr. Ctr.	0.7	0.1	3.7	2.7	1.3	5.8
Western Reception, Diagnostic and Corr. Ctr.	0.0	0.0	2.0	1.5	0.5	4.1
Women's Eastern Reception, Diagnostic and Corr. Ctr. ^e	6.0	3.4	10.5	2.6	1.1	6.4
Montana						
Montana State Prison	5.6%	3.2%	9.6%	8.3%	4.1%	16.1%
Nebraska						
Lincoln Corr. Ctr.	1.3%	0.5%	3.5%	3.2%	1.5%	6.6%
Nevada						
Florence McClure Women's Corr. Ctr. ^e	10.9%	6.3%	18.3%	5.4%	2.9%	9.6%
High Desert State Prison	0.5	0.1	2.5	2.1	0.7	5.9
Lovelock Corr. Ctr.	1.6	0.6	4.7	2.1	0.8	5.4
New Hampshire						
New Hampshire State Prison for Men	1.7%	0.6%	4.7%	3.8%	1.7%	8.4%
New Hampshire State Prison for Women ^e	4.3	2.4	7.6	3.9	2.2	6.7
New Jersey						
Bayside State Prison	0.0%	0.0%	3.1%	3.4%	1.3%	8.6%
Mountainview Youth Corr. Fac.	0.6	0.1	3.2	2.4	1.0	5.9
South Woods State Prison	1.3	0.2	6.6	4.0	1.6	9.3

APPENDIX TABLE 4 (continued)**Percent of prison inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12**

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
New Mexico						
Lea Co. Corr. Fac. ^g	0.9%	0.2%	4.4%	3.7%	1.6%	8.0%
New Mexico Women's Corr. Fac. ^{e,g}	5.2	2.9	9.2	9.1	5.8	14.0
New York						
Auburn Corr. Fac.	4.0%	2.1%	7.6%	5.8%	3.2%	10.0%
Cayuga Corr. Fac.	0.5	0.1	2.6	2.1	0.9	5.0
Gowanda Corr. Fac.	0.2	0.0	1.2	3.1	1.7	5.9
Lakeview Shock Incarceration Corr. Fac. ^f	0.0	0.0	1.8	1.9	0.8	4.3
Otisville Corr. Fac.	0.6	0.1	2.4	7.7	4.4	13.2
Washington Corr. Fac.	0.6	0.1	2.7	3.3	1.6	6.5
Wyoming Corr. Fac.	1.3	0.5	3.5	1.8	0.7	4.3
North Carolina						
Harnett Corr. Inst.	0.9%	0.3%	3.1%	2.7%	1.2%	5.9%
Lanesboro Corr. Inst.	0.0	0.0	2.3	3.3	1.5	7.1
Mary Frances Ctr. ^{e,g}	0.0	0.0	5.3	0.0	0.0	5.3
Maury Corr. Inst.	2.1	0.8	5.4	3.5	1.3	9.2
North Carolina Corr. Inst. for Women ^e	4.9	2.4	9.6	8.0	4.5	14.1
Odom Corr. Inst.	0.0	0.0	2.9	3.3	1.5	7.4
Western Youth Inst.	0.0	0.0	2.3	1.1	0.4	3.2
North Dakota						
North Dakota State Penitentiary	1.6%	0.6%	4.1%	3.6%	1.7%	7.5%
Ohio						
Allen Corr. Inst.	1.5%	0.3%	7.7%	1.7%	0.5%	5.7%
Belmont Corr. Inst.	0.5	0.1	2.5	1.9	0.7	5.3
Chillicothe Corr. Inst.	2.6	1.2	5.7	2.5	1.0	5.8
Franklin Medical Ctr. ^f	0.0	0.0	2.9	0.0	0.0	2.9
Madison Corr. Inst.	0.0	0.0	2.7	7.2	3.5	14.3
Noble Corr. Inst.	0.5	0.2	1.9	3.9	2.0	7.6
Northeast Pre-Release Ctr. ^e	4.7	2.7	8.3	2.8	1.1	7.3
Pickaway Corr. Fac.	2.9	1.2	6.5	2.5	1.1	5.5
Oklahoma						
Dr. Eddie Warrior Corr. Ctr. ^e	5.4%	3.2%	9.1%	4.0%	2.1%	7.3%
Jackie Brannon Corr. Ctr.	0.0	0.0	2.1	0.5	0.1	2.3
Mabel Bassett Corr. Ctr. ^e	8.5	5.6	12.8	8.9	5.8	13.4
North Fork Corr. Fac. ^g	0.0	0.0	7.7	1.6	0.3	8.7
Oregon						
Coffee Creek Corr. Fac. ^e	6.5%	4.1%	10.2%	4.3%	2.4%	7.6%
Deer Ridge Corr. Inst.	0.9	0.3	2.9	2.3	1.0	5.6
Oregon State Penitentiary	0.0	0.0	1.9	2.9	1.4	6.1
Pennsylvania						
Cambridge Springs State Corr. Inst. ^e	2.0%	0.9%	4.2%	2.2%	0.9%	5.1%
Chester State Corr. Inst.	1.2	0.3	3.8	0.4	0.1	1.8
Houtzdale State Corr. Inst.	0.8	0.2	4.2	1.0	0.3	3.8
Mahanoy State Corr. Inst.	0.5	0.1	2.4	0.5	0.1	2.5
Muncy State Corr. Inst. ^e	5.7	3.5	9.2	5.7	3.5	9.1
Pine Grove State Corr. Inst.	1.7	0.7	4.5	5.4	2.7	10.4
Somerset State Corr. Inst.	1.4	0.4	5.2	3.1	1.3	7.1
Waymart State Corr. Inst.	0.4	0.1	2.1	1.0	0.2	5.0
Rhode Island						
Donald Price Med. Security Fac.	1.2%	0.5%	3.0%	1.4%	0.7%	3.0%

APPENDIX TABLE 4 (continued)**Percent of prison inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12**

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
South Carolina						
Camille Griffin Graham Corr. Inst. ^e	4.4%	2.1%	9.1%	4.3%	2.2%	8.4%
Kershaw Corr. Inst.	1.3	0.5	3.6	4.3	2.2	8.2
Kirkland Reception and Evaluation Ctr.	0.4	0.1	2.2	2.4	1.1	5.2
Turbeville Corr. Inst.	0.9	0.3	2.8	2.3	1.0	5.2
Tyger River Corr. Inst.	0.3	0.1	1.3	1.6	0.6	4.5
South Dakota						
South Dakota Women's Prison ^e	8.6%	5.6%	13.1%	4.6%	2.7%	7.7%
Tennessee						
Riverbend Max. Security Inst.	0.8%	0.2%	3.9%	0.4%	0.1%	2.0%
Texas						
Byrd Unit	1.0%	0.3%	3.3%	0.8%	0.3%	2.7%
Carole Young Medical Fac. Complex ^e	1.3	0.5	3.1	0.4	0.1	1.5
Clemens Unit	1.5	0.5	4.6	4.9	2.1	11.2
Clements Unit	2.4	1.0	6.1	9.4	5.7	15.2
Coffield Unit	2.7	1.2	6.0	5.2	3.0	9.1
Dawson State Jail ^{f,g}	1.2	0.4	3.2	1.3	0.4	3.7
Eastham Unit	0.7	0.2	2.5	4.0	2.1	7.4
Gist State Jail	0.6	0.1	2.9	0.9	0.2	3.1
Gurney Transfer Fac.	0.4	0.1	2.1	1.1	0.3	3.7
Henley State Jail ^e	1.7	0.6	4.9	0.8	0.2	3.2
Hodge Unit	0.5	0.1	2.6	1.6	0.5	4.7
Holliday Transfer Fac.	1.0	0.3	3.7	1.8	0.5	6.1
Huntsville Unit	0.0	0.0	2.2	0.9	0.2	2.9
McConnell Unit	2.2	0.9	4.9	3.2	1.3	7.7
Michael Unit	3.2	1.5	6.8	2.7	1.2	6.1
Montford Psychiatric Fac.	3.4	1.7	6.8	6.8	4.0	11.3
Murray Unit ^e	7.0	4.0	11.9	8.3	5.0	13.4
Plane State Jail ^e	3.5	1.5	7.8	1.0	0.3	3.3
Powledge Unit	1.8	0.5	6.5	1.1	0.2	5.2
Stiles Unit	5.8	2.8	11.8	6.1	3.4	11.0
Willacy Co. State Jail ^g	0.0	0.0	2.5	1.1	0.3	3.8
Woodman State Jail ^e	1.3	0.4	4.3	0.0	0.0	2.7
Utah						
Central Utah Corr. Fac.	1.8%	0.7%	4.3%	3.7%	1.9%	7.1%
Utah State Prison ^f	2.8	1.3	5.8	3.6	1.8	7.2
Vermont						
Southeast State Corr. Fac.	0.0%	0.0%	6.2%	5.1%	2.3%	10.9%
Southern State Corr. Fac.	3.2	1.1	9.4	6.7	3.5	12.4
Virginia						
Brunswick Women's Reception and Pre-Release Ctr. ^e	0.0%	0.0%	3.9%	0.0%	0.0%	3.9%
Dillwyn Corr. Ctr.	1.5	0.5	5.0	3.0	1.3	7.0
Sussex II State Prison	1.3	0.4	4.3	4.1	2.1	7.8
Washington						
Clallam Bay Corr. Ctr.	2.3%	0.9%	6.1%	2.8%	1.2%	6.5%
Monroe Corr. Complex	1.9	0.6	6.0	1.0	0.3	3.5
Washington State Penitentiary	1.7	0.5	6.2	3.5	1.2	9.9
West Virginia						
Huttonsville Corr. Ctr.	2.2%	0.8%	6.1%	5.9%	2.8%	12.1%
Wisconsin						
Green Bay Corr. Inst.	1.8%	0.8%	4.2%	2.9%	1.5%	5.6%
Oshkosh Corr. Ctr.	1.7	0.7	4.0	3.1	1.5	6.1

APPENDIX TABLE 4 (continued)**Percent of prison inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12**

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
Wyoming						
Wyoming Honor Farm	0.0%	0.0%	3.8%	2.9%	1.5%	5.5%
Federal facilities (Bureau of Prisons)						
CI Eden ^g	0.0%	0.0%	2.0%	0.0%	0.0%	2.0%
CI Reeves I and II ^g	0.0	0.0	2.1	0.0	0.0	2.1
CI Reeves III ^g	0.4	0.1	2.0	0.0	0.0	2.0
CI Rivers ^g	0.0	0.0	2.4	0.9	0.2	4.7
FCI Allenwood Low	0.5	0.1	2.8	1.4	0.4	4.5
FCI Big Spring Camp	0.0	0.0	5.2	1.2	0.3	5.0
FCI Butner Med. I Camp	0.0	0.0	3.7	0.0	0.0	3.7
FCI Butner Med. II	1.4	0.3	7.0	0.8	0.2	2.7
FCI Forrest City Med.	0.0	0.0	2.5	0.6	0.1	2.9
FCI Greenville Camp ^e	3.3	1.5	7.0	0.8	0.2	3.2
FCI Jesup	0.0	0.0	2.8	0.0	0.0	2.8
FCI Lompoc	0.0	0.0	2.3	0.6	0.1	2.8
FCI Manchester Camp	0.9	0.2	4.1	0.0	0.0	3.4
FCI Marianna Camp ^e	0.6	0.2	2.1	0.0	0.0	2.2
FCI Milan	1.0	0.3	3.2	1.5	0.4	4.9
FCI Seagoville	0.0	0.0	1.9	1.1	0.4	3.1
FCI Tallahassee ^e	1.7	0.6	4.5	4.1	2.0	8.3
FCI Terre Haute	0.0	0.0	4.0	2.1	0.5	8.2
FDC Philadelphia ^f	0.6	0.1	3.0	1.2	0.4	4.0
FMC Carswell ^e	2.3	1.1	5.1	1.8	0.8	4.4
FMC Devens	1.3	0.4	4.1	1.4	0.5	3.8
FMC Lexington Camp ^e	0.8	0.2	2.7	0.0	0.0	2.5
FPC Alderson ^e	2.2	0.9	5.3	0.5	0.1	2.4
Limestone Co. Det. Ctr. ^g	0.0	0.0	2.4	0.6	0.1	3.1
MCFP Springfield	1.8	0.6	5.2	0.0	0.0	4.6
USP Hazelton - Female ^e	2.0	0.6	6.2	3.2	1.4	7.3
USP Lee	0.0	0.0	3.7	1.7	0.5	5.7
USP Tucson	2.6	0.9	7.8	4.7	2.2	9.8

Note: Detail may not sum to total due to rounding.

^aIncludes all inmates who reported unwanted contacts with another inmate or unwilling contacts with staff that involved oral sex, anal sex, vaginal sex, hand jobs, and other sexual acts occurring in the past 12 months or since admission to the facility, if shorter.

^bIncludes all inmates who reported unwanted contacts with another inmate or unwilling contacts with staff that involved touching of the inmate's butt, thighs, penis, breasts, or vagina in a sexual way occurring in the past 12 months or since admission to the facility, if shorter.

^cIndicates that different samples in the same facility would yield prevalence rates falling between the lower and upper bound estimates 95 out of 100 times.

^dWeights were applied so that inmates who responded accurately reflected the entire population of each facility on select characteristics, including age, sex, race, sentence length, and time served. (See *Methodology*.)

^eFemale facility.

^fFacility housed both males and females; both were sampled at this facility.

^gPrivately operated facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 5**Characteristics of jails and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	95%-confidence interval ^b	
					Lower bound	Upper bound
Total	279,129	54,118	60.6%	3.2%	2.9%	3.5%
Alabama						
Barbour Co. Jail	95	47	65.9%	2.4%	0.7%	7.5%
Dallas Co. Jail	197	114	72.6	1.5	0.7	3.5
Lee Co. W.S. Buck Jones Det. Ctr.	384	165	79.9	2.9	1.6	5.2
Marshall Co. Jail	206	122	70.8	5.0	3.1	8.0
Tuscaloosa Co. Jail	626	216	77.1	3.5	2.0	5.9
Arizona						
Maricopa Co. Estrella Jail ^g	925	205	63.5%	3.7%	2.0%	6.8%
Maricopa Co. Fourth Avenue Jail	1,927	193	52.0	1.5	0.5	4.3
Maricopa Co. Towers Jail	167	85	63.9	5.4	3.0	9.5
Mariopa Co. Lower Buckeye Jail	1,989	234	52.8	4.3	2.4	7.7
Santa Cruz Co. Jail	228	52	34.7	0.0	0.0	6.9
Yuma Co. Det. Ctr.	620	162	57.5	2.1	0.8	5.1
Arkansas						
Crittenden Co. Jail	268	114	73.6%	6.3%	4.0%	9.9%
Mississippi Co. Det. Ctr.	177	86	67.1	0.9	0.3	2.8
Pope Co. Det. Ctr.	179	48	36.6	5.9	2.4	14.0
Pulaski Co. Regional Det. Ctr.	1,235	198	63.3	6.0	3.1	11.4
Sebastian Co. Adult Det. Ctr.	394	153	54.3	1.1	0.4	2.8
California						
Alameda Co. Santa Rita Jail	3,506	281	60.9%	3.0%	1.6%	5.5%
Contra Costa Co. Martinez Det. Fac.	766	143	42.5	7.0	4.1	11.7
Fresno Co. Downtown Det. Fac. - Main, North and South	1,883	190	51.9	3.5	1.8	6.7
Imperial Co. Jail	708	202	63.5	1.0	0.4	2.8
Kern Co. Lerdo Pre-Trial Fac.	1,287	163	46.7	3.8	1.8	8.0
Los Angeles Co. - Twin Towers Corr. Fac.	3,406	199	44.1	8.0	4.8	13.0
Los Angeles Co. Men's Central Jail	5,246	188	42.0	6.9	4.1	11.2
Los Angeles Co. North County Corr. Fac.	3,980	190	47.5	2.8	1.2	6.4
Napa Co. Jail	325	112	46.5	3.8	2.0	7.3
Orange Co. Central Jail Complex	2,525	169	53.6	1.4	0.4	4.7
Orange Co. Theo Lacy Fac.	2,999	241	58.4	4.7	2.5	8.7
Riverside Co. Indio Jail	387	133	56.3	2.8	1.3	5.8
Riverside Co. Larry D. Smith Corr. Ctr.	1,454	204	57.5	5.1	2.9	8.8
Riverside Co. Southwest Det. Ctr. ^h	888	149	46.8	0.6	0.1	3.0
Sacramento Co. Rio Cosumnes Corr. Ctr.	2,049	258	73.3	4.9	3.0	8.0
San Diego Co. East Mesa Med. Fac.	350	138	58.4	2.4	1.0	5.6
San Diego Co. George F. Bailey Det. Fac.	1,742	175	49.5	5.2	2.7	9.8
San Diego Co. Vista Det. Fac.	876	153	47.8	3.8	2.1	7.0
San Francisco Co. Jail Number 3	363	73	34.3	4.0	1.5	9.9
Santa Clara Co. Elmwood Fac. - Min. and Med.	1,920	219	54.4	2.4	1.1	5.4
Santa Clara Co. Main Jail	1,356	130	37.4	9.2	5.2	15.8
Santa Clara Co. Women's Corr. Ctr. ^g	518	141	50.3	2.1	0.9	5.2
Solano Co. Justice Ctr. Det. Fac.	660	195	71.6	5.2	3.1	8.4
Tulare Co. Jail	1,487	187	51.6	1.0	0.3	3.8
Ventura Co. Jail	722	199	65.0	2.8	1.4	5.3
Yolo Co. Leinberger Ctr.	77	44	73.1	2.1	0.7	6.0
Yuba Co. Jail	375	138	62.4	2.0	0.9	4.5
Colorado						
Chaffee Co. Jail	70	33	61.5%	0.0%	0.0%	10.4%
Denver Co. Jail	751	205	68.8	3.7	2.1	6.3
Denver Co. Van Cise-Simonet Det. Ctr.	1,211	158	44.0	2.1	0.8	5.6
Douglas Co. Jail	352	128	61.7	2.8	1.4	5.8
Fremont Co. Jail	205	105	63.8	3.0	1.6	5.7
Jefferson Co. Jail	1,165	205	62.0	0.0	0.0	1.8
Park Co. Jail	95	56	67.4	0.0	0.0	6.4

APPENDIX TABLE 5 (continued)**Characteristics of jails and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	95%-confidence interval ^b	
					Lower bound	Upper bound
Florida						
Collier Co. Jail	939	154	45.9%	5.1%	2.6%	9.5%
Dixie Co. Jail	72	39	73.0	8.2	4.1	15.5
Escambia Co. Jail	1,562	222	54.3	2.5	1.2	5.2
Jacksonville City Montgomery Corr. Ctr.	488	179	68.8	2.4	1.1	4.9
Lake Co. Jail	920	172	54.8	2.8	0.8	9.4
Lee Co. Community Programs Unit	266	134	65.4	3.1	1.6	5.8
Leon Co. Det. Fac.	1,049	252	67.6	4.9	3.0	8.0
Manatee Co. Jail	1,141	226	64.5	5.2	3.1	8.5
Martin Co. Jail	569	165	60.2	3.1	1.5	6.3
Miami-Dade Co. Boot Camp	65	56	98.4	0.0	0.0	7.4
Miami-Dade Co. Metro West Det. Ctr.	2,091	218	58.4	2.6	1.3	5.1
Miami-Dade Co. Training and Treatment Ctr.	1,117	174	53.4	1.0	0.3	3.2
Miami-Dade Co. Turner Guilford Knight Corr. Ctr.	885	208	58.8	1.0	0.3	3.0
Okeechobee Co. Jail	232	105	57.7	1.1	0.3	3.9
Orange Co. 33rd Street Corr. Ctr.	2,896	278	66.2	3.5	1.7	6.9
Orange Co. Booking and Release Ctr.	711	43	42.7	2.9	1.2	6.8
Osceola Co. Jail	1,032	238	71.0	0.9	0.3	3.1
Palm Beach Co. Stockade	824	155	54.8	2.4	1.0	5.6
Pinellas Co. Central Division Fac.	938	155	48.4	2.4	0.9	6.4
Pinellas Co. South Division	1,294	181	48.3	3.2	1.5	7.0
Polk Co. - South Co. Jail	1,268	216	62.0	5.1	3.0	8.5
Sarasota North Co. Jail	952	207	65.0	0.0	0.0	1.9
Suwanee Co. Jail	155	83	64.7	0.9	0.3	3.0
Taylor Co. Jail	78	25	40.8	0.0	0.0	13.3
Georgia						
Candler Co. Jail	40	27	84.2%	0.0%	0.0%	12.5%
Carroll Co. Prison	203	150	82.7	2.7	1.6	4.3
Clayton Co. Jail	1,924	265	67.8	4.7	2.8	7.7
Dekalb Co. Jail	3,825	300	61.6	3.2	1.7	5.9
Douglas Co. Jail	908	272	66.1	2.8	1.5	5.1
Floyd Co. Jail	724	234	80.0	3.6	2.1	6.0
Floyd Co. Prison	351	180	75.7	2.8	1.5	5.0
Fulton Co. Jail	3,288	169	41.6	4.9	2.5	9.3
Gwinnett Co. Det. Ctr.	2,811	267	50.8	0.8	0.2	2.6
Hall Co. Det. Ctr.	1,350	193	57.3	3.0	1.5	6.0
Houston Co. Jail	524	176	71.2	7.1	4.6	10.8
Irwin Co. Jail	876	189	62.6	1.1	0.4	2.9
Murray County Jail	148	83	75.4	3.3	1.7	6.2
Newton Co. Jail	679	199	65.5	3.7	2.0	6.6
Screven Co. Jail	114	64	82.1	3.9	2.2	6.6
South Fulton Municipal Regional Jail	151	43	37.5	4.7	1.6	12.8
Spalding Co. Jail	507	138	50.6	5.1	2.7	9.2
Troup Co. Jail	440	174	68.7	2.2	1.0	4.4
Upson Co. Jail	160	108	82.3	2.6	1.5	4.6
Ware Co. Jail	429	201	84.3	2.2	1.2	3.9
Wilkinson Co. Jail	35	19	57.1	6.5	1.9	20.0
Idaho						
Bannock Co. Jail	298	114	55.8%	3.0%	1.3%	6.8%
Illinois						
Champaign Co. Satellite Jail ^h	313	58	42.5%	2.0%	0.5%	8.4%
Cook Co. - Division 1	1,206	284	82.5	4.3	2.7	6.9
Cook Co. - Division 11	1,552	289	75.6	7.7	5.3	11.0

APPENDIX TABLE 5 (continued)**Characteristics of jails and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	95%-confidence interval ^b	
					Lower bound	Upper bound
Cook Co. - Division 2	1,579	213	52.7%	5.8%	3.5%	9.4%
Cook Co. - Division 5	1,177	247	72.9	3.5	2.0	6.2
Cook Co. - Division 6	995	273	83.3	2.2	1.2	4.2
Kane Co. Adult Justice Ctr.	590	167	58.6	2.9	1.4	6.0
Kankakee Co. Jerome Combs Det. Ctr.	510	206	75.7	3.4	1.9	5.9
Kendall Co. Jail	111	61	68.4	5.1	2.8	9.2
McHenry Co. Jail	558	150	60.2	1.1	0.4	3.3
Sangamon Co. Jail	342	174	74.1	3.9	2.5	6.0
Indiana						
Bartholomew Co. Jail	183	120	79.9%	3.2%	1.9%	5.2%
Clinton Co. Jail	169	97	73.9	2.4	1.1	5.2
Dearborn Co. Jail	235	125	64.4	1.8	0.8	4.3
Delaware Co. Justice Ctr.	292	100	47.1	1.8	0.7	4.6
Elkhart Co. Corr. Ctr.	941	275	79.2	3.6	2.1	6.1
Hamilton Co. Jail	301	137	67.4	1.5	0.6	3.8
Jackson Co. Jail	169	91	63.5	1.0	0.3	3.4
Marion Co. Jail II ⁱ	1,223	197	58.8	3.4	1.4	8.1
Marion Co. Jail Intake Fac.	225	62	43.3	7.7	3.4	16.3
Noble Co. Jail	156	105	82.3	0.9	0.3	2.3
Ripley Co. Jail	84	52	89.2	7.9	5.1	11.9
Tippecanoe Co. Jail	271	119	55.7	2.5	1.1	5.7
Iowa						
Des Moines Co. Jail	75	30	58.9%	2.1%	0.6%	7.1%
Scott Co. Jail and Annex	301	141	66.7	3.2	1.6	6.1
Kansas						
Finney Co. Jail	124	73	78.4%	4.0%	2.3%	6.9%
Wilson Co. Jail	85	36	73.8	5.6	1.7	16.5
Kentucky						
Big Sandy Regional Det. Ctr.	262	144	74.3%	1.3%	0.6%	3.2%
Boyle Co. Det. Ctr.	308	150	84.5	1.9	0.6	5.7
Daviess Co. Det. Ctr.	628	202	69.3	3.6	2.1	6.2
Grayson Co. Det. Ctr.	497	213	76.8	2.2	1.2	4.1
Kenton Co. Det. Ctr.	524	137	53.9	1.1	0.4	3.0
Lexington-Fayette Co. Jail Det. Division	1,113	191	53.5	4.3	2.2	7.9
Madison Co. Det. Ctr.	263	139	67.2	3.8	2.3	6.2
McCracken Co. Jail	448	183	79.4	3.1	1.8	5.4
Meade Co. Jail	137	83	80.5	1.3	0.5	3.6
Pulaski Co. Det. Ctr.	269	97	57.2	1.6	0.6	4.2
Woodford Co. Det. Ctr.	100	34	50.7	0.1	0.0	0.6
Louisiana						
Assumption Parish Det. Ctr.	91	65	82.8%	4.6%	2.7%	7.9%
Bossier Parish Max. Security Fac.	349	177	74.8	0.9	0.4	2.3
Bossier Parish Med. Security Fac.	441	190	73.5	2.3	1.2	4.4
Caddo Parish Corr. Ctr.	1,285	273	80.5	2.0	0.9	4.2
East Baton Rouge Parish Prison	1,779	220	60.4	2.3	1.0	5.1
Iberia Parish Jail	546	198	67.5	3.9	2.3	6.6
Lafayette Parish Jail	972	213	63.6	3.2	1.7	6.0
Livingston Parish Det. Ctr.	560	219	78.7	1.4	0.6	3.2
Rapides Parish Det. Ctr. III	414	207	85.7	1.9	1.0	3.6
St. Landry Parish Jail	273	114	59.7	0.7	0.2	2.5
St. Martin Parish Corr. Ctr. 1	179	78	60.1	3.8	1.8	8.1
Webster Parish Bayou Dorcheat Corr. Fac.	464	192	78.1	3.3	1.9	5.8
Maine						
Penobscot Co. Jail	178	61	51.0%	4.3%	1.6%	11.4%

APPENDIX TABLE 5 (continued)**Characteristics of jails and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	95%-confidence interval ^b	
					Lower bound	Upper bound
Maryland						
Allegany Co. Det. Ctr.	170	46	36.1%	2.3%	0.5%	9.6%
Anne Arundel Co. Jennifer Road Det. Ctr.	553	106	38.0	0.9	0.2	4.4
Baltimore City Det. Ctr.	2,574	268	65.9	6.7	4.3	10.2
Montgomery Co. Corr. Fac.	649	186	62.8	2.7	1.3	5.5
Wicomico Co. Det. Ctr.	325	147	73.5	0.6	0.2	2.1
Massachusetts						
Hampden Co. Corr. Ctr.	1,095	236	68.9%	1.9%	0.7%	5.0%
Middlesex Co. Jail and House of Corr.	1,204	232	70.1	2.1	0.9	4.7
Plymouth Co. Corr. Fac.	1,365	182	49.8	2.0	0.8	4.7
Suffolk Co. House of Corr.	1,510	228	65.5	6.2	3.8	9.9
Suffolk Co. Nashua Street Jail	775	150	48.7	1.9	0.7	4.9
Worcester Co. Jail and House of Corr.	1,172	266	77.0	4.4	2.7	7.3
Michigan						
Berrien Co. Jail	503	213	79.7%	4.3%	2.9%	6.5%
Calhoun Co. Jail	547	167	46.8	5.1	2.7	9.6
Huron Co. Jail	52	29	70.2	0.0	0.0	12.1
Kalamazoo Co. Jail	355	164	71.9	5.7	3.7	8.7
Macomb Co. Jail	1,154	157	40.6	1.9	0.8	4.5
Oakland Co. East Annex	443	177	71.9	2.5	1.3	5.0
Oakland Co. Law Enforcement Complex	779	151	48.7	7.3	4.1	12.6
Ottawa Co. Jail	344	120	53.3	0.6	0.2	2.5
Wayne Co. Andrew C. Baird Det. Fac.	1,354	127	32.4	4.1	2.0	8.3
Wayne Co. William Dickerson Det. - Division III	996	175	54.2	0.4	0.1	2.1
Minnesota						
Anoka Co. Jail	220	95	58.7%	2.0%	0.9%	4.5%
Hennepin Co. Adult Det. Ctr.	793	156	51.7	1.5	0.6	3.8
Mille Lacs Co. Jail	70	35	64.9	1.8	0.6	5.5
Ramsey Co. Corr. Fac.	383	167	71.6	0.9	0.3	2.2
Mississippi						
Covington Co. Jail	35	11	44.4%	0.0%	0.0%	25.9%
Harrison Co. Adult Det. Ctr.	909	258	73.7	5.1	3.0	8.7
Hinds Co. Jackson Det. Ctr.	161	92	79.5	3.0	1.6	5.6
Hinds Co. Raymond Det. Ctr.	684	209	69.8	5.2	3.1	8.6
Holmes-Humphreys Co. Regional Corr. Fac.	359	147	64.6	2.5	1.1	5.6
Madison Co. Jail	325	146	65.7	3.2	1.7	5.9
Marshall Co. Jail	87	47	64.2	0.0	0.0	7.6
Pike Co. Jail	144	92	75.2	0.0	0.0	4.1
Missouri						
Boone Co. Jail	219	71	47.1%	4.0%	1.6%	9.9%
LaClede Co. Jail	133	90	90.3	7.6	5.2	10.8
St. Charles Co. Jail	448	150	60.1	6.0	3.5	10.1
St. Louis Co. Jail	1,424	212	61.8	3.5	1.7	7.0
St. Louis Med. Security Inst.	837	224	57.6	6.7	4.2	10.4
Washington Co. Jail	41	20	59.0	3.3	0.9	11.3
Montana						
Cascade Co. Regional Jail	377	167	62.8%	5.2%	3.3%	8.3%
Hill Co. Jail	53	27	60.9	0.0	0.0	12.5
Missoula Co. Jail	350	155	67.7	2.5	1.3	4.9
Nebraska						
Douglas Co. Dept. of Corr.	1,517	207	55.5%	4.0%	1.9%	8.3%
Saline Co. Jail	93	63	73.0	4.0	1.9	8.1

APPENDIX TABLE 5 (continued)**Characteristics of jails and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	95%-confidence interval ^b	
					Lower bound	Upper bound
Nevada						
Clark Co. Det. Ctr.	3,967	240	55.6%	1.0%	0.3%	2.8%
Nye Co. Jail - Pahrump	44	14	43.9	0.0	0.0	21.5
Washoe Co. Det. Ctr.	1,100	210	62.1	3.2	1.6	6.4
New Hampshire						
Coos Co. Jail	36	19	63.9%	4.4%	1.2%	14.3%
Hillsborough Co. House of Corr.	618	132	38.3	6.0	3.3	10.6
New Jersey						
Bergen Co. Jail	785	238	79.1%	2.7%	1.5%	4.8%
Burlington Co. Min. Security Jail/Corr. and Work Release Ctr.	203	61	48.6	0.0	0.0	5.9
Essex Co. Corr. Fac.	2,620	174	34.1	2.2	0.9	4.9
Hudson Co. Corr. Fac.	2,068	279	57.4	2.0	0.9	4.1
Mercer Co. Corr. Ctr.	910	145	55.6	7.3	4.3	12.0
Middlesex Co. Adult Corr. Ctr.	1,111	256	75.5	1.3	0.5	2.9
Ocean Co. Justice Complex	643	149	67.5	2.0	0.8	5.1
Passaic Co. Jail	1,020	197	61.1	2.6	1.3	5.0
Salem Co. Corr. Fac.	359	115	51.4	2.5	1.0	5.7
New Mexico						
Dona Ana Co. Det. Ctr.	849	212	66.4%	4.8%	2.9%	7.9%
San Juan Co. Adult Det. Ctr.	693	140	45.1	3.0	1.3	6.9
Santa Fe Co. Adult Det. Fac. ⁱ	496	136	47.0	3.5	1.6	7.5
New York						
Albany Co. Corr. Fac.	702	193	60.6%	4.2%	2.4%	7.2%
Allegany Co. Jail	138	69	56.8	4.6	2.1	9.6
Broome Co. Jail	536	167	54.7	5.3	2.8	9.7
Dutchess Co. Jail	305	129	60.3	1.5	0.5	3.8
Erie Co. Corr. Fac.	892	205	61.3	4.3	2.3	7.7
Erie Co. Holding Fac.	850	71	38.5	4.5	0.9	19.6
Jefferson Co. Jail	186	78	52.9	5.2	2.5	10.5
New York City Anna M. Kross Ctr.	2,739	161	42.1	5.6	3.1	10.0
New York City George Motchan Det. Ctr.	1,424	220	57.0	5.3	3.2	8.8
New York City Otis Bantum Corr. Ctr.	1,780	175	43.6	6.2	3.3	11.1
New York City Robert N Davoren Complex	2,166	273	50.2	3.4	1.8	6.3
New York City Rose M. Singer Ctr. ⁹	1,004	215	63.4	8.6	5.8	12.6
Niagara Co. Jail	490	170	61.2	1.8	0.7	4.1
Oneida Co. Corr. Fac.	510	158	59.6	3.1	1.4	6.5
Orange Co. Corr. Fac.	611	199	62.6	1.9	0.9	4.2
Putnam Co. Corr. Fac.	129	68	63.4	1.1	0.3	3.7
Rockland Co. Corr. Ctr.	253	146	68.0	4.1	2.1	7.9
Schenectady Co. Jail	353	173	67.6	4.8	3.1	7.6
Seneca Co. Law Enforcement Ctr.	79	56	81.3	4.9	2.8	8.5
Ulster Co. Law Enforcement Ctr.	332	159	67.9	6.9	4.3	11.0
Washington Co. Corr. Fac.	102	63	72.9	0.0	0.0	5.8
Westchester Co. Jail	938	150	43.0	2.9	1.3	6.4
Westchester Co. Penitentiary - Dept. of Corr.	569	167	59.9	2.2	1.0	4.4

APPENDIX TABLE 5 (continued)**Characteristics of jails and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	95%-confidence interval ^b	
					Lower bound	Upper bound
North Carolina						
Buncombe Co. Det. Fac.	433	154	63.6%	1.9%	0.8%	4.3%
Cherokee Co. Jail	81	45	65.8	2.5	0.8	7.8
Durham Co. Jail	538	180	76.4	2.3	1.1	4.8
Edgecombe Co. Det. Ctr.	249	138	67.2	6.3	4.2	9.5
Forsyth Co. Adult Det. Ctr.	705	153	40.5	3.2	1.5	6.8
Granville Co. Det. Ctr.	83	35	52.1	6.5	2.3	17.1
Guilford Co. High Point Det. Fac.	329	162	57.8	1.1	0.4	2.7
Guilford Co. Prison Farm	60	36	66.1	0.0	0.0	9.6
Mecklenburg Co. Jail North	510	146	45.5	2.0	0.8	4.9
New Hanover Det. Fac.	415	155	60.1	1.9	0.8	4.3
Robeson Co. Jail	488	147	52.4	7.5	4.8	11.5
Scotland Co. Jail	187	93	58.2	5.4	3.1	9.3
Wake Co. John H. Baker, Jr. Public Safety Ctr.	1,380	200	57.1	4.2	1.9	8.8
North Dakota						
Burleigh Co. Det. Ctr.	151	82	75.2%	3.5%	1.9%	6.5%
Ohio						
Bedford Heights City Jail	143	35	34.7%	0.0%	0.0%	9.9%
Cuyahoga Co. Corr. Ctr.	2,321	315	72.3	2.4	1.3	4.4
Delaware Co. Jail	214	108	61.1	0.0	0.0	3.4
Franklin Co. Jail	628	155	53.4	4.1	2.1	7.9
Hamilton Co. Justice Ctr.	1,245	219	64.9	1.8	0.8	4.3
Hamilton Co. Reading Road Fac.	183	105	70.7	2.4	1.3	4.3
Lorain Co. Jail	432	174	66.4	2.2	1.1	4.3
Miami Co. Jail	125	68	73.8	0.0	0.0	5.3
Montgomery Co. Jail	942	202	59.2	1.3	0.5	3.3
Richland Co. Jail	226	130	75.8	2.9	1.7	4.7
Oklahoma						
Dewey Co. Jail	14	13	100.0%	0.0%	0.0%	22.8%
Kay Co. Jail	182	110	75.6	2.6	1.4	4.9
Nowata Co. Jail	53	24	63.8	2.4	0.7	8.3
Oregon						
Lane Co. Jail	489	171	72.9%	0.8%	0.3%	2.1%
Marion Co. Corr. Fac.	597	212	77.3	1.9	0.9	3.8
Washington Co. Jail	604	153	49.4	0.5	0.1	2.4
Yamhill Co. Corr. Fac.	235	127	77.8	4.7	2.8	7.7
Pennsylvania						
Allegheny Co. Jail	2,792	233	50.1%	3.0%	1.6%	5.6%
Blair Co. Prison	335	100	45.3	5.3	2.3	11.5
Fayette Co. Prison	310	97	39.3	4.9	2.6	9.1
Indiana Co. Jail	229	70	44.8	3.9	1.5	9.4
Luzerne Co. Corr. Fac.	727	181	52.2	3.0	1.6	5.7
Montgomery Co. Prison Corr. Fac.	1,838	236	66.4	3.7	2.0	6.6
Philadelphia City Alternative and Special Det. Fac.	768	173	55.0	0.8	0.3	2.5
Philadelphia City Curran/Fromhold Corr. Fac.	3,217	221	54.8	4.5	2.5	7.9
Philadelphia City Industrial Corr. Ctr.	1,052	241	68.7	9.5	6.4	13.7
Philadelphia City Riverside Corr. Fac. ⁹	801	195	58.4	8.6	5.7	12.9
Schuykill Co. Prison	292	136	74.3	2.7	1.4	5.0
Westmoreland Co. Prison	566	145	51.3	3.3	1.5	7.0
York Co. Prison	2,559	237	59.6	5.4	3.1	9.1

APPENDIX TABLE 5 (continued)**Characteristics of jails and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	95%-confidence interval ^b	
					Lower bound	Upper bound
South Carolina						
Charleston Co. Det. Ctr.	1,450	213	55.7%	1.9%	0.9%	4.3%
Florence Co. Det. Ctr.	389	165	74.9	1.2	0.5	3.1
Lexington Co. Jail	781	193	59.9	1.6	0.6	4.0
Spartanburg Co. Det. Fac.	908	212	66.7	1.1	0.4	3.5
Sumter-Lee Regional Det. Ctr.	364	149	67.3	5.1	3.0	8.4
York Co. Det. Ctr.	397	133	48.7	2.1	0.8	5.3
South Dakota						
Pennington Co. Jail	399	154	68.0%	2.5%	1.2%	5.1%
Tennessee						
Lincoln Co. Jail	117	78	80.0%	3.0%	1.4%	6.1%
Madison Co. Jail	404	186	80.7	5.3	2.8	10.0
McMinn Co. Jail	248	161	78.4	3.4	2.2	5.2
Montgomery Co. Jail	542	122	45.8	0.7	0.2	3.3
Obion Co. Jail	154	98	75.0	0.0	0.0	3.8
Robertson Co. Det. Ctr.	398	171	71.7	2.8	1.5	5.3
Shelby Co. Corr. Ctr.	2,564	276	76.1	3.4	1.9	5.9
Shelby Co. Jail	2,715	286	72.6	1.8	0.8	3.7
Sumner Co. Jail	730	220	73.0	6.1	3.9	9.4
Tipton Co. Jail	137	74	64.6	1.5	0.5	5.0
Van Buren Co. Jail	30	15	77.8	0.0	0.0	20.4
Washington Co. Det. Ctr.	592	243	77.9	2.9	1.6	5.0
Texas						
Bexar Co. Adult Det. Ctr.	3,557	201	42.3%	5.1%	2.6%	9.5%
Bowie Co. Corr. Ctr.	643	174	55.9	2.5	1.2	5.5
Brazoria Co. Jail and Det. Ctr.	761	222	69.6	0.9	0.3	2.6
Brown Co. Jail	147	78	70.3	0.0	0.0	4.7
Cameron Co. Carrizales-Rucker Det. Ctr.	1,518	286	72.1	0.3	0.1	1.6
Dallas Co. Kays Det. Fac.	2,120	212	57.0	2.1	0.9	4.6
Denton Co. Det. Ctr.	1,176	274	76.1	2.4	1.2	4.8
Eastland Co. Jail	58	36	90.2	0.0	0.0	9.9
El Paso Co. Det. Fac. Annex	1,354	195	52.0	2.9	1.4	5.9
El Paso Co. Downtown Det. Fac.	1,014	173	55.4	3.0	1.2	7.6
Ellis Co. Wayne McCollum Det. Ctr.	428	186	75.3	3.6	2.2	5.9
Gregg Co. Jail	679	238	80.9	1.5	0.7	3.2
Harris Co. Jail - 1200 Baker Street Jail	4,602	276	58.3	7.6	4.5	12.5
Harris Co. Jail - 1307 Baker Street Jail	454	194	65.5	1.4	0.6	3.1
Harris Co. Jail - 701 North San Jacinto Street Jail ^h	4,441	296	61.7	3.2	1.7	6.0
Harris Co. Jail - 711 North San Jacinto Jail	127	64	58.8	1.5	0.4	4.9
Hays Co. Jail	318	93	43.5	3.9	1.6	9.4
Jefferson Co. Corr. Fac.	1,026	241	70.3	2.1	1.1	4.2
Johnson Co. Jail	361	178	83.5	5.2	3.4	7.9
Tarrant Co. Corr. Ctr.	1,933	182	60.6	2.9	1.3	6.3
Taylor Co. Jail	513	169	63.9	3.0	1.5	5.9
Titus Co. Jail	162	64	52.7	0.0	0.0	5.7
Travis Co. Corr. Fac.	2,346	121	22.8	2.7	0.9	7.6
Travis Co. Jail	345	25	19.0	0.0	0.0	13.3
Uvalde Co. Jail	50	17	42.6	3.6	0.9	14.1
Victoria Co. Jail	473	41	43.8	1.6	0.4	6.6
Washington Co. Jail	109	77	84.3	2.7	1.4	5.1
Webb Co. Jail	475	110	38.8	0.6	0.1	2.7
Utah						
Box Elder Co. Jail	51	40	87.8%	0.0%	0.0%	8.8%
Davis Co. Jail	652	170	54.4	4.8	2.7	8.4
Weber Co. Corr. Fac.	830	193	60.3	3.7	1.9	6.9

APPENDIX TABLE 5 (continued)**Characteristics of jails and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	95%-confidence interval ^b	
					Lower bound	Upper bound
Virginia						
Alexandria Det. Ctr.	470	119	47.8%	0.6%	0.1%	2.6%
Arlington Co. Det. Fac.	472	161	65.3	0.8	0.2	3.2
Bristol City Jail	157	101	79.2	0.8	0.3	2.3
Hampton Corr. Fac.	423	189	76.3	1.0	0.4	2.7
Henrico Co. Regional Jail West	593	177	64.1	2.7	1.4	5.2
Mecklenburg Co. Jail	123	67	77.2	0.0	0.0	5.4
Montgomery Co. Jail	108	60	84.6	0.0	0.0	6.0
Newport News City Jail	525	197	73.7	3.5	2.0	6.0
Piedmont Regional Jail	611	188	64.9	2.3	1.1	4.7
Rappahannock Regional Jail	1,878	266	75.6	4.5	2.7	7.3
Richmond City Jail	1,429	230	68.8	3.4	1.9	6.3
Riverside Regional Jail	1,391	256	75.2	4.9	3.0	8.0
Virginia Beach Municipal Corr. Ctr.	1,518	268	73.6	2.4	1.3	4.6
Washington						
Benton Co. Jail	820	153	54.7%	2.3%	0.9%	6.0%
Cowlitz Co. Jail	359	173	79.3	1.7	0.8	3.6
King Co. Regional Justice Ctr.	791	179	53.7	1.3	0.5	3.5
Snohomish Co. Jail	1,385	230	64.3	1.0	0.3	3.1
Sunnyside City Jail	55	17	51.4	0.0	0.0	18.4
Whatcom Co. Jail	364	154	65.1	2.9	1.5	5.6
Yakima City Jail	76	39	65.2	1.8	0.5	5.9
West Virginia						
Eastern Regional Jail	470	130	50.7%	6.5%	3.7%	11.2%
South Central Regional Jail	622	102	37.8	5.9	3.0	11.2
Western Regional Jail	658	215	68.0	4.8	3.0	7.7
Wisconsin						
Brown Co. Jail	470	167	62.4%	4.1%	2.2%	7.8%
Columbia Co. Jail	101	40	50.0	4.1	1.6	10.4
Milwaukee Co. Corr. Fac. South	1,701	207	55.8	4.2	2.3	7.5
Oconto Co. Jail	50	18	45.0	0.0	0.0	18.4
Rock Co. Jail	661	164	60.9	3.3	1.7	6.4
Walworth Co. Jail	188	100	73.3	2.5	1.3	5.0
Washington Co. Jail	110	67	68.3	4.5	2.4	8.6
Wood Co. Jail	69	26	69.0	0.0	0.0	12.9
Wyoming						
Lincoln Co. Jail	23	11	81.3%	0.0%	0.0%	25.9%

^aIncludes all types of sexual victimization, including oral, anal, or vaginal penetration, hand jobs, touching of the inmate's butt, thighs, penis, breasts, or vagina in a sexual way, and other sexual acts occurring in the past 12 months or since admission to the facility, if shorter.

^bIndicates that different samples in the same facility would yield prevalence rates falling between the lower and upper bound estimates 95 out of 100 times.

^cNumber of inmates in the facility on the day of the roster plus any new inmates admitted prior to the first day of data collection.

^dNumber of respondents consenting to the sexual victimization survey on NIS. (See *Methodology*.)

^eResponse rate is equal to the number of respondents divided by the number of eligible inmates sampled times 100 percent.

^fWeights were applied so that inmates who responded accurately reflected the entire population of each facility on select characteristics, including age, sex, race, sentence length, and time served. (See *Methodology*.)

^gFemale facility.

^hFacility housed both males and females; only males were sampled at this facility.

ⁱPrivately operated facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 6**Percent of jail inmates reporting victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Total	1.6%	1.4%	1.9%	1.8%	1.7%	2.0%
Alabama						
Barbour Co. Jail	2.3%	0.7%	7.5%	0.0%	0.0%	7.6%
Dallas Co. Jail	1.5	0.7	3.5	0.0	0.0	3.3
Lee Co. W.S. Buck Jones Det. Ctr.	2.4	1.3	4.6	1.0	0.4	2.5
Marshall Co. Jail	2.5	1.3	4.9	3.4	1.9	6.0
Tuscaloosa Co. Jail	0.8	0.3	2.3	2.7	1.4	4.9
Arizona						
Maricopa Co. Estrella Jail ^d	3.7%	2.0%	6.8%	0.3%	0.1%	1.5%
Maricopa Co. Fourth Avenue Jail	0.6	0.1	3.2	0.9	0.3	3.2
Maricopa Co. Towers Jail	1.1	0.3	3.7	4.3	2.2	8.1
Mariopa Co. Lower Buckeye Jail	2.4	1.1	4.9	2.8	1.3	5.9
Santa Cruz Co. Jail	0.0	0.0	6.9	0.0	0.0	6.9
Yuma Co. Det. Ctr.	0.6	0.1	2.9	1.4	0.5	4.2
Arkansas						
Crittenden Co. Jail	3.5%	1.9%	6.4%	2.8%	1.4%	5.7%
Mississippi Co. Det. Ctr.	0.0	0.0	4.3	0.8	0.3	2.8
Pope Co. Det. Ctr.	3.6	1.2	10.3	2.3	0.5	9.6
Pulaski Co. Regional Det. Ctr.	3.5	1.3	9.1	2.5	1.1	5.4
Sebastian Co. Adult Det. Ctr.	0.5	0.1	2.0	0.6	0.1	2.0
California						
Alameda Co. Santa Rita Jail	1.2%	0.5%	3.0%	2.0%	1.0%	4.3%
Contra Costa Co. Martinez Det. Fac.	2.0	0.8	5.1	5.9	3.2	10.4
Fresno Co. Downtown Det. Fac. - Main, North and South	1.6	0.7	4.0	1.9	0.8	4.6
Imperial Co. Jail	0.4	0.1	1.2	0.6	0.1	2.6
Kern Co. Lerdo Pre-Trial Fac.	2.5	1.0	6.1	1.7	0.6	5.1
Los Angeles Co. - Twin Towers Corr. Fac.	4.9	2.6	9.1	4.4	2.3	8.5
Los Angeles Co. Men's Central Jail	4.2	2.1	8.0	3.3	1.6	6.6
Los Angeles Co. North County Corr. Fac.	1.8	0.6	5.2	2.4	0.9	6.0
Napa Co. Jail	2.3	1.0	5.4	2.5	1.1	5.7
Orange Co. Central Jail Complex	1.4	0.4	4.7	0.7	0.1	3.8
Orange Co. Theo Lacy Fac.	3.2	1.4	6.8	1.5	0.5	4.4
Riverside Co. Indio Jail	2.8	1.3	5.8	0.6	0.2	2.5
Riverside Co. Larry D. Smith Corr. Ctr.	4.0	2.1	7.5	2.0	0.8	4.8
Riverside Co. Southwest Det. Ctr. ^e	0.0	0.0	2.5	0.6	0.1	3.0
Sacramento Co. Rio Cosumnes Corr. Ctr.	2.6	1.3	5.1	2.6	1.3	5.1
San Diego Co. East Mesa Med. Fac.	1.2	0.3	4.7	1.1	0.4	3.1
San Diego Co. George F. Bailey Det. Fac.	4.1	1.9	8.4	1.7	0.6	4.6
San Diego Co. Vista Det. Fac.	1.6	0.6	4.3	2.6	1.3	5.2
San Francisco Co. Jail Number 3	2.4	0.8	7.3	1.6	0.3	7.0
Santa Clara Co. Elmwood Fac. - Min. and Med.	1.3	0.5	3.6	1.1	0.3	3.7
Santa Clara Co. Main Jail	3.5	1.5	7.9	6.2	3.0	12.5
Santa Clara Co. Women's Corr. Ctr. ^d	1.4	0.5	4.2	0.7	0.2	3.1
Solano Co. Justice Ctr. Det. Fac.	2.4	1.2	4.9	3.7	2.1	6.7
Tulare Co. Jail	0.0	0.0	2.0	1.0	0.3	3.8
Ventura Co. Jail	0.9	0.3	2.7	1.9	0.8	4.2
Yolo Co. Leinberger Ctr.	2.1	0.7	6.0	0.0	0.0	8.0
Yuba Co. Jail	1.5	0.5	3.9	1.2	0.4	3.2
Colorado						
Chaffee Co. Jail	0.0%	0.0%	10.4%	0.0%	0.0%	10.4%
Denver Co. Jail	2.9	1.6	5.4	1.1	0.5	2.8
Denver Co. Van Cise-Simonet Det. Ctr.	0.5	0.1	2.5	1.6	0.5	5.1
Douglas Co. Jail	0.0	0.0	2.9	2.8	1.4	5.8
Fremont Co. Jail	3.0	1.6	5.7	0.8	0.2	2.5
Jefferson Co. Jail	0.0	0.0	1.8	0.0	0.0	1.8
Park Co. Jail	0.0	0.0	6.4	0.0	0.0	6.4

APPENDIX TABLE 6 (continued)**Percent of jail inmates reporting victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Florida						
Collier Co. Jail	2.4%	1.1%	5.5%	2.6%	1.0%	6.8%
Dixie Co. Jail	4.9	2.1	10.8	5.7	2.5	12.6
Escambia Co. Jail	2.0	0.9	4.5	0.5	0.1	2.3
Jacksonville City Montgomery Corr. Ctr.	1.3	0.4	3.6	1.6	0.7	3.6
Lake Co. Jail	0.3	0.1	1.7	2.5	0.6	9.4
Lee Co. Community Programs Unit	2.4	1.1	5.0	1.6	0.7	4.1
Leon Co. Det. Fac.	2.0	1.0	4.3	3.7	2.0	6.5
Manatee Co. Jail	3.4	1.8	6.4	2.3	1.1	4.8
Martin Co. Jail	1.1	0.4	3.4	2.6	1.2	5.8
Miami-Dade Co. Boot Camp	0.0	0.0	7.4	0.0	0.0	7.4
Miami-Dade Co. Metro West Det. Ctr.	1.0	0.3	3.4	1.6	0.7	3.5
Miami-Dade Co. Training and Treatment Ctr.	0.0	0.0	2.2	1.0	0.3	3.2
Miami-Dade Co. Turner Guilford Knight Corr. Ctr.	1.0	0.3	3.0	0.0	0.0	2.3
Okeechobee Co. Jail	0.0	0.0	3.7	1.1	0.3	3.9
Orange Co. 33rd Street Corr. Ctr.	1.3	0.4	3.7	2.2	0.9	5.3
Orange Co. Booking and Release Ctr.	1.0	0.2	3.9	2.9	1.2	6.8
Osceola Co. Jail	0.9	0.3	3.1	0.7	0.1	3.0
Palm Beach Co. Stockade	1.3	0.4	4.3	1.6	0.6	4.2
Pinellas Co. Central Division Fac.	2.4	0.9	6.4	1.0	0.2	4.8
Pinellas Co. South Division	2.0	0.7	5.4	1.3	0.4	4.1
Polk Co. - South Co. Jail	2.3	1.1	5.0	3.7	2.0	6.8
Sarasota North Co. Jail	0.0	0.0	1.9	0.0	0.0	1.9
Suwanee Co. Jail	0.9	0.3	3.0	0.0	0.0	4.5
Taylor Co. Jail	0.0	0.0	13.3	0.0	0.0	13.3
Georgia						
Candler Co. Jail	0.0%	0.0%	12.5%	0.0%	0.0%	12.5%
Carroll Co. Prison	0.0	0.0	2.5	2.7	1.6	4.3
Clayton Co. Jail	2.3	1.1	4.7	3.3	1.7	6.1
Dekalb Co. Jail	2.0	0.9	4.5	1.9	0.9	4.0
Douglas Co. Jail	2.3	1.2	4.3	0.5	0.1	2.2
Floyd Co. Jail	2.4	1.3	4.6	1.2	0.5	2.8
Floyd Co. Prison	0.6	0.2	2.0	2.2	1.2	4.3
Fulton Co. Jail	3.3	1.5	7.4	1.6	0.5	4.5
Gwinnett Co. Det. Ctr.	0.8	0.2	2.6	0.0	0.0	1.5
Hall Co. Det. Ctr.	3.0	1.5	6.0	0.0	0.0	2.0
Houston Co. Jail	2.2	1.1	4.7	6.0	3.7	9.6
Irwin Co. Jail	0.0	0.0	2.0	1.1	0.4	2.9
Murray County Jail	2.4	1.1	5.3	0.8	0.3	2.5
Newton Co. Jail	2.2	1.1	4.4	1.5	0.6	4.0
Screven Co. Jail	1.4	0.6	3.5	2.4	1.3	4.7
South Fulton Municipal Regional Jail	0.0	0.0	8.2	4.7	1.6	12.8
Spalding Co. Jail	1.8	0.7	4.5	3.3	1.4	7.2
Troup Co. Jail	2.2	1.0	4.4	0.0	0.0	2.2
Upson Co. Jail	1.7	0.8	3.4	1.9	0.9	3.7
Ware Co. Jail	1.7	0.9	3.4	0.8	0.3	2.0
Wilkinson Co. Jail	6.5	1.9	20.0	0.0	0.0	16.8
Idaho						
Bannock Co. Jail	0.0%	0.0%	3.3%	3.0%	1.3%	6.8%

APPENDIX TABLE 6 (continued)**Percent of jail inmates reporting victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Illinois						
Champaign Co. Satellite Jail ^e	0.0%	0.0%	6.4%	2.0%	0.5%	8.4%
Cook Co. - Division 1	0.7	0.2	2.1	4.0	2.4	6.5
Cook Co. - Division 11	5.5	3.5	8.4	3.3	1.8	5.7
Cook Co. - Division 2	2.5	1.1	5.4	4.2	2.3	7.5
Cook Co. - Division 5	0.9	0.3	2.7	2.6	1.3	5.1
Cook Co. - Division 6	1.1	0.4	2.7	1.5	0.7	3.3
Kane Co. Adult Justice Ctr.	1.5	0.6	3.8	2.1	0.8	5.1
Kankakee Co. Jerome Combs Det. Ctr.	1.6	0.7	3.8	2.6	1.5	4.7
Kendall Co. Jail	2.6	1.1	5.9	2.5	1.1	5.8
McHenry Co. Jail	0.5	0.1	2.2	0.6	0.1	2.6
McGamon Co. Jail	2.4	1.3	4.2	2.0	1.1	3.5
Indiana						
Bartholomew Co. Jail	3.2%	1.9%	5.2%	0.8%	0.3%	2.0%
Clinton Co. Jail	1.6	0.5	4.4	0.8	0.3	2.4
Dearborn Co. Jail	0.7	0.2	2.4	1.1	0.3	3.5
Delaware Co. Justice Ctr.	0.2	0.0	0.7	1.7	0.6	4.5
Elkhart Co. Corr. Ctr.	1.7	0.7	3.8	1.9	1.0	3.7
Hamilton Co. Jail	1.5	0.6	3.8	0.9	0.3	3.3
Jackson Co. Jail	1.0	0.3	3.4	0.0	0.0	4.1
Marion Co. Jail II ^f	0.5	0.1	2.5	2.9	1.0	7.7
Marion Co. Jail Intake Fac.	0.0	0.0	5.8	7.7	3.4	16.3
Noble Co. Jail	0.0	0.0	3.5	0.9	0.3	2.3
Ripley Co. Jail	7.9	5.1	11.9	2.0	0.8	4.5
Tippecanoe Co. Jail	2.5	1.1	5.7	0.0	0.0	3.2
Iowa						
Des Moines Co. Jail	0.0%	0.0%	11.4%	2.1%	0.6%	7.1%
Scott Co. Jail and Annex	0.0	0.0	2.7	3.2	1.6	6.1
Kansas						
Finney Co. Jail	1.0%	0.3%	2.9%	3.0%	1.6%	5.7%
Wilson Co. Jail	0.0	0.0	9.6	5.6	1.7	16.5
Kentucky						
Big Sandy Regional Det. Ctr.	1.3%	0.6%	3.2%	0.0%	0.0%	2.6%
Boyle Co. Det. Ctr.	1.9	0.6	5.7	0.0	0.0	2.5
Daviess Co. Det. Ctr.	2.1	1.1	4.2	1.9	0.9	4.1
Grayson Co. Det. Ctr.	0.9	0.3	2.4	1.3	0.6	2.9
Kenton Co. Det. Ctr.	1.1	0.4	3.0	0.1	0.0	0.6
Lexington-Fayette Co. Jail Det. Division	3.1	1.4	6.6	3.3	1.6	6.7
Madison Co. Det. Ctr.	2.1	1.1	4.2	1.7	0.8	3.5
McCracken Co. Jail	1.5	0.7	3.2	1.6	0.8	3.5
Meade Co. Jail	1.3	0.5	3.6	1.3	0.5	3.6
Pulaski Co. Det. Ctr.	1.6	0.6	4.2	0.8	0.2	2.9
Woodford Co. Det. Ctr.	0.1	0.0	0.6	0.0	0.0	10.2
Louisiana						
Assumption Parish Det. Ctr.	3.1%	1.6%	6.0%	1.5%	0.6%	3.9%
Bossier Parish Max. Security Fac.	0.9	0.4	2.3	0.0	0.0	2.2
Bossier Parish Med. Security Fac.	1.4	0.6	3.1	1.5	0.7	3.4
Caddo Parish Corr. Ctr.	1.1	0.4	3.0	1.1	0.4	3.0
East Baton Rouge Parish Prison	2.3	1.0	5.1	0.6	0.1	3.1
Iberia Parish Jail	2.4	1.2	4.7	2.5	1.3	4.9
Lafayette Parish Jail	1.8	0.8	4.1	2.4	1.1	4.9
Livingston Parish Det. Ctr.	1.0	0.4	2.7	0.4	0.1	1.5
Rapides Parish Det. Ctr. III	1.4	0.7	3.0	0.5	0.1	1.6
St. Landry Parish Jail	0.7	0.2	2.5	0.7	0.2	2.5
St. Martin Parish Corr. Ctr. 1	1.3	0.4	4.6	2.6	1.0	6.4
Webster Parish Bayou Dorcheat Corr. Fac.	1.8	0.9	3.6	2.1	1.0	4.5

APPENDIX TABLE 6 (continued)**Percent of jail inmates reporting victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Maine						
Penobscot Co. Jail	0.0%	0.0%	5.9%	4.3%	1.6%	11.4%
Maryland						
Allegany Co. Det. Ctr.	2.3%	0.5%	9.6%	0.0%	0.0%	7.7%
Anne Arundel Co. Jennifer Road Det. Ctr.	0.0	0.0	3.6	0.9	0.2	4.4
Baltimore City Det. Ctr.	0.7	0.2	2.4	6.7	4.3	10.2
Montgomery Co. Corr. Fac.	1.8	0.7	4.5	1.6	0.6	4.1
Wicomico Co. Det. Ctr.	0.6	0.2	2.1	0.0	0.0	2.5
Massachusetts						
Hampden Co. Corr. Ctr.	0.0%	0.0%	1.7%	1.9%	0.7%	5.0%
Middlesex Co. Jail and House of Corr.	1.5	0.5	4.0	0.6	0.2	2.1
Plymouth Co. Corr. Fac.	0.6	0.1	2.9	2.0	0.8	4.7
Suffolk Co. House of Corr.	4.1	2.2	7.6	3.5	1.9	6.6
Suffolk Co. Nashua Street Jail	0.6	0.1	2.7	1.3	0.4	4.2
Worcester Co. Jail and House of Corr.	1.9	0.9	4.0	2.9	1.5	5.5
Michigan						
Berrien Co. Jail	0.9%	0.4%	2.3%	3.4%	2.1%	5.3%
Calhoun Co. Jail	2.7	1.1	6.5	3.5	1.7	7.3
Huron Co. Jail	0.0	0.0	12.1	0.0	0.0	12.1
Kalamazoo Co. Jail	3.6	2.0	6.5	3.5	2.0	5.8
Macomb Co. Jail	1.1	0.3	3.6	1.2	0.4	3.3
Oakland Co. East Annex	1.9	0.9	4.2	1.2	0.5	3.2
Oakland Co. Law Enforcement Complex	3.0	1.4	6.5	5.9	3.0	11.1
Ottawa Co. Jail	0.0	0.0	3.1	0.6	0.2	2.5
Wayne Co. Andrew C. Baird Det. Fac.	4.1	2.0	8.3	0.5	0.1	2.5
Wayne Co. William Dickerson Det. - Division III	0.0	0.0	2.2	0.4	0.1	2.1
Minnesota						
Anoka Co. Jail	1.5%	0.6%	3.9%	1.1%	0.4%	2.8%
Hennepin Co. Adult Det. Ctr.	0.9	0.3	2.8	0.6	0.1	2.7
Mille Lacs Co. Jail	0.0	0.0	9.9	1.8	0.6	5.5
Ramsey Co. Corr. Fac.	0.0	0.0	2.2	0.9	0.3	2.2
Mississippi						
Covington Co. Jail	0.0%	0.0%	25.9%	0.0%	0.0%	25.9%
Harrison Co. Adult Det. Ctr.	0.7	0.2	1.9	4.4	2.4	8.0
Hinds Co. Jackson Det. Ctr.	0.5	0.2	1.5	2.4	1.2	5.0
Hinds Co. Raymond Det. Ctr.	2.5	1.1	5.5	3.6	1.9	6.8
Holmes-Humphreys Co. Regional Corr. Fac.	1.0	0.2	3.6	1.5	0.6	4.1
Madison Co. Jail	0.0	0.0	2.7	3.2	1.7	5.9
Marshall Co. Jail	0.0	0.0	7.6	0.0	0.0	7.6
Pike Co. Jail	0.0	0.0	4.1	0.0	0.0	4.1
Missouri						
Boone Co. Jail	3.1%	1.0%	9.2%	0.9%	0.2%	3.5%
LaCledde Co. Jail	3.1	1.8	5.3	4.5	2.7	7.3
St. Charles Co. Jail	2.0	0.8	4.7	4.5	2.4	8.3
St. Louis Co. Jail	1.2	0.4	3.2	2.4	0.9	5.7
St. Louis Med. Security Inst.	0.8	0.3	2.3	6.3	3.9	10.0
Washington Co. Jail	3.3	0.9	11.3	0.0	0.0	16.1
Montana						
Cascade Co. Regional Jail	3.3%	1.9%	5.8%	3.6%	2.0%	6.3%
Hill Co. Jail	0.0	0.0	12.5	0.0	0.0	12.5
Missoula Co. Jail	1.8	0.8	4.0	1.4	0.5	3.5
Nebraska						
Douglas Co. Dept. of Corr.	0.7%	0.1%	3.6%	3.3%	1.4%	7.4%
Saline Co. Jail	1.6	0.6	4.5	2.3	0.9	6.2

APPENDIX TABLE 6 (continued)**Percent of jail inmates reporting victimization, by type of incident and facility, National Inmate Survey, 2011–12**

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		Lower bound	Upper bound		Lower bound	Upper bound
Nevada						
Clark Co. Det. Ctr.	0.6%	0.2%	1.9%	0.4%	0.1%	2.2%
Nye Co. Jail - Pahrump	0.0	0.0	21.5	0.0	0.0	21.5
Washoe Co. Det. Ctr.	1.1	0.3	3.5	2.1	0.9	4.9
New Hampshire						
Coos Co. Jail	0.0%	0.0%	16.8%	4.4%	1.2%	14.3%
Hillsborough Co. House of Corr.	4.1	1.9	8.5	3.3	1.6	6.6
New Jersey						
Bergen Co. Jail	1.6%	0.7%	3.3%	1.5%	0.7%	3.2%
Burlington Co. Min. Security Jail/Corr. and Work Release Ctr.	0.0	0.0	5.9	0.0	0.0	5.9
Essex Co. Corr. Fac.	0.8	0.2	2.8	1.7	0.7	4.2
Hudson Co. Corr. Fac.	1.0	0.4	2.7	1.7	0.8	3.8
Mercer Co. Corr. Ctr.	4.1	2.0	8.2	5.1	2.8	9.2
Middlesex Co. Adult Corr. Ctr.	1.0	0.4	2.5	0.7	0.2	2.2
Ocean Co. Justice Complex	1.2	0.4	3.7	0.8	0.2	3.6
Passaic Co. Jail	1.6	0.7	3.8	2.6	1.3	5.0
Salem Co. Corr. Fac.	0.7	0.2	3.0	1.7	0.6	4.8
New Mexico						
Dona Ana Co. Det. Ctr.	3.0%	1.7%	5.4%	2.5%	1.2%	5.3%
San Juan Co. Adult Det. Ctr.	3.0	1.3	6.9	1.8	0.6	5.5
Santa Fe Co. Adult Det. Fac. ^f	2.3	1.0	5.3	1.8	0.6	5.5
New York						
Albany Co. Corr. Fac.	2.7%	1.4%	5.2%	2.4%	1.2%	5.0%
Allegany Co. Jail	3.0	1.2	7.5	1.5	0.4	5.3
Broome Co. Jail	2.9	1.3	6.5	3.4	1.5	7.6
Dutchess Co. Jail	0.7	0.2	2.7	1.4	0.5	3.8
Erie Co. Corr. Fac.	0.4	0.1	2.0	3.9	2.0	7.2
Erie Co. Holding Fac.	0.0	0.0	5.3	4.5	0.9	19.6
Jefferson Co. Jail	1.0	0.3	3.9	4.2	1.8	9.4
New York City Anna M. Kross Ctr.	2.4	1.0	6.0	3.7	1.8	7.4
New York City George Motchan Det. Ctr.	1.4	0.5	3.6	4.0	2.2	7.1
New York City Otis Bantum Corr. Ctr.	0.6	0.1	3.0	5.6	2.9	10.5
New York City Robert N Davoren Complex	0.3	0.1	1.8	3.1	1.6	5.8
New York City Rose M. Singer Ctr. ^d	5.0	2.9	8.4	5.9	3.7	9.4
Niagara Co. Jail	0.7	0.2	2.8	1.1	0.4	3.0
Oneida Co. Corr. Fac.	0.0	0.0	2.5	3.0	1.4	6.5
Orange Co. Corr. Fac.	1.4	0.6	3.5	1.4	0.6	3.4
Putnam Co. Corr. Fac.	0.0	0.0	5.4	1.1	0.3	3.7
Rockland Co. Corr. Ctr.	2.1	0.7	6.5	2.0	1.1	3.6
Schenectady Co. Jail	4.4	2.7	7.0	2.9	1.7	5.0
Seneca Co. Law Enforcement Ctr.	3.6	1.8	7.0	3.3	1.6	6.6
Ulster Co. Law Enforcement Ctr.	1.5	0.7	3.5	6.1	3.6	10.2
Washington Co. Corr. Fac.	0.0	0.0	5.8	0.0	0.0	5.8
Westchester Co. Jail	0.5	0.1	2.3	2.5	1.0	5.9
Westchester Co. Penitentiary - Dept. of Corr.	0.9	0.3	2.5	1.3	0.5	3.3
North Carolina						
Buncombe Co. Det. Fac.	0.7%	0.2%	2.5%	1.3%	0.5%	3.4%
Cherokee Co. Jail	0.0	0.0	7.9	2.5	0.8	7.8
Durham Co. Jail	0.7	0.2	2.7	1.6	0.7	3.7
Edgecombe Co. Det. Ctr.	2.6	1.4	4.8	3.8	2.2	6.5
Forsyth Co. Adult Det. Ctr.	1.2	0.3	3.8	2.9	1.2	6.5
Granville Co. Det. Ctr.	0.4	0.1	1.7	6.0	2.0	16.9
Guilford Co. High Point Det. Fac.	0.0	0.0	2.4	1.1	0.4	2.7
Guilford Co. Prison Farm	0.0	0.0	9.6	0.0	0.0	9.6

APPENDIX TABLE 6 (continued)**Percent of jail inmates reporting victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Mecklenburg Co. Jail North	0.6%	0.1%	2.4%	2.0%	0.8%	4.9%
New Hanover Det. Fac.	0.6	0.2	2.6	1.2	0.4	3.4
Robeson Co. Jail	2.4	1.1	5.0	5.2	3.0	8.7
Scotland Co. Jail	1.0	0.3	3.5	4.4	2.4	8.1
Wake Co. John H. Baker, Jr. Public Safety Ctr.	3.4	1.4	8.1	1.4	0.5	3.7
North Dakota						
Burleigh Co. Det. Ctr.	0.0%	0.0%	4.5%	3.5%	1.9%	6.5%
Ohio						
Bedford Heights City Jail	0.0%	0.0%	9.9%	0.0%	0.0%	9.9%
Cuyahoga Co. Corr. Ctr.	1.2	0.5	2.8	1.2	0.5	2.9
Delaware Co. Jail	0.0	0.0	3.4	0.0	0.0	3.4
Franklin Co. Jail	3.1	1.5	6.4	1.0	0.2	4.3
Hamilton Co. Justice Ctr.	0.0	0.0	1.8	1.8	0.8	4.3
Hamilton Co. Reading Road Fac.	2.1	1.1	4.0	0.3	0.1	0.9
Lorain Co. Jail	1.1	0.4	2.9	1.1	0.4	2.8
Miami Co. Jail	0.0	0.0	5.3	0.0	0.0	5.3
Montgomery Co. Jail	0.4	0.1	2.0	0.9	0.3	2.7
Richland Co. Jail	1.4	0.7	2.9	1.4	0.7	2.9
Oklahoma						
Dewey Co. Jail	0.0%	0.0%	22.8%	0.0%	0.0%	22.8%
Kay Co. Jail	1.7	0.8	3.7	0.9	0.3	2.5
Nowata Co. Jail	0.0	0.0	13.8	2.4	0.7	8.3
Oregon						
Lane Co. Jail	0.5%	0.1%	1.9%	0.8%	0.3%	2.1%
Marion Co. Corr. Fac.	0.5	0.1	1.8	1.4	0.6	3.2
Washington Co. Jail	0.0	0.0	2.5	0.5	0.1	2.4
Yamhill Co. Corr. Fac.	4.3	2.5	7.4	0.4	0.1	1.0
Pennsylvania						
Allegheny Co. Jail	2.0%	0.9%	4.3%	1.5%	0.6%	3.7%
Blair Co. Prison	3.5	1.2	10.1	1.7	0.6	4.9
Fayette Co. Prison	2.6	1.0	6.1	3.9	1.9	7.7
Indiana Co. Jail	3.9	1.5	9.4	0.0	0.0	5.2
Luzerne Co. Corr. Fac.	2.4	1.2	4.9	0.6	0.1	2.5
Montgomery Co. Prison Corr. Fac.	1.4	0.6	3.4	2.6	1.3	5.3
Philadelphia City Alternative and Special Det. Fac.	0.0	0.0	2.2	0.8	0.3	2.5
Philadelphia City Curran/Fromhold Corr. Fac.	1.2	0.4	3.9	3.4	1.8	6.5
Philadelphia City Industrial Corr. Ctr.	3.5	1.8	6.6	6.3	3.9	10.0
Philadelphia City Riverside Corr. Fac. ^d	6.7	4.2	10.7	3.7	2.0	6.8
Schuylkill Co. Prison	1.0	0.3	3.2	2.7	1.4	5.0
Westmoreland Co. Prison	2.1	0.8	5.1	2.2	0.8	6.1
York Co. Prison	3.5	1.8	6.8	1.8	0.8	4.4
South Carolina						
Charleston Co. Det. Ctr.	0.7%	0.2%	2.3%	1.7%	0.7%	4.0%
Florence Co. Det. Ctr.	0.0	0.0	2.3	1.2	0.5	3.1
Lexington Co. Jail	1.1	0.3	3.2	0.6	0.1	2.5
Spartanburg Co. Det. Fac.	0.0	0.0	1.8	1.1	0.4	3.5
Sumter-Lee Regional Det. Ctr.	0.4	0.1	1.5	4.7	2.7	8.0
York Co. Det. Ctr.	0.0	0.0	2.9	2.1	0.8	5.3
South Dakota						
Pennington Co. Jail	2.0%	0.9%	4.6%	0.9%	0.3%	2.4%

APPENDIX TABLE 6 (continued)**Percent of jail inmates reporting victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Tennessee						
Lincoln Co. Jail	3.0%	1.4%	6.1%	1.3%	0.5%	3.6%
Madison Co. Jail	1.5	0.7	3.3	4.4	2.1	9.3
McMinn Co. Jail	2.8	1.8	4.5	1.0	0.5	2.1
Montgomery Co. Jail	0.0	0.0	3.1	0.7	0.2	3.3
Obion Co. Jail	0.0	0.0	3.8	0.0	0.0	3.8
Robertson Co. Det. Ctr.	1.1	0.4	2.9	1.7	0.8	3.9
Shelby Co. Corr. Ctr.	1.1	0.4	3.1	3.1	1.7	5.5
Shelby Co. Jail	0.6	0.2	2.2	1.1	0.5	2.8
Sumner Co. Jail	4.2	2.5	7.1	3.0	1.5	5.6
Tipton Co. Jail	1.5	0.5	5.0	0.0	0.0	4.9
Van Buren Co. Jail	0.0	0.0	20.4	0.0	0.0	20.4
Washington Co. Det. Ctr.	2.8	1.5	4.9	0.7	0.2	2.1
Texas						
Bexar Co. Adult Det. Ctr.	1.6%	0.6%	4.0%	4.3%	2.1%	8.6%
Bowie Co. Corr. Ctr.	0.6	0.1	2.7	1.9	0.8	4.7
Brazoria Co. Jail and Det. Ctr.	0.4	0.1	2.0	0.4	0.1	2.0
Brown Co. Jail	0.0	0.0	4.7	0.0	0.0	4.7
Cameron Co. Carrizales-Rucker Det. Ctr.	0.3	0.1	1.6	0.0	0.0	1.4
Dallas Co. Kays Det. Fac.	0.4	0.1	2.2	2.1	0.9	4.6
Denton Co. Det. Ctr.	0.7	0.2	2.1	1.7	0.8	3.9
Eastland Co. Jail	0.0	0.0	9.9	0.0	0.0	9.9
El Paso Co. Det. Fac. Annex	2.2	1.0	4.9	1.0	0.3	3.3
El Paso Co. Downtown Det. Fac.	1.0	0.3	3.4	2.7	1.0	7.4
Ellis Co. Wayne McCollum Det. Ctr.	1.8	0.9	3.6	1.8	0.9	3.5
Gregg Co. Jail	0.3	0.1	1.4	1.2	0.5	2.8
Harris Co. Jail - 1200 Baker Street Jail	6.3	3.4	11.2	1.5	0.7	3.2
Harris Co. Jail - 1307 Baker Street Jail	1.0	0.4	2.5	0.5	0.1	1.7
Harris Co. Jail - 701 North San Jacinto Street Jail ^e	0.9	0.3	2.5	2.9	1.5	5.6
Harris Co. Jail - 711 North San Jacinto Jail	0.0	0.0	5.7	1.5	0.4	4.9
Hays Co. Jail	0.8	0.2	3.3	3.1	1.1	8.7
Jefferson Co. Corr. Fac.	1.0	0.4	2.5	1.8	0.8	3.7
Johnson Co. Jail	2.7	1.5	4.8	3.0	1.7	5.3
Tarrant Co. Corr. Ctr.	1.0	0.3	3.4	2.3	0.9	5.5
Taylor Co. Jail	1.7	0.7	4.2	1.3	0.4	3.6
Titus Co. Jail	0.0	0.0	5.7	0.0	0.0	5.7
Travis Co. Corr. Fac.	1.7	0.5	5.9	1.0	0.2	5.3
Travis Co. Jail	0.0	0.0	13.3	0.0	0.0	13.3
Uvalde Co. Jail	0.0	0.0	18.4	3.6	0.9	14.1
Victoria Co. Jail	1.6	0.4	6.6	0.0	0.0	8.6
Washington Co. Jail	2.6	1.4	5.1	0.0	0.0	4.8
Webb Co. Jail	0.0	0.0	3.4	0.6	0.1	2.7
Utah						
Box Elder Co. Jail	0.0%	0.0%	8.8%	0.0%	0.0%	8.8%
Davis Co. Jail	4.0	2.1	7.6	0.8	0.3	2.4
Weber Co. Corr. Fac.	2.4	1.1	5.1	1.8	0.7	4.4

APPENDIX TABLE 6 (continued)**Percent of jail inmates reporting victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Virginia						
Alexandria Det. Ctr.	0.6%	0.1%	2.6%	0.6%	0.1%	2.6%
Arlington Co. Det. Fac.	0.0	0.0	2.3	0.8	0.2	3.2
Bristol City Jail	0.8	0.3	2.3	0.0	0.0	3.7
Hampton Corr. Fac.	0.5	0.1	1.8	0.5	0.1	2.0
Henrico Co. Regional Jail West	0.7	0.2	2.0	2.0	0.9	4.4
Mecklenburg Co. Jail	0.0	0.0	5.4	0.0	0.0	5.4
Montgomery Co. Jail	0.0	0.0	6.0	0.0	0.0	6.0
Newport News City Jail	1.0	0.3	2.8	2.5	1.3	4.8
Piedmont Regional Jail	1.4	0.5	3.5	0.9	0.3	2.7
Rappahannock Regional Jail	1.2	0.4	3.2	3.3	1.8	5.8
Richmond City Jail	2.1	1.0	4.5	1.8	0.8	4.2
Riverside Regional Jail	1.6	0.7	3.7	3.7	2.1	6.5
Virginia Beach Municipal Corr. Ctr.	1.0	0.4	2.6	1.4	0.6	3.4
Washington						
Benton Co. Jail	1.2%	0.3%	5.0%	1.1%	0.4%	3.6%
Cowlitz Co. Jail	0.7	0.2	2.3	1.0	0.4	2.5
King Co. Regional Justice Ctr.	0.0	0.0	2.2	1.3	0.5	3.5
Snohomish Co. Jail	0.5	0.1	2.3	0.5	0.1	2.3
Sunnyside City Jail	0.0	0.0	18.4	0.0	0.0	18.4
Whatcom Co. Jail	2.9	1.5	5.6	0.3	0.1	1.0
Yakima City Jail	0.0	0.0	9.0	1.8	0.5	5.9
West Virginia						
Eastern Regional Jail	6.0%	3.3%	10.6%	1.5%	0.6%	3.6%
South Central Regional Jail	3.6	1.6	8.1	2.3	0.8	6.4
Western Regional Jail	4.8	3.0	7.7	1.6	0.6	3.8
Wisconsin						
Brown Co. Jail	1.7%	0.7%	4.4%	3.9%	2.0%	7.6%
Columbia Co. Jail	2.1	0.6	7.5	2.1	0.6	7.5
Milwaukee Co. Corr. Fac. South	1.3	0.5	3.7	2.9	1.4	5.9
Oconto Co. Jail	0.0	0.0	18.4	0.0	0.0	18.4
Rock Co. Jail	2.6	1.2	5.5	2.0	0.9	4.7
Walworth Co. Jail	0.8	0.3	2.6	2.5	1.3	5.0
Washington Co. Jail	3.1	1.4	6.9	3.0	1.3	6.5
Wood Co. Jail	0.0	0.0	12.9	0.0	0.0	12.9
Wyoming						
Lincoln Co. Jail	0.0%	0.0%	25.9%	0.0%	0.0%	25.9%

Note: Detail may sum to more than total victimization rate because victims may have reported both inmate-on-inmate and staff-on-inmate sexual victimization.

^aIncludes all types of sexual victimization, including oral, anal, or vaginal penetration, hand jobs, touching of the inmate's butt, thighs, penis, breasts, or vagina in a sexual way, and other sexual acts occurring in the past 12 months or since admission to the facility, if shorter.

^bIndicates that different samples in the same facility would yield prevalence rates falling between the lower and upper bound estimates 95 out of 100 times.

^cWeights were applied so that inmates who responded accurately reflected the entire population of each facility on select characteristics, including age, sex, race, sentence length, and time served. (See *Methodology*.)

^dFemale facility.

^eFacility housed both males and females; only males were sampled at this facility.

^fPrivately operated facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 7**Percent of jail inmates reporting sexual victimization, by level of coercion and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	Without force or pressure ^d
Total	1.2%	1.1%	0.8%	1.2%	0.9%
Alabama					
Barbour Co. Jail	2.3%	0.0%	0.0%	0.0%	0.0%
Dallas Co. Jail	1.5	0.0	0.0	0.0	0.0
Lee Co. W.S. Buck Jones Det. Ctr.	2.4	0.0	0.0	0.5	0.5
Marshall Co. Jail	2.5	0.0	1.7	3.4	0.0
Tuscaloosa Co. Jail	0.8	0.0	1.0	0.8	1.9
Arizona					
Maricopa Co. Estrella Jail ^e	2.3%	2.1%	0.3%	0.3%	0.3%
Maricopa Co. Fourth Avenue Jail	0.6	0.0	0.9	0.9	0.9
Maricopa Co. Towers Jail	1.1	0.0	1.8	1.8	2.5
Mariopa Co. Lower Buckeye Jail	0.7	2.0	1.1	2.1	1.8
Santa Cruz Co. Jail	0.0	0.0	0.0	0.0	0.0
Yuma Co. Det. Ctr.	0.0	0.6	0.6	0.6	1.4
Arkansas					
Crittenden Co. Jail	2.7%	0.8%	1.9%	1.1%	1.0%
Mississippi Co. Det. Ctr.	0.0	0.0	0.8	0.0	0.0
Pope Co. Det. Ctr.	3.6	1.8	0.0	0.0	2.3
Pulaski Co. Regional Det. Ctr.	3.1	3.0	0.4	1.5	1.5
Sebastian Co. Adult Det. Ctr.	0.0	0.5	0.0	0.0	0.6
California					
Alameda Co. Santa Rita Jail	0.9%	1.0%	1.3%	1.7%	0.6%
Contra Costa Co. Martinez Det. Fac.	1.4	2.0	3.2	5.2	3.7
Fresno Co. Downtown Det. Fac. - Main, North and South	1.2	0.5	1.5	1.4	0.4
Imperial Co. Jail	0.4	0.2	0.6	0.6	0.6
Kern Co. Lerdo Pre-Trial Fac.	2.5	1.5	0.4	1.4	1.3
Los Angeles Co. - Twin Towers Corr. Fac.	4.9	2.0	2.9	2.6	0.3
Los Angeles Co. Men's Central Jail	1.5	3.6	2.1	2.9	2.1
Los Angeles Co. North County Corr. Fac.	1.4	1.8	1.8	2.4	1.8
Napa Co. Jail	1.6	1.3	1.8	2.5	1.8
Orange Co. Central Jail Complex	0.0	1.4	0.7	0.7	0.0
Orange Co. Theo Lacy Fac.	1.7	1.9	1.1	1.1	0.5
Riverside Co. Indio Jail	2.8	2.1	0.6	0.6	0.0
Riverside Co. Larry D. Smith Corr. Ctr.	4.0	2.7	1.5	2.0	0.6
Riverside Co. Southwest Det. Ctr. ^f	0.0	0.0	0.6	0.6	0.6
Sacramento Co. Rio Cosumnes Corr. Ctr.	1.4	1.7	0.6	1.7	1.2
San Diego Co. East Mesa Med. Fac.	1.2	0.0	1.1	1.1	0.0
San Diego Co. George F. Bailey Det. Fac.	3.1	3.5	1.1	1.7	0.0
San Diego Co. Vista Det. Fac.	0.7	1.2	1.2	2.1	1.6
San Francisco Co. Jail Number 3	1.0	2.4	0.0	1.6	0.0
Santa Clara Co. Elmwood Fac. - Min. and Med.	1.3	0.9	0.4	1.1	0.0
Santa Clara Co. Main Jail	2.1	2.5	4.8	3.6	1.6
Santa Clara Co. Women's Corr. Ctr. ^e	0.7	1.4	0.7	0.7	0.0
Solano Co. Justice Ctr. Det. Fac.	1.5	2.4	2.6	2.6	2.3
Tulare Co. Jail	0.0	0.0	0.0	0.8	0.3
Ventura Co. Jail	0.4	0.9	0.9	1.9	0.0
Yolo Co. Leinberger Ctr.	2.1	0.0	0.0	0.0	0.0
Yuba Co. Jail	0.7	1.5	0.5	0.7	0.0
Colorado					
Chaffee Co. Jail	0.0%	0.0%	0.0%	0.0%	0.0%
Denver Co. Jail	2.9	0.8	0.7	0.3	0.8
Denver Co. Van Cise-Simonet Det. Ctr.	0.0	0.5	0.8	0.0	0.8
Douglas Co. Jail	0.0	0.0	1.7	2.8	1.2
Fremont Co. Jail	3.0	1.4	0.8	0.8	0.0
Jefferson Co. Jail	0.0	0.0	0.0	0.0	0.0
Park Co. Jail	0.0	0.0	0.0	0.0	0.0

APPENDIX TABLE 7 (continued)**Percent of jail inmates reporting sexual victimization, by level of coercion and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	Without force or pressure ^d
Florida					
Collier Co. Jail	1.6%	1.2%	2.6%	2.2%	0.4%
Dixie Co. Jail	2.4	4.9	0.0	2.4	3.3
Escambia Co. Jail	1.6	1.5	0.5	0.5	0.0
Jacksonville City Montgomery Corr. Ctr.	1.3	0.5	1.1	1.1	0.9
Lake Co. Jail	0.3	0.3	0.0	2.1	0.4
Lee Co. Community Programs Unit	2.4	2.4	1.6	1.6	0.9
Leon Co. Det. Fac.	1.7	1.1	0.8	1.4	2.3
Manatee Co. Jail	2.4	2.0	2.3	1.9	1.4
Martin Co. Jail	0.7	1.1	2.6	2.2	1.4
Miami-Dade Co. Boot Camp	0.0	0.0	0.0	0.0	0.0
Miami-Dade Co. Metro West Det. Ctr.	0.5	0.5	0.6	1.2	0.6
Miami-Dade Co. Training and Treatment Ctr.	0.0	0.0	0.5	0.5	0.5
Miami-Dade Co. Turner Guilford Knight Corr. Ctr.	0.5	0.5	0.0	0.0	0.0
Okeechobee Co. Jail	0.0	0.0	0.0	1.1	0.0
Orange Co. 33rd Street Corr. Ctr.	0.7	1.3	0.6	1.9	0.3
Orange Co. Booking and Release Ctr.	1.0	0.0	1.0	1.0	1.9
Osceola Co. Jail	0.9	0.9	0.0	0.0	0.7
Palm Beach Co. Stockade	1.3	1.3	1.1	1.6	0.0
Pinellas Co. Central Division Fac.	2.4	1.6	0.0	1.0	0.0
Pinellas Co. South Division	2.0	2.0	1.3	1.3	1.3
Polk Co. - South Co. Jail	2.3	1.8	0.9	2.0	2.3
Sarasota North Co. Jail	0.0	0.0	0.0	0.0	0.0
Suwanee Co. Jail	0.9	0.0	0.0	0.0	0.0
Taylor Co. Jail	0.0	0.0	0.0	0.0	0.0
Georgia					
Candler Co. Jail	0.0%	0.0%	0.0%	0.0%	0.0%
Carroll Co. Prison	0.0	0.0	1.3	2.0	2.0
Clayton Co. Jail	1.8	1.4	2.6	1.4	1.2
Dekalb Co. Jail	2.0	1.4	0.3	1.2	1.3
Douglas Co. Jail	1.1	1.9	0.5	0.5	0.0
Floyd Co. Jail	2.4	0.4	0.4	0.8	0.4
Floyd Co. Prison	0.6	0.6	1.1	1.7	1.1
Fulton Co. Jail	2.5	2.0	0.6	0.6	1.0
Gwinnett Co. Det. Ctr.	0.4	0.4	0.0	0.0	0.0
Hall Co. Det. Ctr.	2.6	2.0	0.0	0.0	0.0
Houston Co. Jail	2.2	1.0	1.1	3.1	5.4
Irwin Co. Jail	0.0	0.0	0.8	0.8	0.7
Murray County Jail	1.1	1.3	0.0	0.8	0.0
Newton Co. Jail	1.7	1.8	0.3	1.5	0.9
Screven Co. Jail	1.4	1.4	2.4	2.4	1.2
South Fulton Municipal Regional Jail	0.0	0.0	2.3	4.7	4.7
Spalding Co. Jail	0.6	1.2	1.5	1.0	1.8
Troup Co. Jail	0.9	2.2	0.0	0.0	0.0
Upson Co. Jail	0.7	1.7	0.0	1.0	0.9
Ware Co. Jail	1.0	1.7	0.0	0.8	0.0
Wilkinson Co. Jail	0.0	6.5	0.0	0.0	0.0
Idaho					
Bannock Co. Jail	0.0%	0.0%	1.8%	1.2%	0.0%
Illinois					
Champaign Co. Satellite Jail ^f	0.0%	0.0%	0.0%	2.0%	2.0%
Cook Co. - Division 1	0.7	0.7	1.5	2.2	2.5
Cook Co. - Division 11	4.0	3.3	2.6	2.9	1.4
Cook Co. - Division 2	2.5	2.0	1.8	2.9	2.3
Cook Co. - Division 5	0.4	0.5	1.4	1.6	1.8

APPENDIX TABLE 7 (continued)**Percent of jail inmates reporting sexual victimization, by level of coercion and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	Without force or pressure ^d
Cook Co. - Division 6	1.1%	1.1%	0.7%	1.1%	1.1%
Kane Co. Adult Justice Ctr.	1.1	1.0	1.3	2.1	0.6
Kankakee Co. Jerome Combs Det. Ctr.	0.9	1.2	1.3	1.4	0.8
Kendall Co. Jail	1.7	2.6	0.9	0.9	1.7
McHenry Co. Jail	0.0	0.5	0.0	0.6	0.0
Sangamon Co. Jail	1.9	2.4	0.5	1.6	0.9
Indiana					
Bartholomew Co. Jail	1.4%	2.4%	0.8%	0.8%	0.8%
Clinton Co. Jail	1.6	1.6	0.0	0.0	0.8
Dearborn Co. Jail	0.7	0.7	1.1	1.1	0.0
Delaware Co. Justice Ctr.	0.2	0.2	0.0	0.5	1.2
Elkhart Co. Corr. Ctr.	1.3	1.0	1.3	1.6	0.7
Hamilton Co. Jail	1.5	1.5	0.0	0.0	0.9
Jackson Co. Jail	1.0	0.0	0.0	0.0	0.0
Marion Co. Jail II ⁹	0.5	0.5	2.1	1.3	1.7
Marion Co. Jail Intake Fac.	0.0	0.0	3.7	4.9	2.7
Noble Co. Jail	0.0	0.0	0.0	0.9	0.0
Ripley Co. Jail	5.9	7.9	2.0	2.0	2.0
Tippecanoe Co. Jail	2.5	0.0	0.0	0.0	0.0
Iowa					
Des Moines Co. Jail	0.0%	0.0%	0.0%	0.0%	2.1%
Scott Co. Jail and Annex	0.0	0.0	0.6	1.3	1.9
Kansas					
Finney Co. Jail	0.0%	1.0%	3.0%	2.0%	0.0%
Wilson Co. Jail	0.0	0.0	5.6	0.0	0.0
Kentucky					
Big Sandy Regional Det. Ctr.	1.3%	0.9%	0.0%	0.0%	0.0%
Boyle Co. Det. Ctr.	1.9	1.9	0.0	0.0	0.0
Daviess Co. Det. Ctr.	1.3	2.1	0.9	1.5	0.9
Grayson Co. Det. Ctr.	0.4	0.5	0.5	1.3	0.0
Kenton Co. Det. Ctr.	1.0	0.5	0.0	0.0	0.1
Lexington-Fayette Co. Jail Det. Division	2.1	2.4	1.7	2.7	1.3
Madison Co. Det. Ctr.	2.1	0.7	0.7	0.9	1.0
McCracken Co. Jail	1.0	0.9	1.1	1.1	0.6
Meade Co. Jail	1.3	1.3	0.0	1.3	0.0
Pulaski Co. Det. Ctr.	1.6	0.0	0.8	0.8	0.0
Woodford Co. Det. Ctr.	0.1	0.0	0.0	0.0	0.0
Louisiana					
Assumption Parish Det. Ctr.	3.1%	0.0%	0.0%	0.0%	1.5%
Bossier Parish Max. Security Fac.	0.9	0.0	0.0	0.0	0.0
Bossier Parish Med. Security Fac.	1.0	0.8	1.0	1.0	0.5
Caddo Parish Corr. Ctr.	1.1	1.1	0.0	0.8	0.4
East Baton Rouge Parish Prison	1.4	1.3	0.0	0.0	0.6
Iberia Parish Jail	2.0	0.9	1.0	1.5	1.5
Lafayette Parish Jail	1.0	1.8	0.0	0.5	1.9
Livingston Parish Det. Ctr.	0.5	1.0	0.0	0.0	0.4
Rapides Parish Det. Ctr. III	1.4	0.5	0.5	0.5	0.0
St. Landry Parish Jail	0.7	0.7	0.7	0.7	0.7
St. Martin Parish Corr. Ctr. 1	1.3	0.0	1.3	1.3	2.6
Webster Parish Bayou Dorcheat Corr. Fac.	1.8	1.4	0.6	0.6	1.5
Maine					
Penobscot Co. Jail	0.0%	0.0%	0.0%	1.8%	2.6%

APPENDIX TABLE 7 (continued)**Percent of jail inmates reporting sexual victimization, by level of coercion and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	Without force or pressure ^d
Maryland					
Allegany Co. Det. Ctr.	2.3%	2.3%	0.0%	0.0%	0.0%
Anne Arundel Co. Jennifer Road Det. Ctr.	0.0	0.0	0.0	0.0	0.9
Baltimore City Det. Ctr.	0.4	0.7	2.8	3.1	5.2
Montgomery Co. Corr. Fac.	1.8	0.6	0.5	1.2	0.4
Wicomico Co. Det. Ctr.	0.6	0.0	0.0	0.0	0.0
Massachusetts					
Hampden Co. Corr. Ctr.	0.0%	0.0%	0.0%	0.5%	1.4%
Middlesex Co. Jail and House of Corr.	1.5	0.7	0.4	0.4	0.6
Plymouth Co. Corr. Fac.	0.6	0.0	0.5	1.5	0.5
Suffolk Co. House of Corr.	1.8	3.8	1.9	2.0	2.3
Suffolk Co. Nashua Street Jail	0.6	0.0	0.0	0.6	1.3
Worcester Co. Jail and House of Corr.	1.2	1.2	0.4	2.3	1.2
Michigan					
Berrien Co. Jail	0.9%	0.9%	1.3%	3.0%	0.9%
Calhoun Co. Jail	1.3	2.7	3.1	3.5	0.7
Huron Co. Jail	0.0	0.0	0.0	0.0	0.0
Kalamazoo Co. Jail	3.6	3.1	3.5	1.5	1.0
Macomb Co. Jail	1.1	1.1	0.9	0.0	0.3
Oakland Co. East Annex	1.3	1.9	1.2	1.2	0.0
Oakland Co. Law Enforcement Complex	3.0	1.9	5.2	2.9	2.2
Ottawa Co. Jail	0.0	0.0	0.0	0.6	0.0
Wayne Co. Andrew C. Baird Det. Fac.	4.1	0.8	0.0	0.0	0.5
Wayne Co. William Dickerson Det. - Division III	0.0	0.0	0.4	0.4	0.0
Minnesota					
Anoka Co. Jail	1.5%	0.5%	1.1%	0.5%	0.6%
Hennepin Co. Adult Det. Ctr.	0.9	0.4	0.0	0.6	0.6
Mille Lacs Co. Jail	0.0	0.0	0.0	0.0	1.8
Ramsey Co. Corr. Fac.	0.0	0.0	0.0	0.4	0.5
Mississippi					
Covington Co. Jail	0.0%	0.0%	0.0%	0.0%	0.0%
Harrison Co. Adult Det. Ctr.	0.7	0.7	0.9	3.4	0.7
Hinds Co. Jackson Det. Ctr.	0.5	0.0	0.0	1.3	1.1
Hinds Co. Raymond Det. Ctr.	1.9	2.2	0.5	1.5	2.6
Holmes-Humphreys Co. Regional Corr. Fac.	1.0	0.0	0.8	0.8	0.8
Madison Co. Jail	0.0	0.0	1.2	1.8	1.4
Marshall Co. Jail	0.0	0.0	0.0	0.0	0.0
Pike Co. Jail	0.0	0.0	0.0	0.0	0.0
Missouri					
Boone Co. Jail	0.0%	3.1%	0.0%	0.9%	0.0%
LaClede Co. Jail	1.8	1.3	3.0	4.5	0.0
St. Charles Co. Jail	2.0	0.5	3.0	4.0	1.4
St. Louis Co. Jail	0.9	0.3	0.3	1.9	0.8
St. Louis Med. Security Inst.	0.4	0.8	3.6	4.0	4.1
Washington Co. Jail	0.0	3.3	0.0	0.0	0.0
Montana					
Cascade Co. Regional Jail	2.2%	2.2%	1.9%	3.6%	2.4%
Hill Co. Jail	0.0	0.0	0.0	0.0	0.0
Missoula Co. Jail	1.2	1.8	0.7	0.7	0.7
Nebraska					
Douglas Co. Dept. of Corr.	0.7%	0.7%	1.4%	2.8%	1.9%
Saline Co. Jail	0.0	1.6	0.0	0.0	2.3
Nevada					
Clark Co. Det. Ctr.	0.6%	0.3%	0.4%	0.4%	0.4%
Nye Co. Jail - Pahrump	0.0	0.0	0.0	0.0	0.0
Washoe Co. Det. Ctr.	1.1	1.1	1.5	1.7	0.0

APPENDIX TABLE 7 (continued)**Percent of jail inmates reporting sexual victimization, by level of coercion and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	Without force or pressure ^d
New Hampshire					
Coos Co. Jail	0.0%	0.0%	0.0%	4.4%	0.0%
Hillsborough Co. House of Corr.	3.2	2.3	3.3	2.0	1.0
New Jersey					
Bergen Co. Jail	1.6%	1.1%	1.2%	1.5%	0.0%
Burlington Co. Min. Security Jail/Corr. and Work Release Ctr.	0.0	0.0	0.0	0.0	0.0
Essex Co. Corr. Fac.	0.8	0.4	1.2	1.2	0.8
Hudson Co. Corr. Fac.	1.0	0.7	1.0	1.3	0.8
Mercer Co. Corr. Ctr.	4.1	1.3	2.0	3.1	3.7
Middlesex Co. Adult Corr. Ctr.	1.0	0.7	0.4	0.4	0.3
Ocean Co. Justice Complex	0.0	1.2	0.0	0.8	0.0
Passaic Co. Jail	1.2	1.3	2.6	2.3	1.2
Salem Co. Corr. Fac.	0.0	0.7	0.0	1.7	0.0
New Mexico					
Dona Ana Co. Det. Ctr.	1.6%	2.5%	1.4%	1.9%	0.8%
San Juan Co. Adult Det. Ctr.	3.0	2.5	0.7	0.7	1.8
Santa Fe Co. Adult Det. Fac. ⁹	1.2	2.3	0.0	0.6	1.2
New York					
Albany Co. Corr. Fac.	2.7%	1.3%	1.2%	1.2%	2.0%
Allegany Co. Jail	3.0	3.0	1.5	1.5	0.0
Broome Co. Jail	1.4	2.9	1.5	2.8	1.9
Dutchess Co. Jail	0.7	0.7	0.7	1.4	0.0
Erie Co. Corr. Fac.	0.4	0.4	2.8	2.8	2.7
Erie Co. Holding Fac.	0.0	0.0	4.5	4.5	0.0
Jefferson Co. Jail	1.0	1.0	4.2	1.0	1.6
New York City Anna M. Kross Ctr.	2.4	0.5	1.2	2.1	1.5
New York City George Motchan Det. Ctr.	0.9	0.8	0.4	1.8	2.1
New York City Otis Bantum Corr. Ctr.	0.0	0.6	2.7	3.1	4.6
New York City Robert N Davoren Complex	0.3	0.3	0.6	1.3	2.3
New York City Rose M. Singer Ctr. ^e	4.1	2.3	2.3	5.6	2.9
Niagara Co. Jail	0.7	0.7	0.0	1.1	0.0
Oneida Co. Corr. Fac.	0.0	0.0	2.1	3.0	1.6
Orange Co. Corr. Fac.	0.4	1.0	0.0	0.9	0.9
Putnam Co. Corr. Fac.	0.0	0.0	1.1	1.1	1.1
Rockland Co. Corr. Ctr.	0.0	2.1	1.6	1.6	0.9
Schenectady Co. Jail	2.2	3.1	0.5	2.5	1.4
Seneca Co. Law Enforcement Ctr.	3.6	0.0	1.3	1.3	2.0
Ulster Co. Law Enforcement Ctr.	0.7	1.5	3.8	3.5	3.0
Washington Co. Corr. Fac.	0.0	0.0	0.0	0.0	0.0
Westchester Co. Jail	0.0	0.5	1.0	1.6	0.9
Westchester Co. Penitentiary - Dept. of Corr.	0.4	0.9	0.5	1.3	0.3
North Carolina					
Buncombe Co. Det. Fac.	0.7%	0.0%	0.6%	1.3%	0.0%
Cherokee Co. Jail	0.0	0.0	2.5	2.5	2.5
Durham Co. Jail	0.7	0.7	0.0	0.5	1.1
Edgecombe Co. Det. Ctr.	1.1	1.5	0.9	1.7	2.9
Forsyth Co. Adult Det. Ctr.	0.8	0.4	2.2	1.4	2.0
Granville Co. Det. Ctr.	0.4	0.4	1.2	1.2	4.8
Guilford Co. High Point Det. Fac.	0.0	0.0	0.0	0.0	1.1
Guilford Co. Prison Farm	0.0	0.0	0.0	0.0	0.0
Mecklenburg Co. Jail North	0.6	0.6	0.0	1.3	1.4
New Hanover Det. Fac.	0.6	0.6	0.7	1.2	0.0
Robeson Co. Jail	2.4	1.3	1.2	3.3	2.6
Scotland Co. Jail	0.0	1.0	1.9	3.0	2.5
Wake Co. John H. Baker, Jr. Public Safety Ctr.	2.9	2.2	0.4	0.9	0.4

APPENDIX TABLE 7 (continued)**Percent of jail inmates reporting sexual victimization, by level of coercion and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	Without force or pressure ^d
North Dakota					
Burleigh Co. Det. Ctr.	0.0%	0.0%	2.5%	3.5%	0.0%
Ohio					
Bedford Heights City Jail	0.0%	0.0%	0.0%	0.0%	0.0%
Cuyahoga Co. Corr. Ctr.	0.9	1.2	0.7	0.7	1.2
Delaware Co. Jail	0.0	0.0	0.0	0.0	0.0
Franklin Co. Jail	2.6	1.2	0.0	1.0	0.0
Hamilton Co. Justice Ctr.	0.0	0.0	1.1	1.8	0.0
Hamilton Co. Reading Road Fac.	0.8	1.3	0.0	0.0	0.3
Lorain Co. Jail	0.6	1.1	1.1	1.1	0.0
Miami Co. Jail	0.0	0.0	0.0	0.0	0.0
Montgomery Co. Jail	0.4	0.0	0.9	0.9	0.0
Richland Co. Jail	1.4	1.4	0.0	0.7	0.7
Oklahoma					
Dewey Co. Jail	0.0%	0.0%	0.0%	0.0%	0.0%
Kay Co. Jail	1.7	0.9	0.0	0.0	0.9
Nowata Co. Jail	0.0	0.0	0.0	2.4	0.0
Oregon					
Lane Co. Jail	0.5%	0.5%	0.5%	0.8%	0.0%
Marion Co. Corr. Fac.	0.5	0.5	0.9	0.5	0.9
Washington Co. Jail	0.0	0.0	0.0	0.0	0.5
Yamhill Co. Corr. Fac.	3.2	4.3	0.0	0.4	0.4
Pennsylvania					
Allegheny Co. Jail	1.5%	1.0%	0.2%	1.0%	1.0%
Blair Co. Prison	0.0	3.5	0.0	1.7	0.0
Fayette Co. Prison	1.6	2.6	2.1	2.9	2.3
Indiana Co. Jail	1.7	2.1	0.0	0.0	0.0
Luzerne Co. Corr. Fac.	1.5	2.4	0.0	0.6	0.0
Montgomery Co. Prison Corr. Fac.	0.7	1.4	1.0	2.2	0.5
Philadelphia City Alternative and Special Det. Fac.	0.0	0.0	0.4	0.8	0.0
Philadelphia City Curran/Fromhold Corr. Fac.	1.2	0.5	1.3	2.0	1.7
Philadelphia City Industrial Corr. Ctr.	3.5	1.9	2.3	3.4	3.4
Philadelphia City Riverside Corr. Fac. ^e	6.7	4.5	3.1	3.2	0.0
Schuylkill Co. Prison	1.0	1.0	1.0	1.6	1.1
Westmoreland Co. Prison	0.7	1.8	1.0	2.2	0.0
York Co. Prison	2.4	2.2	0.0	1.8	0.0
South Carolina					
Charleston Co. Det. Ctr.	0.4%	0.7%	0.9%	0.8%	0.4%
Florence Co. Det. Ctr.	0.0	0.0	0.5	0.0	0.7
Lexington Co. Jail	1.1	0.6	0.6	0.6	0.0
Spartanburg Co. Det. Fac.	0.0	0.0	0.0	1.1	0.5
Sumter-Lee Regional Det. Ctr.	0.0	0.4	2.4	3.2	3.0
York Co. Det. Ctr.	0.0	0.0	1.8	2.1	0.0
South Dakota					
Pennington Co. Jail	2.0%	0.7%	0.4%	0.9%	0.0%
Tennessee					
Lincoln Co. Jail	3.0%	3.0%	1.3%	1.3%	0.0%
Madison Co. Jail	1.0	0.5	1.7	3.0	1.0
McMinn Co. Jail	1.9	2.8	0.6	0.6	1.0
Montgomery Co. Jail	0.0	0.0	0.7	0.7	0.7
Obion Co. Jail	0.0	0.0	0.0	0.0	0.0
Robertson Co. Det. Ctr.	0.6	0.5	0.0	1.2	0.6
Shelby Co. Corr. Ctr.	1.1	0.4	1.1	1.1	2.8
Shelby Co. Jail	0.6	0.3	0.6	1.1	0.8
Sumner Co. Jail	3.4	1.9	1.7	2.0	1.0

APPENDIX TABLE 7 (continued)**Percent of jail inmates reporting sexual victimization, by level of coercion and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		
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Tipton Co. Jail	0.0%	1.5%	0.0%	0.0%	0.0%
Van Buren Co. Jail	0.0	0.0	0.0	0.0	0.0
Washington Co. Det. Ctr.	1.9	2.2	0.5	0.7	0.0
Texas					
Bexar Co. Adult Det. Ctr.	0.8%	1.1%	1.8%	3.1%	1.2%
Bowie Co. Corr. Ctr.	0.6	0.6	0.5	1.1	1.3
Brazoria Co. Jail and Det. Ctr.	0.0	0.4	0.0	0.4	0.0
Brown Co. Jail	0.0	0.0	0.0	0.0	0.0
Cameron Co. Carrizales-Rucker Det. Ctr.	0.0	0.3	0.0	0.0	0.0
Dallas Co. Kays Det. Fac.	0.0	0.4	0.4	0.9	1.2
Denton Co. Det. Ctr.	0.0	0.7	0.4	1.4	1.3
Eastland Co. Jail	0.0	0.0	0.0	0.0	0.0
El Paso Co. Det. Fac. Annex	2.2	1.5	0.3	0.3	0.6
El Paso Co. Downtown Det. Fac.	1.0	1.0	1.4	1.4	1.3
Ellis Co. Wayne McCollum Det. Ctr.	1.8	0.9	0.5	1.8	0.4
Gregg Co. Jail	0.3	0.3	0.0	0.3	0.8
Harris Co. Jail - 1200 Baker Street Jail	5.0	2.6	0.4	1.1	0.2
Harris Co. Jail - 1307 Baker Street Jail	1.0	0.5	0.0	0.5	0.0
Harris Co. Jail - 701 North San Jacinto Street Jail ^f	0.6	0.6	0.3	1.4	1.4
Harris Co. Jail - 711 North San Jacinto Jail	0.0	0.0	0.0	0.0	1.5
Hays Co. Jail	0.8	0.8	1.8	3.1	1.8
Jefferson Co. Corr. Fac.	1.0	0.2	1.0	1.4	0.7
Johnson Co. Jail	2.3	1.6	0.5	2.5	1.1
Tarrant Co. Corr. Ctr.	0.6	1.0	0.0	1.0	1.2
Taylor Co. Jail	1.0	1.1	0.0	1.3	0.7
Titus Co. Jail	0.0	0.0	0.0	0.0	0.0
Travis Co. Corr. Fac.	1.0	0.8	0.0	0.0	1.0
Travis Co. Jail	0.0	0.0	0.0	0.0	0.0
Uvalde Co. Jail	0.0	0.0	0.0	3.6	0.0
Victoria Co. Jail	0.0	1.6	0.0	0.0	0.0
Washington Co. Jail	2.6	2.6	0.0	0.0	0.0
Webb Co. Jail	0.0	0.0	0.0	0.6	0.0
Utah					
Box Elder Co. Jail	0.0%	0.0%	0.0%	0.0%	0.0%
Davis Co. Jail	2.2	2.8	0.0	0.8	0.5
Weber Co. Corr. Fac.	1.2	1.6	0.7	1.8	0.5
Virginia					
Alexandria Det. Ctr.	0.0%	0.6%	0.0%	0.6%	0.0%
Arlington Co. Det. Fac.	0.0	0.0	0.8	0.8	0.0
Bristol City Jail	0.0	0.8	0.0	0.0	0.0
Hampton Corr. Fac.	0.5	0.0	0.5	0.5	0.0
Henrico Co. Regional Jail West	0.4	0.3	0.9	1.5	0.6
Mecklenburg Co. Jail	0.0	0.0	0.0	0.0	0.0
Montgomery Co. Jail	0.0	0.0	0.0	0.0	0.0
Newport News City Jail	0.4	0.6	1.9	2.5	1.5
Piedmont Regional Jail	0.0	1.4	0.5	0.9	0.5
Rappahannock Regional Jail	1.2	0.0	2.3	1.9	0.6
Richmond City Jail	1.7	0.8	0.4	0.8	1.0
Riverside Regional Jail	0.8	1.6	1.4	3.2	0.9
Virginia Beach Municipal Corr. Ctr.	1.0	0.4	1.1	0.7	0.7

APPENDIX TABLE 7 (continued)**Percent of jail inmates reporting sexual victimization, by level of coercion and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	Without force or pressure ^d
Washington					
Benton Co. Jail	0.1%	1.1%	0.0%	1.1%	1.1%
Cowlitz Co. Jail	0.7	0.0	0.6	1.0	0.0
King Co. Regional Justice Ctr.	0.0	0.0	0.9	0.6	0.8
Snohomish Co. Jail	0.5	0.0	0.5	0.5	0.0
Sunnyside City Jail	0.0	0.0	0.0	0.0	0.0
Whatcom Co. Jail	2.7	2.9	0.0	0.0	0.3
Yakima City Jail	0.0	0.0	0.0	1.8	0.0
West Virginia					
Eastern Regional Jail	4.7%	4.0%	0.9%	1.5%	0.4%
South Central Regional Jail	2.9	3.0	1.7	1.1	0.5
Western Regional Jail	4.4	3.6	0.9	1.6	0.4
Wisconsin					
Brown Co. Jail	1.7%	0.5%	2.1%	2.1%	1.4%
Columbia Co. Jail	0.0	2.1	2.1	2.1	0.0
Milwaukee Co. Corr. Fac. South	1.3	1.3	1.4	2.4	1.0
Oconto Co. Jail	0.0	0.0	0.0	0.0	0.0
Rock Co. Jail	1.3	2.1	0.8	1.3	0.7
Walworth Co. Jail	0.8	0.8	1.7	1.7	2.5
Washington Co. Jail	3.1	3.1	1.4	3.0	3.0
Wood Co. Jail	0.0	0.0	0.0	0.0	0.0
Wyoming					
Lincoln Co. Jail	0.0%	0.0%	0.0%	0.0%	0.0%

^aIncludes all types of sexual victimization, including oral, anal, or vaginal penetration, hand jobs, touching of the inmate's butt, thighs, penis, breasts, or vagina in a sexual way, and other sexual acts occurring in the past 12 months or since admission to the facility, if shorter.

^bPhysical force or threat of physical force reported.

^cIncludes incidents in which the perpetrator, without using force, pressured the inmate or made the inmate feel that they had to participate. (See *Methodology*.)

^dIncludes incidents in which the staff offered favors or privileges in exchange for sex or sexual contact and incidents in which the inmate reported that they willingly had sex or sexual contact with staff.

^eFemale facility.

^fFacility housed both males and females; only males were sampled at this facility.

^gPrivately operated facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 8**Percent of jail inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12**

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
Total	1.2%	1.0%	1.4%	1.9%	1.7%	2.2%
Alabama						
Barbour Co. Jail	2.3%	0.7%	7.5%	0.0%	0.0%	7.6%
Dallas Co. Jail	0.7	0.2	2.1	0.9	0.3	2.7
Lee Co. W.S. Buck Jones Det. Ctr.	1.4	0.5	3.3	1.6	0.8	3.3
Marshall Co. Jail	1.7	0.7	3.8	3.4	1.9	6.0
Tuscaloosa Co. Jail	1.7	0.8	3.6	1.8	0.8	3.8
Arizona						
Maricopa Co. Estrella Jail ^e	2.9%	1.4%	5.8%	0.8%	0.3%	2.6%
Maricopa Co. Fourth Avenue Jail	0.6	0.1	3.2	0.9	0.3	3.2
Maricopa Co. Towers Jail	2.0	0.8	4.9	3.4	1.6	7.1
Mariopa Co. Lower Buckeye Jail	0.9	0.3	2.9	3.4	1.8	6.6
Santa Cruz Co. Jail	0.0	0.0	6.9	0.0	0.0	6.9
Yuma Co. Det. Ctr.	0.0	0.0	2.4	2.1	0.8	5.1
Arkansas						
Crittenden Co. Jail	4.5%	2.6%	7.6%	1.9%	0.8%	4.4%
Mississippi Co. Det. Ctr.	0.0	0.0	4.3	0.8	0.3	2.8
Pope Co. Det. Ctr.	4.1	1.4	11.7	1.8	0.4	7.7
Pulaski Co. Regional Det. Ctr.	5.0	2.4	10.5	1.0	0.3	3.2
Sebastian Co. Adult Det. Ctr.	0.0	0.0	2.5	1.1	0.4	2.8
California						
Alameda Co. Santa Rita Jail	0.3%	0.0%	1.3%	2.7%	1.4%	5.2%
Contra Costa Co. Martinez Det. Fac.	0.6	0.1	2.8	6.4	3.7	11.0
Fresno Co. Downtown Det. Fac. - Main, North and South	2.7	1.3	5.7	0.8	0.2	2.7
Imperial Co. Jail	0.2	0.0	0.8	0.8	0.3	2.7
Kern Co. Lerdo Pre-Trial Fac.	1.0	0.2	4.9	2.8	1.2	6.3
Los Angeles Co. - Twin Towers Corr. Fac.	3.3	1.5	7.2	4.6	2.4	8.9
Los Angeles Co. Men's Central Jail	1.3	0.5	3.8	5.6	3.1	9.7
Los Angeles Co. North County Corr. Fac.	0.8	0.2	2.9	1.9	0.7	5.5
Napa Co. Jail	0.0	0.0	3.3	3.8	2.0	7.3
Orange Co. Central Jail Complex	0.6	0.1	3.4	0.7	0.1	3.8
Orange Co. Theo Lacy Fac.	1.7	0.6	4.8	3.0	1.4	6.4
Riverside Co. Indio Jail	2.1	0.9	5.0	0.7	0.2	2.6
Riverside Co. Larry D. Smith Corr. Ctr.	2.3	1.1	5.0	2.7	1.2	6.0
Riverside Co. Southwest Det. Ctr. ^f	0.0	0.0	2.5	0.6	0.1	3.0
Sacramento Co. Rio Cosumnes Corr. Ctr.	1.8	0.8	3.9	3.1	1.6	5.8
San Diego Co. East Mesa Med. Fac.	0.0	0.0	2.7	2.4	1.0	5.6
San Diego Co. George F. Bailey Det. Fac.	3.1	1.4	7.0	2.1	0.7	5.8
San Diego Co. Vista Det. Fac.	0.4	0.1	1.7	3.5	1.8	6.6
San Francisco Co. Jail Number 3	0.0	0.0	5.0	4.0	1.5	9.9
Santa Clara Co. Elmwood Fac. - Min. and Med.	1.3	0.5	3.6	1.1	0.3	3.7
Santa Clara Co. Main Jail	6.0	2.8	12.4	3.2	1.4	7.2
Santa Clara Co. Women's Corr. Ctr. ^e	1.4	0.5	4.2	0.7	0.2	3.1
Solano Co. Justice Ctr. Det. Fac.	1.5	0.6	3.5	3.7	2.0	6.6
Tulare Co. Jail	0.8	0.1	3.8	0.3	0.1	1.4
Ventura Co. Jail	1.9	0.8	4.2	0.9	0.3	2.7
Yolo Co. Leinberger Ctr.	2.1	0.7	6.0	0.0	0.0	8.0
Yuba Co. Jail	0.8	0.2	2.9	1.2	0.4	3.2

APPENDIX TABLE 8 (continued)**Percent of jail inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12**

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
Colorado						
Chaffee Co. Jail	0.0%	0.0%	10.4%	0.0%	0.0%	10.4%
Denver Co. Jail	2.1	1.0	4.4	1.5	0.7	3.4
Denver Co. Van Cise-Simonet Det. Ctr.	1.3	0.4	4.4	0.8	0.1	3.8
Douglas Co. Jail	0.7	0.2	2.6	2.2	0.9	5.0
Fremont Co. Jail	2.3	1.1	4.7	0.8	0.2	2.5
Jefferson Co. Jail	0.0	0.0	1.8	0.0	0.0	1.8
Park Co. Jail	0.0	0.0	6.4	0.0	0.0	6.4
Florida						
Collier Co. Jail	2.0%	0.9%	4.2%	3.1%	1.2%	7.6%
Dixie Co. Jail	2.4	0.8	7.4	5.7	2.5	12.6
Escambia Co. Jail	1.4	0.6	3.4	1.1	0.3	3.6
Jacksonville City Montgomery Corr. Ctr.	0.8	0.2	3.1	1.6	0.7	3.6
Lake Co. Jail	0.3	0.1	1.7	2.5	0.6	9.4
Lee Co. Community Programs Unit	0.7	0.2	2.4	2.4	1.1	5.0
Leon Co. Det. Fac.	2.3	1.1	4.8	2.6	1.3	5.1
Manatee Co. Jail	2.0	0.8	4.6	3.2	1.7	5.9
Martin Co. Jail	1.3	0.4	3.8	1.9	0.7	4.6
Miami-Dade Co. Boot Camp	0.0	0.0	7.4	0.0	0.0	7.4
Miami-Dade Co. Metro West Det. Ctr.	0.5	0.1	2.6	2.1	1.0	4.4
Miami-Dade Co. Training and Treatment Ctr.	0.0	0.0	2.2	1.0	0.3	3.2
Miami-Dade Co. Turner Guilford Knight Corr. Ctr.	0.5	0.1	2.4	0.5	0.1	2.2
Okeechobee Co. Jail	1.1	0.3	3.9	0.0	0.0	3.7
Orange Co. 33rd Street Corr. Ctr.	0.5	0.1	2.6	3.0	1.4	6.3
Orange Co. Booking and Release Ctr.	1.0	0.2	3.9	1.9	0.7	5.4
Osceola Co. Jail	0.3	0.1	1.2	0.7	0.1	3.0
Palm Beach Co. Stockade	0.5	0.1	2.3	1.9	0.7	5.0
Pinellas Co. Central Division Fac.	0.0	0.0	2.4	2.4	0.9	6.4
Pinellas Co. South Division	0.8	0.2	3.9	2.4	1.0	5.8
Polk Co. - South Co. Jail	1.2	0.4	3.2	3.9	2.1	7.1
Sarasota North Co. Jail	0.0	0.0	1.9	0.0	0.0	1.9
Suwanee Co. Jail	0.9	0.3	3.0	0.0	0.0	4.5
Taylor Co. Jail	0.0	0.0	13.3	0.0	0.0	13.3
Georgia						
Candler Co. Jail	0.0%	0.0%	12.5%	0.0%	0.0%	12.5%
Carroll Co. Prison	0.7	0.3	1.7	2.0	1.1	3.5
Clayton Co. Jail	2.1	1.0	4.4	2.5	1.2	5.1
Dekalb Co. Jail	0.9	0.3	2.4	2.4	1.1	4.8
Douglas Co. Jail	2.2	1.1	4.3	0.7	0.2	1.9
Floyd Co. Jail	2.1	1.0	4.2	1.5	0.7	3.2
Floyd Co. Prison	0.0	0.0	2.1	2.8	1.5	5.0
Fulton Co. Jail	2.9	1.2	6.5	2.0	0.7	5.6
Gwinnett Co. Det. Ctr.	0.8	0.2	2.6	0.0	0.0	1.5
Hall Co. Det. Ctr.	1.4	0.5	3.8	1.6	0.6	4.2
Houston Co. Jail	2.2	1.0	4.6	4.9	2.8	8.3
Irwin Co. Jail	0.0	0.0	2.0	1.1	0.4	2.9
Murray County Jail	1.1	0.4	3.3	2.2	1.0	4.7
Newton Co. Jail	1.7	0.8	3.7	2.0	0.9	4.6
Screven Co. Jail	2.7	1.4	5.1	1.2	0.5	3.0
South Fulton Municipal Regional Jail	2.3	0.5	9.5	2.3	0.5	9.5
Spalding Co. Jail	1.1	0.4	3.3	4.0	1.9	8.0
Troup Co. Jail	1.1	0.4	2.9	1.1	0.4	2.9
Upson Co. Jail	0.0	0.0	3.4	2.6	1.5	4.6
Ware Co. Jail	0.8	0.3	2.1	1.4	0.6	2.9
Wilkinson Co. Jail	6.5	1.9	20.0	0.0	0.0	16.8

APPENDIX TABLE 8 (continued)**Percent of jail inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12**

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
		Lower bound	Upper bound		Lower bound	Upper bound
Idaho						
Bannock Co. Jail	0.0%	0.0%	3.3%	3.0%	1.3%	6.8%
Illinois						
Champaign Co. Satellite Jail ^f	2.0%	0.5%	8.4%	0.0%	0.0%	6.4%
Cook Co. - Division 1	1.1	0.4	2.7	3.3	1.9	5.6
Cook Co. - Division 11	3.3	1.9	5.8	4.4	2.7	7.1
Cook Co. - Division 2	0.6	0.1	3.0	5.1	3.0	8.6
Cook Co. - Division 5	1.2	0.5	3.1	2.3	1.1	4.7
Cook Co. - Division 6	0.4	0.1	1.6	1.9	0.9	3.7
Kane Co. Adult Justice Ctr.	0.8	0.3	2.6	2.1	0.8	5.1
Kankakee Co. Jerome Combs Det. Ctr.	1.7	0.7	3.9	1.7	0.8	3.4
Kendall Co. Jail	3.4	1.7	6.8	1.7	0.5	5.1
McHenry Co. Jail	0.6	0.1	2.6	0.5	0.1	2.2
Sangamon Co. Jail	1.6	0.8	3.0	2.3	1.3	4.1
Indiana						
Bartholomew Co. Jail	0.5%	0.2%	1.3%	2.6%	1.5%	4.7%
Clinton Co. Jail	1.6	0.5	4.4	0.8	0.3	2.4
Dearborn Co. Jail	0.0	0.0	3.0	1.8	0.8	4.3
Delaware Co. Justice Ctr.	1.6	0.6	4.4	0.2	0.1	0.9
Elkhart Co. Corr. Ctr.	1.2	0.5	3.2	2.4	1.3	4.4
Hamilton Co. Jail	0.5	0.2	1.9	0.9	0.3	3.3
Jackson Co. Jail	1.0	0.3	3.4	0.0	0.0	4.1
Marion Co. Jail II ^g	1.2	0.4	3.3	2.2	0.6	7.3
Marion Co. Jail Intake Fac.	2.7	0.7	10.7	4.9	1.9	12.2
Noble Co. Jail	0.0	0.0	3.5	0.9	0.3	2.3
Ripley Co. Jail	0.0	0.0	7.0	7.9	5.1	11.9
Tippecanoe Co. Jail	2.5	1.1	5.7	0.0	0.0	3.2
Iowa						
Des Moines Co. Jail	0.0%	0.0%	11.4%	2.1%	0.6%	7.1%
Scott Co. Jail and Annex	2.4	1.1	5.1	0.8	0.2	2.8
Kansas						
Finney Co. Jail	3.0%	1.6%	5.6%	1.0%	0.3%	2.9%
Wilson Co. Jail	0.0	0.0	9.6	5.6	1.7	16.5
Kentucky						
Big Sandy Regional Det. Ctr.	0.0%	0.0%	2.6%	1.3%	0.6%	3.2%
Boyle Co. Det. Ctr.	0.0	0.0	2.5	1.9	0.6	5.7
Daviess Co. Det. Ctr.	0.7	0.3	2.1	2.9	1.5	5.4
Grayson Co. Det. Ctr.	0.8	0.3	2.2	1.4	0.6	3.1
Kenton Co. Det. Ctr.	0.4	0.1	1.8	0.7	0.2	2.5
Lexington-Fayette Co. Jail Det. Division	0.6	0.2	2.0	3.6	1.8	7.3
Madison Co. Det. Ctr.	2.1	1.1	4.2	1.7	0.8	3.4
McCracken Co. Jail	1.1	0.4	2.8	2.0	1.0	3.9
Meade Co. Jail	0.0	0.0	4.4	1.3	0.5	3.6
Pulaski Co. Det. Ctr.	0.9	0.2	3.1	0.8	0.2	2.9
Woodford Co. Det. Ctr.	0.1	0.0	0.6	0.0	0.0	10.2
Louisiana						
Assumption Parish Det. Ctr.	1.5%	0.6%	3.9%	3.1%	1.6%	6.0%
Bossier Parish Max. Security Fac.	0.9	0.4	2.3	0.0	0.0	2.2
Bossier Parish Med. Security Fac.	0.4	0.1	1.5	2.0	1.0	4.0
Caddo Parish Corr. Ctr.	0.4	0.1	1.8	1.6	0.7	3.7
East Baton Rouge Parish Prison	1.4	0.5	3.8	0.9	0.3	3.2
Iberia Parish Jail	1.4	0.6	3.2	2.5	1.3	4.9
Lafayette Parish Jail	0.5	0.1	2.2	2.8	1.4	5.4

APPENDIX TABLE 8 (continued)**Percent of jail inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12**

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
Livingston Parish Det. Ctr.	0.0%	0.0%	1.7%	1.4%	0.6%	3.2%
Rapides Parish Det. Ctr. III	1.4	0.7	3.0	0.5	0.1	1.6
St. Landry Parish Jail	0.0	0.0	3.3	0.7	0.2	2.5
St. Martin Parish Corr. Ctr. 1	2.6	1.0	6.4	1.3	0.4	4.6
Webster Parish Bayou Dorcheat Corr. Fac.	1.2	0.6	2.6	2.1	1.0	4.5
Maine						
Penobscot Co. Jail	1.8%	0.4%	6.7%	2.6%	0.7%	9.6%
Maryland						
Allegany Co. Det. Ctr.	2.3%	0.5%	9.6%	0.0%	0.0%	7.7%
Anne Arundel Co. Jennifer Road Det. Ctr.	0.0	0.0	3.6	0.9	0.2	4.4
Baltimore City Det. Ctr.	1.2	0.4	3.3	5.5	3.4	8.8
Montgomery Co. Corr. Fac.	1.6	0.6	3.9	1.1	0.4	3.5
Wicomico Co. Det. Ctr.	0.6	0.2	2.1	0.0	0.0	2.5
Massachusetts						
Hampden Co. Corr. Ctr.	0.0%	0.0%	1.7%	1.9%	0.7%	5.0%
Middlesex Co. Jail and House of Corr.	0.7	0.2	3.5	1.4	0.6	3.2
Plymouth Co. Corr. Fac.	0.0	0.0	2.1	2.0	0.8	4.7
Suffolk Co. House of Corr.	1.5	0.6	3.5	4.7	2.6	8.3
Suffolk Co. Nashua Street Jail	0.0	0.0	2.5	1.9	0.7	4.9
Worcester Co. Jail and House of Corr.	0.7	0.2	2.2	3.7	2.1	6.5
Michigan						
Berrien Co. Jail	0.8%	0.3%	1.9%	3.5%	2.2%	5.6%
Calhoun Co. Jail	0.3	0.1	1.2	4.8	2.4	9.4
Huron Co. Jail	0.0	0.0	12.1	0.0	0.0	12.1
Kalamazoo Co. Jail	1.6	0.8	3.2	4.1	2.4	7.0
Macomb Co. Jail	0.0	0.0	2.5	1.9	0.8	4.5
Oakland Co. East Annex	1.2	0.5	3.2	1.3	0.5	3.5
Oakland Co. Law Enforcement Complex	3.7	1.8	7.5	3.6	1.5	8.5
Ottawa Co. Jail	0.0	0.0	3.1	0.6	0.2	2.5
Wayne Co. Andrew C. Baird Det. Fac.	2.8	1.2	6.4	1.3	0.4	4.6
Wayne Co. William Dickerson Det. - Division III	0.0	0.0	2.2	0.4	0.1	2.1
Minnesota						
Anoka Co. Jail	0.9%	0.3%	3.3%	1.1%	0.4%	2.8%
Hennepin Co. Adult Det. Ctr.	0.6	0.1	2.7	0.9	0.3	2.8
Mille Lacs Co. Jail	0.0	0.0	9.9	1.8	0.6	5.5
Ramsey Co. Corr. Fac.	0.0	0.0	2.2	0.9	0.3	2.2
Mississippi						
Covington Co. Jail	0.0%	0.0%	25.9%	0.0%	0.0%	25.9%
Harrison Co. Adult Det. Ctr.	1.0	0.4	2.5	4.1	2.2	7.6
Hinds Co. Jackson Det. Ctr.	1.8	0.8	4.0	1.1	0.4	3.1
Hinds Co. Raymond Det. Ctr.	1.6	0.7	3.9	3.5	1.8	6.6
Holmes-Humphreys Co. Regional Corr. Fac.	1.7	0.6	4.6	0.8	0.2	3.0
Madison Co. Jail	1.8	0.8	3.9	1.4	0.5	3.6
Marshall Co. Jail	0.0	0.0	7.6	0.0	0.0	7.6
Pike Co. Jail	0.0	0.0	4.1	0.0	0.0	4.1
Missouri						
Boone Co. Jail	1.7%	0.6%	4.6%	2.3%	0.6%	8.8%
LaClede Co. Jail	3.1	1.8	5.3	4.5	2.7	7.3
St. Charles Co. Jail	2.4	1.0	5.6	3.6	1.8	7.0
St. Louis Co. Jail	1.8	0.7	4.8	1.7	0.6	4.4
St. Louis Med. Security Inst.	3.5	1.7	6.8	3.2	1.7	5.9
Washington Co. Jail	3.3	0.9	11.3	0.0	0.0	16.1

APPENDIX TABLE 8 (continued)**Percent of jail inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12**

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
Montana						
Cascade Co. Regional Jail	1.7%	0.7%	3.7%	3.6%	2.0%	6.3%
Hill Co. Jail	0.0	0.0	12.5	0.0	0.0	12.5
Missoula Co. Jail	1.2	0.4	3.0	1.4	0.5	3.5
Nebraska						
Douglas Co. Dept. of Corr.	1.4%	0.4%	4.9%	2.6%	1.1%	6.4%
Saline Co. Jail	2.3	0.9	6.2	1.6	0.6	4.5
Nevada						
Clark Co. Det. Ctr.	0.6%	0.2%	1.9%	0.4%	0.1%	2.2%
Nye Co. Jail - Pahrump	0.0	0.0	21.5	0.0	0.0	21.5
Washoe Co. Det. Ctr.	2.8	1.3	5.9	0.4	0.1	2.1
New Hampshire						
Coos Co. Jail	0.0%	0.0%	16.8%	4.4%	1.2%	14.3%
Hillsborough Co. House of Corr.	2.9	1.2	6.8	3.1	1.4	6.7
New Jersey						
Bergen Co. Jail	0.8%	0.3%	2.3%	1.9%	0.9%	3.7%
Burlington Co. Min. Security Jail/Corr. and Work Release Ctr.	0.0	0.0	5.9	0.0	0.0	5.9
Essex Co. Corr. Fac.	0.5	0.1	2.4	1.7	0.7	4.2
Hudson Co. Corr. Fac.	1.3	0.5	3.1	0.7	0.2	2.4
Mercer Co. Corr. Ctr.	2.8	1.2	6.5	4.4	2.3	8.4
Middlesex Co. Adult Corr. Ctr.	0.3	0.1	1.4	1.0	0.4	2.5
Ocean Co. Justice Complex	2.0	0.8	5.1	0.0	0.0	2.5
Passaic Co. Jail	0.7	0.2	2.1	1.9	0.9	4.2
Salem Co. Corr. Fac.	1.8	0.6	4.9	0.7	0.2	2.8
New Mexico						
Dona Ana Co. Det. Ctr.	2.3%	1.2%	4.4%	2.5%	1.2%	5.3%
San Juan Co. Adult Det. Ctr.	1.7	0.5	5.3	1.4	0.4	4.1
Santa Fe Co. Adult Det. Fac. ⁹	3.5	1.6	7.5	0.0	0.0	2.7
New York						
Albany Co. Corr. Fac.	1.8%	0.8%	4.1%	2.4%	1.1%	4.9%
Allegany Co. Jail	1.5	0.4	5.3	3.0	1.2	7.5
Broome Co. Jail	0.9	0.3	2.7	4.3	2.1	8.8
Dutchess Co. Jail	0.0	0.0	3.0	1.4	0.5	3.8
Erie Co. Corr. Fac.	0.0	0.0	2.1	4.3	2.3	7.7
Erie Co. Holding Fac.	0.0	0.0	5.3	4.5	0.9	19.6
Jefferson Co. Jail	1.6	0.4	6.0	3.6	1.6	8.2
New York City Anna M. Kross Ctr.	1.9	0.7	5.4	3.7	1.8	7.4
New York City George Motchan Det. Ctr.	1.8	0.7	4.1	3.6	1.9	6.6
New York City Otis Bantum Corr. Ctr.	0.0	0.0	2.2	6.2	3.3	11.1
New York City Robert N Davoren Complex	0.4	0.1	1.9	3.0	1.6	5.8
New York City Rose M. Singer Ctr. ^e	2.4	1.1	5.1	6.2	3.9	9.7
Niagara Co. Jail	0.0	0.0	2.3	1.8	0.7	4.1
Oneida Co. Corr. Fac.	0.9	0.2	3.8	2.1	0.9	5.1
Orange Co. Corr. Fac.	0.5	0.1	2.3	1.4	0.6	3.4
Putnam Co. Corr. Fac.	0.0	0.0	5.4	1.1	0.3	3.7
Rockland Co. Corr. Ctr.	0.6	0.2	1.8	3.5	1.7	7.4
Schenectady Co. Jail	1.9	0.9	4.1	2.9	1.7	5.0
Seneca Co. Law Enforcement Ctr.	1.6	0.6	4.0	3.3	1.6	6.6
Ulster Co. Law Enforcement Ctr.	0.9	0.3	2.2	6.1	3.6	10.1
Washington Co. Corr. Fac.	0.0	0.0	5.8	0.0	0.0	5.8
Westchester Co. Jail	0.9	0.3	2.8	2.1	0.8	5.5
Westchester Co. Penitentiary - Dept. of Corr.	0.4	0.1	1.9	1.7	0.8	3.8

APPENDIX TABLE 8 (continued)**Percent of jail inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12**

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
North Carolina						
Buncombe Co. Det. Fac.	0.7%	0.2%	2.5%	1.3%	0.5%	3.4%
Cherokee Co. Jail	0.0	0.0	7.9	2.5	0.8	7.8
Durham Co. Jail	0.7	0.2	2.7	1.6	0.7	3.7
Edgecombe Co. Det. Ctr.	3.1	1.8	5.4	3.2	1.7	5.9
Forsyth Co. Adult Det. Ctr.	1.2	0.4	4.0	2.0	0.8	5.1
Granville Co. Det. Ctr.	5.3	1.5	16.5	1.2	0.3	4.4
Guilford Co. High Point Det. Fac.	0.0	0.0	2.4	1.1	0.4	2.7
Guilford Co. Prison Farm	0.0	0.0	9.6	0.0	0.0	9.6
Mecklenburg Co. Jail North	0.0	0.0	3.1	2.0	0.8	4.9
New Hanover Det. Fac.	0.0	0.0	2.4	1.9	0.8	4.3
Robeson Co. Jail	2.4	1.1	5.1	5.1	3.0	8.6
Scotland Co. Jail	4.0	2.0	7.7	1.4	0.5	3.6
Wake Co. John H. Baker, Jr. Public Safety Ctr.	2.3	0.7	7.3	1.8	0.8	4.3
North Dakota						
Burleigh Co. Det. Ctr.	0.0%	0.0%	4.5%	3.5%	1.9%	6.5%
Ohio						
Bedford Heights City Jail	0.0%	0.0%	9.9%	0.0%	0.0%	9.9%
Cuyahoga Co. Corr. Ctr.	0.7	0.3	2.0	1.6	0.7	3.6
Delaware Co. Jail	0.0	0.0	3.4	0.0	0.0	3.4
Franklin Co. Jail	2.6	1.2	5.8	1.5	0.5	4.6
Hamilton Co. Justice Ctr.	0.0	0.0	1.8	1.8	0.8	4.3
Hamilton Co. Reading Road Fac.	0.9	0.4	2.1	1.6	0.7	3.3
Lorain Co. Jail	0.6	0.1	2.1	1.6	0.7	3.6
Miami Co. Jail	0.0	0.0	5.3	0.0	0.0	5.3
Montgomery Co. Jail	0.9	0.3	2.7	0.4	0.1	2.0
Richland Co. Jail	1.4	0.7	2.9	1.4	0.7	2.9
Oklahoma						
Dewey Co. Jail	0.0%	0.0%	22.8%	0.0%	0.0%	22.8%
Kay Co. Jail	0.8	0.3	2.4	1.8	0.8	3.8
Nowata Co. Jail	0.0	0.0	13.8	2.4	0.7	8.3
Oregon						
Lane Co. Jail	0.0%	0.0%	2.2%	0.8%	0.3%	2.1%
Marion Co. Corr. Fac.	0.0	0.0	1.8	1.8	0.9	3.8
Washington Co. Jail	0.0	0.0	2.5	0.5	0.1	2.4
Yamhill Co. Corr. Fac.	2.8	1.4	5.8	1.8	0.9	3.5
Pennsylvania						
Allegheny Co. Jail	0.5%	0.1%	1.7%	2.5%	1.2%	5.1%
Blair Co. Prison	3.5	1.2	10.1	1.7	0.6	4.9
Fayette Co. Prison	1.0	0.2	4.1	3.9	1.9	7.7
Indiana Co. Jail	1.7	0.6	4.8	2.1	0.5	8.2
Luzerne Co. Corr. Fac.	2.4	1.2	4.9	0.6	0.1	2.7
Montgomery Co. Prison Corr. Fac.	1.9	0.8	4.1	1.8	0.8	4.3
Philadelphia City Alternative and Special Det. Fac.	0.0	0.0	2.2	0.8	0.3	2.5
Philadelphia City Curran/Fromhold Corr. Fac.	1.5	0.5	4.3	3.0	1.5	5.9
Philadelphia City Industrial Corr. Ctr.	2.7	1.2	5.6	6.8	4.3	10.6
Philadelphia City Riverside Corr. Fac. ^e	4.1	2.3	7.3	4.5	2.5	8.1
Schuylkill Co. Prison	0.0	0.0	2.7	2.7	1.4	5.0
Westmoreland Co. Prison	2.1	0.8	5.2	1.2	0.3	4.4
York Co. Prison	1.5	0.6	4.2	3.8	2.0	7.1

APPENDIX TABLE 8 (continued)**Percent of jail inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12**

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
		Lower bound	Upper bound		Lower bound	Upper bound
South Carolina						
Charleston Co. Det. Ctr.	0.3%	0.1%	1.3%	1.7%	0.7%	4.0%
Florence Co. Det. Ctr.	0.0	0.0	2.3	1.2	0.5	3.1
Lexington Co. Jail	1.1	0.3	3.2	0.6	0.1	2.5
Spartanburg Co. Det. Fac.	0.0	0.0	1.8	1.1	0.4	3.5
Sumter-Lee Regional Det. Ctr.	1.0	0.4	2.7	4.1	2.2	7.3
York Co. Det. Ctr.	0.7	0.2	2.7	1.4	0.4	4.6
South Dakota						
Pennington Co. Jail	1.6%	0.6%	4.2%	0.9%	0.3%	2.4%
Tennessee						
Lincoln Co. Jail	3.0%	1.4%	6.1%	0.0%	0.0%	4.7%
Madison Co. Jail	0.4	0.1	1.4	4.9	2.4	9.7
McMinn Co. Jail	1.0	0.5	2.0	2.4	1.4	4.1
Montgomery Co. Jail	0.0	0.0	3.1	0.7	0.2	3.3
Obion Co. Jail	0.0	0.0	3.8	0.0	0.0	3.8
Robertson Co. Det. Ctr.	1.1	0.4	2.9	1.7	0.8	3.9
Shelby Co. Corr. Ctr.	0.3	0.1	1.6	3.1	1.7	5.5
Shelby Co. Jail	0.2	0.0	0.9	1.6	0.7	3.5
Sumner Co. Jail	3.1	1.7	5.7	2.9	1.5	5.6
Tipton Co. Jail	0.0	0.0	4.9	1.5	0.5	5.0
Van Buren Co. Jail	0.0	0.0	20.4	0.0	0.0	20.4
Washington Co. Det. Ctr.	1.5	0.7	3.4	1.4	0.6	2.9
Texas						
Bexar Co. Adult Det. Ctr.	4.6%	2.3%	9.0%	0.4%	0.1%	2.4%
Bowie Co. Corr. Ctr.	1.2	0.4	3.6	1.3	0.4	3.8
Brazoria Co. Jail and Det. Ctr.	0.0	0.0	1.7	0.9	0.3	2.6
Brown Co. Jail	0.0	0.0	4.7	0.0	0.0	4.7
Cameron Co. Carrizales-Rucker Det. Ctr.	0.0	0.0	1.4	0.3	0.1	1.6
Dallas Co. Kays Det. Fac.	0.7	0.2	2.6	1.3	0.5	3.7
Denton Co. Det. Ctr.	1.3	0.5	3.3	1.1	0.4	2.9
Eastland Co. Jail	0.0	0.0	9.9	0.0	0.0	9.9
El Paso Co. Det. Fac. Annex	1.4	0.5	3.9	1.5	0.5	4.0
El Paso Co. Downtown Det. Fac.	0.0	0.0	2.2	3.0	1.2	7.6
Ellis Co. Wayne McCollum Det. Ctr.	1.3	0.6	2.9	2.3	1.2	4.3
Gregg Co. Jail	1.0	0.4	2.4	0.5	0.1	2.0
Harris Co. Jail - 1200 Baker Street Jail	5.1	2.6	9.8	2.5	1.2	5.2
Harris Co. Jail - 1307 Baker Street Jail	0.4	0.1	1.7	1.0	0.4	2.5
Harris Co. Jail - 701 North San Jacinto Street Jail ^f	0.3	0.1	1.5	2.9	1.5	5.6
Harris Co. Jail - 711 North San Jacinto Jail	1.5	0.4	4.9	0.0	0.0	5.7
Hays Co. Jail	0.8	0.2	3.3	3.1	1.1	8.7
Jefferson Co. Corr. Fac.	0.3	0.1	1.6	1.8	0.8	3.7
Johnson Co. Jail	2.4	1.2	4.5	2.8	1.6	5.0
Tarrant Co. Corr. Ctr.	0.9	0.3	3.1	1.9	0.7	5.2
Taylor Co. Jail	0.6	0.1	2.7	2.4	1.1	5.1
Titus Co. Jail	0.0	0.0	5.7	0.0	0.0	5.7
Travis Co. Corr. Fac.	2.7	0.9	7.6	0.0	0.0	3.5
Travis Co. Jail	0.0	0.0	13.3	0.0	0.0	13.3
Uvalde Co. Jail	0.0	0.0	18.4	3.6	0.9	14.1
Victoria Co. Jail	1.6	0.4	6.6	0.0	0.0	8.6
Washington Co. Jail	1.3	0.5	3.2	1.4	0.5	3.5
Webb Co. Jail	0.0	0.0	3.4	0.6	0.1	2.7

APPENDIX TABLE 8 (continued)**Percent of jail inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12**

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
Utah						
Box Elder Co. Jail	0.0%	0.0%	8.8%	0.0%	0.0%	8.8%
Davis Co. Jail	3.2	1.5	6.7	1.6	0.7	3.6
Weber Co. Corr. Fac.	1.2	0.5	3.1	2.5	1.1	5.5
Virginia						
Alexandria Det. Ctr.	0.0%	0.0%	3.1%	0.6%	0.1%	2.6%
Arlington Co. Det. Fac.	0.0	0.0	2.3	0.8	0.2	3.2
Bristol City Jail	0.0	0.0	3.7	0.8	0.3	2.3
Hampton Corr. Fac.	0.5	0.1	2.0	0.5	0.1	1.8
Henrico Co. Regional Jail West	1.8	0.8	3.9	0.9	0.3	2.8
Mecklenburg Co. Jail	0.0	0.0	5.4	0.0	0.0	5.4
Montgomery Co. Jail	0.0	0.0	6.0	0.0	0.0	6.0
Newport News City Jail	2.0	0.9	4.2	1.5	0.6	3.4
Piedmont Regional Jail	0.0	0.0	2.0	2.3	1.1	4.7
Rappahannock Regional Jail	2.4	1.2	4.8	2.1	1.0	4.2
Richmond City Jail	0.9	0.3	2.8	2.6	1.3	5.2
Riverside Regional Jail	1.8	0.8	4.3	3.1	1.7	5.6
Virginia Beach Municipal Corr. Ctr.	1.0	0.4	2.6	1.4	0.6	3.3
Washington						
Benton Co. Jail	0.1%	0.0%	0.4%	2.3%	0.8%	6.0%
Cowlitz Co. Jail	1.1	0.5	2.8	0.6	0.2	2.0
King Co. Regional Justice Ctr.	0.6	0.1	2.7	0.8	0.2	2.4
Snohomish Co. Jail	1.0	0.3	3.1	0.0	0.0	1.6
Sunnyside City Jail	0.0	0.0	18.4	0.0	0.0	18.4
Whatcom Co. Jail	0.5	0.1	1.8	2.5	1.2	5.1
Yakima City Jail	0.0	0.0	9.0	1.8	0.5	5.9
West Virginia						
Eastern Regional Jail	3.3%	1.4%	7.5%	3.2%	1.6%	6.6%
South Central Regional Jail	1.8	0.6	4.8	4.2	1.8	9.2
Western Regional Jail	2.9	1.6	5.3	1.9	0.9	4.2
Wisconsin						
Brown Co. Jail	1.2%	0.4%	3.9%	2.9%	1.4%	6.1%
Columbia Co. Jail	2.1	0.6	7.5	2.1	0.6	7.5
Milwaukee Co. Corr. Fac. South	1.0	0.3	3.2	3.2	1.6	6.3
Oconto Co. Jail	0.0	0.0	18.4	0.0	0.0	18.4
Rock Co. Jail	0.8	0.2	3.0	2.5	1.2	5.3
Walworth Co. Jail	0.0	0.0	3.7	2.5	1.3	5.0
Washington Co. Jail	0.0	0.0	5.4	4.5	2.4	8.6
Wood Co. Jail	0.0	0.0	12.9	0.0	0.0	12.9
Wyoming						
Lincoln Co. Jail	0.0%	0.0%	25.9%	0.0%	0.0%	25.9%

^aIncludes all inmates who reported unwanted contacts with another inmate or any contacts with staff that involved oral, anal, or vaginal penetration, hand jobs, and other sexual acts occurring in the past 12 months or since admission to the facility, if shorter.

^bIncludes all inmates who reported unwanted contacts with another inmate or any contacts with staff that involved touching of the inmate's buttocks, thigh, penis, breasts, or vagina in a sexual way occurring in the past 12 months or since admission to the facility, if shorter.

^cIndicates that different samples in the same facility would yield prevalence rates falling between the lower and upper bound estimates 95 out of 100 times.

^dWeights were applied so that inmates who responded accurately reflected the entire population of each facility on select characteristics, including age, sex, race, sentence length, and time served. (See *Methodology*.)

^eFemale facility.

^fFacility housed both males and females; only males were sampled at this facility.

^gPrivately operated facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 9**Characteristics of special correctional facilities and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	Lower bound	Upper bound
Special correctional facilities						
Immigration and Customs Enforcement facilities						
El Centro SPC (CA)	386	115	47.8%	0.8%	0.2%	3.4%
Jena/LaSalle Det. Fac. (LA) ^g	767	97	39.6	1.1	0.2	5.4
Krome North SPC (FL)	584	60	22.9	3.8	1.2	11.9
Otero Co. Processing Ctr. (NM)	618	140	59.0	1.7	0.6	4.4
Port Isabel Processing Ctr. (TX)	1173	161	39.3	2.3	1.0	5.6
Military facilities						
Midwest Joint Regional Corr. Fac., Fort Leavenworth (KS)	188	82	56.2%	3.9%	1.9%	7.9%
Naval Consolidated Brig, Charleston (SC)	138	94	80.7	4.4	2.6	7.4
Naval Consolidated Brig, Miramar (CA) ^h	312	121	64.1	6.6	3.8	11.2
Northwest Joint Regional Corr. Fac. (WA)	140	85	71.0	6.6	2.9	14.1
United States Disciplinary Barracks, Fort Leavenworth (KS)	464	157	69.5	2.6	1.2	5.6
Indian country jails						
Hualapai Adult Det. Ctr. (AZ) ^g	15	7	60.0%	:	:	:
Laguna Det. Ctr. (NM) ^g	38	26	73.7	0.0%	0.0%	12.9%
Oglala Sioux Tribal Offenders Fac. (SD) ^g	115	56	51.8	10.8	6.2	17.9
San Carlos Dept. of Corr. and Rehabilitation - Adult and Juvenile Det. (AZ) ^g	133	79	83.8	1.6	0.6	4.2
Standing Rock Law Enforcement and Adult Det. Ctr. (ND) ^g	35	7	72.7	:	:	:

: Not calculated.

^aIncludes all types of sexual victimization, including oral, anal, or vaginal penetration, hand jobs, touching of the inmate's butt, thighs, penis, breasts, or vagina in a sexual way, and other sexual acts occurring in the past 12 months or since admission to the facility, if shorter.^bIndicates that different samples in the same facility would yield prevalence rates falling between the lower and upper bound estimates 95 out of 100 times.^cNumber of inmates in custody on day when the facility provided the sample roster.^dNumber of respondents completing to the sexual victimization survey. (See *Methodology*.)^eResponse rate is equal to the number of respondents divided by the number of eligible inmates sampled times 100 percent.^fWeights were applied so that inmates who responded accurately reflected the entire population of each facility on select characteristics, including age, sex, race, time served, and sentence length. (See *Methodology*.)^gFacility housed both males and females; both were sampled at this facility.^hFacility housed both males and females; only males were sampled at this facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 10**Standard errors for table 2: Prevalence of sexual victimization across inmate surveys, by type of incident, National Inmate Survey, 2007, 2008–09, and 2011–12**

Type of incident ^c	Percent of prison inmates			Percent of jail inmates		
	NIS-1 2007	NIS-2 2008–09	NIS-3 2011–12	NIS-1 2007	NIS-2 2008–09	NIS-3 2011–12
Total	0.3%	0.3%	0.2%	0.1%	0.1%	0.2%
Inmate-on-inmate	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%
Nonconsensual sexual acts	0.1	0.1	0.1	0.1	0.1	0.1
Abusive sexual contacts only	0.1	0.1	0.1	0.1	0.1	0.1
Staff sexual misconduct	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%
Unwilling activity	0.1	0.2	0.1	0.1	0.1	0.1
Excluding touching	0.1	0.1	0.1	0.1	0.1	0.1
Touching only	0.1	0.1	0.1	--	--	--
Willing activity	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Excluding touching	0.1	0.1	0.1	0.1	0.1	0.1
Touching only	--	--	--	--	--	--

--Less than 0.05%.

Source: Bureau of Justice Statistics, National Inmate Survey, 2007, 2008–09, and 2011–12.

APPENDIX TABLE 11**Standard errors for table 7: Prevalence of sexual victimization, by type of incident and inmate characteristics, National Inmate Survey, 2011–12**

Characteristic	Prison inmates reporting sexual victimization			Jail inmates reporting sexual victimization		
	Number of inmates	Inmate-on-inmate	Staff sexual misconduct	Number of inmates	Inmate-on-inmate	Staff sexual misconduct
Sex						
Male	85,500	0.1%	0.2%	31,500	0.1%	0.1%
Female	8,900	0.7	0.3	6,800	0.3	0.2
Race/Hispanic origin						
White	29,400	0.3%	0.2%	11,700	0.2%	0.1%
Black	38,500	0.1	0.2	16,400	0.1	0.2
Hispanic	30,900	0.2	0.4	13,500	0.3	0.1
Other	3,500	0.4	0.7	1,800	0.3	0.4
Two or more races	8,500	0.5	0.6	2,800	0.4	0.4
Age						
18–19	2,300	0.7%	0.6%	1,900	0.3%	0.4%
20–24	12,100	0.3	0.4	7,300	0.2	0.2
25–34	26,800	0.2	0.3	11,900	0.2	0.2
35–44	27,900	0.2	0.4	7,800	0.2	0.1
45–54	18,900	0.3	0.2	6,500	0.2	0.1
55 or older	9,900	0.2	0.2	2,000	0.4	0.1
Education						
Less than high school	48,900	0.2%	0.2%	17,900	0.2%	0.1%
High school graduate	19,700	0.3	0.4	8,600	0.1	0.2
Some college	15,900	0.3	0.2	7,100	0.2	0.2
College degree or more	6,000	0.4	0.4	3,200	0.4	0.4
Marital status						
Married	16,100	0.2%	0.3%	7,900	0.1%	0.2%
Widowed, divorced, or separated	23,700	0.2	0.2	8,600	0.3	0.2
Never married	47,400	0.2	0.2	19,500	0.2	0.1
Body Mass Index						
Underweight	1,200	1.1%	1.3%	600	0.9%	0.5%
Normal	21,600	0.2	0.2	12,400	0.1	0.1
Overweight	37,500	0.1	0.2	14,300	0.1	0.1
Obese	22,700	0.2	0.2	6,900	0.3	0.2
Morbidly Obese	2,700	0.6	0.9	900	0.6	0.7

--Less than 0.05%.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 12

Standard errors for table 8: Prevalence of sexual victimization, by type of incident and inmate sexual characteristics, National Inmate Survey, 2011–12

Sexual characteristic	Prison inmates reporting sexual victimization			Jail inmates reporting sexual victimization		
	Number of inmates	Inmate-on-inmate	Staff sexual misconduct	Number of inmates	Inmate-on-inmate	Staff sexual misconduct
Sexual orientation						
Heterosexual	78,900	0.1%	0.2%	31,700	0.1%	0.1%
Non-heterosexual	7,400	0.8	0.7	3,300	0.9	0.5
Number of sexual partners						
0–1	17,000	0.2%	0.2%	6,300	0.3%	0.2%
2–4	9,700	0.3	0.3	5,400	0.2	0.2
5–10	15,300	0.2	0.2	5,800	0.2	0.1
11–20	12,500	0.3	0.4	6,000	0.3	0.2
21 or more	29,600	0.2	0.3	12,100	0.2	0.2
Prior sexual victimization						
Yes	12,900	0.7%	0.5%	5,700	0.8%	0.4%
No	75,600	0.1	0.2	30,300	--	0.1

--Less than 0.05%.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 13

Standard errors for table 9: Prevalence of sexual victimization, by type of incident and inmate criminal justice status and history, National Inmate Survey, 2011–12

Criminal justice status and history	Prison inmates reporting sexual victimization			Jail inmates reporting sexual victimization		
	Number of prison inmates	Inmate-on-inmate	Staff sexual misconduct	Number of jail inmates	Inmate-on-inmate	Staff sexual misconduct
Most serious offense						
Violent sexual offense	25,500	0.4%	0.3%	1,900	0.6%	0.4%
Other violent	34,200	0.2	0.2	7,500	0.3	0.3
Property	16,000	0.3	0.3	8,300	0.2	0.2
Drug	22,000	0.1	0.2	7,400	0.1	0.1
Other	11,600	0.4	0.5	10,500	0.1	0.2
Sentence length						
Less than 1 year	6,100	0.4%	0.4%	:	:	:
1–4 years	23,400	0.2	0.1	:	:	:
5–9 years	16,500	0.2	0.3	:	:	:
10–19 years	23,700	0.2	0.2	:	:	:
20 years or more	30,000	0.4	0.4	:	:	:
Life/death	14,300	0.4	0.4	:	:	:
Time in a correctional facility prior to current facility						
Less than 1 month	17,300	0.2%	0.2%	10,500	0.2%	0.1%
1–5 months	9,700	0.3	0.4	6,300	0.2	0.1
6–11 months	6,900	0.2	0.3	3,400	0.2	0.3
1–4 years	22,700	0.2	0.2	7,800	0.1	0.2
5 years or more	30,100	0.2	0.2	8,300	0.3	0.3
Number of times arrested						
1 time	13,800	0.3%	0.2%	4,700	0.4%	0.2%
2–3 times	28,500	0.2	0.2	9,800	0.2	0.2
4–10 times	34,700	0.2	0.2	13,600	0.1	0.1
11 or more times	13,400	0.2	0.3	8,300	0.2	0.2
Time since admission						
Less than 1 month	6,500	0.4%	0.2%	12,300	0.1%	0.1%
1–5 months	22,100	0.2	0.2	16,100	0.1	0.1
6–11 months	21,100	0.2	0.3	5,300	0.5	0.3
1–4 years	35,300	0.2	0.2	4,800	0.3	0.4
5 years or more	24,400	0.5	0.4	200	1.3	1.6

: Not calculated.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 14**Standard errors for table 10: Juvenile inmates reporting sexual victimization, by type of incident, National Inmate Survey, 2011–12**

Type of incident	Standard errors		
	All facilities	Prisons	Jails
Total	0.7%	1.2%	0.9%
Inmate-on-inmate	0.5%	0.8%	0.6%
Nonconsensual sexual acts	0.2	0.8	0.1
Abusive sexual contacts only	0.4	0.2	0.5
Staff sexual misconduct	0.6%	1.0%	0.7%
Unwilling activity	0.4	0.3	0.5
Excluding touching	0.4	0.3	0.5
Touching only	0.1	0.0	0.2
Willing activity	0.5	1.0	0.6
Excluding touching	0.5	1.0	0.6
Touching only	0.0	0.0	0.0
Number of inmates	:	:	:

: Not calculated.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 15**Standard errors for table 11: Prevalence of sexual victimization, by type of incident and age of inmate, National Inmate Survey, 2011–12**

Age	Prison inmates			Jail inmates		
	Number	Inmate-on-inmate	Staff sexual misconduct	Number	Inmate-on-inmate	Staff sexual misconduct
16–17	360	0.8%	1.0%	950	0.6%	0.7%
18–19	2,280	0.7	0.6	6,080	0.3	0.4
20–24	12,070	0.3	0.4	22,240	0.2	0.2
25–34	26,820	0.2	0.3	38,050	0.2	0.2
35–44	27,890	0.2	0.4	23,090	0.2	0.1
45–54	18,890	0.3	0.2	16,170	0.2	0.1
55 or older	9,910	0.2	0.2	4,750	0.4	0.1

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 16**Standard errors for table 12: Prevalence of sexual victimization among juveniles ages 16–17 and inmates ages 18–19 and 20–24, by type of incident and inmate characteristics, National Inmate Survey, 2011–12**

Characteristic	Prison and jail inmates reporting sexual victimization								
	Number of inmates			Inmate-on-inmate			Staff sexual misconduct		
	Ages 16–17	18–19	20–24	Ages 16–17	18–19	20–24	Ages 16–17	18–19	20–24
All inmates	790	5,020	25,500	0.5%	0.3%	0.2%	0.6%	0.3%	0.2%
Sex									
Male	740	4,750	23,760	0.5%	0.3%	0.2%	0.6%	0.3%	0.3%
Female	110	510	2,790	1.7	1.5	0.8	0.6	0.5	0.4
Race/Hispanic origin									
White	150	1,210	6,410	3.2%	1.1%	0.4%	1.8%	0.7%	0.3%
Black	450	2,410	10,650	0.5	0.3	0.2	0.8	0.5	0.3
Hispanic	350	1,560	8,030	0.4	0.5	0.3	1.5	0.6	0.7
Other	20	230	1,120	0.0	1.5	0.5	0.0	1.3	1.9
Two or more races	110	610	2,650	0.8	0.8	0.9	0.8	1.1	0.8
Body Mass Index									
Underweight	80	190	470	5.7%	1.7%	1.1%	5.7%	1.0%	1.9%
Normal	470	3,070	11,840	0.3	0.4	0.2	0.7	0.5	0.2
Overweight	180	1,570	9,500	1.0	0.5	0.3	0.7	0.6	0.5
Obese	100	480	3,360	3.8	0.9	0.6	2.8	0.5	0.7
Morbidly obese	30	80	480	0.0	3.4	1.8	0.0	4.3	1.9
Sexual orientation									
Heterosexual	740	4,680	23,100	0.5%	0.2%	0.1%	0.6%	0.3%	0.2%
Non-heterosexual	50	410	2,300	3.1	4.1	1.4	0.8	1.5	2.0
Most serious offense									
Violent sexual	30	320	2,480	4.3%	5.0%	1.4%	4.7%	1.5%	0.6%
Other violent	360	1,790	8,710	0.5	0.4	0.3	1.2	0.7	0.5
Property	280	1,870	6,100	0.5	0.4	0.4	0.6	0.6	0.3
Drug	110	770	4,830	4.2	0.6	0.3	2.9	0.6	0.3
Other	120	820	4,410	2.2	0.7	0.2	1.0	0.5	0.4

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 17**Standard errors for table 13: Circumstances surrounding incidents among juveniles ages 16–17 and inmates ages 18–19 and 20–24, by type of victimization, National Inmate Survey, 2011–12**

Circumstance	Victims in prisons and jails					
	Inmate-on-inmate			Staff sexual misconduct		
	Ages 16–17	18–19	20–24	Ages 16–17	18–19	20–24
Number of victims	40	190	710	50	220	1,110
Number of incidents						
1	17.6%	9.4%	5.4%	8.0%	4.4%	5.4%
2 or more	17.6	9.4	5.4	8.0	4.4	5.4
Type of coercion or force						
Without pressure or force	~	~	~	7.7%	5.9%	3.9%
Pressured	11.7%	7.8%	3.0%	9.8	6.4	4.9
Force/threat of force	9.4	9.1	3.7	9.9	5.5	4.0
Ever injured	12.8%	7.4%	2.2%	4.2%	3.8%	3.5%
Ever report an incident	6.8%	6.9%	2.5%	3.4%	3.6%	3.5%

~Not applicable.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 18**Standard errors for table 14: Prevalence of victimization by current mental health status and history of mental health problems among inmates, by type of facility, National Inmate Survey, 2011–12**

	Adult prison inmates				Adult jail inmates			
	Number	Percent	Inmate-on-inmate	Staff sexual misconduct	Number	Percent	Inmate-on-inmate	Staff sexual misconduct
Current mental health status								
No mental illness	57,200	0.8%	0.1%	0.1%	17,000	0.6%	0.1%	0.1%
Anxiety-mood disorder	13,600	0.4	0.3	0.4	7,700	0.3	0.2	0.1
Serious psychological distress	12,400	0.5	0.6	0.4	10,400	0.5	0.3	0.2
History of mental health problems								
Ever told by mental health professional had disorder								
Yes	27,600	1.2%	0.3%	0.2%	16,300	0.8%	0.3%	0.2%
No	57,900	1.2	0.1	0.1	19,100	0.8	0.1	0.1
Had overnight stay in hospital in year before current admission								
Yes	8,000	0.4%	0.6%	0.6%	5,900	0.4%	0.5%	0.3%
No	74,100	0.4	0.1	0.1	28,700	0.4	0.1	0.1
Used prescription medications at time of current offense								
Yes	11,600	0.8%	0.4%	0.3%	8,600	0.6%	0.3%	0.2%
No	72,900	0.8	0.1	0.1	26,200	0.6	0.1	0.1
Ever received professional mental health therapy								
Yes	27,600	1.0%	0.3%	0.3%	14,100	0.6%	0.3%	0.2%
No	55,900	1.0	0.1	0.1	20,800	0.6	0.1	0.1

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 19**Standard errors for table 15: Prevalence of serious psychological distress among adults in prisons, jails, and the U.S. civilian noninstitutional population, 2011–12**

Demographic characteristic	Percent with serious psychological distress		
	U.S. noninstitutional adult population	Inmates age 18 or older	
		Prison	Jail
Total	0.2%	0.5%	0.5%
Sex			
Male	0.2%	0.5%	0.5%
Female	0.2	1.1	0.9
Race/Hispanic origin			
White	0.2%	0.6%	0.7%
Black	0.3	0.6	0.8
Hispanic	0.4	0.8	0.8
Age			
18–44	0.2%	0.6%	0.5%
45–64	0.3	0.8	0.8
65 or older	0.3	1.4	3.5

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12; and Centers for Disease Control and Prevention, National Health Interview Survey, 2012.

APPENDIX TABLE 20**Standard errors for table 16: Prevalence of inmate-on-inmate victimization, by current mental health status and inmate characteristics, National Inmate Survey, 2011–12**

Characteristic	Prison inmates reporting sexual victimization			Jail inmates reporting sexual victimization		
	No mental illness	Anxiety-mood disorder	Serious psychological distress	No mental illness	Anxiety-mood disorder	Serious psychological distress
Sex						
Male	0.1%	0.3%	0.6%	0.1%	0.2%	0.4%
Female	0.4	1.1	1.3	0.4	0.4	0.7
Race/Hispanic origin						
White	0.2%	0.6%	0.8%	0.2%	0.3%	0.4%
Black	0.1	0.3	0.9	0.1	0.2	0.4
Hispanic	0.1	0.5	1.1	0.2	0.3	0.7
Age						
18–24	0.1%	0.8%	1.1%	0.1%	0.4%	0.4%
25–34	0.1	0.5	0.7	0.2	0.2	0.4
35–44	0.1	0.4	1.0	0.1	0.2	0.7
45 or older	0.2	0.5	0.9	0.2	0.3	0.8
Sexual orientation						
Heterosexual	--	0.2%	0.4%	0.1%	0.1%	0.2%
Non-heterosexual	0.8%	1.5	2.2	0.8	0.8	2.0
Most serious offense						
Violent sexual offense	0.3%	0.7%	1.4%	0.6%	1.5%	1.2%
Other violent	0.2	0.4	0.9	0.4	0.5	0.5
Property	0.1	0.6	1.1	0.1	0.3	0.6
Drug	0.1	0.4	0.7	0.1	0.2	0.4
Other	0.2	0.5	0.9	0.1	0.2	0.4

--Less than 0.05%.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 21**Standard errors for table 17: Prevalence of staff sexual misconduct, by current mental health status and inmate characteristics, National Inmate Survey, 2011–12**

Characteristic	Prison inmates reporting sexual victimization			Jail inmates reporting sexual victimization		
	No mental illness	Anxiety-mood disorder	Serious psychological distress	No mental illness	Anxiety-mood disorder	Serious psychological distress
Sex						
Male	0.1%	0.5%	0.5%	0.1%	0.1%	0.3%
Female	0.2	0.4	0.7	0.2	0.3	0.3
Race/Hispanic origin						
White	0.1%	0.3%	0.6%	0.1%	0.1%	0.3%
Black	0.2	1.2	0.8	0.1	0.3	0.5
Hispanic	0.2	0.4	1.5	0.1	0.2	0.5
Age						
18–24	0.3%	0.7%	1.5%	0.1%	0.3%	0.5%
25–34	0.2	0.5	0.8	0.2	0.2	0.4
35–44	0.2	1.1	0.8	0.1	0.2	0.4
45 or older	0.1	0.4	0.7	0.1	0.3	0.3
Sexual orientation						
Heterosexual	0.1%	0.5%	0.4%	0.1%	0.1%	0.2%
Non-heterosexual	0.6	0.9	2.0	0.7	0.6	0.8
Most serious offense						
Violent sexual offense	0.3%	0.7%	0.8%	0.5%	0.4%	1.1%
Other violent	0.2	0.6	0.9	0.3	0.4	0.6
Property	0.2	0.6	1.2	0.1	0.3	0.4
Drug	0.1	1.3	0.6	0.1	0.2	0.4
Other	0.3	0.5	1.2	0.2	0.2	0.5

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 22

Standard errors for table 18: Circumstances surrounding incidents among adult inmates, by current mental health status and type of victimization, National Inmate Survey, 2011–12

Circumstance	Victims in prisons and jails					
	Inmate-on-inmate			Staff sexual misconduct		
	No mental illness	Anxiety-mood disorder	Serious psychological distress	No mental illness	Anxiety-mood disorder	Serious psychological distress
Number of victims	860	790	1,450	1,250	1,260	1,200
Number of incidents						
1	4.5%	6.0%	2.5%	2.6%	2.7%	2.3%
2 or more	4.5	6.0	2.5	2.6	2.7	2.3
Type of coercion or force						
Without pressure or force	~	~	~	3.2%	3.5%	2.9%
Pressured	3.4%	2.5%	2.5%	3.0	4.4	2.7
Force/threat of force	3.4	3.5	2.2	2.7	4.7	2.9
Ever injured	2.0%	2.3%	2.2%	1.4%	1.6%	2.4%
Ever report an incident	3.0%	2.4%	2.3%	2.2%	2.8%	2.6%

~Not applicable.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 23

Standard errors for table 19: Prevalence of sexual victimization, by type of incident and inmate sexual orientation, National Inmate Survey, 2011–12

Characteristic	Inmate-on-inmate		Staff sexual misconduct	
	Heterosexual	Non-heterosexual	Heterosexual	Non-heterosexual
Sex				
Male	0.1%	0.9%	0.2%	0.7%
Female	0.3	0.7	0.2	0.4
Race/Hispanic origin				
White	0.1%	1.1%	0.1%	0.5%
Black	0.1	1.2	0.2	0.9
Hispanic	0.1	1.2	0.3	1.6
Age				
18–24	0.1%	1.5%	0.2%	1.8%
25–44	0.1	0.8	0.2	0.5
45 or older	0.1	1.1	0.1	0.7
Education				
Less than high school	0.1%	0.9%	0.2%	0.5%
High school graduate	0.2	1.4	0.3	1.5
Some college or more	0.1	1.0	0.2	0.6
Mental health problems				
None	--	0.6%	0.1%	0.5%
Anxiety-mood disorder	0.1%	1.1	0.3	0.6
Serious psychological distress	0.2	1.5	0.2	1.3

--Less than 0.05%.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 24

Standard errors for table 20: Circumstances surrounding incidents of sexual victimization among heterosexual and non-heterosexual inmates, National Inmate Survey, 2011–12

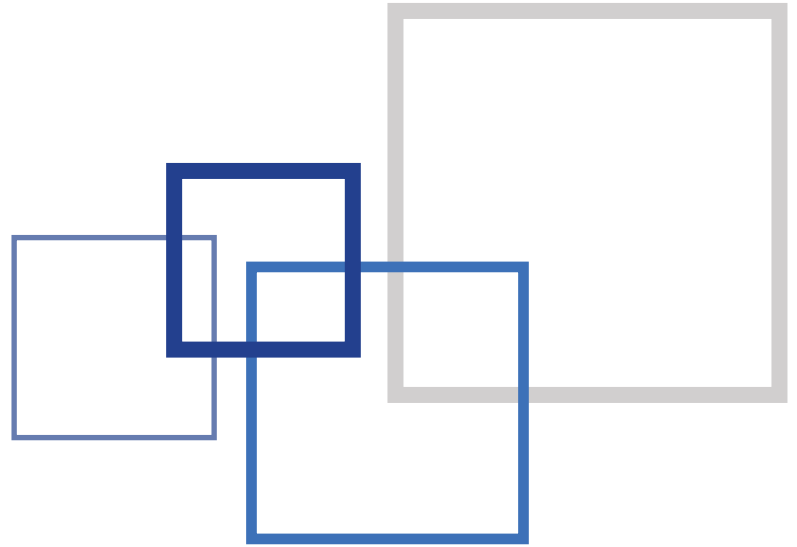
Circumstance	Victims in prisons and jails			
	Inmate-on-inmate		Staff sexual misconduct	
	Heterosexual	Non-heterosexual	Heterosexual	Non-heterosexual
Number of victims	1,530	1,490	3,680	1,000
Number of incidents				
1	3.5%	3.2%	1.8%	2.5%
2 or more	3.5	3.2	1.8	2.5
Type of coercion or force				
Without pressure or force	~	~	1.9%	5.0%
Pressured	2.4%	1.9%	1.7	6.7
Force or threat of force	2.5	2.3	1.9	5.0
Ever injured	2.0%	2.2%	1.4%	3.3%
Ever report an incident	2.2%	2.2%	1.7%	4.3%

~Not applicable.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.



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About the National Center for Transgender Equality

The National Center for Transgender Equality (NCTE) is the nation's leading social justice policy advocacy organization devoted to ending discrimination and violence against transgender people. NCTE was founded in 2003 by transgender activists who recognized the urgent need for policy change to advance transgender equality. NCTE now has an extensive record winning life-saving changes for transgender people. NCTE works by educating the public and by influencing local, state, and federal policymakers to change policies and laws to improve the lives of transgender people. By empowering transgender people and our allies, NCTE creates a strong and clear voice for transgender equality in our nation's capital and around the country.

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The Report of the **2015 U.S. Transgender Survey**

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December 2016

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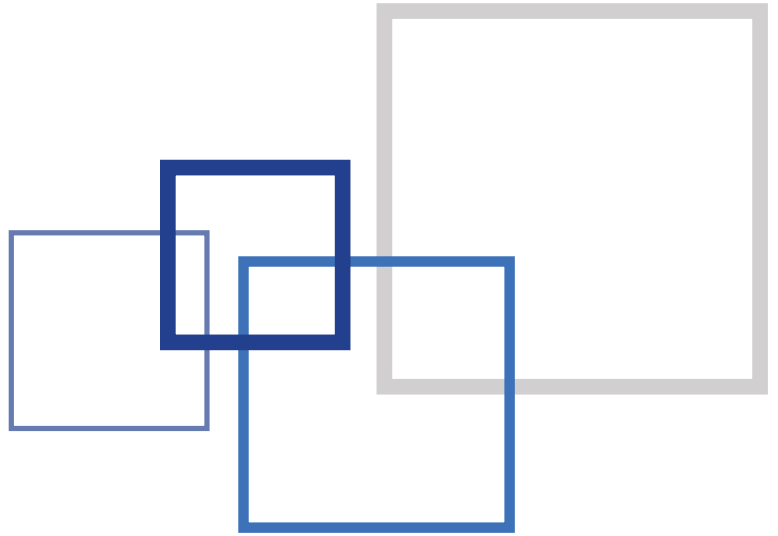
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EXECUTIVE SUMMARY

USTS Executive Summary

The 2015 U.S. Transgender Survey (USTS) is the largest survey examining the experiences of transgender people in the United States, with 27,715 respondents from all fifty states, the District of Columbia, American Samoa, Guam, Puerto Rico, and U.S. military bases overseas. Conducted in the summer of 2015 by the National Center for Transgender Equality, the USTS was an anonymous, online survey for transgender adults (18 and older) in the United States, available in English and Spanish. The USTS serves as a follow-up to the groundbreaking 2008–09 National Transgender Discrimination Survey (NTDS), which helped to shift how the public and policymakers view the lives of transgender people and the challenges they face. The report of the 2015 USTS provides a detailed look at the experiences of transgender people across a wide range of categories, such as education, employment, family life, health, housing, and interactions with the criminal justice system.

The findings reveal disturbing patterns of mistreatment and discrimination and startling disparities between transgender people in the survey and the U.S. population when it comes to the most basic elements of life, such as finding a job, having a place to live, accessing medical care, and enjoying the support of family and community. Survey respondents also experienced harassment and violence at alarmingly high rates. Several themes emerge from the thousands of data points presented in the full survey report.

Pervasive Mistreatment and Violence

Respondents reported high levels of mistreatment, harassment, and violence in every aspect of life. One in ten (10%) of those who were out to their immediate family reported that a family member was violent towards them because they were transgender, and 8% were kicked out of the house because they were transgender.

The majority of respondents who were out or perceived as transgender while in school (K–12) experienced some form of mistreatment, including being verbally harassed (54%), physically attacked (24%), and sexually assaulted (13%) because they were transgender. Further, 17% experienced such severe mistreatment that they left a school as a result.

In the year prior to completing the survey, 30% of respondents who had a job reported being fired, denied a promotion, or experiencing some other form of mistreatment in the workplace due to their gender identity or expression, such as being verbally harassed or physically or sexually assaulted at work.

In the year prior to completing the survey, 46% of respondents were verbally harassed and 9% were physically attacked because of being transgender. During that same time period, 10% of respondents were sexually assaulted, and nearly half (47%) were sexually assaulted at some point in their lifetime.

Severe Economic Hardship and Instability

The findings show large economic disparities between transgender people in the survey and the U.S. population. Nearly one-third (29%) of respondents were living in poverty, compared to 12% in the U.S. population. A major contributor to the high rate of poverty is likely respondents' 15% unemployment rate—three times higher than the unemployment rate in the U.S. population at the time of the survey (5%).

Respondents were also far less likely to own a home, with only 16% of respondents reporting homeownership, compared to 63% of the U.S. population. Even more concerning, nearly one-third (30%) of respondents have experienced homelessness at some point in their lifetime, and 12% reported experiencing homelessness in the year prior to completing the survey because they were transgender.

Harmful Effects on Physical and Mental Health

The findings paint a troubling picture of the impact of stigma and discrimination on the health of many transgender people. A staggering 39% of respondents experienced serious psychological distress in the month prior to completing the survey, compared with only 5% of the U.S. population. Among the starkest findings is that 40% of respondents have attempted suicide in their lifetime—nearly nine times the attempted suicide rate in the U.S. population (4.6%).

Respondents also encountered high levels of mistreatment when seeking health care. In the year prior to completing the survey, one-third (33%) of those who saw a health care provider had at least one negative experience related to being transgender, such as being verbally harassed or refused treatment because of their gender identity. Additionally, nearly one-quarter (23%) of respondents reported that they did not seek the health care they needed in the year prior to completing the survey due to fear of being mistreated as a transgender person, and 33% did not go to a health care provider when needed because they could not afford it.

The Compounding Impact of Other Forms of Discrimination

When respondents' experiences are examined by race and ethnicity, a clear and disturbing pattern is revealed: transgender people of color experience deeper and broader patterns of discrimination than white respondents and the U.S. population. While respondents in the USTS sample overall were more than twice as likely as the U.S. population to be living in poverty, people of color, including Latino/a (43%), American Indian (41%), multiracial (40%), and Black (38%) respondents, were more than three times as likely as the U.S. population (12%) to be living in poverty. The unemployment rate among transgender people of color (20%) was four times higher than the U.S. unemployment rate (5%). People of color also experienced greater health disparities. While 1.4% of all respondents were living with HIV—nearly five times the rate in the U.S. population (0.3%)—the rate among Black respondents (6.7%) was substantially higher, and the rate for Black transgender women was a staggering 19%.

Undocumented respondents were also more likely to face severe economic hardship and violence than other respondents. In the year prior to completing the survey, nearly one-quarter (24%) of undocumented respondents were physically attacked. Additionally, one-half (50%) of undocumented respondents have experienced homelessness in their lifetime, and 68% have faced intimate partner violence.

Respondents with disabilities also faced higher rates of economic instability and mistreatment. Nearly one-quarter (24%) were unemployed, and 45% were living in poverty. Transgender people with disabilities were more likely to be currently experiencing serious psychological distress (59%) and more likely to have attempted suicide in their lifetime (54%). They also reported higher rates of mistreatment by health care providers (42%).


Increased Visibility and Growing Acceptance

Despite the undeniable hardships faced by transgender people, respondents' experiences also show some of the positive impacts of growing visibility and acceptance of transgender people in the United States.

One such indication is that an unprecedented number of transgender people—nearly 28,000—completed the survey, more than four times the number of respondents in the 2008–09 NTDS. This number of transgender people who elevated their voices reflects the historic growth in visibility that the transgender community has seen in recent years. Additionally, this growing visibility has lifted up not only the voices of transgender men and women, but also people who are non-binary, which is a term that is often used to describe

people whose gender identity is not exclusively male or female, including those who identify as having no gender, a gender other than male or female, or more than one gender. With non-binary people making up over one-third of the sample, the need for advocacy that is inclusive of all identities in the transgender community is clearer than ever.

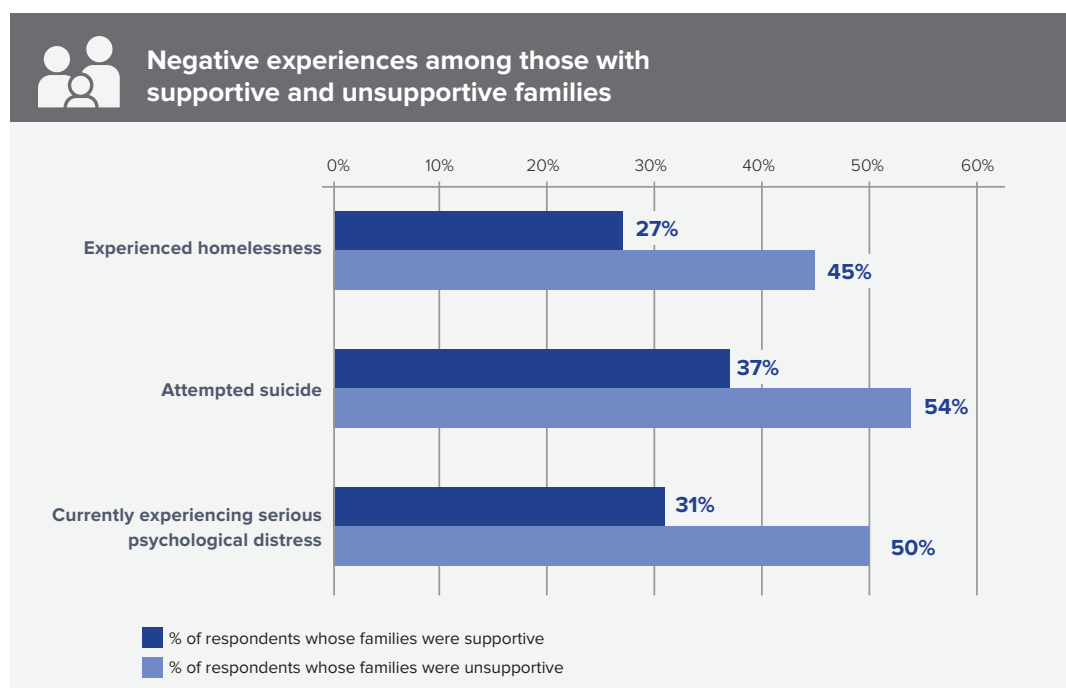
Respondents' experiences also suggest growing acceptance by family members, colleagues, classmates, and other people in their lives. More than half (60%) of respondents who were out to their immediate family reported that their family was supportive of them as a transgender person. More than two-thirds (68%) of those who were out to their coworkers reported that their coworkers were supportive. Of students who were out to their classmates, more than half (56%) reported that their classmates supported them as a transgender person.

 Overall, the report provides evidence of hardships and barriers faced by transgender people on a day-to-day basis. It portrays the challenges that transgender people must overcome and the complex systems that they are often forced to navigate in multiple areas of their lives in order to survive and thrive. Given this evidence, governmental and private institutions throughout the United States should address these disparities and ensure that transgender people are able to live fulfilling lives in an inclusive society. This includes eliminating barriers to quality, affordable health care, putting an end to discrimination in schools, the workplace, and other areas of public life, and creating systems of support at the municipal, state, and federal levels that meet the needs of transgender people and reduce the hardships they face. As the national conversation about transgender people continues to evolve, public education efforts to improve understanding and acceptance of transgender people are crucial. The rates of suicide attempts, poverty, unemployment, and violence must serve as an immediate call to action, and their reduction must be a priority. Despite policy improvements over the last several years, it is clear that there is still much work ahead to ensure that transgender people can live without fear of discrimination and violence.

Overview of Key Findings

Family Life and Faith Communities

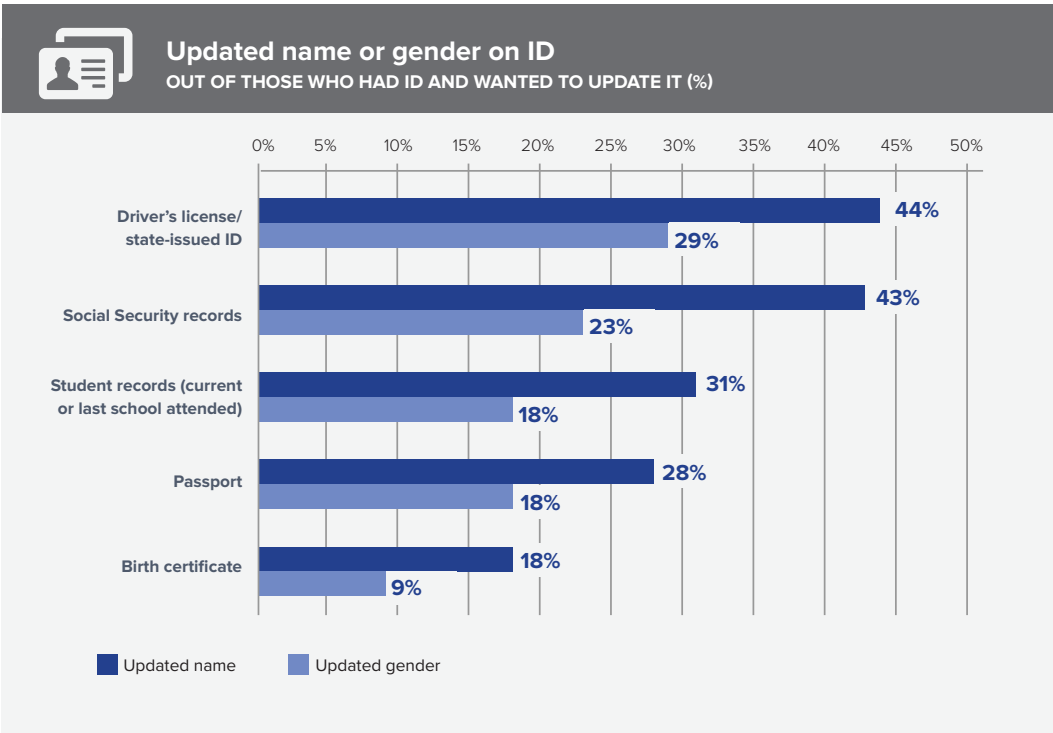
- **A majority of respondents (60%) who were out to the immediate family they grew up with said that their family was generally supportive of their transgender identity**, while 18% said that their family was unsupportive, and 22% said that their family was neither supportive nor unsupportive.
- **Those who said that their immediate families were supportive were less likely to report a variety of negative experiences related to economic stability and health**, such as experiencing homelessness, attempting suicide, or experiencing serious psychological distress.



- **One in ten (10%)** respondents who were out to their immediate family reported that a **family member was violent towards them** because they were transgender.
- **One in twelve (8%)** respondents who were out to their immediate family **were kicked out of the house**, and one in ten (10%) ran away from home.
- **Nineteen percent (19%)** of respondents who had ever been part of a spiritual or religious community left due to rejection. Forty-two percent (42%) of those who left later found a welcoming spiritual or religious community.

Identity Documents

- Only 11% of respondents reported that *all* of their IDs had the name and gender they preferred, while more than two-thirds (68%) reported that *none* of their IDs had the name and gender they preferred.



- The cost of changing ID documents was one of the main barriers respondents faced, with 35% of those who have not changed their legal name and 32% of those who have not updated the gender on their IDs reporting that it was because they could not afford it.
- Nearly **one-third (32%)** of respondents **who have shown an ID with a name or gender that did not match their gender presentation were verbally harassed, denied benefits or service, asked to leave, or assaulted.**

Health Insurance and Health Care

- **One in four (25%) respondents experienced a problem in the past year with their insurance related to being transgender**, such as being denied coverage for care related to gender transition or being denied coverage for routine care because they were transgender.
- **More than half (55%) of those who sought coverage for transition-related surgery in the past year were denied**, and 25% of those who sought coverage for hormones in the past year were denied.
- **One-third (33%) of those who saw a health care provider in the past year reported having at least one negative experience related to being transgender**, with higher rates for people of color and people with disabilities. This included being refused treatment, verbally harassed, or physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care.
- In the past year, **23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person**, and 33% did not see a doctor when needed because they could not afford it.

Psychological Distress and Attempted Suicide

- **Thirty-nine percent (39%) of respondents experienced serious psychological distress** in the month before completing the survey (based on the Kessler 6 Psychological Distress Scale), compared with only 5% of the U.S. population.
- **Forty percent (40%) have attempted suicide *in their lifetime*, nearly nine times the rate in the U.S. population (4.6%).**
- **Seven percent (7%) attempted suicide *in the past year*—nearly twelve times the rate in the U.S. population (0.6%).**

HIV

- Respondents were **living with HIV (1.4%) at nearly five times the rate in the U.S. population (0.3%).**
- **HIV rates were higher among transgender women (3.4%)**, especially transgender women of color. **Nearly one in five (19%) Black transgender women were living with HIV**, and American Indian (4.6%) and Latina (4.4%) women also reported higher rates.

Experiences in Schools

- **More than three-quarters (77%)** of those who were out or perceived as transgender at some point between Kindergarten and Grade 12 (K–12) **experienced some form of mistreatment**, such as being verbally harassed, prohibited from dressing according to their gender identity, disciplined more harshly, or physically or sexually assaulted because people thought they were transgender.
- **Fifty-four percent (54%)** of those who were out or perceived as transgender in K–12 **were verbally harassed, nearly one-quarter (24%) were physically attacked, and 13% were sexually assaulted in K–12 because of being transgender.**
- **Seventeen percent (17%)** faced such severe mistreatment as a transgender person **that they left a K–12 school.**
- **Nearly one-quarter (24%)** of people who were out or perceived as transgender in college or vocational school **were verbally, physically, or sexually harassed.**

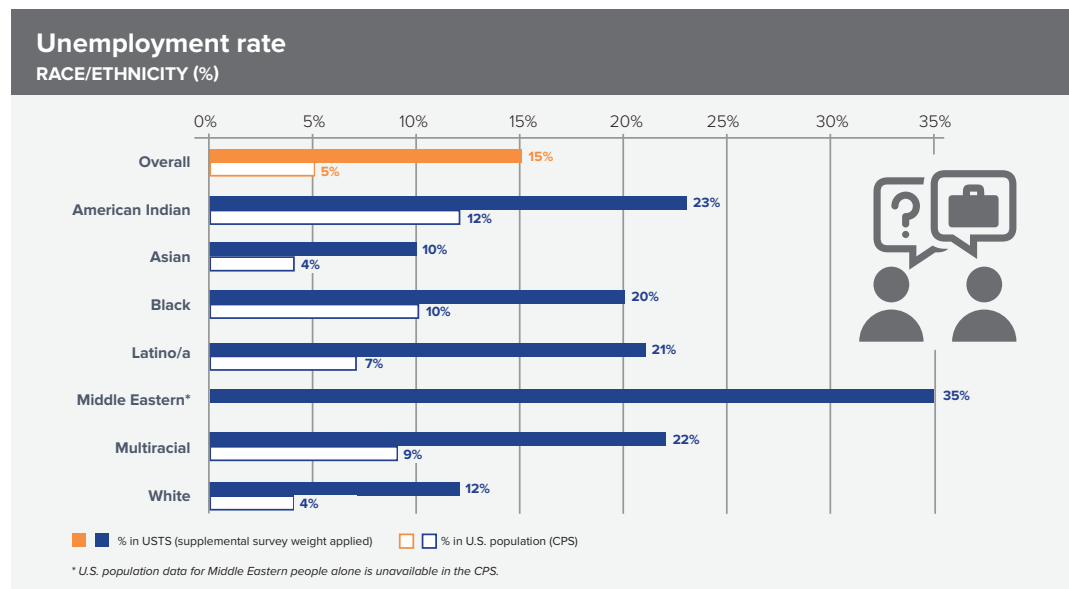


Experiences of people who were out as transgender in K–12 or believed classmates, teachers, or school staff thought they were transgender

EXPERIENCES	% OF THOSE WHO WERE OUT OR PERCEIVED AS TRANSGENDER
Verbally harassed because people thought they were transgender	54%
Not allowed to dress in a way that fit their gender identity or expression	52%
Disciplined for fighting back against bullies	36%
Physically attacked because people thought they were transgender	24%
Believe they were disciplined more harshly because teachers or staff thought they were transgender	20%
Left a school because the mistreatment was so bad	17%
Sexually assaulted because people thought they were transgender	13%
Expelled from school	6%
One or more experiences listed	77%

Income and Employment Status

- The unemployment rate among respondents (15%) was three times higher than the unemployment rate in the U.S. population (5%), with Middle Eastern, American Indian, multiracial, Latino/a, and Black respondents experiencing higher rates of unemployment.



- Nearly one-third (29%) were living in poverty, more than twice the rate in the U.S. population (12%).

Employment and the Workplace

- **One in six (16%)** respondents who have ever been employed—or 13% of all respondents in the sample—**reported losing a job because of their gender identity or expression** in their lifetime.
- **In the past year, 27%** of those who held or applied for a job during that year—19% of all respondents—**reported being fired, denied a promotion, or not being hired for a job they applied for because of their gender identity or expression.**
- **Fifteen percent (15%)** of respondents who had a job in the past year were **verbally harassed, physically attacked, and/or sexually assaulted** at work because of their gender identity or expression.
- **Nearly one-quarter (23%)** of those who had a job in the past year **reported other forms of mistreatment** based on their gender identity or expression during that year,

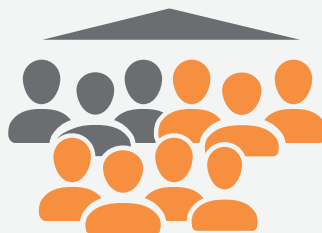
such as being forced to use a restroom that did not match their gender identity, being told to present in the wrong gender in order to keep their job, or having a boss or coworker share private information about their transgender status without their permission.

- **Overall, 30% of respondents who had a job in the past year reported being fired, denied a promotion, or experiencing some other form of mistreatment related to their gender identity or expression.**
- **More than three-quarters (77%) of respondents who had a job in the past year took steps to avoid mistreatment in the workplace,** such as hiding or delaying their gender transition or quitting their job.

Housing, Homelessness, and Shelter Access

- **Nearly one-quarter (23%) of respondents experienced some form of housing discrimination in the past year,** such as being evicted from their home or denied a home or apartment because of being transgender.
- **Nearly one-third (30%) of respondents have experienced homelessness at some point in their lives.**
- **In the past year, one in eight (12%) respondents experienced homelessness** because of being transgender.
- **More than one-quarter (26%) of those who experienced homelessness in the past year avoided staying in a shelter because they feared being mistreated as a transgender person.** Those who did stay in a shelter reported high levels of mistreatment: **seven out of ten (70%)** respondents who stayed in a shelter in the past year reported some form of mistreatment, including being harassed, sexually or physically assaulted, or kicked out because of being transgender.

Seven out of ten respondents who stayed in a shelter in the past year reported being mistreated because of being transgender.



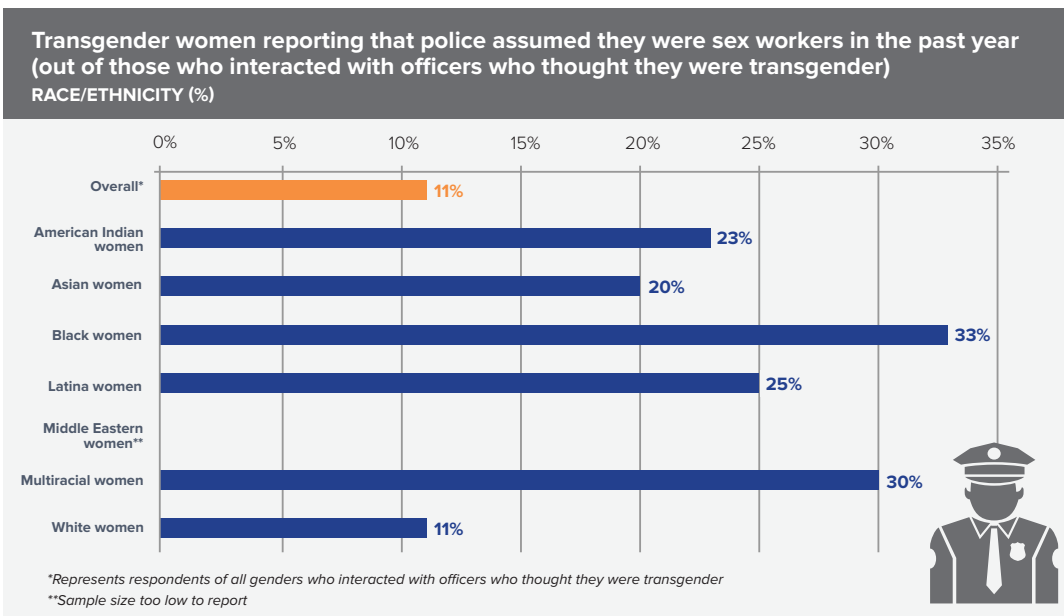
- Respondents were nearly **four times less likely to own a home (16%) compared to the U.S. population (63%).**

Sex Work and Other Underground Economy Work

- Respondents reported high rates of experience in the underground economy, including sex work, drug sales, and other work that is currently criminalized. **One in five (20%) have participated in the underground economy** for income at some point in their lives—including 12% who have done sex work in exchange for income—and 9% did so in the past year, with higher rates among women of color.
- Respondents who interacted with the police either while doing sex work or while the police mistakenly thought they were doing sex work reported high rates of police harassment, abuse, or mistreatment, with **nearly nine out of ten (86%) reporting being harassed, attacked, sexually assaulted, or mistreated in some other way by police.**
- **Those who have done income-based sex work were also more likely to have experienced violence.** More than three-quarters (77%) have experienced intimate partner violence and 72% have been sexually assaulted, a substantially higher rate than the overall sample. Out of those who were working in the underground economy at the time they took the survey, nearly half (41%) were physically attacked in the past year and over one-third (36%) were sexually assaulted during that year.

Police Interactions and Prisons

- **Respondents experienced high levels of mistreatment and harassment by police.** In the past year, of respondents who interacted with police or law enforcement officers who thought or knew they were transgender, **more than half (58%) experienced some form of mistreatment.** This included being verbally harassed, repeatedly referred to as the wrong gender, physically assaulted, or sexually assaulted, including being forced by officers to engage in sexual activity to avoid arrest.
- **Police frequently assumed that respondents—particularly transgender women of color—were sex workers.** In the past year, of those who interacted with law enforcement officers who thought or knew they were transgender, one-third (33%) of Black transgender women and 30% of multiracial women said that an officer assumed they were sex workers.
- **More than half (57%)** of respondents said they would feel **uncomfortable asking the police for help** if they needed it.
- Of those who were arrested in the past year (2%), **nearly one-quarter (22%) believed they were arrested because they were transgender.**



- Respondents who were held in jail, prison, or juvenile detention in the past year faced **high rates of physical and sexual assault by facility staff and other inmates**. In the past year, nearly one-quarter (23%) were physically assaulted by staff or other inmates, and one in five (20%) were sexually assaulted. Respondents were over **five times more likely to be sexually assaulted by facility staff** than the U.S. population in jails and prisons, and over **nine times more likely to be sexually assaulted by other inmates**.

Harassment and Violence

- **Nearly half (46%) of respondents were verbally harassed** in the past year because of being transgender.
- **Nearly one in ten (9%) respondents were physically attacked** in the past year because of being transgender.
- **Nearly half (47%) of respondents were sexually assaulted** at some point in their lifetime and **one in ten (10%) were sexually assaulted in the past year**. Respondents who have done sex work (72%), those who have experienced homelessness (65%), and people with disabilities (61%) were more likely to have been sexually assaulted in their lifetime.
- **More than half (54%) experienced some form of intimate partner violence**, including acts involving coercive control and physical harm.
- **Nearly one-quarter (24%) have experienced severe physical violence by an intimate partner, compared to 18% in the U.S. population.**

Places of Public Accommodation

- Respondents reported being denied equal treatment or service, verbally harassed, or physically attacked at many places of public accommodation—places that provide services to the public, like retail stores, hotels, and government offices. Out of respondents who visited a place of public accommodation where staff or employees thought or knew they were transgender, **nearly one-third (31%) experienced at least one type of mistreatment in the past year in a place of public accommodation.** This included 14% who were denied equal treatment or service, 24% who were verbally harassed, and 2% who were physically attacked because of being transgender.
- **One in five (20%) respondents did not use at least one type of public accommodation** in the past year because they feared they would be mistreated as a transgender person.

Denied equal treatment or service, verbally harassed, or physically attacked in public accommodations in the past year because of being transgender

LOCATION VISITED	% OF THOSE WHO SAID STAFF KNEW OR THOUGHT THEY WERE TRANSGENDER
Public transportation	34%
Retail store, restaurant, hotel, or theater	31%
Drug or alcohol treatment program	22%
Domestic violence shelter or program or rape crisis center	22%
Gym or health club	18%
Public assistance or government benefit office	17%
Department of Motor Vehicles (DMV)	14%
Nursing home or extended care facility	14%
Court or courthouse	13%
Social Security office	11%
Legal services from an attorney, clinic, or legal professional	6%




Experiences in Restrooms

The survey data was collected before transgender people's restroom use became the subject of increasingly intense and often harmful public scrutiny in the national media and legislatures around the country in 2016. Yet respondents reported facing frequent harassment and barriers when using restrooms at school, work, or in public places.

- **Nearly one in ten (9%) respondents reported that someone denied them access to a restroom in the past year.**
- In the past year, **respondents reported being verbally harassed (12%), physically attacked (1%), or sexually assaulted (1%)** when accessing a restroom.

- **More than half (59%)** of respondents **avoided using a public restroom** in the past year because they were afraid of confrontations or other problems they might experience.
- **Nearly one-third (32%)** of respondents **limited the amount that they ate and drank** to avoid using the restroom in the past year.
- **Eight percent (8%)** reported having a **urinary tract infection, kidney infection, or another kidney-related problem** in the past year as a result of avoiding restrooms.

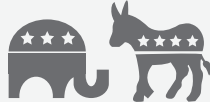
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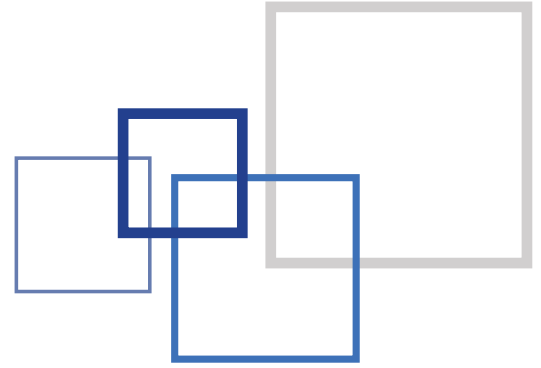


Civic Participation and Party Affiliation

- **More than three-quarters (76%)** of U.S. citizens of voting age in the sample reported that they were registered to vote in the **November 2014 midterm election**, compared to 65% in the U.S. population.
- **More than half (54%)** of U.S. citizens of voting age reported that they had voted in the **midterm election**, compared to 42% in the U.S. population.
- **Half (50%)** of respondents identified as **Democrats**, **48%** identified as **Independents**, and **2%** identified as **Republicans**, compared to 27%, 43%, and 27% in the U.S. population, respectively.

Political party affiliation		
POLITICAL PARTY	% IN USTS	% IN U.S. POPULATION (GALLUP)
Democrat	50%	27%
Independent	48%	43%
Republican	2%	27%





CHAPTER 1

Introduction

This report presents the findings of the 2015 U.S. Transgender Survey (USTS), a study conducted by the National Center for Transgender Equality (NCTE). With 27,715 respondents, it is the largest-ever survey examining the lives of transgender people in the United States. The USTS provides a detailed portrait of the experiences of transgender people across many areas, including health, family life, employment, and interactions with the criminal justice system.

The USTS serves as a follow-up to the National Transgender Discrimination Survey (NTDS), which was developed by NCTE and the National LGBTQ Task Force and conducted in 2008–09. The NTDS was the first comprehensive survey examining the lives and experiences of transgender and gender nonconforming people in the United States. With 6,456 respondents reporting on a range of experiences throughout their lives, the NTDS was a groundbreaking study. The results were published in the 2011 report, *Injustice at Every Turn*, and showed that discrimination against transgender people was pervasive in many areas of life, including education, employment, health care, and housing. The report also highlighted the resilience of transgender people in the face of such discrimination and found that family and peer support could have a substantially positive impact on a transgender person's quality of life. The report quickly became a vital source of information about transgender people and continues to serve as an important resource for advocates, policymakers, educators, service providers, media, and the general public.

Much has changed since the NTDS was conducted in 2008–09 and results were published in 2011, including increased visibility of transgender people in the media and in society in general. Despite making significant strides in the five years since the report was published, there is still a substantial amount of work to be done to address critical needs in transgender communities throughout the United States. Transgender people continue to experience discrimination and anti-transgender bias in virtually all areas of life.

The 2015 U.S. Transgender Survey was developed by the National Center for Transgender Equality to provide updated and more detailed data to inform a wide range of audiences about the experiences of transgender people, how things are changing, and what can be done to improve the lives of transgender individuals in the United States. It is the largest survey of transgender people conducted to date, far surpassing the previous survey, with 27,715 respondents. This study explores a wider range of topics than the previous survey and more deeply examines specific issue areas where transgender people are disparately impacted, such as health care, HIV/AIDS, housing, workplace discrimination, immigration, sex work, and police interactions. Additionally, by closely mirroring questions from federal and other existing surveys, this study seeks to fill in the gaps left by the lack of data collected about transgender people in national surveys. Since federal survey data is often used by government agencies to make key determinations about policies and programs that affect individuals in many areas of life, such as employment and health, it is important to provide specific data on the potential impact of such policies on transgender people. This report on the U.S. Transgender Survey data draws comparisons between transgender people and the U.S. population and examines disparities across multiple issue areas.

This report demonstrates that transgender people continue to face discrimination in numerous areas that significantly impact quality of life, financial stability, and emotional wellbeing, including employment, education, housing, and health care. Furthermore, many respondents experienced discrimination in multiple areas of their lives, the cumulative effect of which leads to severe economic and emotional hardship and can in turn have devastating effects on other outcome areas, such as health and safety.

Although issues impacting transgender people have become more visible in the years since the NTDS was published, the data overwhelmingly demonstrates that there is still a long way to go towards eliminating harmful discrimination and providing sustainable systems of support for transgender people throughout their lives. These findings are presented with the recognition that advocates, researchers, and transgender communities will greatly benefit from additional research conducted using this extensive data source. The authors encourage subsequent analyses to delve into areas of the data that this report is unable to address, and as before, will strive to make the dataset available for such analyses.

Report Roadmap

The next chapter of the report will give an overview of the study's methodology, which will be followed by a guide to this report, including information about terminology used throughout. These will be followed by chapters discussing respondents' experiences across a range of areas that impact transgender people's lives:

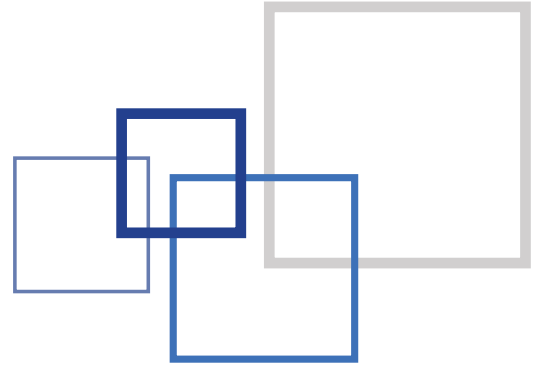
- Portrait of USTS Respondents
- Family Life and Faith Communities
- Identity Documents
- Health
- Experiences at School
- Income and Employment Status
- Employment and the Workplace
- Sex Work and Other Underground Economy Work
- Military Service
- Housing, Homelessness, and Shelter Access
- Police, Prisons, and Immigration Detention
- Harassment and Violence
- Places of Public Accommodation and Airport Security
- Experiences in Restrooms
- Civic Participation and Policy Priorities

The report also contains three appendices, which offer more detailed information related to the study:

Appendix A: Characteristics of the Sample

Appendix B: Survey Instrument (Questionnaire)

Appendix C: Detailed Methodology



CHAPTER 2

Methodology

The U.S. Transgender Survey is the largest survey ever conducted to examine the experiences of transgender people in the United States. The survey instrument was comprised of thirty-two sections reflecting 1,140 distinct variables that covered a broad array of topics, such as health and health care access, and experiences around employment, education, housing, law enforcement, and public accommodation.¹ The survey was developed by a team of researchers and advocates and administered online to transgender adults residing in the United States.² The survey was accessible via any web-enabled device (e.g., computer, tablet, netbook, smart phone), accessible for respondents with disabilities (e.g., through screen readers), and made available in English and Spanish. Rankin & Associates Consulting hosted the survey on several secure servers. The survey was accessed exclusively through a website created specifically for the promotion and distribution of the survey.³ Data was collected over a 34-day period in the summer of 2015,⁴ and the final sample included 27,715 respondents from all fifty states, the District of Columbia, American Samoa, Guam, Puerto Rico, and U.S. military bases overseas. The survey contained mainly closed-ended questions, but respondents were also offered the opportunity to provide write-in responses in fifty-three of the survey questions. Over 80,000 write-in responses were provided by respondents.

I. About the U.S. Transgender Survey

The U.S. Transgender Survey (USTS) was developed as the follow-up to the groundbreaking National Transgender Discrimination Survey (NTDS), which was the first study to comprehensively measure experiences and life outcomes of transgender people in the United States. Fielded in late 2008 to early 2009 by the National Center for Transgender Equality (NCTE) and the National LGBTQ Task Force (“the Task Force”), the NTDS provided data that has informed policymakers, advocates, and educators since its publication in 2011. However, the NTDS report acknowledged that the study had “just scratched the surface of this extensive data source” and encouraged advocates and researchers to conduct additional research to continue collecting data aimed at identifying and addressing the needs of transgender people.⁵ The NTDS authors also examined the survey instrument and concluded that there were “imperfections” in the manner in which several questions had been posed.⁶ The authors addressed areas for potential improvement with respect to both survey question design and substantive content in an “issues and analysis” section of the report.⁷ These recommendations were considered in the development of the U.S. Transgender Survey.

In subsequent years, researchers have performed additional analyses using the NTDS public use dataset provided by NCTE and the Task Force. These analyses provided further insight into the experiences of transgender people, but also increased awareness of the questions that remained unanswered after the NTDS report was published. In some instances, there was insufficient information to draw nuanced comparisons between life outcomes of transgender people collected in the NTDS and the U.S. general population. In other cases,

the ability to form additional conclusions was limited due to a lack of follow-up questions. For example, the NTDS asked a single question about suicide attempts, which did not allow for a clear examination of suicidal thoughts and behaviors.⁸ Additionally, given the deficiency of longitudinal data on outcomes specific to transgender people, there remained a need to collect data that could speak to the experiences of transgender people over time and how outcomes may have changed in the years since the NTDS was published. In these respects, the NTDS provided an important platform upon which to build the USTS to address identified areas for improvement and collect data that would enable new insights to be drawn about transgender people in the United States.

The study was renamed the U.S. Transgender Survey for several reasons. One was to clarify the geographical location of the intended study sample both during the data collection period and following report publication. The use of “U.S.” signaled that this study was developed with the unique needs of transgender people in the United States and U.S. territories in mind, considering relevant policies, procedures, and practices applicable to residents of the United States at the time of the study in areas such as health care and insurance, income, employment, housing, and education. Recognizing the contextual differences between the experiences of transgender people in the U.S. and in other parts of the world, the research team sought to dispel any confusion arising from the use of “national” in the title. The new name was also intended to reflect the depth and breadth of the experiences of transgender people in the U.S. and elevate a variety of narratives beyond discrimination, including the resilience and resourcefulness of the transgender community in the face of hardship, as well as experiences of acceptance and affirmation. “Discrimination” was removed from the title to clarify that the survey was designed to capture all such experiences. Additionally, removing the word

reduced potential bias in respondents' answers or resulting from primarily attracting respondents who felt they had experienced discrimination.

II. USTS Respondents

The study population included individuals who identified as transgender, trans, genderqueer, non-binary, and other identities on the transgender identity spectrum, in order to encompass a wide range of transgender identities, regardless of terminology used by the respondent. Although “transgender” was defined broadly for the purposes of this study as being inclusive of a wide range of identities—such as genderqueer, non-binary, and crossdresser—the research team recognized that many individuals for whom the study was intended may have used different terminology or definitions and might have assumed that the term “transgender” did not include them. To address this, promotional materials affirmed that the survey was inclusive of all transgender, trans, genderqueer, and non-binary people. Additionally, materials specified that the survey was for adults at any stage of their lives, journey, or transition to encourage participation among individuals with diverse experiences regarding their transgender identity. An in-depth description of survey respondents is available in the *Portrait of USTS Respondents* chapter.

The study included individuals aged 18 and older at the time of survey completion, as did the NTDS. The study was not offered to individuals under the age of 18 due to limitations created by specific risk factors and recommendations associated with research involving minors. These considerations, including requirements for parental/guardian consent, would have impacted the survey's scope and content and also reduced the literacy level at which the survey could be offered.⁹ Furthermore, the current experiences and needs of transgender

youth often differ from those of adults in a number of key areas, including experiences related to education, employment, accessing health care, and updating identity documents, and many of these experiences or needs could not be adequately captured in a survey that was not specifically tailored to transgender people under the age of 18.

The sample was limited to individuals currently residing in a U.S. state or territory, or on a U.S. military base overseas, since the study focused on the experiences of people who were subject to U.S. laws and policies at the time they completed the survey. Individuals residing outside of the U.S. may have vastly different experiences across a number of outcome measures based on each respective country's laws, policies, and culture, particularly in the areas of education, employment, housing, and health care. Additionally, many survey questions were taken from U.S. federal government surveys that also limit their sample population to individuals in the U.S., and the research team sought to examine a similar population with regard to geographical location to allow for comparisons to the U.S. general population.

III. Developing the Survey Instrument

The USTS survey instrument was developed over the course of a year by a core team of researchers and advocates in collaboration with dozens of individuals with lived experience, advocacy and research experience, and subject-matter expertise. When developing the survey instrument, the research team focused on creating a questionnaire that could provide data to address both current and emerging needs of transgender people while gathering information about disparities

that often exist between transgender people and non-transgender people throughout the U.S. To achieve this, questions were included that would allow comparisons between the USTS sample and known benchmarks for the U.S. population as a whole or populations within the U.S. Consequently, questions were selected to best match those previously asked in federal government or other national surveys on a number of measures, such as measures related to income and health.¹⁰ Changes were made to the language of comparable questions whenever it was required to more appropriately reflect issues pertaining to transgender people and language in common use in the transgender community while maintaining comparability to the best extent possible. However, in many cases, language was preserved to ensure that responses to a USTS question would maintain maximum comparability with surveys such as the U.S. Census Bureau's American Community Survey and Current Population Survey.

Several questions were also included in an attempt to provide comparability between the NTDS, where possible, to determine how certain outcomes may have changed since the NTDS data was collected in 2008–09. While the USTS provides crucial updated data, it is important to note that many of the questions asked in the NTDS were either not included in the USTS, or they were asked in a manner that reduced comparability with the NTDS. For example, many USTS questions asked about whether certain experiences occurred within the past year instead of asking whether those experiences occurred at any point during an individual's lifetime. These questions were included for both comparability with federal government or other national surveys and also to yield improved data regarding changing experiences in future iterations of the USTS. In such instances, the NTDS continues to provide the best available data regarding experiences that occurred over respondents' lifetime. The authors suggest referring to both the USTS and

the NTDS to gain a full picture of issues impacting transgender people.

The survey instrument was reviewed by researchers, members of the transgender community, and transgender advocates at multiple intervals throughout the development process. This included thorough reviews of sections that addressed specific subject matter and the entire questionnaire. The questionnaire was revised based on feedback from dozens of reviewers.

a. Pilot Study

Prior to finalizing the survey instrument and launching the survey in field, a pilot study was conducted to evaluate the questionnaire. The pilot study was conducted among a small group of individuals with characteristics that were representative of the sample the study was intended to survey. The pilot study was administered through an online test site using the same platform and format in which the final survey later appeared. The purpose of the pilot study was to provide both a substantive and technical evaluation of the survey. Approximately 100 individuals were invited to complete and evaluate the survey online during a specified period of time. In order to receive access to the pilot study test site, invitees were required to confirm their participation by indicating that they met the following pilot study criteria: they were (1) 18 years or older, (2) transgender, (3) willing to provide feedback that would be used to make improvements to the survey, (4) available to take the survey online during specified dates, and (5) agreeing to not share the questions in the pilot study with anyone so as to not compromise the study. Forty (40) individuals confirmed their participation and received access to the pilot study test site. Thirty-two (32) people completed the study and submitted feedback on the questionnaire, including participants in fifteen states ranging in age from 19 to 78. Participants

reported identifying with a range of gender identities¹¹ and racial and ethnic identities, including 34% who identified as people of color.¹²

In addition to providing general feedback on individual questions and the entire questionnaire, pilot study participants were asked to address specific questions as part of their evaluation, including: (1) how long it took to complete the survey, (2) what they thought about the length of the survey, (3) whether any existing questions were confusing or difficult to answer, (4) whether they found any questions offensive or thought they should be removed or fixed, (5) whether they experienced technical or computer issues while taking the survey, and (6) what they thought about the statement explaining why the term “trans” was used throughout the survey.¹³ All participant feedback was compiled, discussed, and used to further develop the questionnaire, such as through the revision of language and the addition of questions to more thoroughly examine an issue.

b. Length

The final survey questionnaire contained a total of 324 possible questions in thirty-two discrete sections addressing a variety of subjects, such as experiences related to health and health care access, employment, education, housing, interactions with law enforcement, and places of public accommodation. The online survey platform allowed respondents to move seamlessly through the questionnaire and ensured they only received questions that were appropriate based on previous answers. This was accomplished using skip logic, which created unique pathways through the questionnaire, with each next step in a pathway being dependent on an individual respondent’s answer choices. For example, respondents who reported that they had served in the U.S. Armed Forces, Reserves, or National Guard received a series of questions about their military service, but those who had not served

did not receive those questions. Due to the customized nature of the survey, the length varied greatly between respondents, and no respondent received all possible questions. Prior to the pilot study, estimates indicated a survey-completion time of 30–45 minutes. The completion-time estimate was extended to 60 minutes based on feedback from pilot study participants, and it was consistent with many reports during the fielding period.¹⁴

Despite observations about survey length discussed in the NTDS,¹⁵ evolving data needs relating to issues affecting transgender people required an in-depth treatment of multiple issue areas. This often required multiple questions to thoroughly assess an issue—including in areas where the NTDS asked only one question—and resulted in a lengthier survey. Survey instrument length was assessed throughout its development to ensure it would be manageable for as many participants as possible. Furthermore, through multiple reviews and evaluations of the survey instrument—including the pilot study—survey takers reported that the length was appropriate for a survey addressing such a wide range of issues and the need for data outweighed concerns about the overall length of the survey.

IV. Survey Distribution and Sample Limitations

The survey was produced and distributed in an online-only format after a determination that it would not be feasible to offer it in paper format due to the length and the complexity of the skip logic required to move through the questionnaire. With so many unique possibilities for a customized survey experience for each respondent, the intricate level of navigation through the survey

would have created an undue burden and confusion for many respondents. This could have led to questions being answered unnecessarily or being skipped completely, which could have increased the potential for missing data in the final dataset.¹⁶ This made online programming the best option for ensuring that respondents received all of the questions that were appropriate based on their prior answers, decreasing the probability of missing data. However, the potential impact of internet survey bias on obtaining a diverse sample has been well documented in survey research,¹⁷ with findings that online and paper surveys may reach transgender respondents with “vastly different health and life experiences.”¹⁸ With those considerations in mind, outreach efforts were focused on addressing potential demographic disparities in our final sample that could result from online bias and other issues relating to limited access. Although the intention was to recruit a sample that was as representative as possible of transgender people in the U.S., it is important to note that respondents in this study were not randomly sampled and the actual population characteristics of transgender people in the U.S. are not known. Therefore, it is not appropriate to generalize the findings in this study to all transgender people.

V. Outreach

The main outreach objective was to provide opportunities to access the survey for as many transgender individuals as possible in different communities across the U.S. and its territories. Additionally, outreach efforts focused on reaching people who may have had limited access to the online platform and who were at increased risk of being underrepresented in such survey research. This included, but was not limited to, people of color, seniors, people residing in rural areas, and low-income individuals. The outreach strategy was

a multi-pronged approach to reach transgender people through various connections and points-of-access, including transgender- or LGBTQ-specific organizations, support groups, health centers, and online communities.

Outreach efforts began approximately six months prior to the launch of the data-collection period with a variety of tactics designed to raise awareness of the survey, inform people when it would be available, and generate opportunities for community engagement, participation, and support. A full-time Outreach Coordinator worked for a period of six months to develop and implement the outreach strategy along with a team of paid and volunteer interns and fellows.¹⁹

An initial phase of outreach involved developing lists of active transgender, LGBTQ, and allied organizations who served transgender people and would eventually support the survey by spreading the word through multiple communication platforms and in some cases providing direct access to the survey at their offices or facilities. Establishing this network of “supporting organizations” was an essential component of reaching a wide, diverse sample of transgender people.

Over 800 organizations were contacted by email, phone, and social media, and they were asked if they would support the survey by sharing information about it with their members and contacts. Specifically, supporting organizations were asked to share information through email blasts and social media channels, and the research team provided language and graphics for organizations to use in an effort to recruit appropriate respondents into the study. Of the organizations contacted, approximately half responded to requests for support, resulting in direct recruitment correspondence with nearly 400 organizations at regular intervals during the pre-data-collection period and while the survey was in the field.^{20,21} These organizations

performed outreach that contributed to the far reach of the survey and unprecedented number of respondents.²² The organizations were also featured on the survey website so potential respondents could determine whether organizations they knew and trusted had pledged support for the survey.

Nearly 400 organizations responded to outreach and confirmed their support for the survey. The remaining organizations did not respond directly to invitations to learn more about the survey and become supporters. Consequently, these organizations did not receive correspondence aimed at directly recruiting respondents prior to the survey launch or during the data-collection period. It is possible, however, that survey respondents were still made aware of the survey through those organizations. Since there is no information regarding whether these organizations shared information about the survey through their channels, it is difficult to assess the full scope of the outreach efforts.

a. Advisory Committee

A significant element of outreach involved convening a USTS Advisory Committee (UAC). The UAC was created to increase community engagement in the survey project and raise awareness by connecting with transgender people in communities across the country through a variety of networks. The UAC was comprised of eleven individuals with advocacy, research, and lived experience from a wide range of geographical locations.²³ Members were invited to join the committee as advisors on survey outreach to facilitate the collection of survey data that would best reflect the range of narratives and experiences of transgender people in the U.S. Each member brought unique skills and expertise to contribute to the committee's objectives. UAC members participated in five monthly calls with members of the USTS outreach team from May

to September 2015. UAC monthly calls focused on providing project updates and identifying pathways by which outreach could be conducted to increase the survey's reach and promote participation from a diverse sample. Members suggested organizations, individuals, and other avenues through which to conduct outreach, shared ideas and strategies for improving outreach to specific populations of transgender people, and spread the word about the survey through their professional and personal networks.

b. Survey-Taking Events

In an effort to increase accessibility of the survey, the outreach team worked with organizations across the country to organize events or venues where people could complete the survey. *Survey-Taking Events*,²⁴ or "survey events," were spaces in which organizations offered resources to provide access to the survey, such as computers or other web-enabled devices. These organizations provided a location in which to take the survey at one particular time or over an extended period of time, such as during specified hours over the course of several days.²⁵ The events were created with the intention of providing access to individuals with limited or no computer or internet access, those who may have needed assistance when completing the survey, or those who needed a safe place to take the survey. Additionally, the population that had previously been identified as being more likely to take a paper survey than an online survey were considered,²⁶ and the events were developed to target those individuals.

Given the potential variety of these survey events—including the types of available resources and times at which they were conducted—guidelines were needed to maintain consistency across the events and preserve the integrity of the data-collection process. A protocol was developed outlining the rules for hosting a survey event to advise hosts on best practices for ensuring

a successful data-collection process, including guidelines to prevent the introduction of bias into survey responses. The protocols described the steps for becoming a survey-event host and tips for how to conduct outreach about the event. The protocol also specified that hosts should inform NCTE of their event prior to hosting and report on how many people attended the event and how many people completed and submitted the survey. This was helpful information for evaluating the relative success and benefits of these events. All confirmed supporting organizations were invited to become survey event hosts, and those who accepted the invitation were sent the protocol. Seventy-one (71) organizations accepted the invitation and confirmed the date(s) and time(s) of their events.²⁷

Survey events were promoted on the survey website and given a specific designation on the supporting organization map (described further in the “Survey Website” section), including information about where and when people could attend. Hosts were encouraged to promote their event through multiple channels and consider outreach methods beyond online avenues, such as direct mail or flyers, to better reach transgender people with limited or no internet access. Additionally, hosts were provided with flyer templates so they could promote the events in their facilities or through communications with their members or constituents. Of the organizations who confirmed their survey events, 46 reported information about attendance at the event. The hosts reported that 341 people attended their events, including transgender and non-transgender friends, family, and volunteers. Approximately 199 respondents completed the survey at these events.²⁸ However, survey responses indicate that additional unreported survey events or similar gatherings may have been held where participants had an opportunity to complete the survey.²⁹ Event-related information submitted by organizations following the fielding

period was not comprehensive enough to make a thorough determination as to whether the events had achieved their previously stated objectives.³⁰

c. Incentives

As an incentive for completing the survey, participants were offered a cash-prize drawing. Incentives, such as cash prizes are widely accepted as a means by which to encourage and increase participation in survey research.³¹ Studies have shown that such incentives may have a positive effect on survey response rate, which is the proportion of individuals in the population of interest that participates in the survey.³² Research has also found that lottery-style cash drawings may be beneficial in online surveys,³³ since they offer a practical method for providing incentives in surveys with a large number of respondents by eliminating the potential high cost of both the cash incentive and prize distribution.³⁴

USTS respondents were offered the opportunity to enter into a drawing for one of three cash prizes upon completion of the survey, including one \$500 cash prize and two \$250 cash prizes.³⁵ After completing and submitting their anonymous survey responses, USTS respondents were re-directed away from the survey hosting site³⁶ to a web page on the NCTE-hosted USTS website. In addition to being thanked for their participation on this page, respondents received a message confirming that their survey had been submitted and any further information they gave would not be connected to their survey responses. Only individuals who completed and submitted the survey were eligible for one of the cash prizes. To enter into the prize drawing, respondents were required to check a box giving their consent to be entered.³⁷ Respondents were also asked to provide their contact information in order to be notified if selected in the drawing. The final drawing contained 17,683 entrants. Each entrant was assigned a number, and six numbers were randomly chosen by a non-NCTE party: three

numbers for the prize winners and three for alternates if necessary. The three prize winners were contacted and awarded their prizes upon acceptance.

VI. Communications

Communications for the survey required a multifaceted approach and a coordinated effort with the outreach strategy to most effectively reach a wide range of transgender people and ensure a robust sample size. The goals of survey communications were to: (1) inform people that NCTE would be conducting a survey to further the understanding of the experiences of transgender people in the U.S initially gleaned through the NTDS, (2) communicate when the survey would be available to complete and how it could be accessed, and (3) find creative ways of reaching diverse populations of potential respondents. This involved raising awareness of the survey through several communication methods, including email, social media, and print media, as well as through additional unique campaigns. Many survey promotional materials were produced in English and Spanish to increase the accessibility of the survey.³⁸

a. Survey Website

A website was created and designed specifically for the promotion and distribution of the survey.³⁹ This website served as a platform for providing information about the survey starting several months prior to its release in the field, such as a description of the survey, information about the team working on the survey, frequently asked questions, and sample language and graphics for individuals and organizations to use for email and social media communications, including sample Facebook and Twitter postings. The website also featured an interactive map, which included

information about organizations that had pledged to support the survey. Additionally, the map distinctly indicated information about organizations that were hosting survey-taking events, including the date, time, and location of such events. The website later served as the only platform through which the survey could be accessed and provided English and Spanish links to enter the survey, since there was no direct link available to the off-site hosting platform.

b. Survey Pledge

The survey pledge campaign was developed to raise awareness about the survey and generate investment in the project. The campaign engaged potential participants and allies by inviting them to pledge to take the survey and/or spread the word about the survey. The survey pledge was a critical method of both informing people that the survey would be launching and sustaining engagement with potential respondents in the months leading up to the fielding period. Pledges received reminders about the survey launch date and availability through email communications. Beginning in January 2015, pledge palm cards were distributed at a variety of events across the country, including conferences and speaking engagements. The cards contained information about the upcoming survey and asked people to sign up to help by committing to: (1) spread the word about the survey; and/or (2) take the survey. Transgender and non-transgender individuals were asked to complete the pledge information, either through a palm card or directly online through the survey website. Individuals who completed pledge information received email communications throughout the pre-data-collection phase. Pledge information was collected continuously for several months, and by the time of the survey launch, over 14,000 people had pledged to take the survey. Additionally, more than 500 people pledged to promote the survey among their transgender friends and family.⁴⁰ The pledge proved to be

an effective method of assessing how many people had learned about the survey and were interested in completing it, where potential survey respondents were distributed geographically, and how more potential respondents could be effectively engaged.

c. Photo Booth Campaign

In January 2015, a photo booth campaign was launched as another method for engaging people and raising awareness about the survey. Individuals and groups were asked to take photos holding one of two signs with messages expressing support for the survey.⁴¹ USTS photo booths were conducted at several conferences and events across the country. More than 300 photos were collected and shared directly through NCTE's Facebook page. Photos were also sent to most participants so they could conduct their own promotion using their photos.

d. Social Media

With the increased use of social media in the years since the previous survey (the NTDS), it was important to engage via these outlets to further the reach of the survey. Facebook and Twitter⁴² became the primary social media outlets used throughout the survey project, and their use significantly amplified awareness, increasing the number of people who were exposed to the survey. A series of postings provided the ability to rapidly and succinctly communicate with individuals and groups who had an interest in contributing to the survey's success by completing the survey and spreading the word about it. Although social media reach fluctuated during the months leading up to the survey launch, over 96,000 Facebook users were estimated to have received NCTE's post announcing that the survey was live and available for completion on August 19, 2015.

e. USTS Awareness Week

Prior to launching the survey in the field, communication was maintained with thousands of individuals and organizations who fell into three categories: (1) people who had signed up to take or spread the word about the survey ("pledge list"), (2) organizations that had committed to support the survey through outreach efforts ("supporting organization list"), and (3) people who had signed up to be in communication with NCTE about the organization's work and projects ("NCTE list").

Communication with the individuals and groups on these lists through targeted messages occurred at various intervals; however, one of the most important methods for promoting the survey was through USTS Awareness Week. This campaign was designed to share a significant amount of information about the survey over a concentrated period of time in close proximity to the launch of the survey. Awareness Week occurred during the week of July 27, 2015 and highlighted different aspects of the survey focusing on a different medium each day, including social media, email, and blogs. Awareness Week was introduced to the communication lists on July 15, and recipients were invited to access and download a planning kit for the campaign, which was available on the survey website. The planning kit included language and graphics for email and social media communications. Communications were sent on each of the days devoted to social media,⁴³ email,⁴⁴ and blogs⁴⁵ with appeals for organizations to share the information with their membership and individuals to share the information through their personal networks. Awareness Week proved to be one of the most effective methods for increasing the number of individuals who pledged to take the survey and likely increased the number of eventual respondents.⁴⁶

f. Additional Communications Methods

The overall approach to survey communications was diverse and captured many media forms. In addition to the previously stated campaigns and projects, communications involved working with a variety of individuals such as bloggers, artists, advocates, and others to create print blogs and videos promoting the survey. Op-eds were another medium that contributed to survey promotion, and media consultants and traditional media sources aided in expanding the survey's reach even further. Approximately 50 articles, blogs, and op-eds focused on the survey were produced and distributed by organizations, including NCTE, and individuals prior to the launch of the survey and during the data-collection period. The wide variety of approaches contributed to the number of individuals who were reached through all communications and likely impacted the final number of respondents in the sample.

VII. Language and Translation

Throughout the survey questionnaire, the use of accessible language was balanced with preserving the meaning of each question to the greatest extent possible. This was of particular importance in maintaining comparability with questions from existing surveys that allowed conclusions to be drawn about how the experiences of the USTS sample compares to the U.S. population. In order to make assessments about USTS survey respondents in relation to the U.S. population, it was important that USTS respondents had similar interpretations of questions taken from other surveys as non-transgender survey takers had to those questions in federal surveys. In many places, language was revised to use terminology

that would most appropriately speak to individuals in the many communities for which the survey was intended. However, several areas required difficult choices about keeping language that may have caused discomfort for some respondents. Throughout the questionnaire, language was avoided that could be interpreted as stigmatizing or characterized as a value judgment wherever possible while maintaining objectivity in crafting sound research questions. For example, at times survey questions referred to work or activities that were “currently considered illegal.” Such deliberate language was used in an attempt to separate the issue of criminalization from the activity in question while maintaining comparability with other surveys. This was a difficult balance to achieve throughout the survey. Eliminating technical language was also necessary, unless it was widely used and accepted in transgender communities, such as some medical terminology. Short descriptions or parenthetical explanations were provided whenever technical language was required for those who may not have been familiar with the language. Additionally, hyperlinked explanations of specific terms were included when those terms could be interpreted in several ways or if similar explanations were provided in the federal surveys from which the questions were taken. For example, explanations were provided for the terms “active duty” when asking about military service and “household” when asking about income.

The research team remained conscious of individual and collective identities throughout the survey instrument drafting process, and attempted to use language that acknowledged the breadth and significance of individual identities while also making the questions accessible to the widest range of transgender people possible across the U.S. and in the territories. The questionnaire was reviewed and revised for consistent readability at an eighth-grade literacy level where possible,⁴⁷ although several

terms used in the survey were at a considerably higher literacy level. This included places where language was preserved for comparability with other surveys and when language describing transgender-specific experiences or procedures was used. Additionally, community members and researchers reviewed the survey and suggested revised language throughout the development process. This collaborative process was beneficial in providing collective insight on the best language to use in each particular instance based on lived experience and research expertise. The research team acknowledges, however, a continuing need to work towards identifying suitably inclusive terminology within an evolving language and community for future iterations of the survey.

The questionnaire was translated into Spanish by a translation service, and several native-Spanish-speaking community members and NCTE staff and interns reviewed and revised the language to use terminology that was most prevalent in Spanish-speaking transgender communities in the U.S. In many instances, it was difficult to find language that accurately captured the meaning of a question or specific terms, but in each case language was selected to convey interpretations as close to the English-language question interpretations as possible.

VIII. Institutional Review

The study was vetted through an Institutional Review Board (IRB) process, which is meant to ensure confidentiality and protect the rights and welfare of individuals participating in a research study. The USTS underwent a full board review by the University of California Los Angeles (UCLA) IRB. As a requirement of approval, the questionnaire began with a study information

sheet describing aspects of the study and rights of individuals as participants in the study.⁴⁸ To be included in the study, participants were required to indicate their consent at the end of the information sheet. This process established that participants were fully informed about the risks and benefits of participating in the study and that their participation was voluntary. IRB review also required the submission of all recruitment materials leading up to the launch of the survey and throughout the time the survey was in the field.⁴⁹ This required the production of a large volume of messaging for the many different types of media through which people were invited to participate in the survey in both English and Spanish. It also required anticipating how messaging might need to change while the survey was in the field and submitting this language for pre-approval for later use as needed.

IX. Survey Hosting

The survey was hosted online by Rankin & Associates Consulting, under the supervision of USTS research team member, Dr. Susan Rankin. Access to the survey was provided exclusively through the USTS website. All programming of the questionnaire and online administration of the survey was handled through Rankin & Associates Consulting, which managed the process of collecting the survey data throughout the 34-day fielding period.

The survey was anonymous, and maintaining privacy and confidentiality in the collection and maintenance of survey data was an important component of preserving participants' anonymity. Furthermore, as a condition of IRB approval, the research team was required to ensure that confidentiality protections were in place for the study and demonstrate sufficiency of data security protocols. Accordingly, data from online

participants was submitted through seven secure firewalled servers with forced 256-bit SSL (Secure Sockets Layer) security and Security-Enhanced Linux (SELinux) security extensions to encrypt and protect the survey data. Given the volume of traffic on the seven servers during the initial launch of the survey, an eighth server was added. The survey was stored in an SQL database that could only be accessed locally. The servers themselves were only accessible using encrypted SSH (Secure Shell) connections originating from the local network. The servers were also in RAID (Redundant Array of Inexpensive Disks), which is a data storage virtualization technology that combines multiple physical disk drive components into a single logical unit for the purposes of data redundancy, performance improvement, or both, to reduce the chance of any data loss due to hardware failure. The servers performed nightly security audits from data acquired via the system logs and notified the system administrators.

Despite a successful data-collection period evidenced by the large final sample size, it is important to note issues that occurred in the initial days of the survey data-collection period, given the potential impact on the data collection and the final sample. Prior to the survey launch, the online platform had been assessed and capacity was predicted for the seven dedicated servers based on reasonable estimated response rates. However, in the first days of the data-collection period, exceptionally high levels of traffic to the survey far exceeded the predicted response rates and overwhelmed the capacity of the servers, causing significant delays in accessing and completing the survey. The resulting server delays occurred within hours of the survey launch on August 19, 2015, producing unusually long page-loading times and may have served as a barrier to completing the survey.⁵⁰ The survey team notified potential respondents of the delays through email and social media communication and updated the first page of the online survey questionnaire with

a note about the issues and information about the continued availability of the survey.⁵¹ The hosting team added a server to process the high level of traffic and returned the survey to normal loading speeds within a couple days of the initial reports. Although high numbers of survey submissions were received throughout these days, it is likely that the server delays affected the completion and submission of some surveys or may have discouraged individuals from attempting to take the survey.

X. Cleaning the Data

The dataset was cleaned following collection to remove survey responses that did not belong in the final sample.⁵² Data cleaning is the process of detecting and removing some survey responses (e.g., duplicate responses, incomplete responses, illogical responses) in order to improve the quality of the sample. This dataset was “cleaned” using commonly accepted procedures.⁵³ The first step was to remove survey responses from individuals who did not consent to take the survey and those who did not meet the eligibility criteria, such as not being at least 18 years of age and not residing in the U.S. These survey respondents had been automatically sent to a disqualification page,⁵⁴ but their responses were included in the initial dataset. Incomplete responses were then removed from the sample based on a requirement that respondents minimally complete specific questions in Section 2 of the questionnaire to be included in the final dataset.⁵⁵ Duplicate survey responses were removed next, as were those with illogical responses, such as those with contradictory responses to related questions. Missing-data analyses were then conducted to determine the percentage of missing data.⁵⁶

The next step of the process was recoding data, including re-categorization of answer choices

in several questions for improved analysis or to match existing categories for comparison to other surveys. Answers were evaluated for those questions that allowed a write-in response when the selected option was “not listed above.” In some cases, these answers were recoded into existing answer choices where appropriate, and in other cases, new answer categories were created for write-in responses that were frequently repeated. The recoding process included two coding teams. The first coding team conducted initial data recoding, and the second team reviewed the recoding and flagged areas of disagreement. A simple percent agreement score was calculated to determine inter-rater reliability.⁵⁷

Several survey weights were developed for presentation of results in the report.⁵⁸ A race and ethnicity weight was developed based on the Census Bureau’s 2014 American Community Survey (ACS).⁵⁹ Additionally, given the disproportionately large number of respondents who reported an age of 18 years old, a weight was created to balance the representation in the sample of those respondents in relation to the rest of the sample.⁶⁰ The race and ethnicity weight and the 18-year-old weight were both included in a “standard weight” applied to the dataset. All results presented in this report are weighted based on the standard weight unless otherwise noted. Additional survey weights were created for the purposes of comparability with federal government and national data sources, including weights for age and educational attainment.⁶¹ These weights were applied in addition to the standard weight when comparing the USTS sample to the U.S. population for items that are sensitive to age and educational attainment, such as individual and household income, and are noted accordingly as the “supplemental weight.”

XI. Data Analysis and Presentation of Findings

The data was first analyzed to tabulate individual responses to each of the questions in the survey. The respondents included in each tabulation differed throughout the survey due to certain questions only being asked of a particular set of respondents and/or due to some respondents choosing not to answer a question. Analyses were performed to explore how survey responses differed based on demographic characteristics—such as race, gender, and income—and non-demographic factors—such as experience with sex work, HIV status, and experiences of family support or rejection.

All findings in the report are presented as weighted percentages of the entire sample or of the subgroups being examined. For example, educational attainment is presented as a percentage of the whole sample, while much of the data related to HIV care represent percentages of those respondents who are living with HIV. In limited instances, unweighted frequencies are included where the additional information could be informative and to provide context for the weighted percentages reported.

Percentages are rounded to whole numbers, except in cases where a more exact comparison to national data sources was desired or where more precision was needed due to the reported percentages being small. When rounding to whole numbers, the following convention was generally followed: findings containing decimals of 0.50 and above were rounded up, and findings with 0.49 and below were rounded down (e.g., 1.50% was rounded to 2% and 1.49% was rounded to 1%). Additionally, a finding of 0.49% and below was generally labeled “less than 1%” or “<1%.” Throughout the report, results are presented in

various figures and tables. The percentages in these figures and tables do not always add up to 100% due to respondents being able to select more than one answer to a question (“mark all that apply”) or due to rounding.

Throughout the report, U.S. population findings are provided for comparison to USTS findings or to provide context for USTS findings, where available and/or applicable. Where USTS data is compared to data from existing research, the

data source is specified. When providing U.S. population comparisons, the research team made efforts to limit the comparisons to adults (18 years and older) to most appropriately match the USTS sample. Whenever that was not possible, notes as to age ranges or other limitations are provided. Additionally, calculations made by the research team when necessary to present U.S. population findings are noted. Data in this report is generally presented without information regarding statistical testing.⁶²

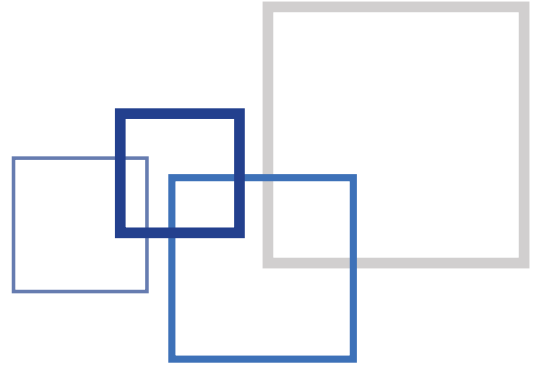
ENDNOTES | CHAPTER 2: METHODOLOGY

- 1 The survey included questions related to the following topics (in alphabetical order): accessing restrooms; airport security; civic participation; counseling; education; employment; faith; family and peer support; health and health insurance; HIV; housing and homelessness; identity documents; immigration; income; intimate partner violence; military service; police and incarceration; policy priorities; public accommodations; sex work; sexual assault; substance use; suicidal thoughts and behaviors; unequal treatment, harassment, and physical attack; and voting.
- 2 Detailed information about survey methodology is available in *Appendix C (Detailed Methodology)*.
- 3 www.USTransSurvey.org
- 4 The survey was in the field between August 19 and September 21, 2015.
- 5 Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. (p. 11). DC: National Center for Transgender Equality and National Gay and Lesbian Task Force.
- 6 Grant et al., p. 182.
- 7 Grant et al.
- 8 See Haas, A. P., Rodgers, P. L., & Herman, J. L. (2014). *Suicide Attempts Among Transgender and Gender Non-Conforming Adults*. New York, NY & Los Angeles, CA: American Foundation for Suicide Prevention & Williams Institute.
- 9 See e.g., The GenIUSS Group. (2014). In J. L. Herman (Ed.), *Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys* (p. vii). Los Angeles, CA: Williams Institute. (“Adolescents may have particular difficulties with complex vocabulary and sentences. Therefore, questions designed for adolescents should take extra care to use plain language and simple sentences. Terms used in measures of sex and gender should be defined since adolescents, and cisgender (non-transgender) adolescents in particular, conflate the terms sex and gender, and have varying understanding of the term *transgender*, *masculine*, and *feminine*.”). Given the need to collect data about the unique experiences of transgender youth, it is important to design and conduct future studies focusing on the issue areas and needs most applicable to transgender youth.
- 10 Information about the source of survey questions used for comparison to the U.S. population can be found in *Appendix C (Detailed Methodology)*.
- 11 Forty-four (44%) of pilot participants identified as a woman or trans woman (MTF), 41% as a man or trans man (FTM), and 16% as non-binary or genderqueer.
- 12 These pilot participants identified as American Indian, Asian, multiracial, Black, Latino/a, and a racial/ethnic identity not listed above, in addition to 66% who identified as white.
- 13 The following statement was provided to explain why the word “trans” was used throughout the survey: We know that not everyone is comfortable with the word “transgender,” but for this survey, we must use one word to refer to all trans and non-binary identities. Because of this we will use the word “trans” in this survey to refer to all trans and non-binary identities.”

- 14 A notable exception to the 30–60 minute estimate for completing the survey occurred during the first days of the survey’s availability, when a high volume of survey takers overwhelmed multiple servers, causing lengthy delays when completing the survey. This is discussed further in the “Survey Hosting” section.
- 15 Grant et al., p. 13.
- 16 Post-NTDS analysis of respondents who had completed that survey online or in paper format found that surveys completed online were less likely to have missing data, providing further support for the decision to only offer the survey online. See Reisner, et al. (2014). Comparing in-person and online survey respondents in the U.S. National Transgender Discrimination Survey: Implications for transgender health research. *LGBT Health*, 1(2), 98–106.
- 17 See Dillman, D. A., Smyth, J. D., & Christian, L. M. (2014). *Internet, Phone, Mail, and Mixed-Mode Surveys: The Tailored Design Method* (4th ed.). Hoboken, NJ: John Wiley & Sons.
- 18 Reisner et al., p. 98. See note 16. This analysis also found that “[a] higher proportion of in-person respondents were young, male-to-female, people of color, publicly insured, with lower incomes and lower educational attainment than online respondents (all $p < 0.05$). In-person respondents also were more likely than online respondents to be current daily smokers, to endorse substance use to cope with mistreatment, and to self-report as HIV-positive (all $p < 0.05$).”
- 19 Although outreach efforts were instrumental in obtaining the largest sample of transgender respondents ever collected, a longer outreach period may have resulted in reaching more individuals in communities that are often underrepresented in online surveys.
- 20 A total of 827 organizations received at least one outreach email, and organizations received additional outreach emails and/or phone calls if no response was received. Out of those organizations, 392 confirmed their support, and 435 did not respond to any communications.
- 21 Correspondence included almost one dozen emails with asks to spread the word about the survey and with various information about the availability of the survey.
- 22 The research team attempted to ascertain the level of outreach engagement of supporting organizations; however, the limited amount of information received about the outreach did not allow a calculation of a response rate. Of the 392 organizations that pledged their support, 58 (15%) reported information on their outreach activities and estimated reaching over 20,000 transgender people through their channels. In the future, researchers are encouraged to collect consistent outreach activity data from supporting organizations that will help to better assess the effectiveness of outreach and response rate estimates.
- 23 Information about UAC members can be found in the *Acknowledgements* section of the report.
- 24 These events were promoted as “Survey-Taking Events” on recruitment materials and described accordingly (see note 25). However, it is possible that the name did not appropriately capture the nature of these vastly differing events. A lack of clarity may have decreased the number of people who attempted to access the survey through organizations who offered space or computers to complete the survey online.
- 25 Survey-Taking Events were described as “a function in which an organization or group opens its doors and provides access to its facilities (such as community centers and office buildings) to allow trans survey participants use of its resources (including computers, tablets, and internet access) to complete the USTS. This will occur during specified periods of time or throughout the time the survey is available on a drop-in basis. For example, a community center might participate by setting aside one Saturday from 9am–6pm where some or all of its computers are available for survey takers to use, or it might host people on Monday–Friday from 5pm–9pm each evening for a week, or longer.”
- 26 A total of 435 NTDS respondents completed the survey in paper format (7% of the sample) and were found to differ from online survey takers in sociodemographic characteristics, health outcomes, and life experiences. Reisner et al., p. 98, 103. See note 16.
- 27 Although only 71 organizations confirmed their events, based on information reported at various intervals throughout the data-collection period, it appeared that more organizations hosted survey events or similar gatherings to complete the survey without reporting them to the survey outreach team. Additionally, it is also possible that individuals and organizations held informal parties where groups of friends could gather to complete the survey at the same time. Data regarding this sort of activity was not collected or received.
- 28 This completion rate is a conservative estimate based on reports that some individuals started the survey at the event and then left to complete it on their own at a later time.
- 29 Four hundred and seventeen (417) respondents answered “yes” in response to the following survey question: “Are you taking this survey at a survey event or meeting, such as one hosted by an LGBTQ or Trans organization or meeting?”
- 30 In future iterations of the USTS and other research studies, the research team suggests a more robust approach towards organizing, conducting, and monitoring survey events to increase the reach and availability of such events in providing access to the survey. Researchers are also encouraged to conduct follow-up analyses to

- determine the demographic characteristics of individuals who completed the survey at events and whether these events were successful in capturing a similar demographic to those who had completed paper surveys in the previous survey. See Reisner, et al. (discussing the demographics of online and paper respondents in the NTDS).
- 31 See e.g., Göritz, A. S. (2006). Incentives in web studies: Methodological issues and a review. *International Journal of Internet Science*, 1(1), 58–70. (finding that “material incentives increase the odds of a person responding by 19% over the odds without incentives”).
 - 32 Pedersen, M. J. & Nielsen, C. V. (2016). Improving survey response rates in online panels: Effects of low-cost incentives and cost-free text appeal interventions. *Social Science Computer Review*, 34(2), 229–243.
 - 33 Pedersen et al., pp. 237–238.
 - 34 Singer, E. & Ye, C. (2013). The use and effects of incentives in surveys. *The ANNALS of the American Academy of Political and Social Science*, 645(1), 123–124.
 - 35 Participants were informed of the cash prize incentives in several ways. The study information sheet placed at the beginning of the survey prior to obtaining each respondent’s consent to enter the survey contained the following information in response to the question of whether respondents would be paid for their participation: “You will receive no payment for your participation. You will have the option to voluntarily enter a drawing to win one of three cash prizes: one prize of \$500 and two prizes of \$250.” The frequently asked questions section of the survey website also offered the following statement: “When you complete the survey, you will have the option to enter a drawing to win one of three cash prizes: one prize of \$500 and two prizes of \$250. Because thousands of trans people across the country will complete the survey, we cannot offer payment to each participant.” Additionally, some recruitment materials mentioned the cash-prize drawing, including email blasts.
 - 36 The survey was hosted by Rankin & Associates Consulting. Further details are described in the “Survey Hosting” section.
 - 37 The check box stated: “Enter me in the drawing for one of three cash prizes: one prize of \$500 and two prizes of \$250!”
 - 38 Due to limited funding, it was not possible to translate all survey materials, such as email communications. Translation of all promotional materials may positively impact the response rate amongst respondents with limited English proficiency in future iterations of the study.
 - 39 www.USTransSurvey.org
 - 40 Final pledge numbers were 14,005 and 561 for survey takers and promoters, respectively.
 - 41 Photo booth participants could choose from one of two signs indicating that the survey was coming in the summer of 2015 and stating the following: (1) “My Voice Counts: I’m Taking the #USTransSurvey” or (2) “Every Voice Counts: Spread the Word About the #USTransSurvey.”
 - 42 The Twitter hashtag used to promote the survey was #USTransSurvey.
 - 43 For social media day, recipients received one of the following requests, based on whether they were organizations or individuals: (1) “Use the hashtag #USTransSurvey on social media asking your social networks to join us” or (2) “Please join Social Media day. We have sample copy and a variety of photos and graphics.”
 - 44 For email day, recipients received one of the following requests, based on whether they were organizations or individuals: (1) “Email a friend explaining why this is so important to you” or (2) “Download the sample email and send it to your membership list today.”
 - 45 For blog day, recipients were invited to share a blog written by Outreach Coordinator, Ignacio Rivera, cross post the blog on an organization’s blog site, or draft a blog about the importance of the survey.
 - 46 The number of individuals who pledged to take the survey on the pledge list increased from approximately 7,700 when the initial Awareness Week email was sent on July 15 to over 14,000 at the time the survey launched in the field. The 82% increase in the numbers of survey pledges is likely due to the increased exposure generated by Awareness Week communications.
 - 47 The initial literacy level review and revision was conducted by a certified copy editor proficient in reading levels, and the questionnaire was determined to be at an eighth grade reading level.
 - 48 Due to IRB requirements, the language in the study information sheet was generally at a higher literacy level than the rest of the questionnaire.
 - 49 This included all materials aimed at “recruiting” or getting people to participate in a research study, such as website pages, flyers, emails, and social media messages.
 - 50 The research team received reports that it took some individuals up to several hours to complete the survey on the first day, and others reported that they were not able to complete or submit their survey at all due to the technical issues.

- 51 The following note was added to the first page of the survey (in English and Spanish) to notify respondents of the delay: “Our servers have been overwhelmed by the number of enthusiastic participants and some are experiencing unusual delays. We apologize for the inconvenience as we work to address this issue. You can complete the survey now but may experience delays. However, the survey will be available to complete through at least September 21st. If you experience delays, we encourage you to return to this site in the coming days. If the survey is slow to respond, you can leave the page open and return later. If the survey times out, you can hit the ‘back’ button. However, if you close your browser, you may have to restart the survey.”
- 52 A detailed description of the cleaning process is included in *Appendix C (Detailed Methodology)*.
- 53 Rahm, E. & Do, H. H. (2000). Data cleaning: Problems and current approaches. *IEEE Data Engineering Bulletin*, 23(4), 3–13.
- 54 Ineligible respondents were sent to one of two disqualification pages notifying them of their ineligibility and providing either an opportunity to visit the survey website for more information or giving information about their gender identity or expression and experiences related to gender identity or expression.
- 55 See *Appendix C (Detailed Methodology)* for more information on the Section 2 questions that were required to remain in the sample.
- 56 Missing-data analyses determined that there was less than 5% missing data on all but two questions. Therefore, the research team did not impute the missing data. See *Appendix C (Detailed Methodology)* for more information.
- 57 A modified version of an inter-rater reliability metric was used by the two teams that conducted the review. Each team included a principal researcher and an outside researcher. One researcher on each team conducted the initial coding and the other researcher reviewed the coding for approval or revisions. See *Appendix C (Detailed Methodology)* for more information.
- 58 “Weighting” is a common statistical technique used to adjust data with disproportionate sample sizes to be more representative of the population from which the sample was drawn. For example, the proportion of respondents aged 18–24 and 25–44 in a survey sample taken in the U.S. may differ from the proportion of those age groups in the total U.S. population. Therefore, weights are applied to survey data in order to make comparisons between the collected survey data and the total population. See *Appendix C (Detailed Methodology)* for more detailed information about weights applied to the survey data.
- 59 Studies using representative samples of transgender adults have found that transgender adults differ from the general population in regard to race and ethnicity, with transgender people more likely to be people of color. See e.g., Flores, A. R., Brown, T. N. T., & Herman, J. L. (2016). *Race and Ethnicity of Adults who Identify as Transgender in the United States*. Los Angeles, CA: Williams Institute; Conron, K. J., Scott, G., Stowell, G. S., & Landers, S. J. (2012). Transgender health in Massachusetts: Results from a household probability sample of adults. *American Journal of Public Health*, 102(1), 118–122. However, the USTS sample has a higher percentage of white respondents than the U.S. general population. To help correct for this sampling bias, the research team applied U.S. population weights for race and ethnicity. While this may still over-represent white respondents, this weighting procedure brings the sample closer to what is estimated to be the true population distribution for race and ethnicity for transgender people.
- 60 The weight for 18-year-old respondents was created with propensity scores developed using a regression discontinuity model. For more information on this process and other weighting procedures, see *Appendix C (Detailed Methodology)*.
- 61 The age, race, and educational attainment weights were created based on the Census Bureau’s 2014 American Community Survey (ACS).
- 62 Due to the large sample size, bivariate statistical tests largely result in statistically significant differences among the groups being compared. Small group differences often will be found to be statistically significant, even when the differences are small and, therefore, not particularly meaningful. In writing the findings to this report, the research team considered other measures when pointing out meaningful differences among groups, such as a particular cell’s contribution to an overall chi-square test statistic and effect sizes. These tests are on file with the research team. Future researchers are encouraged to use additional bivariate and multivariate modeling to provide more nuanced understanding of group differences.



CHAPTER 3

Guide to Report and Terminology

Throughout the report, the authors use a variety of terminology to refer to respondents in the sample or experiences that respondents reported. The authors also applied several conventions in the reporting of results. While explanations are often included in chapters to provide context and clarity, several terms and conventions that are used widely throughout the report are outlined in this chapter to make the report more accessible to a broad range of audiences.

I. Use of the Term “Transgender” in this Report

The term “transgender” is often used to describe people whose gender identity or expression differs from what is associated with the gender they were thought to be at birth. Although this term has often been described as an “umbrella term” that encompasses the spectrum of identities and captures the diversity of transgender people, the authors recognize that one term cannot reflect each individual’s unique identity and some people prefer to use other terms to describe their gender identity. However, in order to make the report’s findings clear and accessible, it was important to select a single term for consistent use throughout this report that could best represent the range of identities expressed in the USTS survey sample.

In promotional materials, the survey was described as being inclusive of all “transgender, trans, genderqueer, and non-binary” people, so that those who might have assumed that “transgender” did not include them would know their voice was welcomed. The survey also acknowledged the limitation of current language and used “trans”—a shorthand term that is widely accepted amongst transgender people—consistently throughout the questions. While respondents in this study identified with a wide range of terms—including more than 500 unique terms that were reported in response to survey questions—88% of respondents thought of themselves as transgender, and 86% expressed that they were “very comfortable,” “somewhat comfortable,” or “neutral” when asked how comfortable they were with the word “transgender” being used to describe them. This included 82% percent of non-binary respondents. This provides evidence of the term’s continued broad usage and general acceptance. Based on this information, the

term *transgender* is used for the purposes of this report to represent the diverse identities of the individuals who made their voices heard by completing the survey.

II. Other Transgender-Specific Terminology

Non-binary:

This term is used by some to describe people whose gender is not exclusively male or female, including those who identify as having no gender, a gender other than male or female, or more than one gender. In this report, “non-binary respondents” refers to respondents who said that the term “non-binary/genderqueer” best describes their current gender identity in response to Q. 2.3.

Crossdresser:

While definitions of “crossdresser” vary, many use this term to describe a person who dresses in a way that is typically associated with a gender different from the one they were thought to be at birth, but who may not identify with that gender or intend to live full time as that gender. In this report, the term “crossdressers” refers to respondents who said that the term “cross-dresser” best described their current gender identity in response to Q. 2.3.

Gender transition:

This is a process in which a person begins to live according to their gender identity, rather than the gender they were thought to be at birth. Not all transgender people have transitioned or intend to do so, but many do. Gender transition looks different for every person. Possible steps in a gender transition may or may not include changing one’s clothing, appearance, name

and identity documents (for example, a driver's license), or undergoing medical procedures such as hormone therapy to change one's physical characteristics. This report refers to gender transition in several places when discussing steps that may be included in one's gender transition, such as updating the name and gender on identity documents. Additionally, the report includes a variety of terms to refer to therapy/counseling, hormone therapy, surgical treatments, and other health services transgender people may undergo as part of their transition, including "health care related to gender transition" or "transition-related care." In this report, the term "respondents who have transitioned" refers to respondents who reported that they are living full time in response to Q. 1.12 (see below).

Living full time:

Respondents in the sample who were described in the report as "living full time" are those who reported that they lived full time in a gender different than the gender they were thought to be at birth in response to Q. 1.12. For many people, living full time may include changing one's name, clothing, and/or appearance, or taking other actions related to their gender transition.

Gender identity or expression:

Several questions throughout the report asked whether respondents thought that an experience had occurred due to their "transgender status/gender identity" and/or "gender expression/appearance." Both answer choices were included so that respondents could select what they felt best represented their experience. Since there was a substantial overlap of respondents who selected both reasons, and because these terms are commonly used interchangeably or with very similar meanings, responses of those who selected one or both of these reasons were collapsed for reporting in one "gender identity/

expression" category. Additionally, several phrases are used interchangeably to describe experiences that respondents had as a result of biases due to being known or perceived to be transgender. These include, for example: "because they were transgender," "because of their transgender status," or "because of their gender identity or expression."

III. Additional Terms and Conventions Used in the Report

Sexual assault:

In this report, the term "sexual assault" refers to a variety of experiences of unwanted sexual contact. These may include, but are not limited to, oral, genital, or anal contact or penetration, forced fondling, and rape. Respondents were asked about their experiences with unwanted sexual contact or sexual assault in a number of different contexts. Definitions of these terms varied in some questions based on the context or, in some cases, on the national survey from which a question was adapted. Where applicable, the definition provided for "sexual assault" or "unwanted sexual contact" in each question is included in the report.

Underground economy:

This terminology refers to fields of work that, in general, are currently criminalized in the United States. In this report, this term includes income-based sex work (including forms of work in the sex trade that are not criminalized, such as pornography), drug sales, and other income-based work that is currently criminalized. See *Sex Work and Other Underground Economy Income* chapter.

Time period of reported experiences:

In the survey, respondents answered questions about experiences that occurred within a period of time prior to having taken the survey, such as in the past year or the past 30 days. The report refers to the time when these experiences occurred in comparison to the time when the respondent completed the survey. For example, respondents who had certain experiences within the 12 months prior to completing the survey were reported as having those experiences “in the past 12 months” or “in the past year.” If a respondent had an experience that occurred within the 30 days prior to completing the survey, the experience was referred to as occurring “in the past month,” “in the past 30 days,” or “currently.”

Write-in responses:

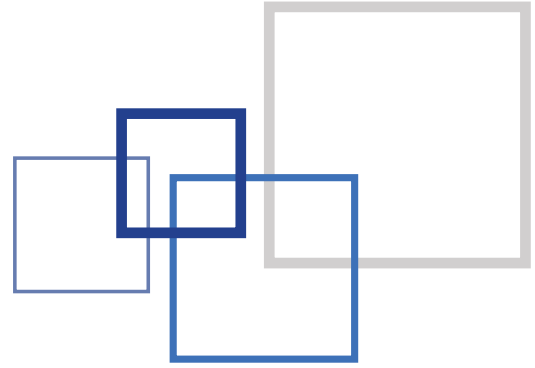
At several places in the survey, respondents were given an opportunity to write in a response to a question. These write-in responses were reviewed for recoding to categorize the responses into existing answer choice categories or new categories when feasible. When it was possible to recode write-in answers into a new category, those answers were often listed in the report and labeled as a “write-in response.” In many cases, it was not possible to recode the answers into existing or new categories, and these write-in-responses were included in categories such as “a reason not listed above.” For more information about how write-in answers were recoded, refer to *Appendix C: Detailed Methodology*.

U.S. population comparisons and other resources:

References to experiences of the U.S. population are included in the report for comparison and to provide context for findings where feasible. References to other research are also provided as resources in several places throughout the report. However, the list of references is not exhaustive, and should be not be treated as a comprehensive list of sources on any particular subject presented in this report.

Stories included in the report:

Throughout the report, excerpts of stories are included in sections titled “In Our Own Voices.” These stories, which were submitted by respondents after they completed the survey, are provided to support the findings of the report and offer important anecdotal evidence and context for respondents’ reported experiences. These stories have been edited for length and clarity.



CHAPTER 4

Portrait of USTS Respondents

With 27,715 respondents, the U.S. Transgender Survey (USTS) is the largest survey ever conducted of transgender people in the United States, providing a rich understanding of numerous aspects of their lives and experiences. In this chapter, an overview of respondents' diverse gender identities and experiences with transitioning is presented. Additional characteristics of USTS respondents, such as race and ethnicity, age, educational attainment, and geographic location, are also presented. This information is discussed in the following sections:

- I. Gender Identity and Expression
- II. Experiences with Transitioning
- III. Being Perceived as a Transgender Person by Others
- IV. Outness
- V. Race and Ethnicity
- VI. Age
- VII. Location
- VIII. Primary Language Spoken in Home
- IX. Religious or Spiritual Identity
- X. Income and Employment Status
- XI. Educational Attainment
- XII. Disability
- XIII. Citizenship and Immigration Status
- XIV. Sexual Orientation
- XV. Relationship Status

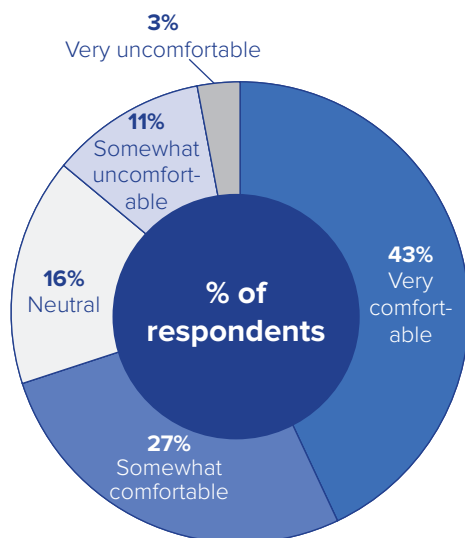
I. Gender Identity and Expression

a. Identity

The word *transgender* is often used as an “umbrella term” intended to encompass the spectrum of identities and capture the diversity of people whose gender differs from the one they were thought to be at birth. However, language describing identity continues to evolve, and it is difficult to describe all of those identities using just one term. Acknowledging this wide range of identities, the survey asked respondents if they thought of themselves as “transgender.” Eighty-eight percent (88%) of respondents reported that they thought of themselves as transgender, while the remaining 12% used other terms to describe their gender and related experiences.¹

Respondents were also asked how comfortable they were with the word “transgender” being used to describe them on a five-point scale from “very comfortable” to “very uncomfortable.” Eighty-six percent (86%) expressed that they were comfortable or neutral using this term, including 82% percent of non-binary respondents. Forty-three percent (43%) were “very comfortable,” and only 14% expressed discomfort with being described as transgender² (Figure 4.1).

Figure 4.1: Respondent’s level of comfort with the word “transgender” being used to describe them



Respondents were also offered a list of identity terms from which they could check all terms that described their gender identity, and they were also given an opportunity write in a gender that was not listed (Table 4.1). In addition to the listed terms, respondents wrote in more than 500 unique gender terms with which they identified.

Table 4.1: Gender identity terms

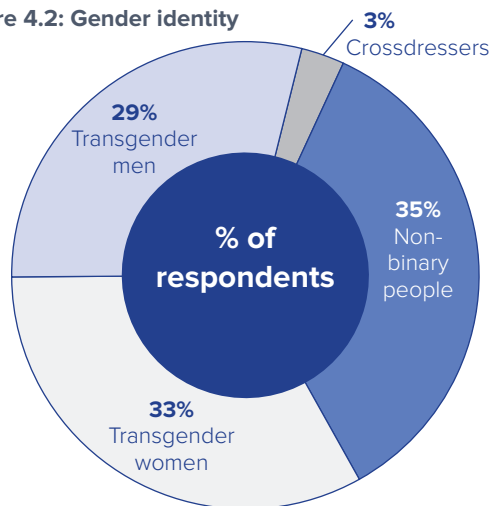
Gender identity terms	% of respondents
Transgender	65%
Trans	56%
Trans woman (MTF, male to female)	32%
Trans man (FTM, female to male)	31%
Non-binary	31%
Genderqueer	29%
Gender non-conforming or gender variant	27%
Gender fluid/fluid	20%
Androgynous	18%
Transsexual	18%
Agender	14%
Two-spirit	7%
Bi-gender	6%
Butch	5%
Crossdresser	5%
Multi-gender	4%
Third gender	4%
Intersex	3%
Drag performer (king/queen)	2%
A.G. or aggressive	1%
Stud	1%
Travesti	1%
Bulldagger	<1%
Fa’afafine	<1%
Mahu	<1%
A gender not listed above	12%

b. Gender Identity Categories Used for Analysis

Respondents were also asked to choose only one term that best described their current gender identity out of six possible terms (*woman*, *man*, *trans woman* (MTF), *trans man* (FTM), *non-binary/genderqueer*, or *crossdresser*) to determine the gender identity categories used for primary analysis.³ Respondents

were grouped into four gender identity categories based on their responses. These four categories are used throughout this report to discuss the experiences of those who completed the survey: *transgender women*, *transgender men*, *non-binary people*, and *crossdressers*.⁴ Those who said that *woman* or *transgender woman* best described their gender identity were included in the transgender women analytical category (33%), and those who said that *man* or *transgender man* best described their gender identity were included in the transgender men analytical category (29%). Overall, 62% of respondents were included in the transgender men and women categories. Three percent (3%) said that *crossdresser* best described their gender identity. More than one-third (35%) of respondents indicated that their gender identity was best described as *non-binary* or *genderqueer*, a term often used to describe people whose gender is not exclusively male or female, including those who identify with a gender other than male or female, as more than one gender, or as no gender⁵ (Figure 4.2). Throughout the report, these respondents are referred to as “non-binary.”

Figure 4.2: Gender identity



c. Gender Assignment at Birth

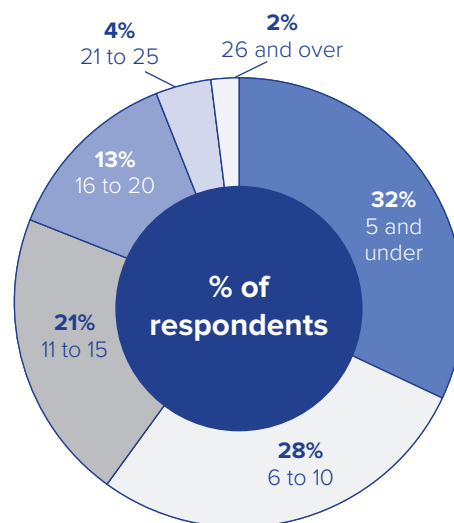
Respondents were asked about the sex they were “assigned at birth, on [their] original birth certificate.”⁶ In this report, the term “respondents with male on their original birth certificate” is used

to describe respondents who were thought to be male when they were born (such as transgender women), and “respondents with female on their original birth certificate” is used to describe respondents who were thought to be female when they were born (such as transgender men). More than half (57%) of respondents had female on their original birth certificate, and 43% had male on their original birth certificate. Of those who were non-binary, 80% had female on their original birth certificate, and 20% had male on their original birth certificate.

d. Development of Transgender Identity and Interactions with Other Transgender People

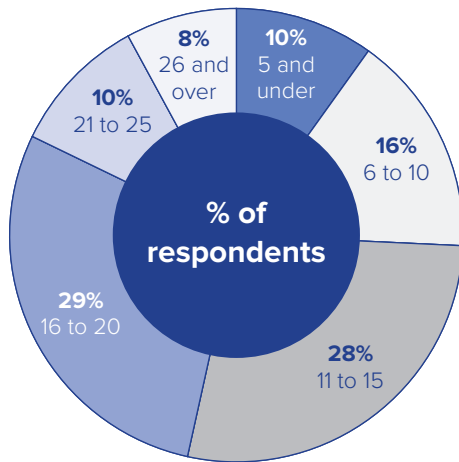
Respondents received questions related to the development of their transgender identity throughout their lives. A majority of respondents (60%) reported that they began to feel “different” from the sex on their original birth certificate at age 10 or younger, including 32% who began to feel different at age 5 or younger, and 28% who began to feel different between the ages of 6 and 10. Six percent (6%) reported that they began to feel different at age 21 or older (Figure 4.3).

Figure 4.3: Age they began to feel gender was different from the one on their original birth certificate



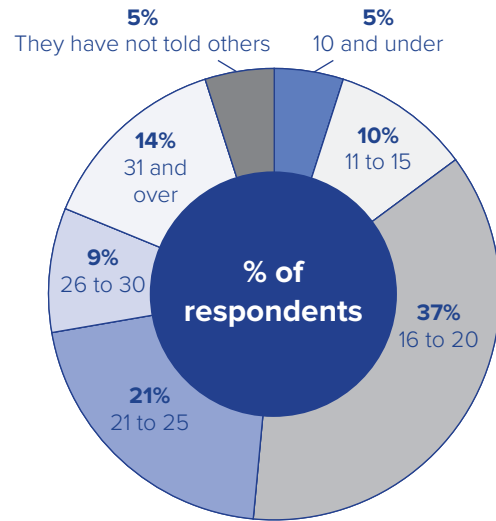
Respondents were also asked how old they were when they started to think of themselves as transgender, even if they did not know that word. One in ten (10%) reported that they began thinking of themselves as transgender at age 5 or younger. Sixteen percent (16%) began to think of themselves as transgender between the ages of 6 and 10, and 28% between the ages of 11 and 15. Eight percent (8%) reported beginning to think of themselves as transgender at age 26 or older (Figure 4.4).

Figure 4.4: Age they started to think they were transgender



Respondents were also asked at what age they began to tell others that they were transgender. One in ten (10%) respondents reported that they began to tell others that they were transgender between the ages of 11 and 15, and more than one-third (37%) did so between the ages of 16 and 20. Another 30% began telling people that they were transgender between the ages of 21 and 30, and 14% began telling people that they were transgender at age 31 or older. Additionally, 5% reported that they had not told anyone else that they were transgender (Figure 4.5).

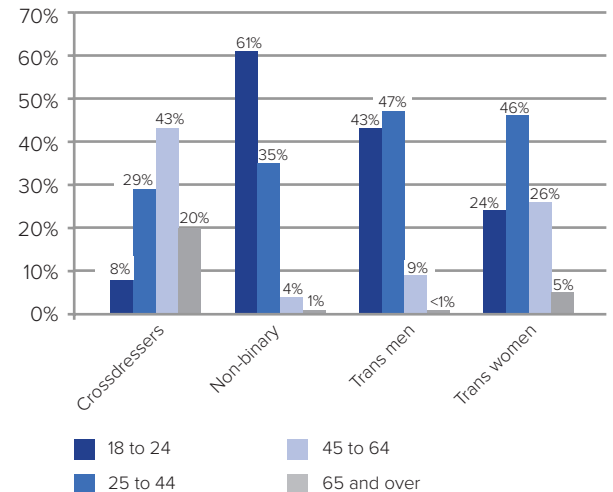
Figure 4.5: Age they started to tell others that they were transgender



e. Gender Identity and Current Age

The age profile of respondents⁷ differed widely by gender identity categories, with nearly half (47%) of transgender men and women being aged 25–44, compared to 35% of non-binary respondents, and 29% of crossdressers. Non-binary respondents were more likely to be younger, with nearly two-thirds (61%) being aged 18–24, in contrast to transgender men (43%), transgender women (24%), and crossdressers (8%). One in five (20%) crossdressers were aged 65 or older, compared to only 5% of transgender women, 1% of non-binary respondents, and less than 1% of transgender men (Figure 4.6).

Figure 4.6: Gender identity by current age



II. Experiences with Transitioning

Transitioning is a process by which a person begins to live in a gender that is different than the one on their original birth certificate. Not all transgender people have transitioned or intend to do so, but many do. Gender transition can involve many different aspects, including changing one's clothing, appearance, name, and identity documents (such as driver's licenses or passports) and asking people to use different pronouns (such as he, she, or they) than the ones associated with the gender on one's original birth certificate. Transitioning may also include undergoing medical procedures, such as hormone therapy or surgeries, to change one's physical characteristics. Some people make many of these changes while others do not, depending on their needs and resources. Additionally, some transgender people may desire and make some of these changes even if they do not intend to live full time in a gender that is different than the one on their original birth certificate. However, many people who want to take these steps are not able to do so because of financial constraints, safety concerns, fear of discrimination and rejection, and other barriers.

a. Full-Time Status and Transition

Nearly two-thirds (62%) of respondents were currently living full time in a gender that was different from the one on their original birth certificate. Throughout the report, the process of living full time in a gender that is different than that on one's original birth certificate is described as "transitioning." Twenty-two percent (22%) of respondents reported that they wanted to transition someday, 13% were unsure, and 3% did not want to transition (Figure 4.7). Three-quarters (75%) of transgender men and women had transitioned, and 43% of non-binary respondents had transitioned (Figure 4.8).⁸

Figure 4.7: Transition status of respondents

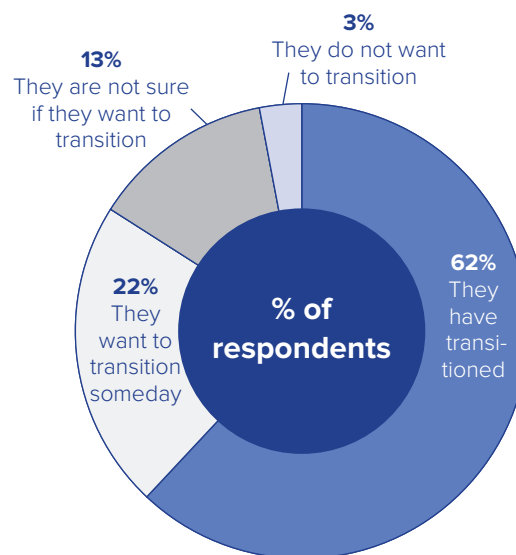
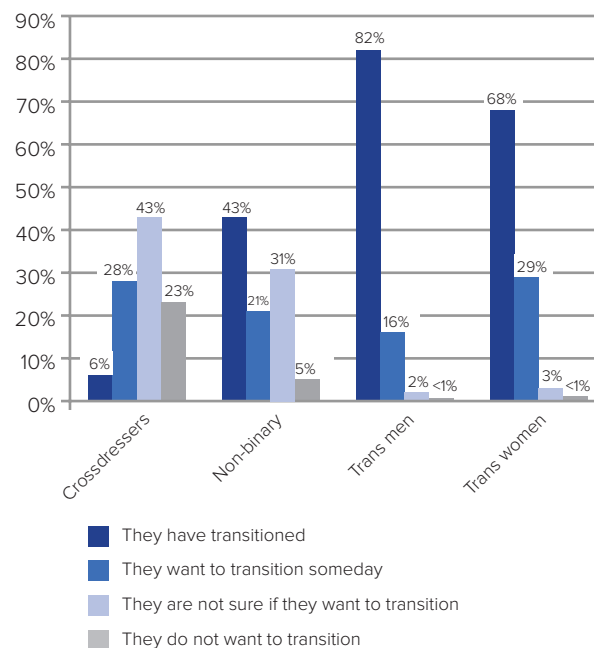


Figure 4.8: Transition status of respondents
GENDER IDENTITY (%)

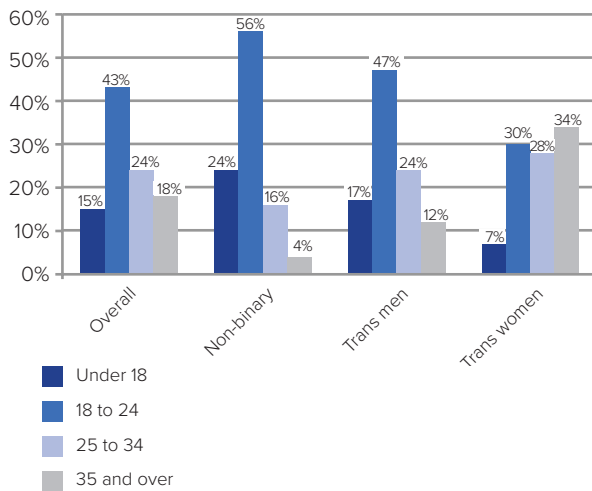


Respondents were also asked what gender they were living in on a day-to-day basis. Thirty-five percent (35%) of respondents reported that they currently lived as a man on a daily basis, 30% lived as a woman, 21% lived as neither a man nor a woman, and 15% lived part time in one gender and part time in another.

b. Age of Transition

Those who have transitioned reported the age at which they began transitioning, or living full-time in a gender other than that on their original birth certificate. Nearly half (43%) reported that they began transitioning between the ages of 18 and 24, and nearly one-quarter (24%) transitioned between ages 25 and 34. Fifteen percent (15%) transitioned under the age of 18, and 18% transitioned at age 35 or older. Non-binary respondents and transgender men were more likely to have transitioned at a younger age, with 24% of non-binary respondents and 17% of transgender men transitioning under the age of 18, compared to 7% of transgender women (Figure 4.9).⁹

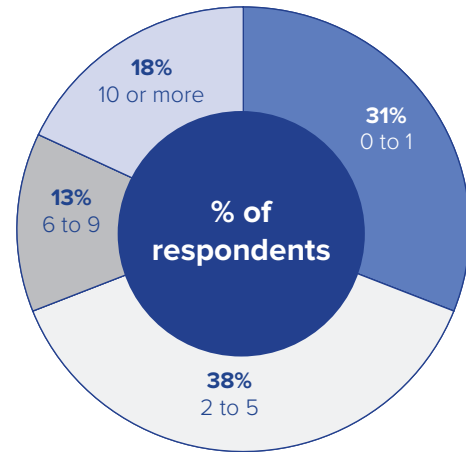
Figure 4.9: Age began transitioning
GENDER IDENTITY (%)



c. Number of Years Since Transitioning

The number of years since a respondent had transitioned was determined in order to provide valuable information and context for some of the respondents' experiences.¹⁰ Nearly one-third (31%) of those who had transitioned had done so within one year of taking the survey, 38% had transitioned 2 to 5 years prior, 13% transitioned 6 to 9 years prior, and 18% had transitioned 10 or more years prior (Figure 4.10).

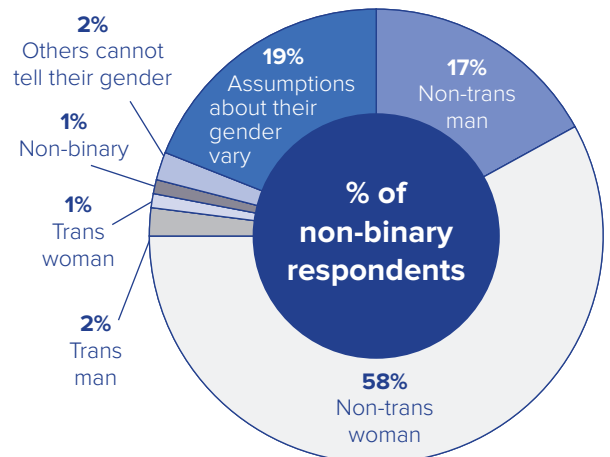
Figure 4.10: Number of years since transitioning



d. Additional Questions for Non-Binary Respondents

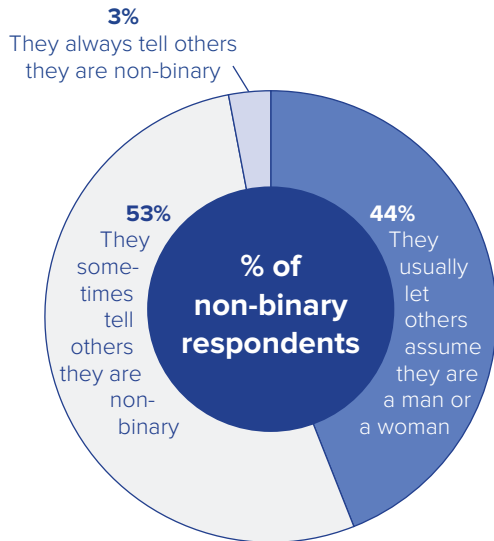
Non-binary respondents received questions about what they tell other people about their gender identity. They were asked about what gender they were perceived to be by people who did not know they were non-binary. A majority reported that people usually assumed they were non-transgender women (58%), including 72% of non-binary respondents with female on their original birth certificate, and 2% of non-binary respondents with male on their birth certificate. Seventeen percent (17%) reported that other people assumed they were non-transgender men, including 77% of non-binary respondents with male on their original birth certificate, and 3% of non-binary respondents with female on their birth certificate. Nearly one in five (19%) reported that assumptions about their gender varied (Figure 4.11).

Figure 4.11: Gender that people who do not know they are non-binary usually assume they are



Non-binary respondents were asked how they responded when people in their life assumed their gender was something other than non-binary. Almost half (44%) reported that they usually let others assume they were a man or woman, and 53% sometimes corrected others and told them about their non-binary identity. Only 3% always told others that they were non-binary (Figure 4.12).

Figure 4.12: Response when people assume that their gender is something other than non-binary



Non-binary respondents who reported that they usually let others assume they are a man or woman or only sometimes tell people they are non-binary were asked for the main reasons they do not tell others about their non-binary identity. Respondents could select multiple reasons for choosing not to tell people about their non-binary identity. A majority of non-binary respondents reported that people do not understand so they do not try to explain it (86%) or that it is easier not to say anything (82%). Approximately two-thirds reported that their non-binary identity is often dismissed as not being a real identity or just a phase (63%), and others feared they might face violence (43%) (Table 4.2).

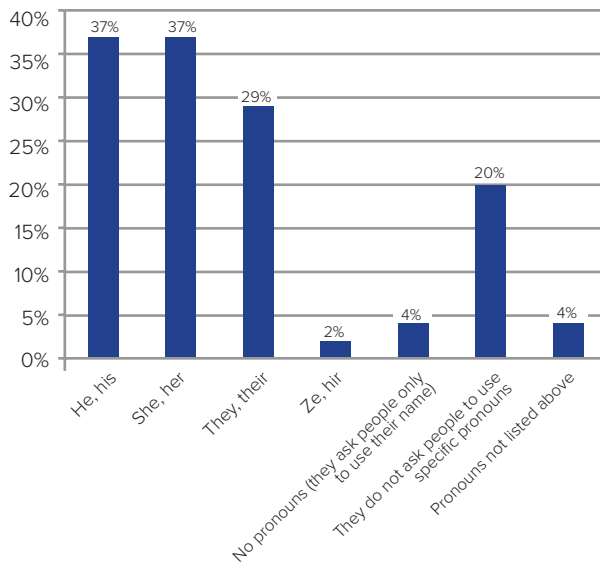
Table 4.2: Main reasons for not telling people they are non-binary

Main reasons for not telling others about non-binary identity	% of non-binary respondents
Most people do not understand so they do not try to explain it	86%
It is easier not to say anything	82%
Most people dismiss it as not being a real identity or a “phase”	63%
They might face violence	43%
They are not ready to tell people they identify as non-binary	35%
They might lose their job or not be able to get a job	35%
They might not get the medical care they need	24%
They might be hurt financially	23%
They might face mistreatment at school	18%
Their friends might reject them	18%
They might become homeless	12%
Their church or faith community might reject them	6%
A reason not listed above	18%

e. Pronouns

Eighty-four percent (84%) of respondents reported that the pronouns they used were different from those associated with the sex on their original birth certificate. Respondents reported a wide range of pronouns that they asked people to use when referring to them and could select more than one pronoun. The most widely used pronouns were “he/his” (37%), “she/her” (37%), and “they/their” (29%). One in five (20%) reported that they did not ask people to use specific pronouns when referring to them, and another 4% indicated that they used pronouns other than those provided in the answer choices. This included more than a dozen additional pronouns provided through written responses (Figure 4.13).

Figure 4.13: Pronouns respondents ask people to use



III. Being Perceived as a Transgender Person by Others

Some transgender people find that others can routinely tell that they are transgender without being told, while others are generally perceived as the gender they identify with, and still others are perceived as the gender they were thought to be at birth. Many interactions and experiences of transgender people may be influenced by others' perceptions of them as being a transgender person. Transgender people who are visually or otherwise perceived by others as transgender or gender non-conforming may be more vulnerable to negative interactions in public or other settings.

To assess whether respondents were perceived as transgender, they were asked whether others could tell that they were transgender even without being told on a five-point scale from "always" to "never." Nearly one in ten (9%) reported that others

could tell they were transgender without being told "most of the time," 32% said others could "sometimes" tell, and 24% said that others could never tell (Figure 4.14).¹¹ Respondents' experiences with others' perception of their transgender status varied by gender identity (Figure 4.15).

Figure 4.14: How often people could tell they were transgender without being told

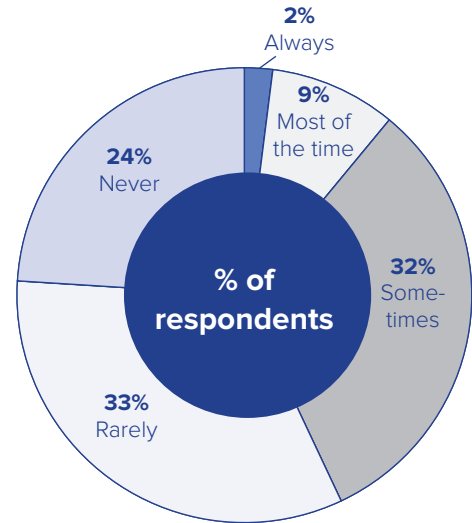
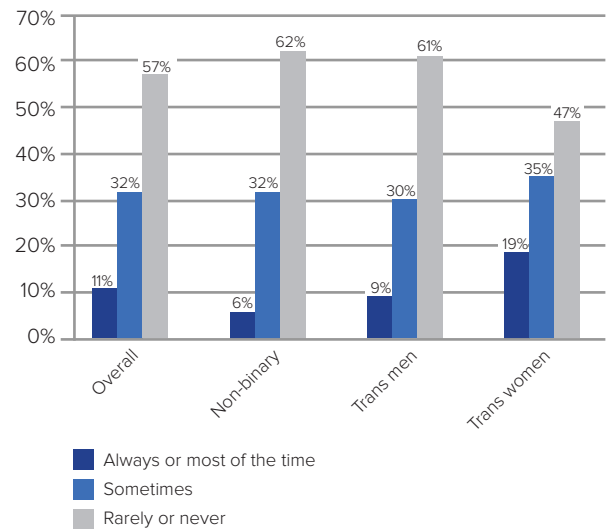


Figure 4.15: How often people could tell they were transgender without being told
GENDER IDENTITY (%)



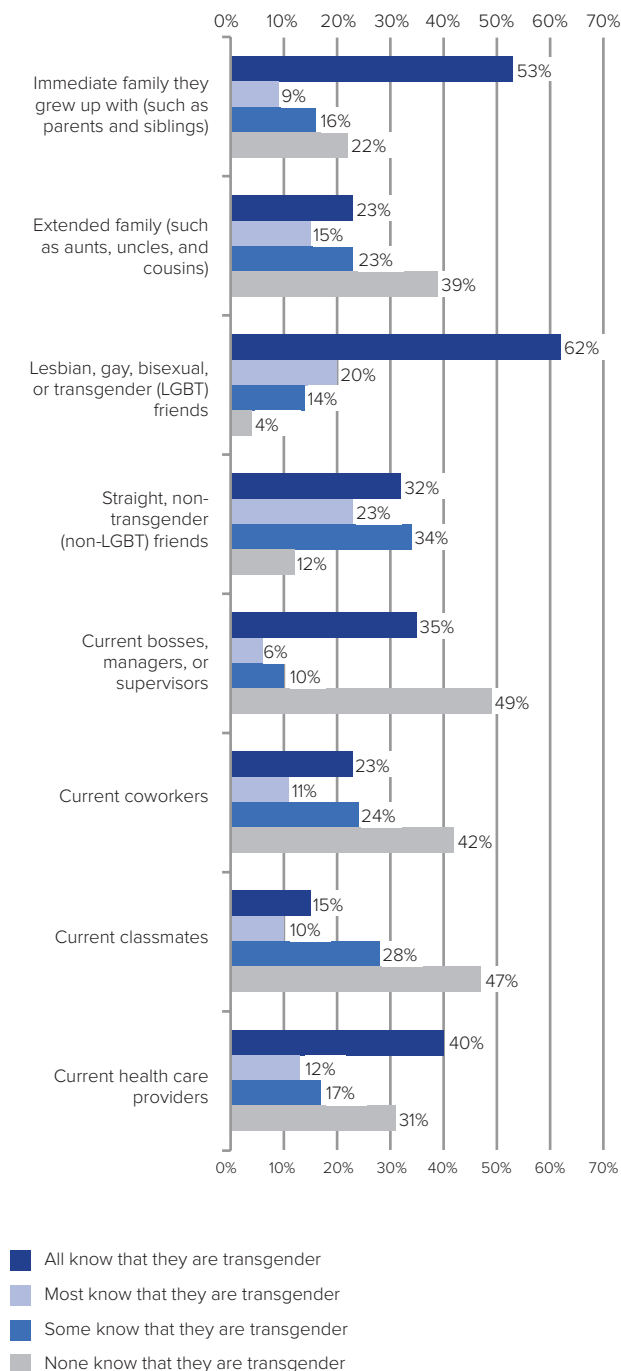
IV. Outness

Respondents were asked whether they thought different groups of people in their lives knew that they were transgender to determine if they were “out”¹² about their transgender identity to family members, friends, supervisors and colleagues at work, classmates, and health care providers. Respondents were asked whether all, most, some, or none of the people in their lives knew they were transgender in each of the groups of people in their lives. Results reflect only those respondents who had people from each group in their lives. Overall, 8% reported that they were out to all of the people in their lives, across all groups of people, 48% were out to most, 43% were out to some, and only 2% were out to none of the people in their lives.

Nearly two-thirds (62%) were out to all or most of the immediate family that they grew up with, and 38% were out to all or most of their extended family.¹³ Regarding workplace environments, nearly one-half reported that none of their current supervisors (49%) or coworkers (42%) knew that they were transgender.¹⁴ In terms of health care providers, although 40% reported that all of their health care providers knew that they were transgender, almost one-third (31%) indicated that none of their health care providers knew that they were transgender (Figure 4.16).

Of all groups of people the survey asked about, respondents were most likely to be out to all of their LGBT friends (62%). Respondents were also asked about the methods by which they socialize with other transgender people. Sixty-four percent (64%) reported that they socialized with other transgender people in person, and 79% socialized online. Nearly one-third (32%) said they interacted with transgender people in political activism, and 10% reported that they did not socialize with other transgender people.

Figure 4.16: Outness to people in respondents' lives



V. Race and Ethnicity

Respondents received a question on race and ethnicity and were asked to select only one of the following categories that most accurately described their racial or ethnic identity:

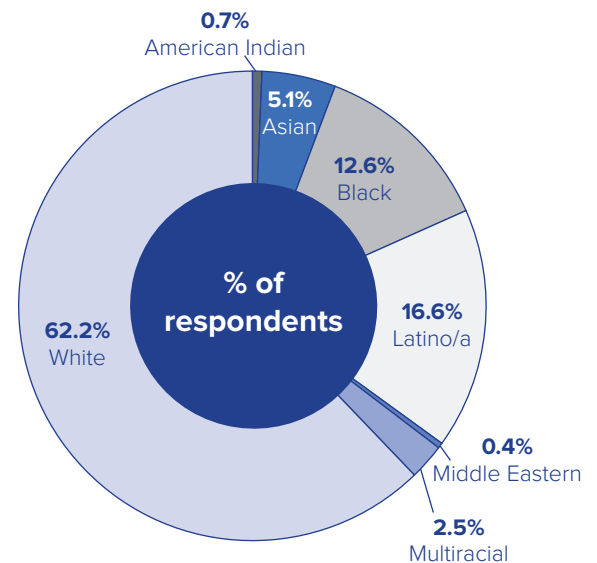
- Alaska Native (received a write-in option)¹⁵
- American Indian (received a write-in option)¹⁶
- Asian or Asian American
- Biracial or multiracial (received a follow-up question)¹⁷
- Black or African American
- Latino/a or Hispanic
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White or European American
- A racial or ethnic identity not listed above (received a follow-up question)¹⁸

Throughout the report, respondents who identified as biracial, multiracial, or more than one racial or ethnic category are included in the multiracial group. Additionally, due to small sample sizes and for purposes of analysis, certain racial and ethnic groups were combined into single categories. American Indian and Alaska Native respondents are combined in one category and reported as “American Indian.” Similarly, the Asian/Asian American and Native Hawaiian/Pacific Islander groups are also combined in one category and reported as “Asian.”¹⁹

The USTS sample had a percentage of white respondents that is notably higher than the U.S. general population, which is common among internet-based surveys.²⁰ Therefore, a race and ethnicity weight was developed to more closely represent what is estimated to be the actual racial and ethnic distribution for the transgender population in the U.S., based on the Census

Bureau’s 2014 American Community Survey (ACS).²¹ Racial and ethnic categories were weighted to reflect the ACS distribution for race and ethnicity as part of the standard survey weight that was applied to all results presented in the report (Figure 4.17).²²

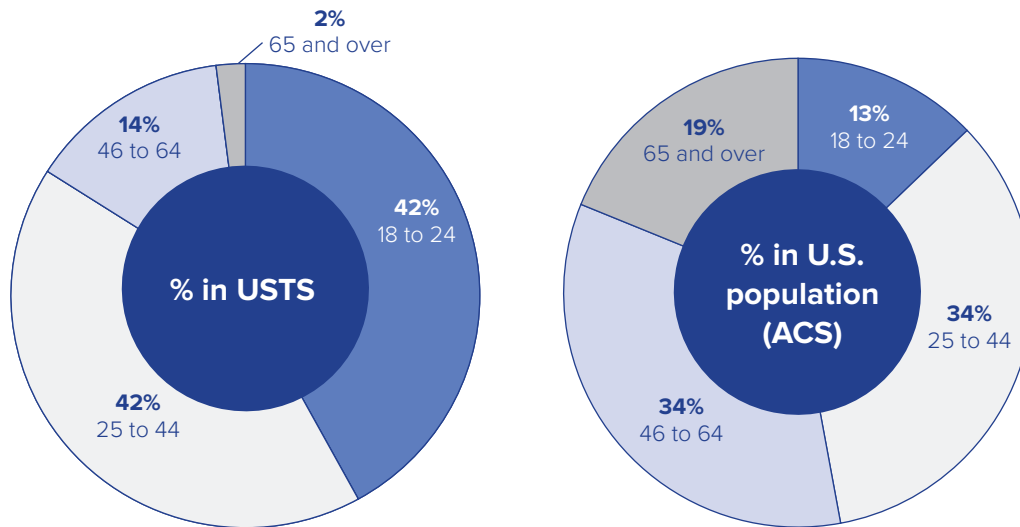
Figure 4.17: Race and ethnicity of respondents



VI. Age

The age of respondents in the sample ranged from 18 to 87. The overall age of respondents in the sample was generally younger than that in the U.S. population. In addition to having a younger age distribution, a disproportionately large number of respondents reported an age of 18 years old. Therefore a weight was created to balance the representation in the sample of those 18-year-old respondents in relation to the rest of the sample. This weight was part of the standard survey weight that was applied to all results presented in this report (Figure 4.18). Additionally, for certain findings in this report, a “supplemental weight” was applied to adjust the USTS sample to reflect the age distribution for the U.S. population based on the ACS.²³

Figure 4.18: Age of respondents

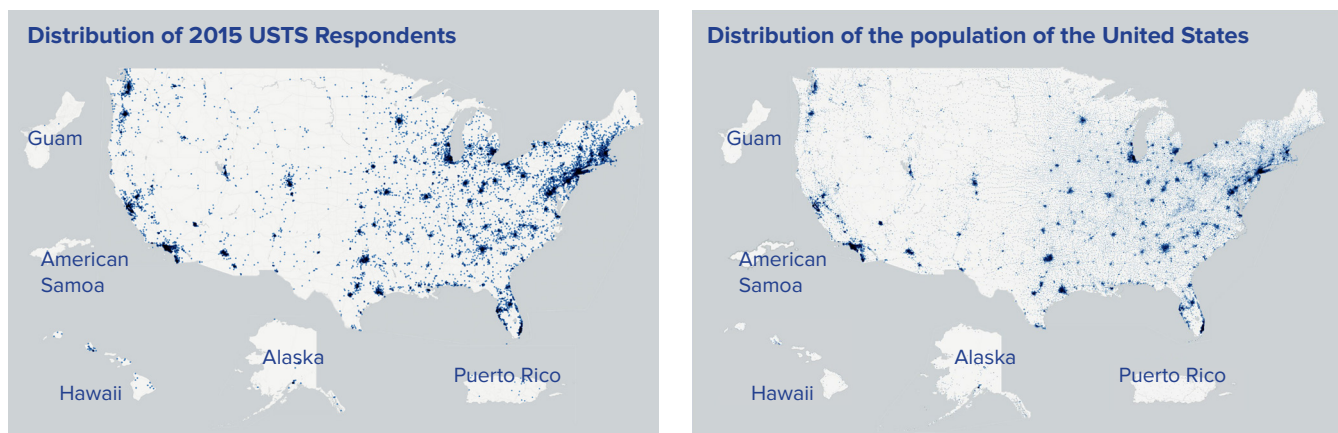


VII. Location

The sample included respondents from all 50 states, the District of Columbia, American Samoa, Guam, Puerto Rico, and several U.S. military bases overseas. The geographic distribution of the sample generally mirrors that of the U.S. general population (Figure 4.19).

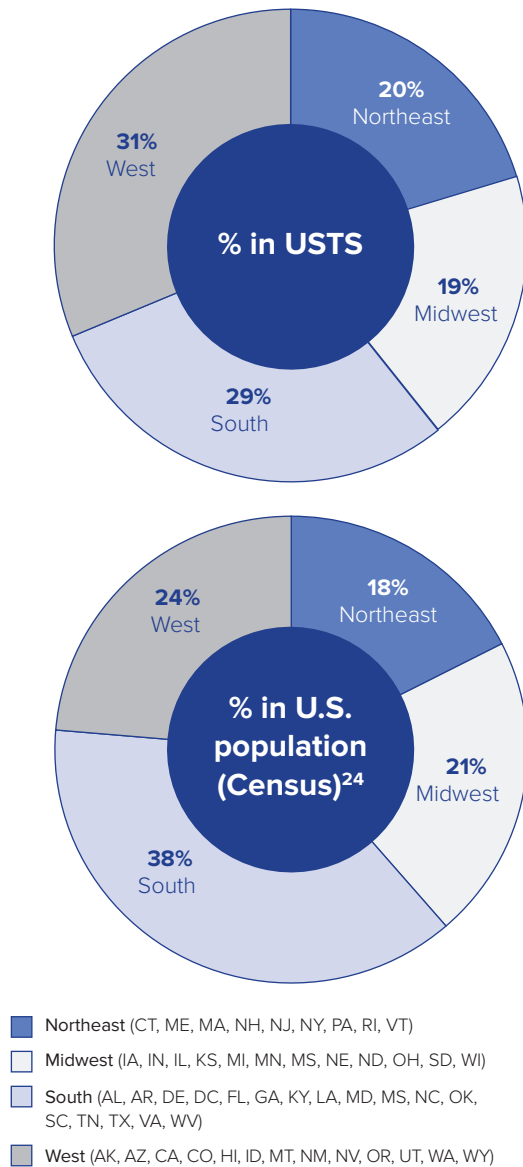
The sample was divided into regions based on the Census Bureau regions, which included the Northeast, Midwest, South, and West (Figure 4.20). These regional categories did not include U.S. territories or U.S. military bases overseas.

Figure 4.19



Each dot on the maps represents the number of people in a zip code. Every dot corresponds to at least one person, and the size of each dot increases in accordance with the number of people in each zip code.

Figure 4.20: Respondents' location by region



VIII. Primary Language Spoken in Home

Respondents were asked about the primary language spoken in their home. Eighty-four percent (84%) reported that English was the only language spoken in their home, compared to 79% in the U.S. general population, as reported in the

American Community Survey (ACS).²⁵ Fourteen percent (14%) reported that English and another language were mainly spoken in their home, and 2% reported that a language other than English was the primary language spoken in their home. In addition to spoken languages, 0.4% of respondents also reported that American Sign Language was either the main language or one of the main languages used in their home.

Spanish (including Spanish Creole) was reported as the most common language spoken in their home other than English, with 10% of respondents reporting Spanish was the main language spoken in their home, exclusively or along with English. This was slightly lower than the percentage of those who spoke Spanish in the home in the U.S. general population (13%).²⁶ Each of the other identified languages were spoken by less than 1% of respondents.

IX. Religious or Spiritual Identity

Respondents were asked about their current religious or spiritual identity and could select one or more identities from a provided list, or they could select a religious affiliation or spiritual identity not listed.^{27,28} Sixty-three percent (63%) of respondents reported that they had a spiritual or religious identity, and 37% of respondents reported that they did not have a spiritual or religious identity.²⁹ Respondents were most likely to identify as agnostic (23%), atheist (22%), or Christian (21%), followed by a smaller percentage who identified as Pagan (9%), Buddhist (6%), or Jewish (4%). One-quarter (25%) of respondents identified as spiritual, but with no religious affiliation. Thirteen percent (13%) had no religious or spiritual affiliation, and 7% identified with a religious affiliation or spiritual identity that was not listed (Table 4.3).

Table 4.3: Current religious or spiritual identity

Current religious or spiritual identity	% of respondents
Spiritual, but no religious affiliation	25%
Agnostic	23%
Atheist	22%
Christian	21%
Pagan	9%
Buddhist	6%
Jewish	4%
Secular Humanist	4%
Wiccan	4%
Druid	1%
Hindu	1%
Muslim	1%
Native American Traditional Practitioner or Ceremonial	1%
Polytheist (write-in response)	1%
Taoist	1%
Baha'i	<1%
Confucian	<1%
Jain	<1%
Jehovah's Witness	<1%
Rastafarian	<1%
Scientologist	<1%
Shinto	<1%
Sikh	<1%
Tenrikyo	<1%
A religious affiliation or spiritual identity not listed above	7%
No affiliation	13%

X. Income and Employment Status

Respondents were asked about various aspects of their income using a series of questions based on the Current Population Survey (CPS).³⁰ Results for income and employment status are presented

briefly in this section and discussed in greater detail in the *Income and Employment Status* chapter. In order to compare USTS respondents' income and employment data with data from the CPS and other national data sources, income and employment results are presented with the "supplement weight" applied.³¹

a. Sources of Income

Nearly half (45%) of respondents received income from multiple sources, such as employment, Social Security income, or a pension. Thirty-six percent (36%) received income solely from their own employment or a partner or spouse's employment (not including underground economy work, such as sex work, drug sales, or other work that is currently criminalized). Nearly one in ten (9%) received income from Social Security, including disability, and 3% received income solely from a pension. Three percent (3%) reported that they were currently working in the underground economy, including 1% whose income came solely from underground economy work (Table 4.4).

Table 4.4: Current sources of income by single and multiple sources

Sources of income	% of respondents (supplemental weight)
Employment only (from their own employer, partner/spouse's employer, or self-employment)	36%
Social Security income/disability only	9%
Pension/retirement only	3%
Other sources of income only	3%
No income	2%
Sex work and other underground economy work only	1%
Unemployment benefits/cash assistance only	1%
Multiple sources	45%

b. Individual and Household Income

Individual and household incomes for the USTS sample and the U.S. population were reported from 2014, the last full year prior to the survey for which annual income figures were available. Respondents reported lower incomes than the U.S. population (Figure 4.21 & Figure 4.22).³²

Figure 4.21: Individual income in 2014

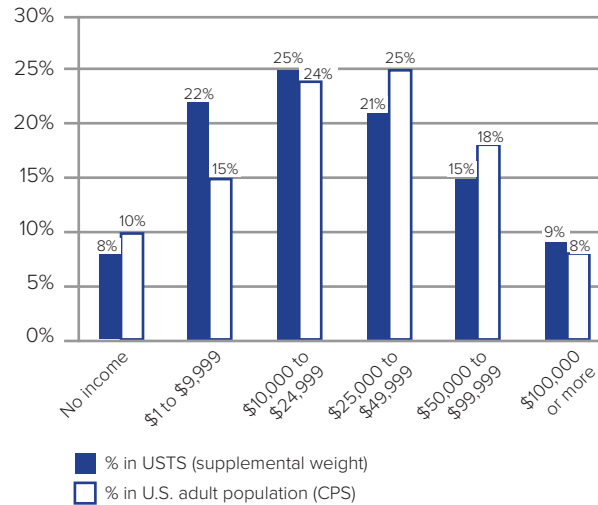
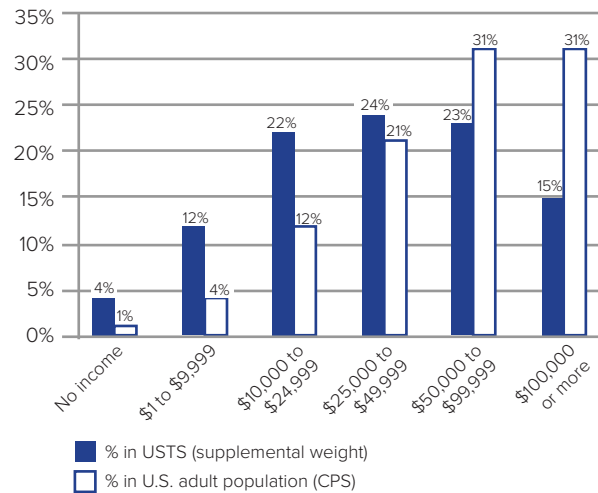


Figure 4.22: Household income in 2014



c. Poverty

Nearly one-third (29%) of respondents were living in poverty,³³ more than twice the poverty rate among the general U.S. adult population (12%).³⁴

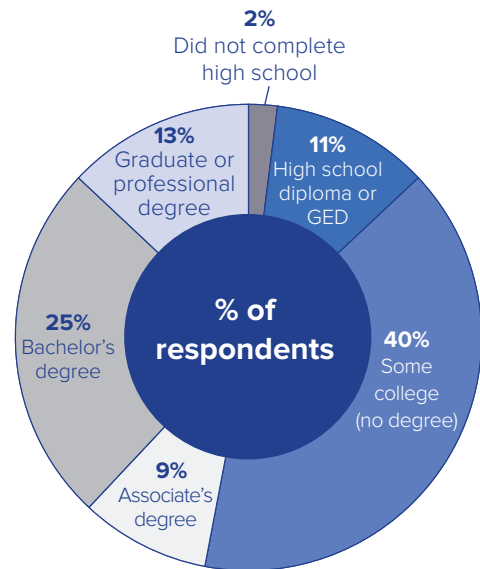
d. Employment Status

When asked about their current employment status, 35% of respondents reported that they currently had at least one full-time job, 15% had at least one part-time job, 15% were self-employed, and 11% were students. The unemployment rate for USTS respondents was 15%, three times the U.S. unemployment rate at the time of the survey (5%).³⁵

XI. Educational Attainment

Respondents were asked about the highest level of education or degree that they had completed. Thirteen percent (13%) of respondents had a high school diploma or GED, or did not complete high school. Forty percent (40%) had completed some college but had not obtained a degree, 9% had an associate's degree, and 38% had received a bachelor's degree or higher (Figure 4.23).

Figure 4.23: Educational attainment (categories used in report)



Throughout the report, educational attainment is reported according to the categories reflected in Figure 4.23. However, alternative categories are

also presented here for comparison to the U.S. population.³⁶ The USTS sample overall reflected higher educational attainment than the U.S. population, which is common among internet-based surveys.³⁷ To account for differences in educational attainment by age, USTS respondents are compared to the U.S. population for two age ranges: (1) ages 18 to 24 (Figure 4.24) and (2) ages 25 and older (Figure 4.25).³⁸

Figure 4.24: Educational attainment (ACS categories), ages 18 to 24

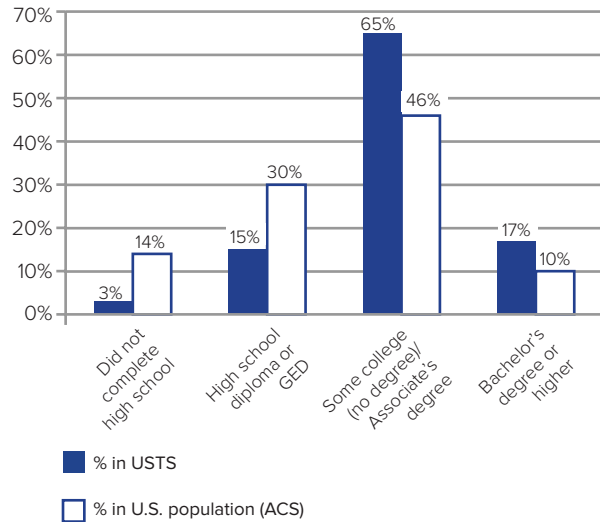
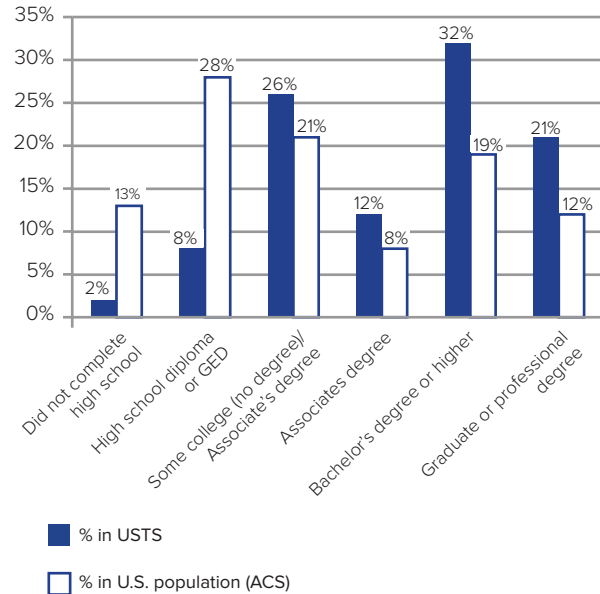


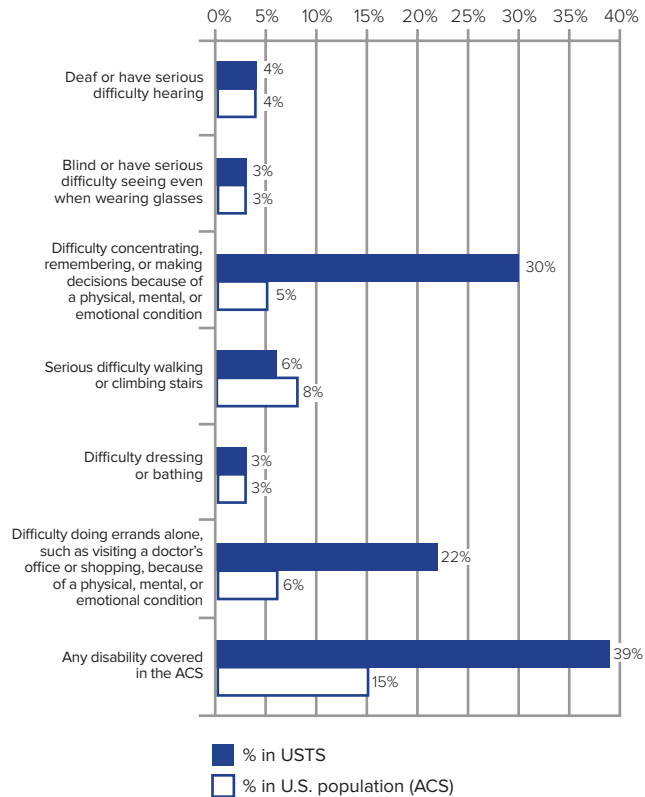
Figure 4.25: Educational attainment (ACS categories), age 25 and older



XII. Disability

Respondents received questions about their disability status based on questions from the American Community Survey (ACS) in order to compare those in the USTS sample to those with disabilities in the U.S. general population. Overall, 39% of respondents indicated that they had one or more disability as described in the ACS, compared to 15% of the general population.³⁹ Four percent (4%) of the sample reported that they were deaf or had serious difficulty hearing, similarly to the U.S. general population (4%).⁴⁰ Three percent (3%) reported that they were blind or had serious difficulty seeing even when wearing glasses, similarly to those in the U.S. population (3%).⁴¹ USTS respondents were six times as likely to report having serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition (30%), in contrast to those in the U.S. population (5%).⁴² Respondents were also almost four times as likely to report difficulty doing errands alone, such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition (22%), compared to the U.S. population (6%) (Figure 4.26).⁴³

Figure 4.26: Disability status



Respondents were also asked if they identified as a person with a disability to better capture disabilities that were not outlined in the ACS. Twenty-eight percent (28%) of the sample identified as a person with a disability.⁴⁴ Throughout the report, the experiences of “people with disabilities” reflect the experiences of these individuals.

XIII. Citizenship and Immigration Status

Respondents were asked about their citizenship or immigration status. In addition to those who were citizens in the sample (97%), respondents reported a range of immigration statuses, including being permanent residents (1%), visa holders (1%), refugees (<1%), or undocumented residents (<1%) (Table 4.5).

Table 4.5: Citizenship or immigration status

Citizenship or immigration status	% of respondents
U.S. citizen (by birth)	94%
U.S. citizen (naturalized)	3%
Permanent resident	1%
A visa holder (such as F-1, J-1, H1-B, or U)	1%
Undocumented resident	<1%
DACA (Deferred Action for Childhood Arrival)	<1%
Refugee status	<1%
Currently under a withholding of removal status	<1%
DAPA (Deferred Action for Parental Accountability)	<1%
Other documented status not listed	<1%

Six percent (6%) of respondents were not citizens by birth, compared to 16% in the U.S. population.⁴⁵ This included approximately 3% who were naturalized citizens, 2% who were documented residents (such as permanent residents and visa holders), and <1% who were undocumented residents⁴⁶ (Table 4.6).

Table 4.6: Citizenship or immigration status (collapsed)

Citizenship or immigration status	% in USTS	% in U.S. population (Census)
U.S. citizen (by birth)	94%	84%
U.S. citizen (naturalized)	3%	8%
Documented resident	2%	8%
Undocumented resident	<1%	

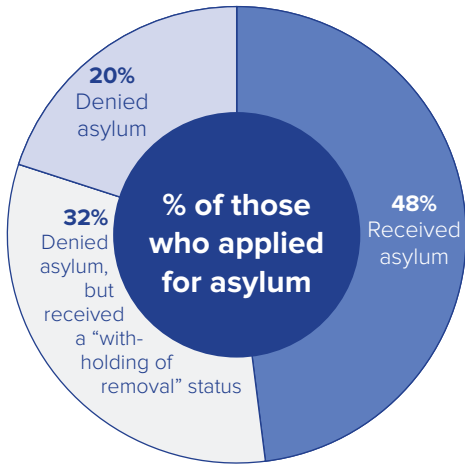
Respondents who were not U.S. citizens by birth were asked if they had ever applied for asylum in the United States. Seven percent (7%) applied for asylum, including 3% who applied on the basis of their gender identity or sexual orientation. Of those who did not apply for asylum, 51% reported that they did not need asylum in order to stay in the United States because they had access to other avenues for becoming citizens, permanent residents, or visa holders.⁴⁷ Other respondents indicated that they did not know how to apply (17%) or did not apply for other reasons (Table 4.7).

Table 4.7: Reasons for not applying for asylum

Reasons for not applying for asylum	% of those who did not apply for asylum
They had access to other legal statuses	51%
They did not know how to apply	17%
They did not want to apply	16%
They did not need to or were not eligible	12%
They were afraid to apply	3%
They believed they were past the one-year deadline	2%
A reason not listed above	30%

Nearly half (48%) of respondents who applied for asylum received it. Another 32% did not receive asylum but instead received a “withholding of removal” status, an alternative form of relief that allows someone to stay in the United States under certain conditions. One in five (20%) of these respondents were denied asylum (Figure 4.27). Of the respondents who were denied asylum (n=11, unweighted),⁴⁸ 31% reported that they were denied asylum because they were past the one-year deadline, 44% indicated that it was because the immigration official decided that they did not face danger in their country of origin, and 25% reported that it was because of a reason not listed.

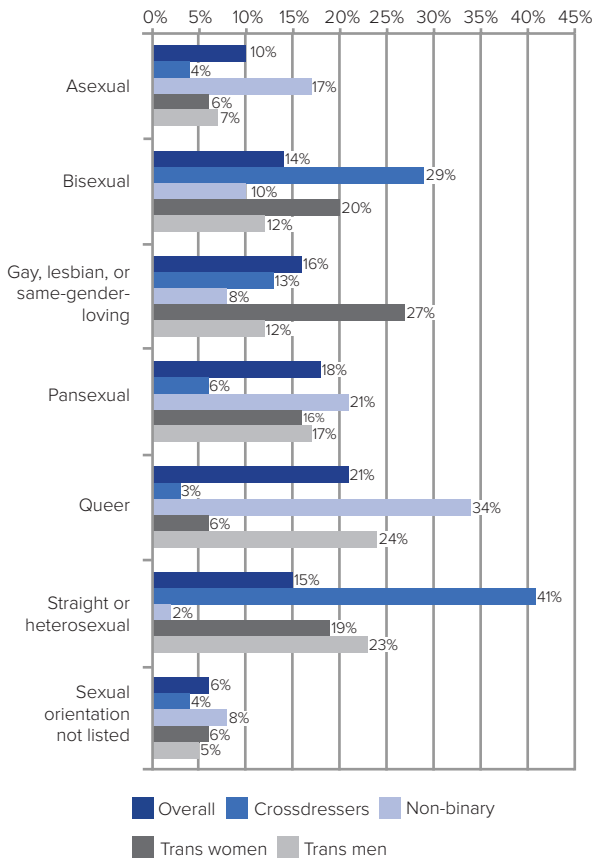
Figure 4.27: Outcome of asylum application



XIV. Sexual Orientation

Respondents were asked which terms best described their sexual orientation. Respondents were most likely to identify as queer (21%), and they also identified as pansexual (18%), gay, lesbian, or same-gender-loving (16%), straight (15%), bisexual (14%), and asexual (10%) (Figure 4.28).

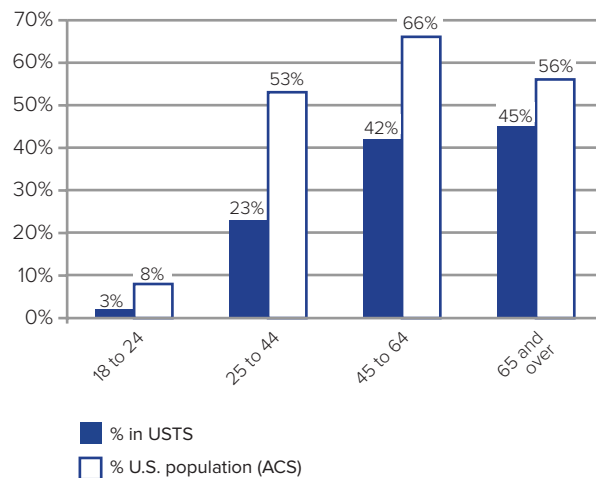
Figure 4.28: Sexual orientation



XV. Relationship Status

Respondents were asked about their relationship status. Thirty-one percent (31%) were partnered and living together, 17% were partnered and not living together, 49% were single, 2% were in a polyamorous relationship, and 1% had a relationship status that was not listed. Respondents were also asked about their current legal marital status for the purpose of comparison to the U.S. adult population through the ACS. Eighteen percent (18%) of USTS respondents were currently married, in contrast to 52% in the U.S. adult population (Figure 4.29).⁴⁹ Almost three-quarters (72%) of respondents have never been married, which is more than twice as many as the U.S. adult population (30%).

Figure 4.29: Currently married CURRENT AGE (%)

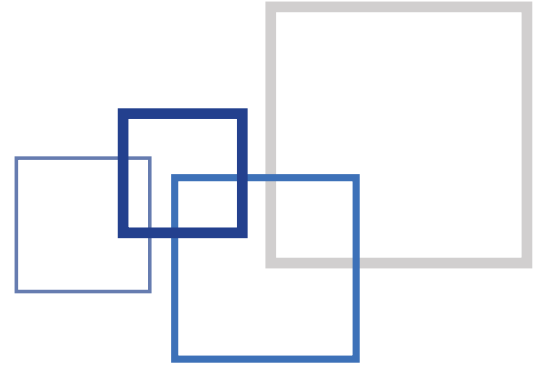


- 1 Respondents who were among the 12% who did not “think of [themselves] as transgender” in Q. 1.10 were eligible for the survey based on answers they provided to questions Q. 1.11–1.18. See *Appendix C (Detailed Methodology)* for a discussion of eligibility. Many of those individuals identified other terms that better described their gender and experiences.
- 2 Although only 12% of respondents reported that they did not think of themselves as transgender in response to Q. 1.10, a slightly larger number (14%) expressed discomfort with the word “transgender” being used to describe them in Q. 2.4. This may have been due to respondents’ differentiation between identity and the terminology used to describe their identity. For example, while a respondent may have identified with the word transgender, they may not have been comfortable using the term “transgender” and would have instead preferred another term to describe their identity.
- 3 See Q. 2.3.
- 4 While most respondents were categorized for analysis by gender identity based on their selection of the term that best described them in Q. 2.3 and their selection in Q. 2.1 (sex assigned at birth on their original birth certificate) alone, a small number of respondents (n=439) required further analysis of their survey responses to determine if they met the eligibility criteria for the survey and, if so, what the most appropriate gender identity categories were for analysis. This included, for example, respondents who indicated in Q. 2.1 that the gender on their original birth certificate was female and that they identified as a woman in Q. 2.3, or who indicated that the gender on their original birth certificate was male and that they identified as a man. This recoding process is described in further detail in *Appendix C (Detailed Methodology)*.
- 5 Respondents were also asked in an earlier question (Q. 1.11) if they identified “as more than one gender or as no gender (such as genderqueer or non-binary),” without asking them if that is the *best* term to describe their gender identity. Nearly half (47%) of respondents said that they identify as such. This means that some respondents who said that another term (such as transgender man, transgender woman, or crossdresser) best described their gender identity also identified as having more than one gender or as no gender.
- 6 Although the vast majority of people have either male or female on their original birth certificate, there are rare instances where the sex on a birth certificate is left blank or where a gender marker other than “male” or “female” is listed at the time of birth. It is possible that some respondents had an original birth certificate that did not list them as “male” or “female” at the time of their birth. These respondents may not have been able to accurately answer this question. Respondents were required to select one response to the question about the sex listed on their original birth certificate in Q. 2.1—either “female” or “male”—in order to proceed, since this answer was used to determine subsequent questions that they would receive later in the survey.
- 7 The age of respondents in the sample is discussed in further detail in section VI of this chapter.
- 8 Note that Q. 1.12 asked whether respondents were currently living full time in a gender different from the one assigned to them at birth. Some non-binary respondents may have been living as a non-binary person full time (including people for whom living part time in one gender and part time in another gender is most consistent with their non-binary identity), but did not select “yes” because they assumed the survey was asking only about people who were living exclusively in a binary gender (male or female) that is different than the gender on their original birth certificate.
- 9 Although 6% of crossdressers reported that they had transitioned based on Q. 1.12, the sample size of crossdressers who had transitioned was too low to report on their experiences by age.
- 10 The number of years since transitioning was calculated based on respondents’ current age as reported in Q. 2.13, and the age at which they began to transition, as reported in Q. 1.13.
- 11 Throughout this report, respondents’ experiences with being perceived as transgender by others are reported according to three categories: those who said that people could tell they were transgender “always” or “most of time” (11%), those who said that others could “sometimes” tell (32%), and those who said that others could “rarely” or “never” tell (57%).
- 12 The term “out” is used here to describe a person who openly self-identifies as transgender in their private, public, and/or professional lives.
- 13 See the *Family Life and Faith Communities* chapter for a more detailed discussion of respondents’ experiences with being out to the immediate family they grew up with and their extended family, as well as their experiences with being out to partners or spouses and children.
- 14 Respondents’ experiences with being out in the workplace are further discussed in the *Employment and the Workplace* chapter.

- 15 Respondents who reported that “Alaska Native” most accurately described their racial or ethnic identity were asked to enter their enrolled or principal corporation.
- 16 Respondents who reported that “American Indian” most accurately described their racial or ethnic identity were asked to enter their enrolled or principal tribe.
- 17 Those who reported that “biracial/multiracial” best described their racial or ethnic identity received a follow-up question in which they could select one or more of the racial or ethnic identities listed above that best described them.
- 18 Those who selected “a racial/ethnic identity not listed above” were asked to specify their identity and then received a follow-up question asking them to select the racial/ethnic identity or identities that best described them from the list above, with the exception of the “identity not listed above” category.
- 19 Racial and ethnic categories are combined in a manner similar to that in the U.S. Census, which is important for the purposes of making racial and ethnic comparisons to the U.S. population. A notable exception to U.S. Census categorization is that Middle Eastern and white respondents are reported separately throughout the report. The U.S. Census also offers Asians and Native Hawaiians/Other Pacific Islanders as two separate racial categories. Additionally, this report includes a Latino/a category, and other racial and ethnic categories should be considered to be of “non-Hispanic” origin, based on U.S. Census categories.
- 20 The difference in racial and ethnic population distribution in the USTS sample and the U.S. general population may be due to sampling bias that is common in internet-based surveys and convenience samples. See e.g., Dillman, D. A., Smyth, J. D., & Christian, L. M. (2014). *Internet, Phone, Mail, and Mixed-Mode Surveys: The Tailored Design Method (4th ed.)*. Hoboken, NJ: John Wiley & Sons. See also the *Methodology* chapter and *Appendix C (Detailed Methodology)* for more information about potential internet-based survey sampling bias. See *Appendix A (Characteristics of the Sample)* for unweighted frequencies and percentages for race and ethnicity in the USTS sample.
- 21 Prior research using representative samples of transgender adults have found that transgender adults differ from the general population in regard to race and ethnicity, with transgender people being more likely to be people of color. See e.g., Flores, A. R., Brown, T. N. T., & Herman, J. L. (2016). *Race and Ethnicity of Adults who Identify as Transgender in the United States*. Los Angeles, CA: Williams Institute; Conron, K. J., Scott, G., Stowell, G. S., & Landers, S. J. (2012). Transgender health in Massachusetts: Results from a household probability sample of adults. *American Journal of Public Health, 102*(1), 118–122. The USTS sample has a higher percentage of white respondents than the U.S. general population. To help correct for this sampling bias, weights for race and ethnicity were applied based on the racial and ethnic makeup of the U.S. population. While this may still over-
- represent white respondents relative to the makeup of the transgender adult population, this weighting procedure brings the sample closer to what is estimated to be the true population distribution for race and ethnicity for transgender people. See the *Methodology* chapter and *Appendix C (Detailed Methodology)* for more information on weighting procedures applied to the sample. See also *Appendix A (Characteristics of the Sample)* for unweighted frequencies and percentages for race and ethnicity in the USTS sample.
- 22 Although the ACS groups Middle Eastern and white people in one category, the experiences of Middle Eastern respondents are presented separately from white respondents throughout this report. Despite a low number of Middle Eastern respondents in the sample overall (<1%), it is important to report in a manner that best reflects the unique circumstances of transgender people who identify as Middle Eastern.
- 23 The weight for 18-year-old respondents was created with propensity scores developed using a regression discontinuity model. For more information on this process and other weighting procedures, such as the development and application of the “supplemental weight,” see *Appendix C (Detailed Methodology)*. See *Appendix A (Characteristics of the Sample)* for unweighted frequencies and percentages for age in the USTS sample.
- 24 U.S. Census Bureau. (2015). *Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2015*. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2015_PEPANNRES&src=pt.
- 25 U.S. Census Bureau. (2015). *2015 American Community Survey 1-Year estimates: Language spoken at home by ability to speak English for the population 5 years and over*. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_B16001&prodType=table. The percentages of people who reported on the primary language spoken in their home in the American Community Survey (ACS) were calculated by the research team. ACS findings include those in the U.S. population who are 5 years of age and older, in contrast to the USTS sample, which includes respondents who are 18 and older. Therefore, the comparison to the USTS sample should be interpreted with caution.
- 26 U.S. Census Bureau. (2015). *2015 American Community Survey 1-Year estimates: Language spoken at home by ability to speak English for the population 5 years and over*. See note 25.
- 27 Q. 2.12 asked about religious or spiritual identity only, rather than current involvement in a faith community. More information about respondents’ experiences in faith communities (including religious and spiritual communities) can be found in the *Family and Faith Communities* chapter.

- 28 In addition to the main drop-down list of affiliations, those who identified as Christian, Jewish, or Muslim were able to provide additional specificity for their identity from a drop-down list of more specific religious affiliations in Q. 2.12. Although respondents were provided with numerous categories to specify for Christian, Jewish, and Muslim faiths, these lists were not exhaustive and likely did not capture all religious or spiritual identities represented in the sample. Furthermore, while those who identified as Christian were given an option to write in a Christian affiliation that was not listed, Jewish and Muslim respondents did not receive that option, which may have limited the manner in which they were able to identify their religious or spiritual identity.
- 29 Respondents who reported that they did not have a religious or spiritual identity included those who selected agnostic, atheist, or no affiliation without selecting another religious or spiritual identity.
- 30 The Current Population Survey is used by the Bureau of Labor Statistics to make determinations about the state of employment in the United States.
- 31 The “supplemental weight” includes the standard survey weight for 18-year-olds and race and ethnicity, as well as additional weights for age and educational attainment that were created based on the Census Bureau’s 2014 American Community Survey (ACS). This weight was applied when comparing the USTS sample to the U.S. population for items that were sensitive to age and educational attainment, such as employment status and individual and household income.
- 32 USTS respondents seem to have similar household sizes to the U.S. population. For instance, according to the CPS, 2015 Annual Social and Economic Supplement, 28% of U.S. households have a household size of one, whereas 29% of USTS respondents have a household size of one (supplemental weight applied). However, USTS respondents are less likely to be living with family members, rather than with unrelated members of the household. Sixty-four percent (64%, supplemental weight applied) of USTS respondents reported a family size of one compared to 24% in U.S. population as reported in the CPS. Available at: <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar15.pdf>. Calculations were completed by the research team.
- 33 “Living in poverty” means living at or near the poverty line. The research team calculated the USTS poverty measure using the official poverty measure, as defined by the U.S. Census Bureau, which can be found at: <https://www.census.gov/hhes/www/poverty/about/overview/measure.html>. The income ranges in the USTS allowed for designation of respondents as living in or near poverty if their total family income fell under 125% of the official poverty line.
- 34 Proctor, B. D., Semega, J. L., & Kollar, M. A. (2016). *Income and Poverty in the United States: 2015*. (p. 13). DC: U.S. Census Bureau. Available at: <https://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-256.pdf>. Calculations were completed by the research team.
- 35 Bureau of Labor Statistics. (2015). *The Employment Situation—August 2015*. Available at: http://www.bls.gov/news.release/archives/empsit_09042015.pdf; Bureau of Labor Statistics. (2015). *The Employment Situation—September 2015*. Available at: http://www.bls.gov/news.release/archives/empsit_10022015.pdf.
- 36 The educational attainment results reported for USTS respondents likely overestimates the number of transgender people with a level of education beyond high school and/or some college. This may be due to the method by which the survey was administered (online only) and the sampling technique (convenience sampling). Population-based surveys in several states have found lower educational attainment or no difference in educational attainment among transgender people when compared to non-transgender people. Conron, et al. See note 21; Meyer, I. H., Brown, T. N. T., Herman, J. L., Reisner, S. L., & Bockting, W. O. (in press). Demographic characteristics and health outcomes among transgender adults in select U.S. regions in the Behavioral Risk Factor Surveillance System. *American Journal of Public Health*.
- 37 See the *Methodology* chapter and the detailed methodology explanation in *Appendix C (Detailed Methodology)* for more information about potential internet-based survey sampling bias. See also note 20.
- 38 U.S. Census Bureau. (2015). *2015 American Community Survey 1-Year estimates: Educational Attainment*. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S1501&prodType=table.
- 39 U.S. Census Bureau. (2015). *2015 American Survey 1-Year estimates: Disability characteristics*. Available at: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S1810&prodType=table. Calculations were completed by the research team.
- 40 U.S. Census Bureau. (2015). See note 39.
- 41 U.S. Census Bureau. (2015). See note 39.
- 42 U.S. Census Bureau. (2015). See note 39.
- 43 U.S. Census Bureau. (2015). See note 39.
- 44 The difference in the reported rate of those who had one or more listed ACS disabilities (39%) and those who identified as a person with a disability (28%) may be due to some individuals not being comfortable referring to themselves as a person with a disability. However, those who identified as people with a disability likely reflect a much wider range of disabilities.

- 45 U.S. Census Bureau. (2015). *2015 American Community Survey 1-Year estimates: Sex by age by nativity and citizenship status*. Available at; https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_B05003&prodType=table. Calculations were completed by the research team.
- 46 Documented and undocumented residents are often underrepresented in surveys for many reasons, including concerns about jeopardizing their residency by revealing information about their immigration status on a survey. When asking questions relating to citizenship and immigration status, the survey included statements reminding respondents that their answers were confidential and could not be used against them. However, it is likely that the number of documented and undocumented residents is underrepresented in this sample.
- 47 This percentage includes those who reported that they had access to other legal statuses and those who indicated that they were already citizens or permanent residents in Q. 9.8.
- 48 Due to the small sample size, the unweighted frequency is being presented alongside weighted percentages here to be clear that the percentages reflect the experiences of a small sample of respondents. While it is important to present these experiences in this report, the findings presented in this sentence should be interpreted with caution due to the small sample size.
- 49 U.S. Census Bureau. (2015). *2015 American Community Survey 1-Year Estimates: Sex by marital status by age for the population 15 years and over*. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_B12002&prodType=table. These findings, as presented in the ACS, include adults who are currently married with both spouses who are present and not present based on the ACS definitions. Calculations were completed by the research team.



CHAPTER 5

Family Life and Faith Communities

Family life and the state of relationships with family members, including immediate and extended family, spouses and partners, and children, have been shown to impact life outcomes in many areas, such as physical and mental health, economic status, and housing stability.¹ Experiences of support and rejection within the family environment can have a profound effect on these outcomes for transgender people. The survey explored aspects of family relationships for transgender people, particularly the impact of family acceptance and rejection.

Since spiritual and religious communities (such as within a church, synagogue, mosque, or other faith community) can play a significant role within families and throughout an individual's life, the survey also examined respondents' experiences with faith communities.

Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

- ▶ Sixty percent (60%) of respondents who were out to the immediate family they grew up with reported that they had supportive families, and 40% had families that were neutral or not supportive.
 - One in ten (10%) reported that an immediate family member had been violent towards them because they were transgender.
 - Fifteen percent (15%) ran away from home and/or were kicked out of the house because they were transgender.

- ▶ More than one-quarter (27%) of respondents who have been out to any of their past or current spouses or partners reported that a spouse or partner ended their relationship solely or partly because they were transgender, including 10% who had a relationship end solely because they were transgender.

- ▶ Eighteen percent (18%) of respondents were parents.

- ▶ Twenty-one percent (21%) of respondents who were out to their children had a child who stopped speaking to them or spending time with them after coming out as transgender.

- ▶ One-half (50%) of respondents who were out to their family experienced at least one form of rejection from the immediate family they grew up with, their spouse or partner, and/or their children because they were transgender.

- ▶ Family support was associated with positive outcomes while family rejection was associated with negative outcomes. Respondents who were rejected were:
 - Nearly twice as likely to have experienced homelessness (40%) as those who were not rejected (22%).
 - Almost twice as likely to have engaged in sex work (16%) as those who were not rejected (9%).
 - More likely to have attempted suicide (49%) than those who were not rejected (33%).

- ▶ Nearly one in five (19%) respondents who had ever been part of a spiritual or religious community left due to rejection. Forty-two percent (42%) of those who left found a welcoming spiritual or religious community.

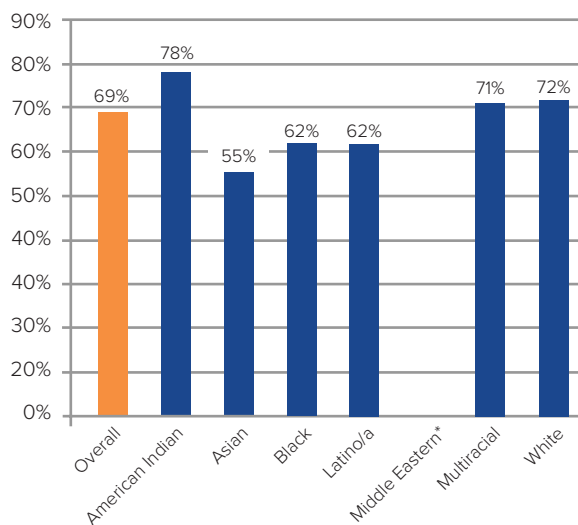
I. Outness to Family and Friends

Respondents received a series of questions to determine whether they were “out”² about their transgender identity to various family members and friends. Specifically, respondents were asked whether people in different groups knew they were transgender, including spouses and partners, children, immediate family they grew up with, extended family, LGBT³ friends, and straight and non-transgender (non-LGBT) friends. Respondents then received questions regarding the impact that anti-transgender bias had on the relationships with most of the people in those groups.

Eighty-six percent (86%) of respondents reported having a current or former spouse or partner. Fifty-eight percent (58%) of those were out to their current spouse or partner and 53% had been out to at least one of their former spouses or partners. Overall, 88% of these respondents were or have been out to a current or former spouse or partner.

Of the 18% of respondents who had children, 69% reported being out to at least one child. This varied by race and ethnicity, with American Indian respondents (78%) reporting the highest level of outness, and Black (62%), Latino/a (62%), and Asian (55%) individuals being out to their children less often (Figure 5.1).

Figure 5.1: Out to children
RACE/ETHNICITY (%)



*Sample size too low to report

Respondents were asked whether they were currently out to all, most, some, or none of the people in several groups, including the immediate family they grew up with, extended family,⁴ LGBT friends, and straight and non-transgender (non-LGBT) friends. Results for each group reflect only respondents who reported having people from that group in their lives.

More than half (53%) of respondents reported that they were out to all immediate family they grew up with. This number decreased to 49% when considering spouses or partners and children as part of the immediate family. Respondents were less likely to be out to extended family members, with 23% reporting that they were out to all extended family. Overall, less than one-quarter (22%) of respondents were out to all immediate family members—including spouses, partners and children—and extended family members.

Respondents were also asked whether their LGBT and non-LGBT friends knew that they were transgender. LGBT friends were the largest group of people among whom survey respondents were out, with 62% reporting that they were out to all of their LGBT friends. In contrast, less than one-third (32%) of respondents were out to all of their non-LGBT friends (Table 5.1).

Table 5.1: Outness to family and friend groups

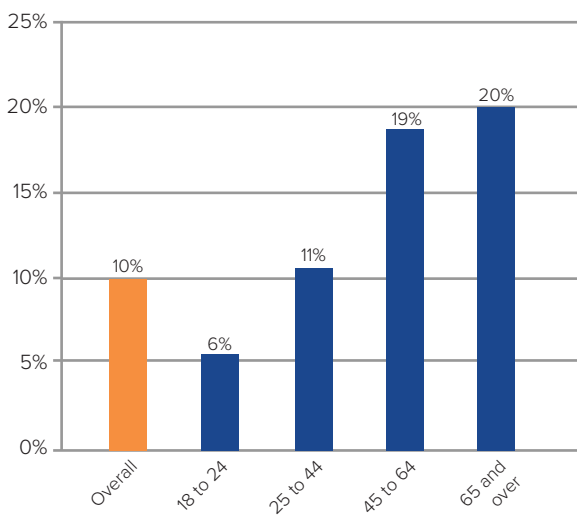
Family and friend groups	% of respondents who had people from the family or friend group in their lives		
	All	Most or some	None
Lesbian, gay, bisexual, or transgender (LGBT) friends	62%	34%	4%
Immediate family they grew up with (such as parents or siblings)	53%	25%	22%
Immediate family they grew up with, spouses/partners, children	49%	43%	8%
Straight, non-transgender (non-LGBT) friends	32%	56%	12%
Extended family (such as aunts, uncles, and cousins)	23%	38%	39%
Immediate family they grew up with, extended family, spouses/partners, and children	22%	70%	8%

II. Relationships with Spouses or Partners

Those who were out to a spouse or partner were asked whether a spouse or partner had ended their relationship because they were transgender. More than a quarter (27%) reported that a spouse or partner ended their relationship solely or partly because they were transgender, including 10% who had a relationship end solely because they were transgender.

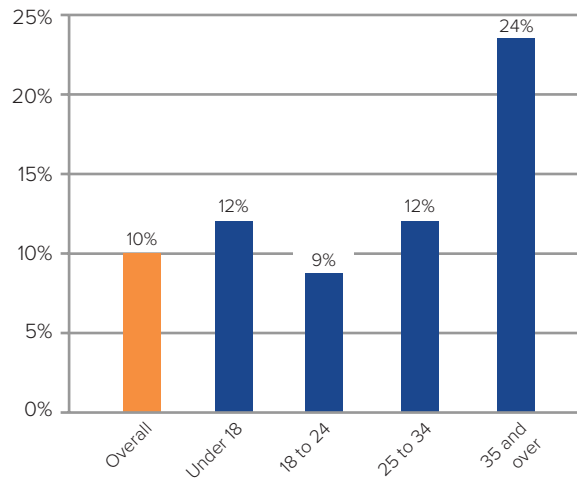
Whether a relationship ended solely due to being transgender differed based on a respondents' current age, with those aged 45 and older being twice as likely to have this experience (Figure 5.2).

Figure 5.2: Spouse/partner ended relationship solely because of transgender status
CURRENT AGE (%)



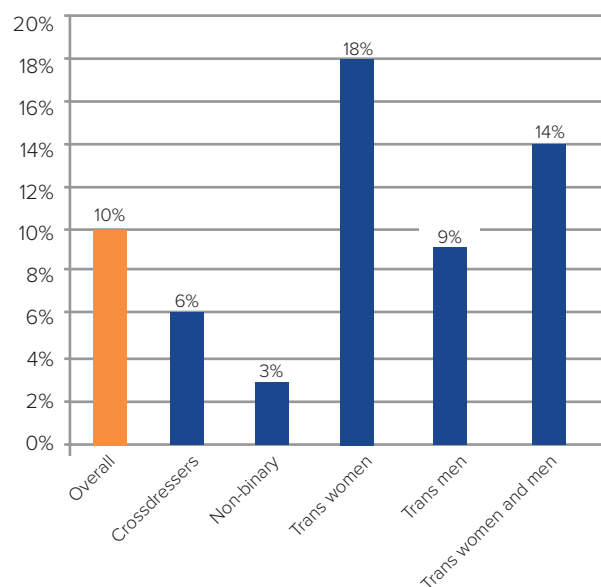
The age at which a respondent transitioned also affected the likelihood of a relationship ending. Respondents who transitioned at age 35 or older were more than twice as likely to have their relationship end solely due to being transgender (24%) (Figure 5.3).

Figure 5.3: Spouse/partner ended relationship solely because of transgender status
AGE OF TRANSITION (%)



The likelihood of a relationship ending also differed by gender identity, with transgender women (18%) being more likely to have a relationship with a spouse or partner end solely because of being transgender than transgender men (9%), crossdressers (6%), and non-binary people (3%) (Figure 5.4).

Figure 5.4: Spouse/partner ended relationship solely because of transgender status
GENDER IDENTITY (%)



More than one-quarter (27%) of respondents who were out to their spouse or partner reported that a spouse or partner ended their relationship solely or partly because they were transgender, including 10% who had a relationship end solely because they were transgender.

Respondents were also asked whether a current or former romantic or sexual partner had ever been violent toward them. More than half (54%) reported that they had experienced some form of intimate partner violence. Experiences with intimate partner violence are discussed further in the *Harassment and Violence* chapter.

III. Parental Status and Related Children in the Household

Eighteen percent (18%) of people in the sample were parents,⁵ and of those individuals, more than two-thirds (69%) reported that they were out as transgender to at least one of their children.

In comparison to the U.S. adult population, USTS respondents were substantially less likely to have related children living in their home. According to the Current Population Survey, 34% of adults in the U.S. population had at least one related child under the age of 18 living in their household in 2015,⁶ which was more than twice as many

In Our Own Voices

“When I finally had the courage to come out, my parents, who I knew would freak out, did the unthinkable. They assured me I had their complete support to be who I am. I was never prouder than in that moment.”

“My father physically assaulted me and kicked me out of the house. He screamed at me, calling me pathetic, a waste, worthless, and so on. I sat in silence.”

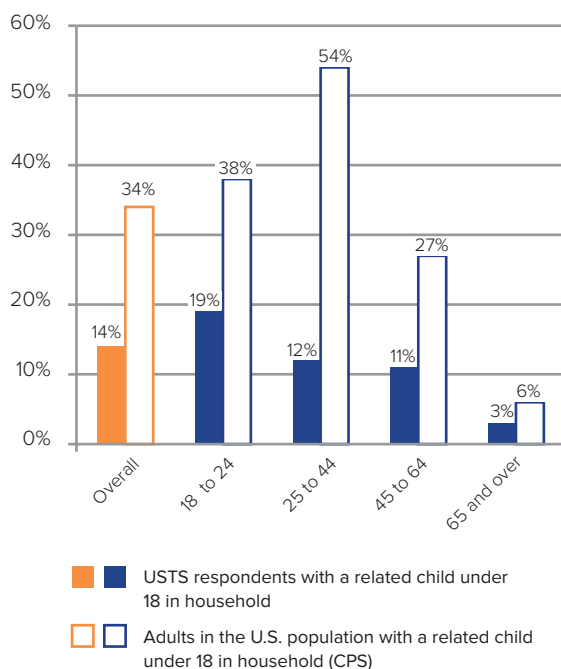
“When I was 20, I slipped up and accidentally outed myself to my parents. It was the worst mistake of my life. They spoke with a pastor who convinced them that I was possessed by demon. A couple of days later, they told me to leave and not come back. I spent the next six months homeless.”

“Within an hour of coming out to my parents, I was kicked out into the cold with very few items and my car taken away. I was soon informed by my college that my parents had withdrawn my tuition for the upcoming spring semester. I was devastated.”

“It took my family a while to come around. At first they didn’t accept me, but they eventually saw how much happier I am and are now my biggest supporters.”

as USTS respondents (14%).⁷ These differences persisted across all age groups, with USTS respondents aged 25 to 44 being more than four times less likely to have a related child under the age of 18 living in their household (12%) than the corresponding age group in the U.S. population (54%) (Figure 5.5).

Figure 5.5: Respondents with related children under 18 living in household
AGE (%)



IV. Relationships with Children

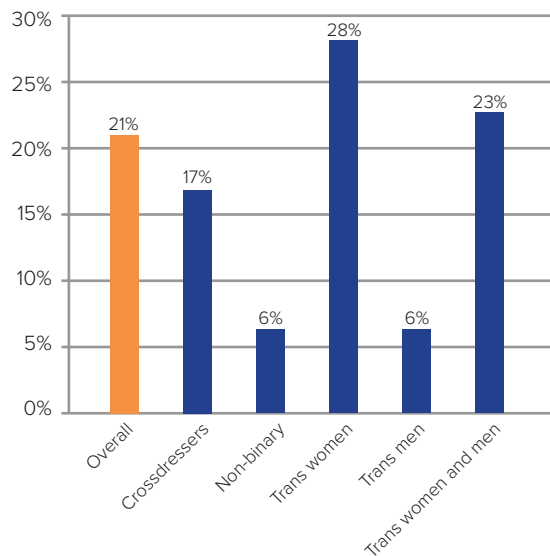
Respondents who reported that they were out to at least one of their children were asked a question to determine whether being transgender had ever negatively impacted a relationship with their child. Specifically, they were asked whether any of their children had ever stopped speaking to or spending time with them because they were transgender. More than one in five (21%) reported that at least one of their children stopped speaking

More than one in five (21%) of those who were out to their children reported that at least one of their children stopped speaking or spending time with them, temporarily or permanently.

or spending time with them, at least for a period of time.

The likelihood of this experience differed by gender identity, with transgender women (28%) being more than four times as likely to report that their child stopped speaking or spending time with them as transgender men (6%) and non-binary respondents (6%) (Figure 5.6).

Figure 5.6: Children stopped speaking or spending time with respondent because of transgender status
GENDER IDENTITY (%)



Overall, of respondents who have had a spouse or partner and/or who have children, 28% have had a relationship with their spouse or partner or child end, at least temporarily.

V. Family Acceptance and Support

Respondents who reported that they were out to all, most, or some of the immediate family they grew up with were asked to assess how supportive their family was of them as a transgender person using a five-point scale from “very supportive” to “very unsupportive.” The categories were collapsed to create a new variable reflecting a supportive, neutral, or unsupportive family.⁸

More than half (60%) reported that their family was supportive, 18% had unsupportive families, and 22% had families that were neither supportive nor unsupportive (“neutral”).

Experiences varied widely between those with family support and those with unsupportive families, with family support being associated with a reduced likelihood of negative experiences.

Respondents with family support were:

- *More likely to be employed (65%) than those with unsupportive families (52%).*
- *Less likely to have ever done sex work (11%) than those with unsupportive families (16%).*
- *Less likely to have experienced homelessness (27%) than those with unsupportive families (45%).*
- *Less likely to report currently experiencing serious psychological distress⁹ (31%) in contrast to those with unsupportive families (50%).*
- *Less likely to have attempted suicide (37%) than those with unsupportive families (54%).*

More than half (60%) of those who were out to their immediate family reported that their family was supportive, while 18% said that their family was unsupportive.

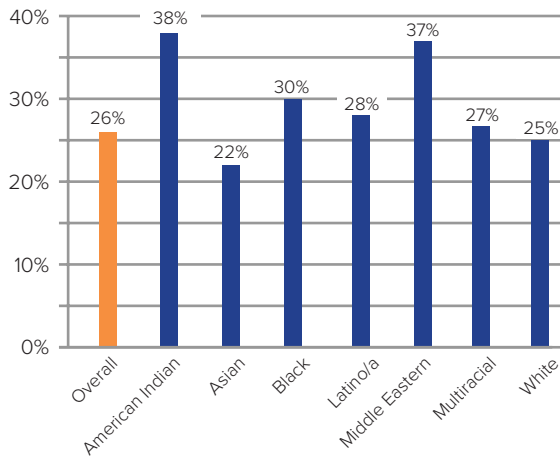
VI. Relationships with Immediate Family/ Family of Origin¹⁰

Nearly half (44%) of respondents who were out to all, most, or some of the immediate family they grew up with (such as parents and siblings) reported that they had experienced at least one form of family rejection outlined in the survey. This rejection included relationships ending, family violence, being kicked out of the house, not being allowed to wear clothes matching their gender identity, and being sent to a professional to stop them from being transgender.

A. Ended Relationships

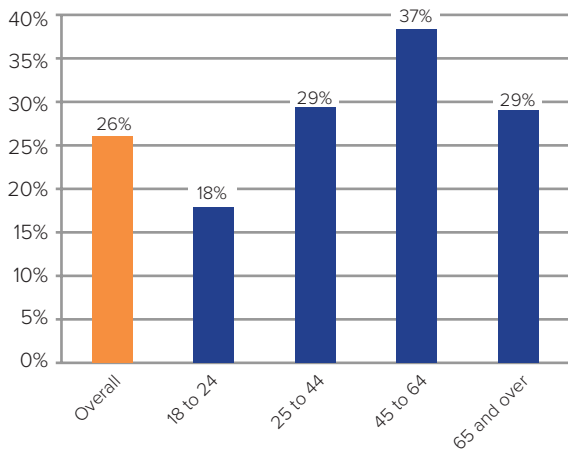
Among those who were out to their immediate family, more than one-quarter (26%) reported that an immediate family member stopped speaking to them for a long time or ended their relationship altogether because they were transgender. This was higher among American Indian (38%), Middle Eastern (37%), and Black (30%) respondents, and lower for Asian (22%) respondents (Figure 5.7). Undocumented residents (39%) were also more likely to face this form of family rejection than documented non-citizens (22%) and citizens (26%).

**Figure 5.7: Immediate family member stopped speaking or ended relationship
RACE/ETHNICITY (%)**



Whether a family member stopped speaking to or ended a relationship with a respondent differed by age, with 18 to 24 year olds experiencing the least amount of family rejection of this nature (18%) compared to those in other age groups, such as 45 to 64 year olds (37%) (Figure 5.8).

**Figure 5.8: Immediate family member stopped speaking or ended relationship
CURRENT AGE (%)**

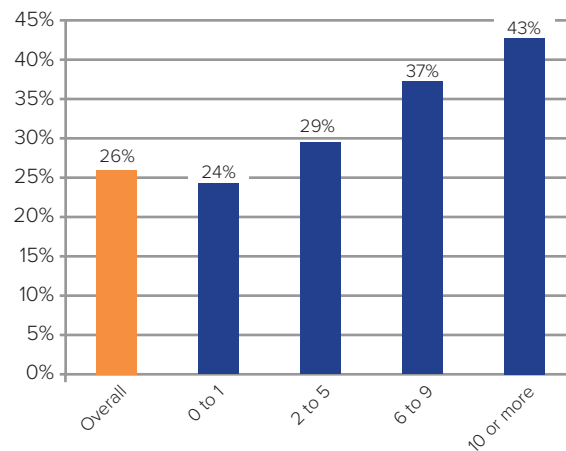


Those who transitioned in the last year (24%) were less likely to have a family member stop speaking to them or end a relationship than those who transitioned 2 to 5 years ago (29%), 6 to 9 years

More than one-quarter (26%) of respondents reported that an immediate family member stopped speaking to them for a long time or ended their relationship altogether because they were transgender.

ago (37%), and 10 or more years ago (43%) (Figure 5.9).

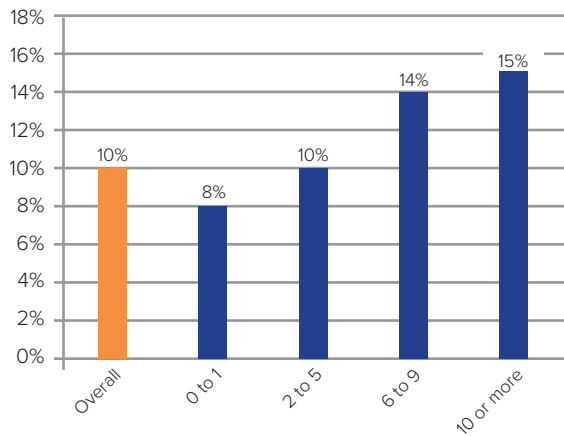
**Figure 5.9: Immediate family member stopped speaking or ended relationship
YEARS SINCE TRANSITIONING (%)**



B. Family Violence

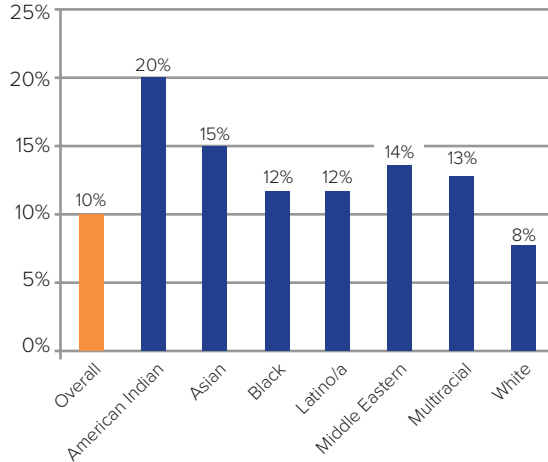
Among those who were out to their immediate family, one out of every ten (10%) respondents reported that a family member was violent towards them because they were transgender. Prevalence of family violence differed greatly depending on the time period during which a respondent transitioned, with those transitioning 10 or more years ago (15%) experiencing almost twice as much violence as those who transitioned in the past year (8%) (Figure 5.10).

Figure 5.10: Experienced violence by family member YEARS SINCE TRANSITIONING (%)



American Indian respondents (20%) were twice as likely to experience family violence, and other people of color, such as Asian (15%) and Middle Eastern (14%) respondents, also experienced higher rates of violence (Figure 5.11).

Figure 5.11: Experienced violence by family member RACE/ETHNICITY (%)



Undocumented residents were more than twice as likely to have experienced family violence (25%) as their documented non-citizen (13%) and citizen (9%) counterparts.

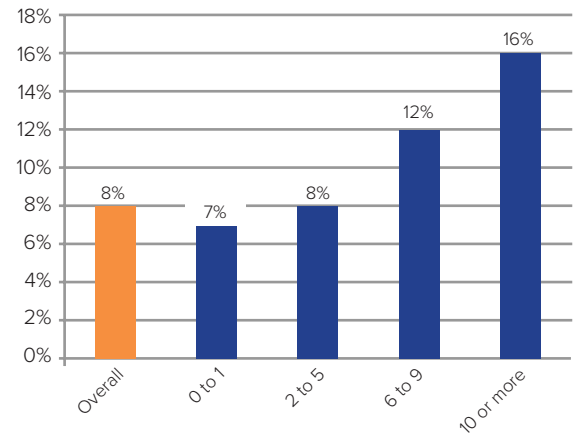
Family violence was associated with increased likelihood of negative experiences. Those who experienced family violence were:

- More than twice as likely to have experienced homelessness (59%) than those who did not experience family violence (29%).
- More likely to be currently experiencing serious psychological distress (53%) than those who did not experience family violence (35%).
- More likely to have attempted suicide in their lifetime (65%) than those who did not experience family violence (39%).

C. Kicked out of the House

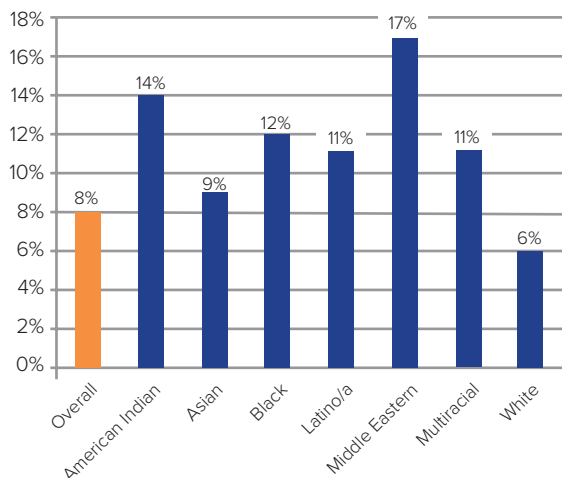
Eight percent (8%) of respondents who were out to the immediate family they grew up with were kicked out of the house, which represents 6% of the whole sample. Those who transitioned 10 or more years ago were twice as likely to have been kicked out of the house (16%) as those who transitioned within the last year (7%) (Figure 5.12).

Figure 5.12: Kicked out of the house by family YEARS SINCE TRANSITIONING (%)



People of color were kicked out of the house at higher rates, with Middle Eastern respondents (17%) being twice as likely, and American Indian (14%), Black (12%), Latino/a (11%), multiracial (11%), and Asian (9%) respondents experiencing this form of rejection more than white respondents (6%) (Figure 5.13).

Figure 5.13: Kicked out of the house by family RACE/ETHNICITY (%)



Being kicked out of the house was associated with an increased likelihood of a range of negative experiences related to economic stability, mental health, and physical health. Respondents who were kicked out of the house were:

- *More likely to be living in poverty (43%) than those who were not kicked out of the house (28%), and had lower incomes overall.*
- *Three times more likely to have ever done sex work (33%) than those who were not kicked out of the house (11%).*
- *Almost three times as likely to have experienced homelessness (74%) as those who were not kicked out of the house (28%).*
- *More than twice as likely to be living with HIV (3.5%) than those who were not kicked out of the house (1.5%).*
- *Substantially more likely to have attempted suicide (66%) than those who were not kicked out of the house (39%).*
- *More likely to be currently experiencing serious psychological distress (50%) than those who were not kicked out of the house (36%).*

Fourteen percent (14%) of respondents who were out to their immediate family reported that their family sent them to a professional—such as a therapist, counselor, or religious advisor—to stop them from being transgender.

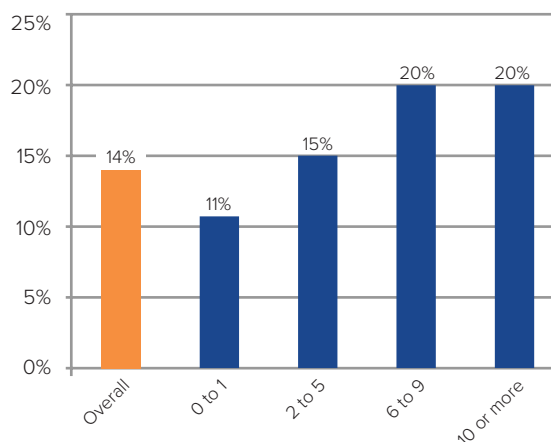
D. Not Allowed To Wear Clothes Matching One's Gender Identity

More than one-quarter (27%) of respondents who were out to the immediate family they grew up with were not allowed to wear clothes that matched their gender.

E. Sent to a Professional to Stop Them from Being Transgender

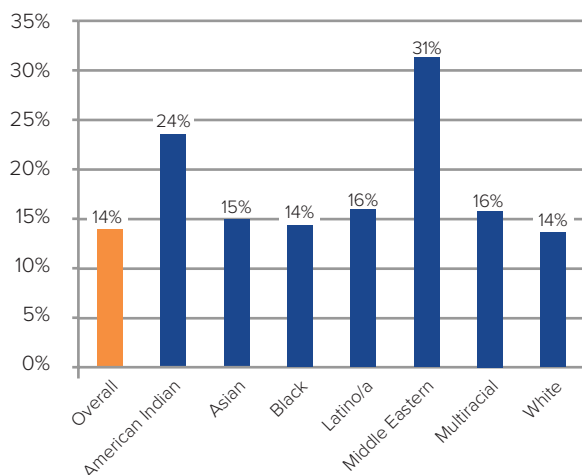
Fourteen percent (14%) of respondents who were out reported that their immediate family had sent them to a professional—such as a therapist, counselor, or religious advisor—to stop them from being transgender. This represents 11% of the whole sample. Those who transitioned 6 or more years ago (20%) were twice as likely to be sent to a professional as those who transitioned within the last year (11%) (Figure 5.14).

Figure 5.14: Sent to a professional to stop them from being transgender YEARS SINCE TRANSITIONING (%)



Rates differed by race and ethnicity, with nearly one-third of Middle Eastern respondents (31%) and nearly one-quarter of American Indian respondents (24%) being sent to a professional (Figure 5.15).

Figure 5.15: Sent to a professional to stop them from being transgender
RACE/ETHNICITY (%)



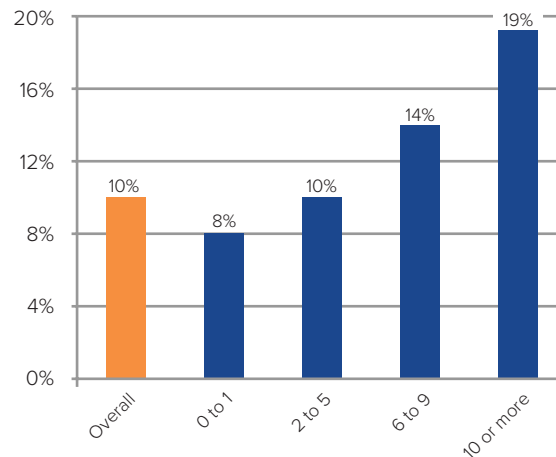
Additional details on respondents' experiences with professionals who attempted to change their gender identity are discussed further in the "Conversion Therapy and Other Pressures to De-Transition" section of the *Health* chapter.

VII. Ran Away From Home

One out of every ten (10%) respondents who were out to their immediate family ran away from home because they were transgender. Almost one-third (32%) of those individuals ran away at age 15 or younger.

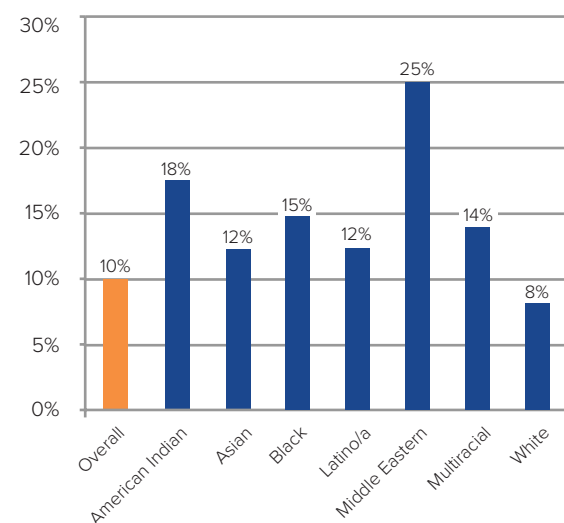
Respondents were more than twice as likely to have run away from home if they transitioned 10 or more years ago (19%) as compared to those who had transitioned within the past year (8%) (Figure 5.16).

Figure 5.16: Ran away from home
YEARS SINCE TRANSITIONING (%)



People of color were more likely to have run away from home, with Middle Eastern (25%), American Indian (18%), Black (15%), multiracial (14%), Asian (12%), and Latino/a (12%) respondents all reporting that they had run away at higher rates than white respondents (8%) (Figure 5.17).

Figure 5.17: Ran away from home
RACE/ETHNICITY (%)



Rates also differed according to citizenship status, with undocumented residents (36%) running away from home more than three times as often as citizens (10%) and more than documented non-citizen residents (14%).

Overall, 15% of those who were out to their immediate family, or 11% of the whole sample, ran away from home and/or were kicked out of the house.

VIII. Supportive Family Behaviors

Those who were out to their immediate family were asked whether any of the immediate family they grew up with demonstrated support of them as a transgender person through any specific acts listed in the question, such as using preferred names, using correct pronouns, and providing financial support for their transition. Eighty-two percent (82%) of respondents reported that at least one immediate family member supported them through at least one of these acts, while 18% did not experience any of the supportive acts (Table 5.2).

Table 5.2: Family support

Supportive family behaviors	% of respondents
Told respondent they respect and/or support them	65%
Used their preferred name	58%
Used the correct pronouns	55%
Stood up for them with family, friends, or others	36%
Did research to learn how to best support them	33%
Gave money to help with gender transition	18%
Supported them in another way	11%
Provided help with changing name and/or gender on an ID document	10%
One or more experiences listed	82%

IX. Family Rejection Overall

A variable was created to combine all forms of family rejection examined in the survey. This included whether the respondent had a spouse, partner, or child end a relationship, reported that their family was unsupportive, or had any of the five specific rejecting experiences outlined in section VI of this chapter. One half (50%) of respondents who were out to family members reported that they experienced some form of family rejection, which represents 46% of the overall sample.¹¹

Experience with family rejection differed by the age at which a respondent transitioned, with 68% of those who transitioned at age 35 or older experiencing rejection, compared to 56% of those who transitioned under the age of 18 (Figure 5.18). Among respondents who transitioned ten or more years ago, 68% reported family rejection compared to 48% of those who transitioned in the past year (Figure 5.19).

Figure 5.18: Any family rejection AGE OF TRANSITION (%)

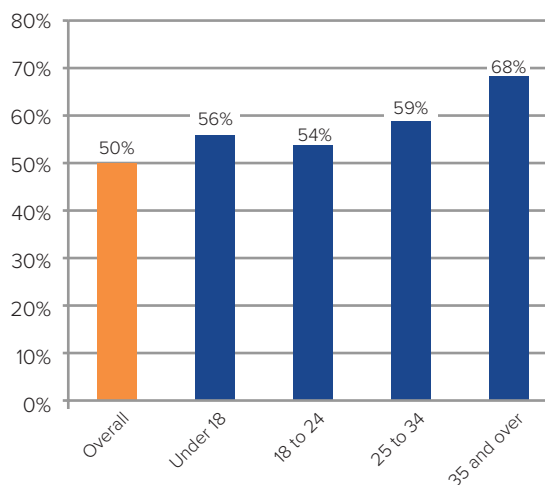
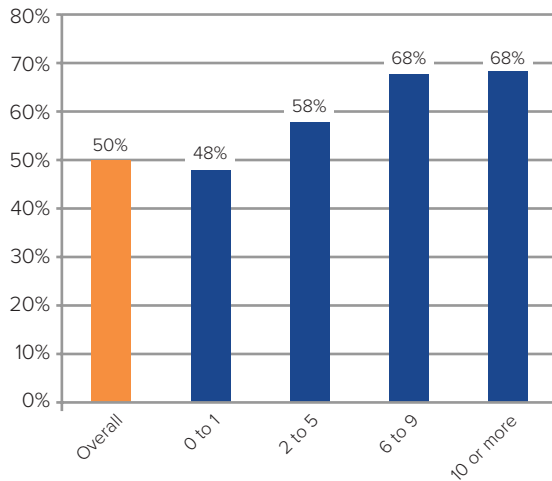
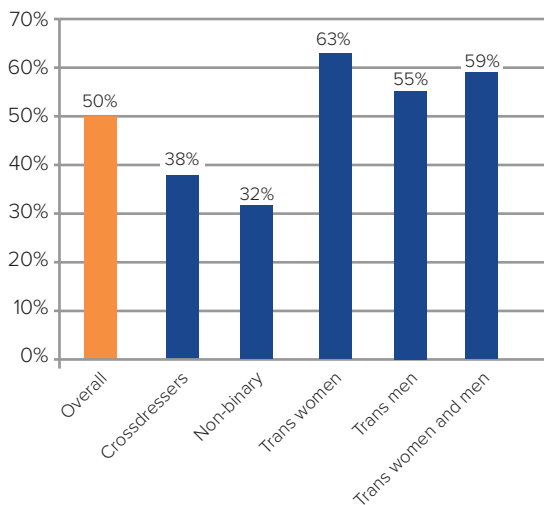


Figure 5.19: Any family rejection YEARS SINCE TRANSITIONING (%)



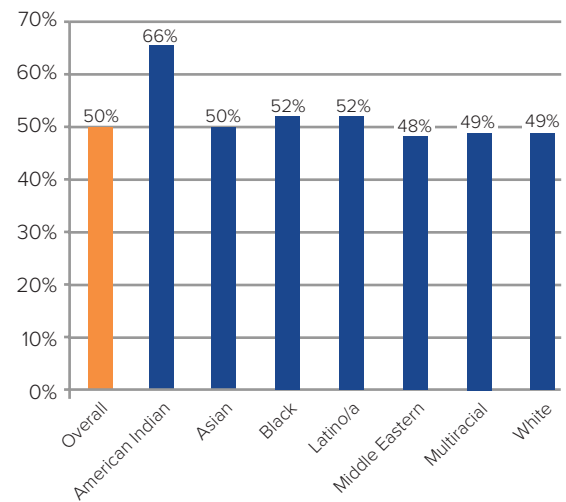
Family rejection also differed by gender identity, with transgender women (63%) experiencing rejection more than transgender men (55%), and transgender men and women (59%) experiencing nearly twice as much rejection as non-binary respondents (32%) (Figure 5.20).

Figure 5.20: Any family rejection GENDER IDENTITY (%)



Family rejection among respondents of different racial or ethnic identities varied little, although American Indian (66%) respondents experienced higher levels of rejection (Figure 5.21).

Figure 5.21: Any family rejection RACE/ETHNICITY (%)



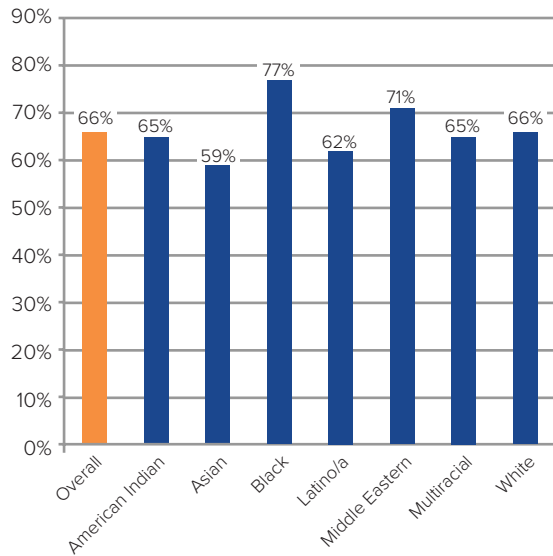
Respondents who experienced family rejection were:

- *Almost twice as likely to have experienced homelessness (40%) as those who were not rejected (22%).*
- *Nearly twice as likely to have done in sex work (16%) as those who were not rejected (9%).*
- *More likely to have attempted suicide (49%) than those who were not rejected (33%).*

X. Experiences with a Faith Community

The survey explored respondents' experiences with a spiritual or religious community ("faith community"), such as a church, synagogue, mosque, or other faith community. Two-thirds (66%) of the survey sample had been part of a faith community at some point in their life. Black (77%) and Middle Eastern (71%) respondents were more likely to have been part of a faith community than respondents of other races and ethnicities (Figure 5.22).

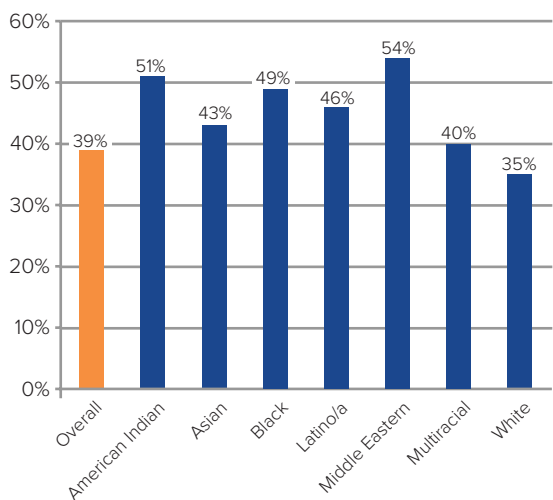
Figure 5.22: Ever been part of a faith community
RACE/ETHNICITY (%)



A. Leaving a Faith Community Due to Fear of Rejection

More than one-third (39%) of respondents who have been part of a faith community left due to fear of being rejected because they were transgender. People of color, including Middle Eastern (54%), American Indian (51%), Black (49%), Latino/a (46%), Asian (43%), and multiracial (40%) respondents, were more likely to leave because they were afraid of rejection (Figure 5.23).

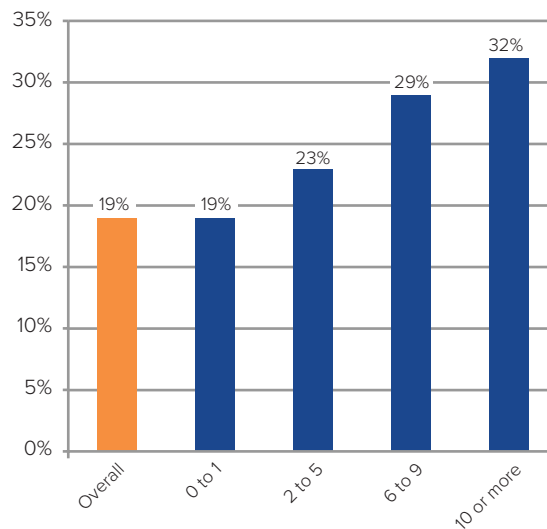
Figure 5.23: Ever left faith community due to fear of rejection
RACE/ETHNICITY (%)



B. Leaving a Faith Community Due to Rejection

Nearly one in five (19%) respondents who had been part of a faith community left because they were actually rejected (in contrast to feared rejection as reported in the last subsection), which represents 12% of all respondents. Experiences varied based on the amount of time since transition, with nearly one-third (32%) of those who transitioned 10 or more years ago leaving a faith community due to rejection (Figure 5.24).

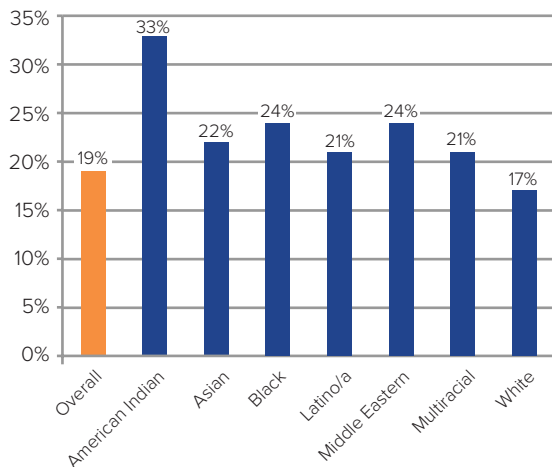
Figure 5.24: Ever left faith community due to rejection
YEARS SINCE TRANSITIONING (%)



People of color were rejected by their faith communities at higher rates, with one-third of American Indian respondents (33%) and almost one-quarter of Black (24%) and Middle Eastern (24%) individuals leaving for this reason (Figure 5.25).

More than one-third (39%) of respondents who have been part of a faith community left because they feared rejection as a transgender person.

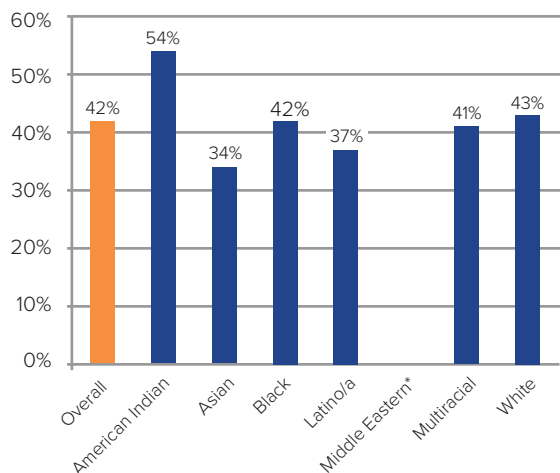
Figure 5.25: Ever left faith community due to rejection RACE/ETHNICITY (%)



C. Welcoming Communities and Experiences Within the Past Year

Of the people who had been rejected by a faith community, 42% found a new community that welcomed them as a transgender person. This differed by respondents' race or ethnicity, with American Indian respondents (54%) being more likely to find a welcoming community, and Latino/a (37%) and Asian (34%) respondents being least likely (Figure 5.26).

Figure 5.26: Found new welcoming faith community after rejection RACE/ETHNICITY (%)



*Sample size too low to report

Nearly one-third (30%) of those who had ever been part of a faith community reported that they had been part of such a community in the past year, which is 19% of the overall sample. Additionally, sixty percent (60%) of them were in a community where leaders or other members thought or knew they were transgender.

D. Acceptance Within Faith Communities in the Past Year

Respondents whose faith community leaders or members thought or knew they were transgender were asked about a series of behaviors that signaled acceptance within the community in the past year. Ninety-four percent (94%) reported that community leaders and/or members accepted them for who they are as a transgender person, and more than three-quarters (80%) were told their religion or faith accepts them. Ninety-six percent (96%) of respondents who were in a faith community in the past year experienced at least one of the accepting behaviors (Table 5.3).

Table 5.3: Acceptance within a faith community in the past year

Acceptance within faith community in past year	Acceptance within faith community in past year		
	Many times	A few times	Once or twice
Community leaders and members accepted them for who they are as a transgender person	75%	11%	8%
A leader or member of their faith community made them feel welcome as a transgender person	72%	12%	9%
They were told that their religion or faith accepts them as a transgender person	59%	12%	9%
One or more experiences listed¹²	96%		

E. Rejection Within Faith Communities in the Past Year

Those with faith community leaders or members who thought or knew they were transgender were also asked about behaviors that signaled rejection in the past year. Among them, 6% were asked to meet with faith leaders to stop them from being transgender, and 5% were asked to stop coming to services or faith community functions (Table 5.4).

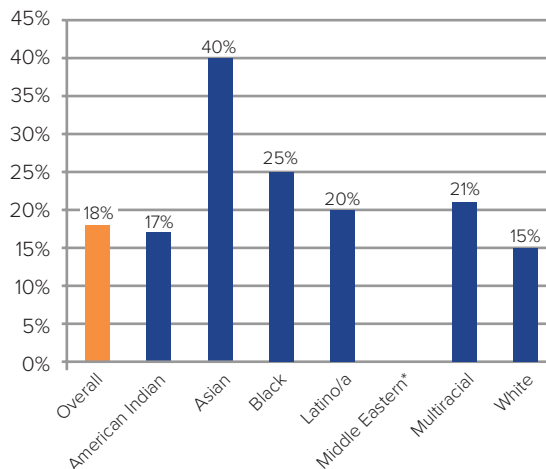
Table 5.4: Rejection within a faith community in the past year

Rejection within faith community in past year			
	Many times	A few times	Once or twice
They were told that being transgender is a sin or that their religion does not approve of them	5%	5%	7%
They were asked to meet with faith leaders to stop them from being transgender	1%	2%	3%
Community leaders or members asked them to seek medical or psychological help to stop them from being transgender	1%	2%	3%
They were asked to stop coming to services or faith community functions	1%	1%	3%
One or more experiences listed¹³	18%		

Nearly one in five (18%) respondents who were in a faith community in the past year reported that they experienced at least one of the rejecting behaviors. Rejection was more likely among Asian (40%) and Black (25%) respondents (Figure 5.27).

Nearly one in five (19%) respondents who had been part of a faith community left because they were rejected.

Figure 5.27: Any rejecting behavior by faith community in past year
RACE/ETHNICITY (%)



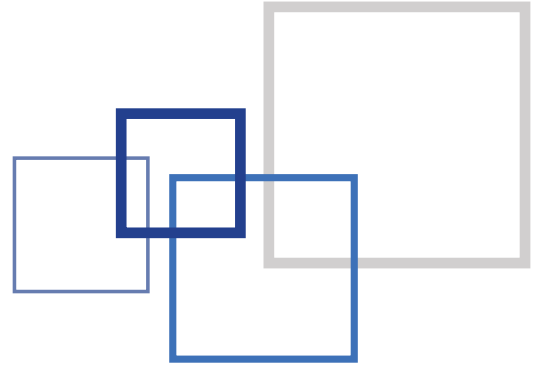
*Sample size too low to report

Conclusion

Results showed significant challenges in many areas of family life, including the retention of relationships with immediate and extended family, spouses and partners, and children. However, results also demonstrate that survey respondents were able to maintain relationships and successfully build family units despite those challenges. They further show the importance of family support in promoting positive experiences in many aspects of life. Results demonstrate that family rejection is strongly correlated with increased negative effects on a wide range of major life experiences, including income, homelessness, HIV infection, serious psychological distress, and suicidal behavior. Additionally, although many respondents experienced negative interactions within their faith communities, many others were able to find welcoming and supportive communities. While respondents' experiences varied overall, these findings reveal the substantial challenges facing many transgender people within their families and faith communities.

ENDNOTES | CHAPTER 5: FAMILY LIFE AND FAITH COMMUNITIES

- 1 Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. (pp. 88–105). DC: National Center for Transgender Equality & National Gay and Lesbian Task Force; Huebner, D., Diaz, R. M., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205–213.
- 2 The term “out” is used here to describe a person who openly self-identifies as transgender in their private, public, and/or professional lives.
- 3 Lesbian, gay, bisexual, and transgender (LGBT).
- 4 See Q. 4.5 for descriptions of groups of family members.
- 5 A respondent’s status as a parent was determined based on Q. 4.3, which asked if a respondent was out to any of their children. Eighty-two percent (82%) reported that they “do not have any children,” and the remaining 18% answered “yes” or “no” to whether they were out to their children. This question established whether a respondent had at least one child, but did not determine the number of children, ages of children, or whether the children lived in the respondent’s household.
- 6 U.S. Census Bureau. (2015). *Current Population Survey, Annual Social and Economic Supplement*.
- 7 The percentage of USTS respondents with related children under the age of 18 in the household is based on Q. 7.6.
- 8 “Very supportive” and “supportive” categories were collapsed into a single “supportive” category. “Very unsupportive” and “unsupportive” categories were collapsed into a single “unsupportive” category. See Q. 4.6.
- 9 The “serious psychological distress” measure was developed from the Kessler 6 scale. See Q. 12.2. See also *Health* chapter.
- 10 Section 4 asked about experiences with “immediate family [respondent] grew up with,” and indicated that the definition included parents and siblings.
- 11 The figure of 50% of respondents experiencing family rejection is based on a variable created to reflect any family rejection among several questions, including: (1) Q. 4.2 (spouse/partner ended relationship), (2) Q. 4.4 (child stopped speaking or spending time with respondent), (3) Q. 4.6 (reported level of supportiveness of immediate family), and (4) acts listed in Q. 4.7.
- 12 The “any accepting behavior” variable was created based on respondents who had experienced an accepting behavior listed in Q. 5.7 once or twice, a few times, or many times.
- 13 The “any rejecting behavior” variable was created based on respondents who had experienced a rejecting behavior listed in Q. 5.7 once or twice, a few times, or many times.



CHAPTER 6

Identity Documents

Most non-transgender people take their identity documents (IDs) for granted, but for transgender people, updating and using IDs may present substantial challenges. Transgender people often need to update their IDs to reflect their gender and name. Changing the name listed on most state or federal IDs and records typically involves obtaining a legal name change from a court.¹ Changing the gender marker listed on most IDs and records generally requires documentation of gender transition from a health provider, though the requirements of this documentation may vary greatly for each type of ID and from jurisdiction to jurisdiction.² Previous researchers have documented barriers preventing transgender people from updating the name and gender on their IDs.³

This chapter explores respondents' experiences with their IDs and records, including updating their name and/or gender, and interactions with others related to updating and presenting their IDs and records. Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

KEY FINDINGS

- ▶ Eleven percent (11%) of respondents had their preferred name and gender on all IDs and records, while 68% reported that none of their IDs had the name and gender they preferred.
.....
- ▶ Forty-nine percent (49%) did not have an ID or record with the name they preferred, and 67% did not have an ID or record with the gender they preferred.
.....
- ▶ Thirty percent (30%) of respondents completed a legal name change.
.....
- ▶ Thirty-four percent (34%) of people who were granted a legal name change reported that they had spent over \$250, and 11% spent over \$500.
.....
- ▶ Thirty-five percent (35%) of those who did not try to change their legal name did not try because they could not afford it.
.....
- ▶ Of those who wanted to update their driver's license or state ID, an estimated 44% were able to change their name on the license and an estimated 29% were able to change their gender.
.....
- ▶ Of those who wanted to change the gender on their birth certificate, only an estimated 9% were able to do so.
.....
- ▶ As a result of showing an ID with a name or gender that did not match their gender presentation, 25% of people were verbally harassed, 16% were denied services or benefits, 9% were asked to leave a location or establishment, and 2% were assaulted or attacked.

I. Access to Legal Name Changes

Changing a name is a step in the transition process for some, but not all, transgender people. A legal name change order is almost always required to update the name listed on many forms of official IDs and records, such as driver's licenses, passports, and Social Security cards.⁴ Legal name changes typically happen through a court order, and the process for obtaining a court order varies in each state and territory. Respondents were

asked a series of questions about factors in their decision to legally change their name and their access to a legal name change.

Approximately one-third (36%) of respondents have tried to obtain a legal name change, and 30% were able to do so. This rate varied greatly according to gender identity, where transgender men and women (51%) were almost five times as likely to have tried or completed the name change process as non-binary people (11%). A vast majority (96%) of respondents who underwent the process did so through a court order, less than 1%

Thirty percent (30%) of respondents completed the legal name change process.

did so through the immigration or naturalization process, and 4% did so by other methods, including marriage, an informal or assumed name, or a process in another country. Eighty-eight percent (88%) of those who attempted to legally change their name were granted a name change. Those who attempted but did not complete the process reported a variety of reasons, such as being denied, running out of money, or giving up (Table 6.1).

Table 6.1: Outcome of legal name change attempt

Outcome of legal name change attempt	% of those who attempted a legal name change
Court granted name change	88%
Court denied name change	1%
They are still in process of changing name	6%
They stopped trying because they ran out of money	2%
They gave up	2%
Court initially denied, then later granted name change	<1%
Not listed above	<1%

Forty-one percent (41%) of those who attempted a legal name change through a court did so at age 24 or younger, 45% between the ages of 25 and 44, 13% between the ages of 45 and 64, and less than 1% at age 65 or older.

Nearly two-thirds (64%) of respondents have never tried to change their legal name. These participants reported a variety of reasons for not engaging in the process, including 28% who felt that their name did not conflict with their gender identity (Table 6.2). This reason was more common among non-binary people (45%) and crossdressers (36%) than transgender men and women (10%).

Table 6.2: Reasons for not attempting to change legal name

Reasons for not attempting to change legal name	% of those who had not attempted name change
They are not ready	40%
They cannot afford it	35%
Their name does not conflict with gender identity or expression	28%
They do not know how	24%
They were worried that changing their name would out them	24%
They do not believe they are allowed	3%
A reason not listed	20%

a. Assistance with a Legal Name Change

The legal name change process can be complicated to navigate, and while many people undergo the process without help, some seek the assistance of others. Of people who tried or completed the name change process, 60% did so without help and 40% received help, including free help from a clinic or non-profit organization (17%), assistance from a friend (11%), or help from a paid attorney (9%) (Table 6.3).

Table 6.3: Assistance for people who tried or completed the legal name change process

Type of assistance	% of those who attempted name change
None	60%
Free help from a legal clinic or non-profit organization	17%
Help from a friend	11%
Legal help from a paid attorney	9%
Help from another source	7%

b. Interactions with Judges and Court Staff

Those who interacted with judges and court staff during the name change process reported widely varying experiences. Of the 84% who believed

More than one-third (35%) of respondents who did not try to legally change their name said that it was because they could not afford it.

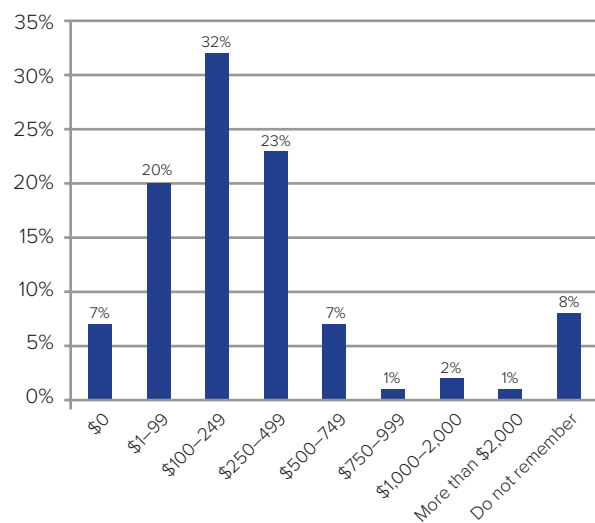
that the judges and/or court staff thought or knew they were transgender during their interaction, three-quarters (75%) felt they were always treated with respect, almost one-quarter (22%) felt they were only sometimes treated with respect, and 2% felt they were never treated with respect. Reports of only sometimes or never being treated with respect were higher for certain groups of people, including people who were currently working in the underground economy, such as sex work, drug sales, or other work that is currently criminalized (41%), and people who had not had any hormonal or surgical treatment (35%).

Respondents who interacted with judges or court staff who thought or knew they were transgender were asked about specific experiences during their interactions. Twenty-three percent (23%) were referred to by the wrong gender pronouns (such as he, she, or they) or title (such as Mr. or Ms.) during their interactions. Almost one in five (19%) people who interacted with judges or court staff were asked questions about their gender transition, such as whether they take hormones or have had any surgery. Nearly one in ten (9%) reported that they received unequal treatment or service, and 3% were verbally harassed. Overall, more than one-third (36%) of those who interacted with judges or court staff during the name change process reported having at least one of these experiences.

c. Cost Associated with a Legal Name Change

The process of obtaining a legal name change may include many different fees, such as the cost of legal help, court fees, and newspaper publication. The survey asked respondents to recall how much they spent on the name change process. Approximately one-quarter (27%) of those who were granted a legal name change reported that the process cost less than \$100, more than half (55%) reported it costing \$100–\$499, and 10% reported the process costing \$500–\$2,000 (Figure 6.1).

Figure 6.1: Reported cost of a legal name change



The cost of obtaining a legal name change may make the process inaccessible for some people. Thirty-five percent (35%) of people who had not tried to legally change their name reported that they did not try because they could not afford it. Additionally, of people who had attempted the legal name change process, 2% did not complete the process because they ran out of money.

II. Experiences with Updating Name and Gender on IDs

Transgender individuals may seek to update the name on their IDs and records, the gender marker (such as M or F), or both. Only 11% of respondents reported that *all* of their IDs and records listed both the name and gender they preferred, and rates were lower for certain populations, such as undocumented individuals (4%), people aged 18–24 (5%), and people with no income (6%). More than two-thirds (68%) reported that *none* of their IDs or records had both the name and gender they preferred. The following sections will first discuss respondents’ experiences with updating the name on their IDs or records, and then their experiences with updating the gender marker.

a. Updating Name on IDs and Records

In order to change the name on IDs and records, one often needs to first obtain a legal name change. Generally, a court order granting a name change must then be presented to update each ID or record separately. Respondents were asked whether all, some, or none of their IDs and records reflected the name they preferred. Thirty percent (30%) of respondents had the name they preferred on all IDs and records, and 22% had the name they preferred on some IDs and records. Nearly half (49%) of respondents did not have any ID or record with the name they preferred. Non-citizens, including undocumented residents (68%), were more likely to say that none of their IDs or records reflected the name they preferred. Respondents with lower incomes were also more likely to say that none of their IDs or records had the name they preferred.

In Our Own Voices

“I was intentionally misgendered and continually verbally harassed by DMV employees. Even after paying for proper identification to be issued, they refused to send the identification because my female photo didn’t match my ‘M’ gender marker.”

“As a non-binary person, not being able to change my gender on any of my identification documents is really disheartening, dysphoria inducing, and kind of dehumanizing. I’m not allowed to be me.”

“My legal name and gender are not yet changed on any documents due to the price. The process for that should be easier or cheaper because that is the main thing that stops me from doing things that require ID.”

“Because my state won’t update the gender markers on its birth certificates, the only way to update my driver’s license is by changing my information on a federal level with my passport. The problem is that now my documents don’t match.”

Respondents were also asked about their experiences with updating the name on specific kinds of IDs or records, like driver’s licenses and birth certificates. Among those respondents who had a driver’s license or state ID and wanted to update their name on it, less than half (44%) were estimated⁵ to have done so. An estimated 44% have changed their name on a work ID, and 43% have changed their name with the Social Security Administration. In contrast, less than one-third (31%) have changed their name on student records, 28% on their passport, and 18% on their birth certificate.

Respondents who transitioned were more likely to have changed the name on their IDs.⁶ For example, while 44% of the whole sample had updated their name on their driver’s license, 56% of those who had transitioned had updated their name on their driver’s license. Transgender men and women who had transitioned were more likely to have updated their name on various types of IDs than non-binary respondents who had transitioned. For example, (61%) of transgender men and women who had transitioned changed their name their driver’s license, in contrast to non-binary respondents who had transitioned (39%) (Figure 6.2).

More than two-thirds (68%) of respondents did not have any ID or record that reflected both the name and gender they preferred.

Those who indicated that some or all of their IDs listed the name they prefer were asked specific questions about their experiences updating the name on different kinds of IDs and records. For each type of ID or record, those respondents were asked if (1) they had been able to change the name on that ID, (2) they were in process of doing so, (3) they tried to change the name on the ID but were denied, or (4) they had not tried to change the name on that ID but wanted to do it someday.⁷ Respondents were most likely to have successfully changed the name on their driver’s license (87%), work ID (88%), and Social Security records (84%), and they were most likely to be denied a name change on their birth certificate (6%) (Figure 6.3).

Figure 6.2: Updated NAME on ID or record, by gender identity and transition status (estimated)

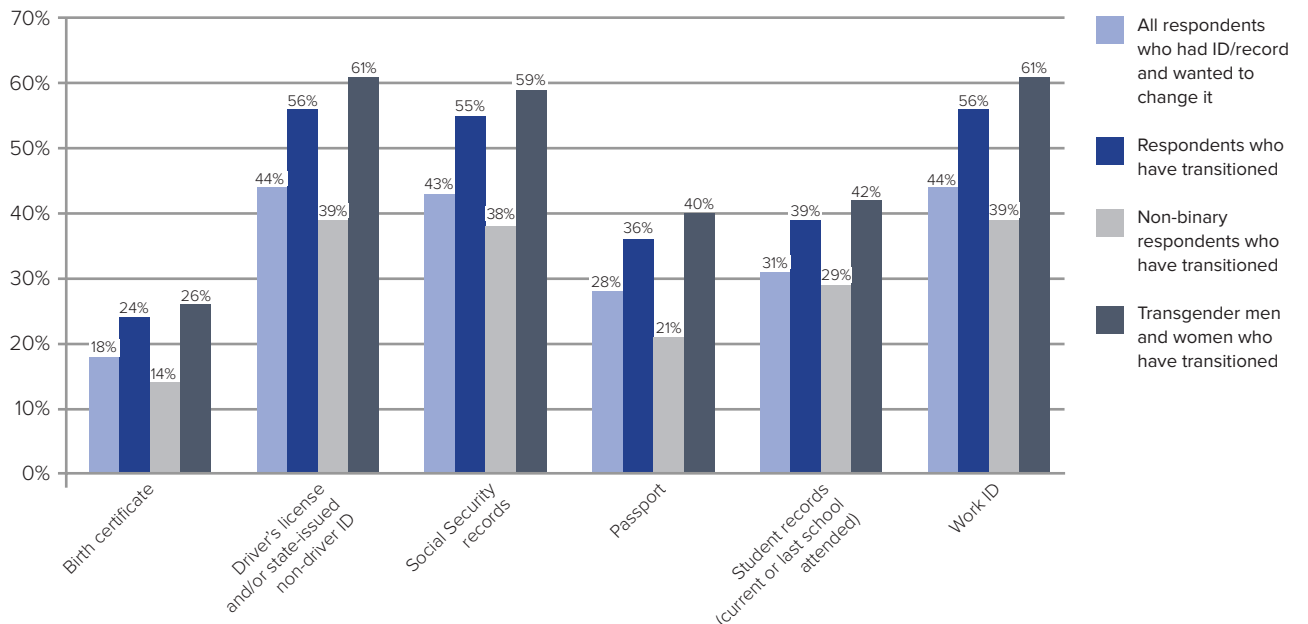
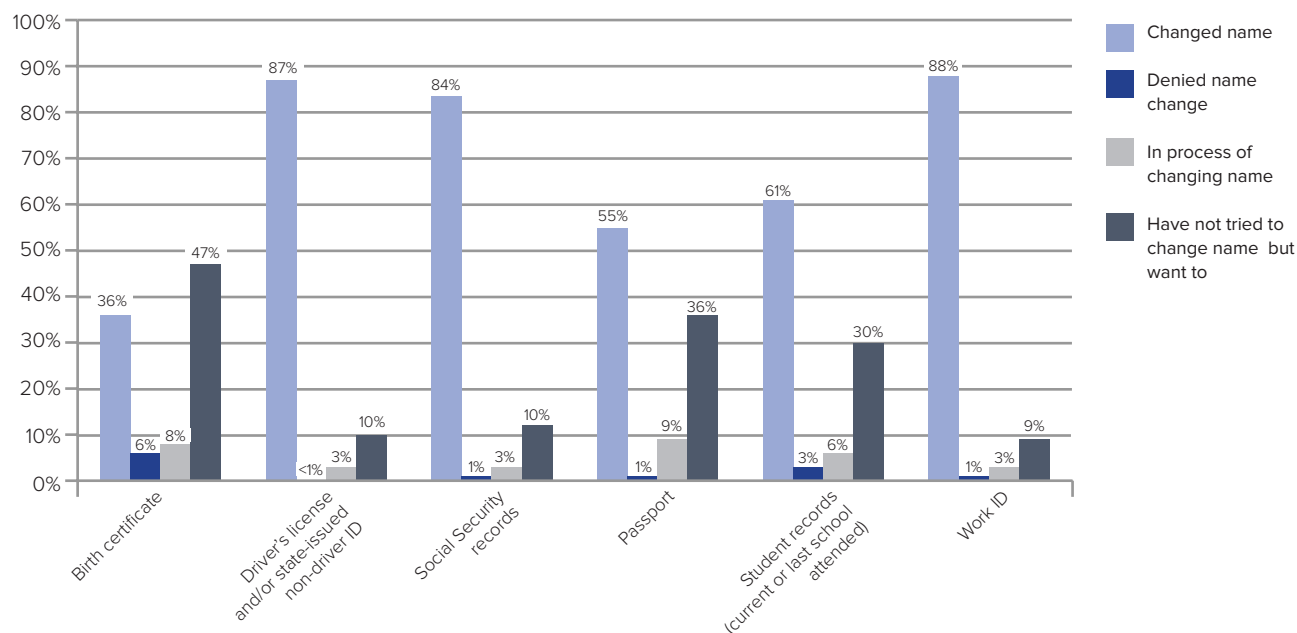


Figure 6.3: Experiences updating NAME on specific IDs (among those who updated some or all of their IDs/records)

The above chart reflects respondents who have been able to update some or all of their IDs only (omitting those who have not been able to update any IDs). It also does not include those who do not have the ID/record or do not want to update it. These numbers should not be reported without clearly stating that they represent only a subset of the respondents. For overall ability to change records, see Figure 6.2.

b. Updating Gender on IDs and Records

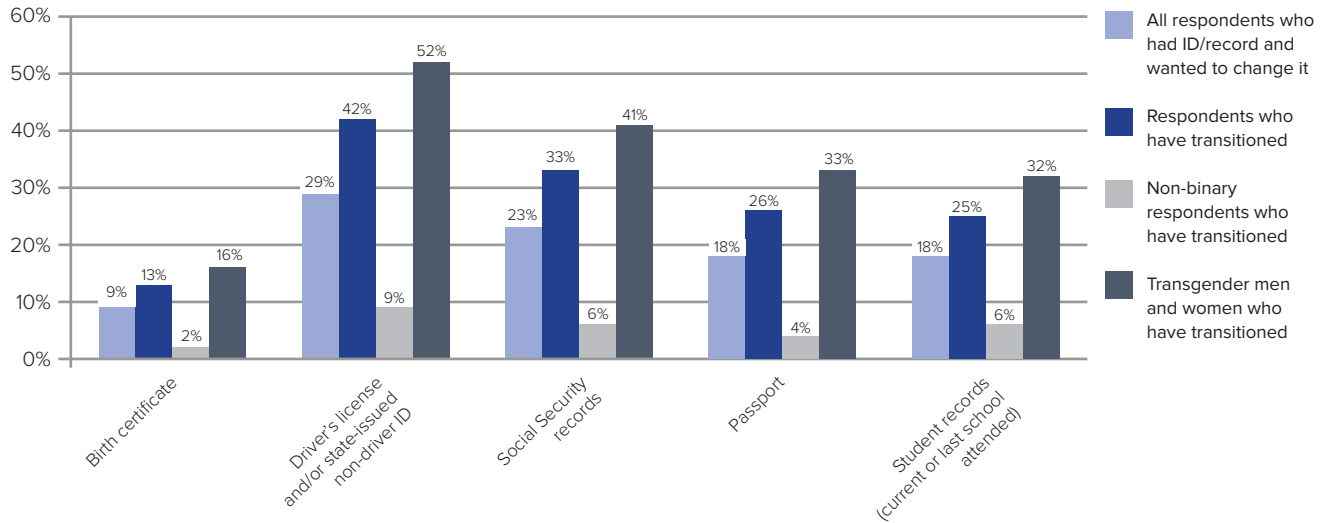
Updating the gender marker on any ID or record is typically a distinct process from updating the name, and may require documentation regarding gender transition from a healthcare provider, a court order of gender change, an updated birth certificate, or other documentation. Respondents were asked whether all, some, or none of their IDs and records listed the gender they preferred. More than two-thirds (67%) of respondents did not have any ID or record that listed the gender they preferred. Twelve percent (12%) of respondents had the gender they preferred on all IDs and records, and 21% of respondents had the gender they preferred on some IDs and records.

Respondents were also asked about their experiences with updating the gender on specific kinds of IDs or records, like driver's licenses and birth certificates. Among those respondents who had a driver's license or state ID and wanted

to update their gender on it, an estimated⁸ less than one-third (29%) had done so, and only 9% were able to change their gender on their birth certificate. Twenty-three percent (23%) of those with a Social Security card who wanted to update their gender on it were estimated to have done so, and only 18% had updated their gender on their passport.

Respondents who had transitioned were more likely to have changed their gender on their IDs. For example, 29% of the overall sample have updated the gender on their driver's license, while 42% of those who have transitioned updated the gender marker on their driver's license. Transgender men and women who had transitioned (52%) were much more likely to have updated the gender on their driver's license, in contrast to non-binary respondents who had transitioned (9%) (Figure 6.4).

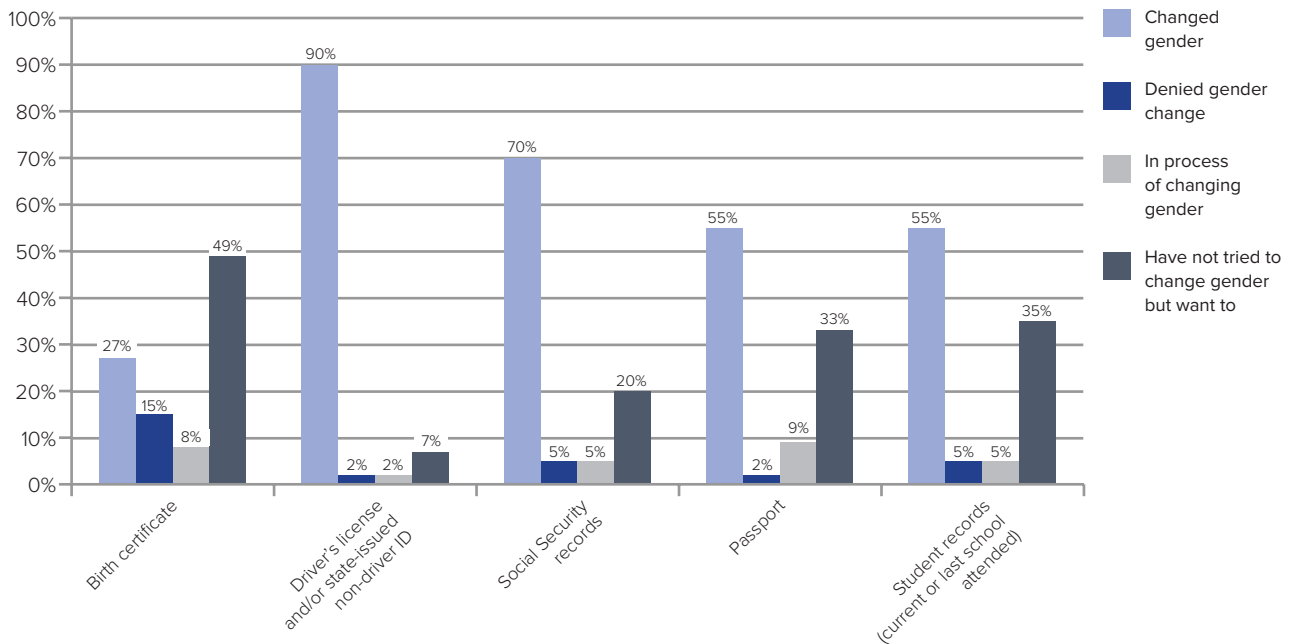
Figure 6.4: Updated GENDER on ID or record, by gender identity and transition status (estimated)



Those who indicated that some or all of their IDs listed the gender they preferred were asked specific questions about their experiences updating the gender on different kinds of IDs and records. For each type of ID or record, those respondents were asked if (1) they had been able to change the gender on that ID, (2) they were in process of doing so, (3) they tried to change

the gender on the ID but were denied, or (4) they had not tried to change the gender on that ID but wanted to do it someday.⁹ Respondents were most likely to change the gender on their driver's license (90%) and Social Security records (70%), and they were most likely to be denied a gender marker change on their birth certificate (15%) (Figure 6.5).

Figure 6.5: Experiences updating GENDER on specific IDs (among those who updated some or all of their IDs/Records)



The above chart reflects respondents who have been able to update some or all of their IDs only (omitting those who have not been able to update any IDs). It also does not include those who do not have the ID/record or do not want to update it. These numbers should not be reported without clearly stating that they represent only a subset of the respondents. For overall ability to change records, see Figure 6.4.

Nearly one-third (32%) of respondents who did not have their preferred gender on any of their IDs or records reported that they could not afford to change them.

Those who said that none of the IDs reflected the preferred gender were asked why that was the case. Twenty-five percent (25%) of these respondents believed they were not allowed to change the gender on their IDs or records, for reasons such as not having undergone medical treatment needed to change their gender on an ID or not having a doctor's letter. Nearly one-third (32%) of respondents indicated that none of their IDs or records had the gender they preferred because they could not afford it. Eighty-eight percent (88%) of non-binary individuals who indicated that none of their IDs or records had the gender they preferred reported that it was because the available gender options (male or female) did not fit their gender identity, in contrast to 4% of transgender men and women (Table 6.4).

Table 6.4: Reasons for not changing gender on IDs or records

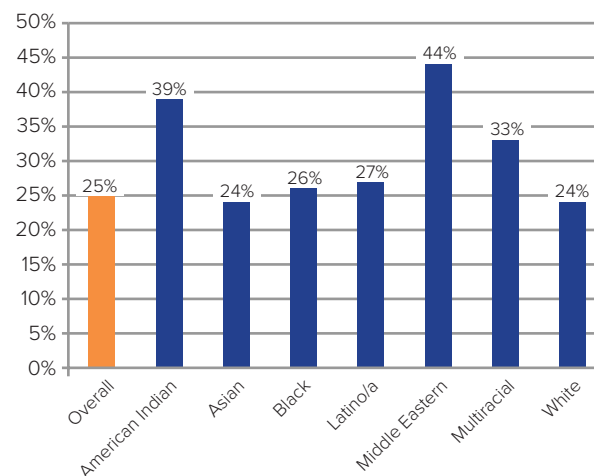
Reasons for not changing gender	% of those who reported having no IDs/records with the gender they preferred
They have not tried yet	44%
The available gender options (male or female) do not fit their gender identity	41%
They could not afford it	32%
They were not ready	30%
They did not know how	26%
They believed they were not allowed	25%
They worried that they might lose benefits or services	25%
They worried that changing gender would out them	25%
Their request was denied	1%
A reason not listed	10%

III. Experiences When Presenting Incongruent Identity Documents

Respondents were asked about their experiences when they have shown an ID with a name or gender that did not match the gender in which they present. Overall, nearly one-third (32%) of individuals who have shown IDs with a name or gender that did not match their presentation reported negative experiences, such as being harassed, denied services, and/or attacked.

One-quarter (25%) of these respondents reported being verbally harassed. Middle Eastern (44%) and American Indian (39%) respondents reported experiencing this more often than other racial or ethnic groups (Figure 6.6).

Figure 6.6: Verbally harassed when using an ID with a name or gender that did not match their presentation RACE/ETHNICITY (%)



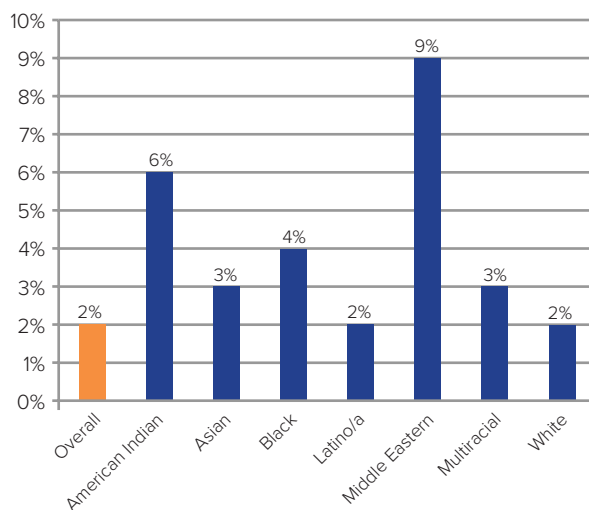
Sixteen percent (16%) of people who showed IDs with a name or gender that did not match the gender they present in were denied services or benefits. Transgender men and women were more likely to have been denied services or benefits (20%) compared to non-binary respondents (10%).

Nearly one-third (32%) of individuals who have shown IDs that did not match their presentation reported negative experiences, such as being harassed, denied services, and/or attacked.

Nine percent (9%) of people who showed an incongruent ID were asked to leave. Transgender women were more likely to have been asked to leave after presenting incongruent IDs (13%), compared to transgender men (9%) and non-binary people (6%).

Two percent (2%) of people who showed IDs with a name and gender that did not match the gender they present in were assaulted or attacked. These experiences differed by race and ethnicity. Middle Eastern respondents were almost five times as likely (9%) to report experiencing this, American Indians were three times as likely (6%), and Black respondents were twice as likely (4%) (Figure 6.7). Undocumented residents were also substantially more likely to report being assaulted or attacked (15%), in contrast to documented residents (3%) and citizens (2%).

Figure 6.7: Assaulted or attacked when using an ID with a name or gender that did not match their presentation
RACE/ETHNICITY (%)



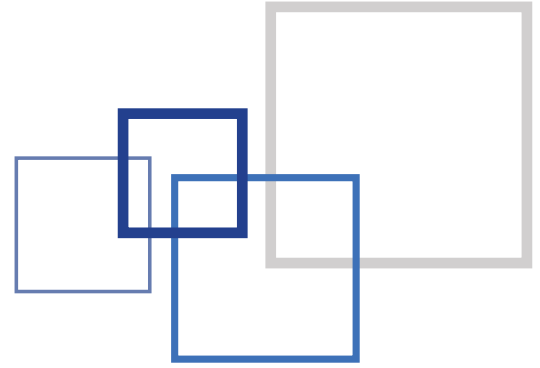
Conclusion

Findings indicate that respondents encountered substantial issues related to obtaining IDs and records that reflect their gender identity, including financial, procedural, and eligibility barriers.

The data suggests that the cost of a legal name change presents a considerable challenge to getting a preferred name on identity documents. Results also indicate that the cost of updating gender markers and procedural requirements (such as providing documentation of certain medical procedures) are among the main barriers preventing respondents from updating the gender on their IDs and records. Further, results suggest that respondents who presented IDs that did not correspond with the gender they presented in were put at risk of harassment, assault, and other forms of negative treatment. Overall, these findings illustrate a variety of difficulties that arise during the name and gender change process and emphasize the importance of access to accurate identity documentation for the safety and well-being of transgender people.

ENDNOTES | CHAPTER 6: IDENTITY DOCUMENTS

- 1 Forty-nine states and all five U.S. territories have a court order process for changing a legal name. Hawai'i is currently the only state with an administrative name change process. Additionally, a legal name change may be obtained through other processes, such as through naturalization or a common law name change. See NCTE's Identity Document Center for more information, available at: www.transequality.org/documents.
- 2 For more information on gender marker change requirements for state and federal IDs, see NCTE's Identity Document Center, available at www.transequality.org/documents.
- 3 Brown, T. N. T. & Herman, J. L. (2016). *Voter ID Laws and Their Added Costs for Transgender Voters*. Los Angeles, CA: Williams Institute. Available at: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Voter-ID-Laws-and-Their-Added-Costs-for-Transgender-Voters-March-2016.pdf>; Hussey, H. (2015). *Expanding ID Card Access for LGBT Homeless Youth*. DC: Center for American Progress. Available at: <https://cdn.americanprogress.org/wp-content/uploads/2015/10/01071118/IDhomelessLGBT.pdf>; Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. (pp. 138–156). DC: National Center for Transgender Equality & National Gay and Lesbian Task Force.
- 4 See NCTE's Identity Document Center, available at: www.transequality.org/documents.
- 5 Due to an error in skip logic in this section of the survey, a portion of the respondents who should have seen questions about updating identity documents—specifically, respondents who said that none of their documents had the name or gender they preferred—did not receive them. To create a denominator that included those individuals, the research team used question answers from the respondents who *did* see the questions to estimate the number of respondents from the full sample who did have the ID in question and wanted to update it. This estimated denominator was used to calculate the percentages of those who updated these IDs out of respondents in the full sample who had the ID and wanted to update it.
- 6 For the purposes of this report, “transitioned” is defined as living full-time in a gender different than the one on a person's original birth certificate, as indicated by the answer to Q. 1.12.
- 7 Respondents could also select from the following additional answer choices about changing their name: (1) “I do not have this ID/record” and (2) “I do not want to change this ID/record.” If a respondent selected one of those answers, they were removed from the calculation. Therefore, results only reflect the answers of those who had a particular ID/record and wanted to change the record. See Q. 10.14.
- 8 See note 5 regarding the estimated calculations in this section.
- 9 Respondents could also select from the following additional answer choices about changing their gender: (1) “I do not have this ID/record” and (2) “I do not want to change this ID/record.” If a respondent selected one of those answers, they were removed from the calculation. Therefore, results only reflect the answers of those who had a particular ID/record and wanted to change the record. See Q. 10.16.



CHAPTER 7

Health

Disparities in health and health care among transgender people have been documented in prior research.¹ The survey explored several areas related to health care, including respondents' overall physical and mental health, and their experiences accessing health care services, both related to gender transition and routine health care.

Results related to health and health care are presented in six sections:

- A. Routine and Transition-Related Health Care and Coverage
- B. Overall Health and Psychological Distress
- C. Conversion Therapy and Other Pressures to De-Transition
- D. Suicidal Thoughts and Behaviors
- E. Substance Use
- F. HIV Testing and Care

Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

A. ROUTINE AND TRANSITION-RELATED HEALTH CARE AND COVERAGE

Previous studies indicate that transgender people face barriers to accessing quality, affordable health care. These barriers include lack of adequate insurance coverage, mistreatment by health providers, and health providers' discomfort or inexperience with treating transgender people.² Such barriers make it harder for transgender people to seek both routine health care that is unrelated to their transgender status, and health care related to gender transition ("transition-related care"). Transition-related care can include a variety of treatments, such as counseling, hormone therapy, and surgical procedures. While not every transgender person may need or want medical care related to gender transition, many do, and the specific treatments that they may undergo vary based on their individualized needs.

Respondents were asked about their experiences with health insurance coverage, including coverage for transition-related care. They were also asked about their experiences receiving general health care from doctors and other health providers, including how providers treated them as transgender people. Finally, respondents were asked about transition-related care they have had or wanted to have.

KEY FINDINGS

- ▶ One in four (25%) respondents experienced a problem with their insurance in the past year related to being transgender, such as being denied coverage for care related to gender transition.
 - One-quarter (25%) of those who sought coverage for hormones in the past year were denied, and 55% of those who sought coverage for transition-related surgery in the past year were denied.

- ▶ One-third (33%) of respondents who had seen a health care provider in the past year reported having at least one negative experience related to being transgender, such as verbal harassment, refusal of treatment, or having to teach the health care provider about transgender people to receive appropriate care.

- ▶ In the past year, 23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person, and 33% did not see a doctor because of cost.

- ▶ While more than three-quarters (78%) of respondents wanted hormone therapy related to gender transition, only 49% had ever received it.

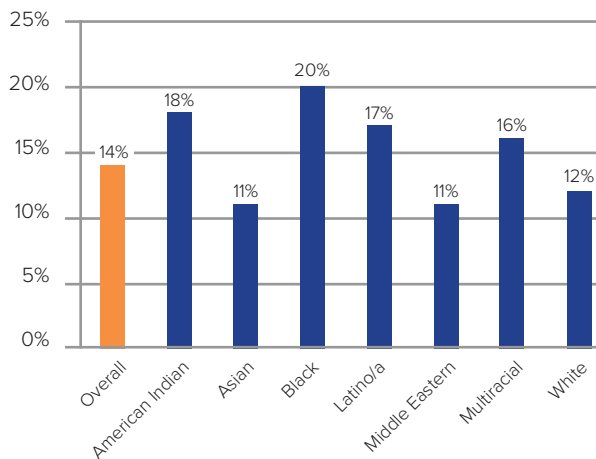
- ▶ One-quarter (25%) of respondents have undergone some form of transition-related surgery.

I. Health Insurance

a. Insurance Coverage and Source of Coverage

Respondents were asked a series of questions about health insurance coverage. Eighty-six percent (86%) reported that they were covered by a health insurance or health coverage plan, and 14% reported that they were uninsured. This compares to 89% of adults in the U.S. general population who were covered by a health insurance or health coverage plan in 2015, as reported in the American Community Survey (ACS).³ Insurance coverage differed by region, with those in the South (20%) being more likely to be uninsured than those in the overall sample, compared to those in the Midwest (13%), West (11%), and Northeast (9%). Among people of color, Black (20%), American Indian (18%), and Latino/a (17%) respondents were more likely to be uninsured (Figure 7.1). Respondents who were not U.S. citizens were more likely to be uninsured, including nearly one-quarter (24%) of documented non-citizens and a majority (58%) of undocumented residents.

Figure 7.1: Uninsured RACE/ETHNICITY (%)



Fourteen percent (14%) of respondents were uninsured, compared to 11% of adults in the U.S. population.

The most common source of health insurance reported by respondents was an employer-sponsored insurance plan (either through the respondent's employer or someone else's employer) (53%). Fourteen percent (14%) of respondents had individual insurance plans that they or someone else purchased directly from an insurance company, through healthcare.gov, or from a health insurance marketplace, and 13% were insured through Medicaid (Table 7.1).

Table 7.1: Type of health insurance or health coverage plan

Health insurance source	% in USTS	% in U.S. general population (ACS) ⁴
Insurance through current or former employer or union (belonging to respondent or a family member)	53%	56%
Insurance they or someone else purchased directly from an insurance company or through a health insurance marketplace (such as healthcare.gov)	14%	16%
Medicaid	13%	15%
Medicare	5%	22%
TRICARE or other military health care	2%	3%
VA	2%	3%
Indian Health Service	<1%	1% ⁵
Another type of insurance	6%	N/A

More than one-quarter (26%) of respondents sought options for health insurance from a state or federal health insurance marketplace, such as through healthcare.gov, in the past year.⁶ Of those who sought insurance through a marketplace, 42% purchased a plan. When acquiring health insurance through healthcare.gov or state marketplaces, most enrolled in a Medicaid plan (58%), 27% received a subsidy to buy a private plan, and 12% purchased a private plan without a subsidy.

b. Negative Experiences with Insurance Coverage

One in four (25%) respondents reported having problems with their insurance in the past year related to being transgender, such as being denied coverage for care related to gender transition. Among those who were insured and made the relevant requests of their insurer,⁷ several problems were reported. Seventeen percent (17%) of respondents had an insurer refuse to change their name and/or gender in their insurance record when requested. Thirteen percent (13%) reported that they were denied coverage for services often considered to be gender-specific, including routine sexual or reproductive health screenings (such as Pap smears, prostate exams, and mammograms). Seven percent (7%) reported that they were denied coverage for other routine health care. More than half (55%) of respondents who sought transition-related surgery coverage were denied, and one-quarter (25%) of those who sought coverage for hormones were denied (Table 7.2).

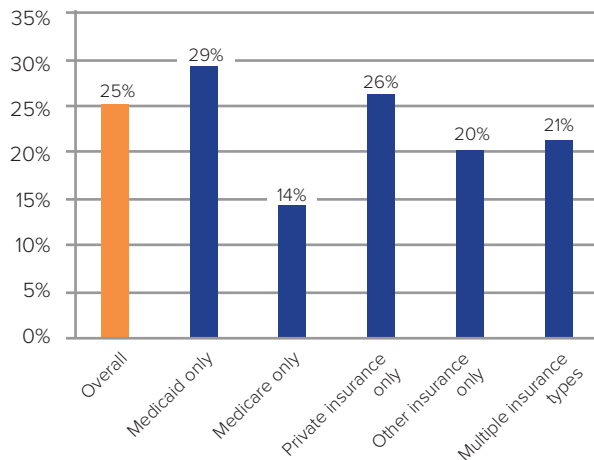
Table 7.2: Negative action or policy by health insurer

Negative action or policy	% of respondents who made such a request of their insurer
Denied coverage for transition-related surgery	55%
Covered only some of the surgical care needed for transition (respondent could not get coverage for treatment they needed)	42%
Denied coverage for transition-related hormone therapy	25%
Covered surgery for transition, but had no surgery providers in their network	21%
Refused to change records to list current name or gender	17%
Denied coverage for care often considered gender-specific because of transgender status	13%
Denied other routine health care because of transgender status	7%

Denials for hormone coverage differed by gender, with transgender men (32%) and non-binary people who had female on their original birth certificate (36%) more likely to report being denied hormone

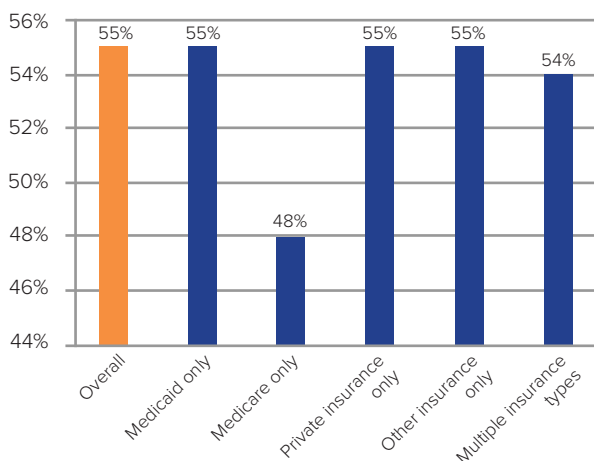
coverage than transgender women (18%) and non-binary people who had male on their original birth certificate (16%). Respondents who were insured solely through Medicare were least likely to be denied coverage for hormones (14%) (Figure 7.2).⁸

Figure 7.2: Denied coverage for hormone therapy in the past year
INSURANCE TYPE (%)



Transgender men (57%) were more likely to be denied surgery coverage than transgender women (54%) and non-binary people, including non-binary people with female on their original birth certificate (49%) and non-binary people with male on their original birth certificate (35%). With the exception of those who were solely covered by Medicare (48%), the rate of denials for surgery was similar among the different types of insurance providers (Figure 7.3).

Figure 7.3: Denied coverage for surgery in the past year
INSURANCE TYPE (%)



II. Experiences with Health Care Providers

a. Outness to Health Care Providers

Respondents were asked whether their current health care providers knew they were transgender. Of respondents who currently had health care providers, 40% reported that all of their current health care providers knew they were transgender, 13% reported that most knew, and 17% reported that some knew that they were transgender. Nearly one-third (31%) of respondents reported that none of their health care providers knew they were transgender.

b. Treatment by Health Care Providers as a Transgender Person

Eighty-seven percent (87%) of respondents had seen a health care provider in the year prior to taking the survey. Those respondents received questions about how their health care provider interacted with them as a transgender person. Of those who had seen a provider in the past year, 62% said that at least one provider they saw knew they were transgender and treated them with respect. However, one-third (33%) of respondents who had seen a provider in the past year reported having at least one negative experience with a doctor or other health care provider related to being transgender. This included having to teach the provider about transgender people in order to receive appropriate care (24%), being asked invasive or unnecessary questions about being transgender not related to the reason for the visit (15%), or being refused transition-related health care (8%) (Table 7.3).

In Our Own Voices

“My state Medicaid does not cover hormones or surgeries. With my very limited income, it is difficult to afford the treatment I need and I will most likely never be able to have surgeries.”

“I was consistently misnamed and misgendered throughout my hospital stay. I passed a kidney stone during that visit. On the standard 1–10 pain scale, that’s somewhere around a 9. But not having my identity respected, that hurt far more.”

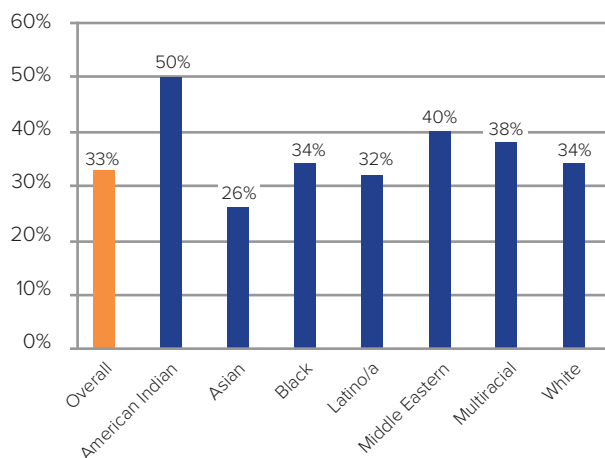
“Multiple medical professionals have misgendered me, denied to me that I was transgender or tried to persuade me that my trans identity was just a misdiagnosis of something else, have made jokes at my expense in front of me and behind my back, and have made me feel physically unsafe. I often do not seek medical attention when it is needed, because I’m afraid of what harassment or discrimination I may experience in a hospital or clinic.”

“When I was in college, I had my health insurance list me as male, and then they denied coverage for my routine pap smear and a gynecological prescription due to my gender.”

Table 7.3: Negative experiences when seeing a health care provider in the past year

Negative experience	% of those who had seen a provider in the past year
They had to teach their health care provider about transgender people to get appropriate care	24%
A health care provider asked them unnecessary or invasive questions about their transgender status that were not related to the reason for their visit	15%
A health care provider refused to give them transition-related care	8%
They were verbally harassed in a health care setting (such as a hospital, office, or clinic)	6%
A health care provider used harsh or abusive language when treating them	5%
A health care provider refused to give them care not related to gender transition (such as physicals or care for the flu or diabetes)	3%
A health care provider was physically rough or abusive when treating them	2%
They were physically attacked by someone during their visit in a health care setting (such as a hospital, office, or clinic)	1%
They were sexually assaulted ⁹ in a health care setting (such as a hospital, office, or clinic)	1%
One or more experiences listed	33%

Negative experiences with doctors and other health care providers varied by race and ethnicity. American Indian respondents (50%) reported the highest level of negative experiences, and rates among Middle Eastern (40%) and multiracial (38%) respondents were also higher (Figure 7.4).

Figure 7.4: One or more negative experiences with health provider in the past year RACE/ETHNICITY (%)

Negative experiences with health care providers also varied by gender identity. Transgender men (42%) were more likely to report negative experiences than transgender women (36%) and non-binary respondents (24%). People with disabilities¹⁰ (42%) were also more likely to have at least one negative experience in the past year, compared with respondents who did not identify as having a disability (30%).

c. Providers' Knowledge About Transgender People

Respondents were asked about the health providers they saw for transgender-related care and for routine health care needs and the providers' level of knowledge about transgender health care. More than half (56%) of respondents currently had a provider specifically for transition-related care, such as hormone therapy. Of those, 65% reported that this provider knew "almost everything" or "most things" about providing health care for transgender people. Seventeen percent (17%) of respondents reported that their provider for transition-related care knew only "some" things about the subject, 8% said this provider knew "almost nothing," and 10% said they were not sure.

Fifty-one percent (51%) of respondents reported that they saw the same provider for transition-related care and other routine health care. One-third (33%) indicated that they have a separate provider for routine care who is different from the provider they see for transition-related care. Fifteen percent (15%) of respondents reported that they have no transition-related or routine health care provider.

Respondents with a separate provider for routine care were asked about that provider's level of knowledge about caring for transgender people. More than half (54%) of these respondents were unsure how much their provider knew about health care for transgender people, while others

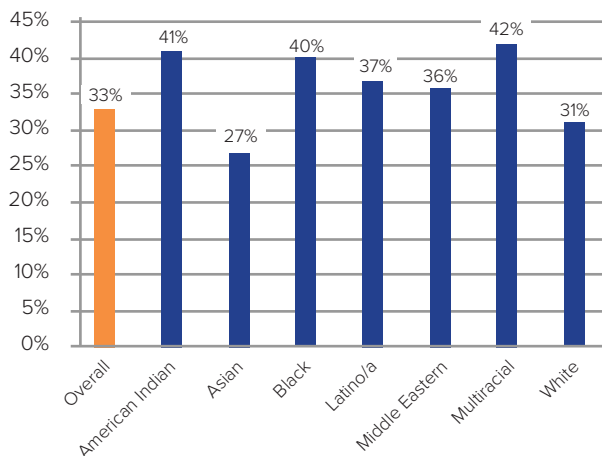
indicated that their routine health care provider knew “some things” (16%) or “almost nothing” (24%). Only 6% of respondents reported that their routine care provider knew “almost everything” or “most things” about caring for transgender people.

d. Barriers to Accessing Care

Respondents were asked about barriers to accessing health care, including cost of care, fear of being mistreated as a transgender person, and distance required to travel to see health providers for transition-related care.

Cost was a major factor in accessing health care, with one-third (33%) of respondents reporting that there was at least one time in the past year when they needed to see a doctor or other health care provider but did not because of cost. People of color, including multiracial (42%), American Indian (41%), Black (40%), and Latino/a (37%) respondents, were more likely to not have seen a doctor or other health care provider due to cost in the past year (Figure 7.5). People with disabilities (42%) were also more likely to not have seen a health provider when they needed to because of cost.

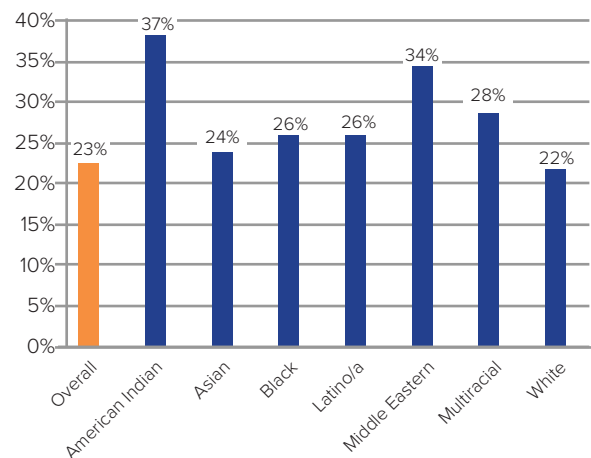
Figure 7.5: Did not see health provider due to cost in the past year
RACE/ETHNICITY (%)



Nearly one-quarter (23%) of respondents reported that they avoided seeking health care they needed in the past year due to fear of being mistreated as a transgender person.

Additionally, nearly one-quarter (23%) of respondents reported that at some point in the past year they needed health care but did not seek it due to fear of being disrespected or mistreated as a transgender person. American Indian (37%) and Middle Eastern (34%) respondents were more likely to not have gone to a doctor or other health care provider due to fear of being disrespected or mistreated as a transgender person (Figure 7.6).

Figure 7.6: Did not see health provider due to fear of mistreatment in the past year
RACE/ETHNICITY (%)

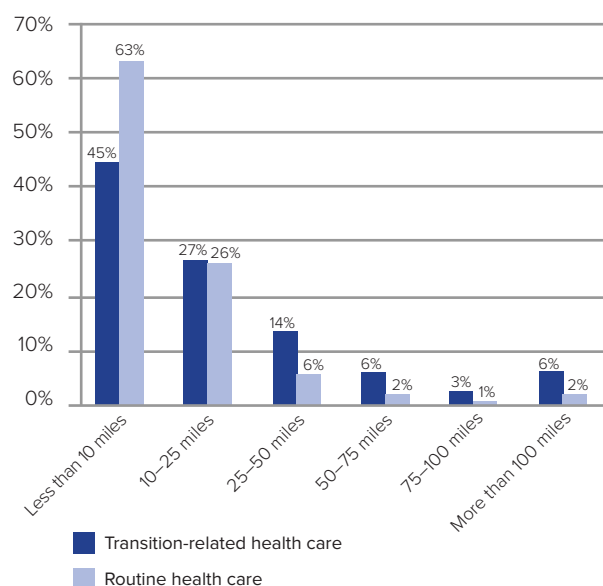


Fear of being disrespected or mistreated by a health care provider also differed by gender identity, with transgender men (31%) being more likely to avoid care out of fear of discrimination than transgender women (22%) and non-binary respondents (20%).

To examine the accessibility of respondents' health care providers, respondents were asked how far they had to travel to receive routine care and care

related to gender transition (transition-related care). Respondents reported having to travel further for transition-related care than routine care. While 63% indicated that they received routine care from providers within 10 miles of their home, less than half (45%) reported that they received transition-related health care within 10 miles of their home. Respondents were three times more likely to have to travel more than 50 miles for transgender-related care than for routine care (Figure 7.7).

Figure 7.7: Distance to health care provider



III. Transition-Related Health Care

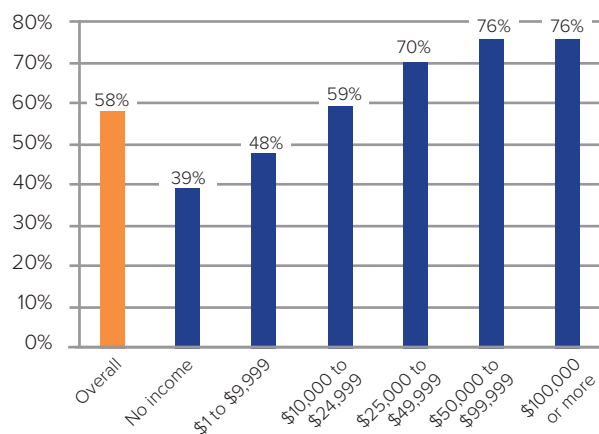
Respondents received questions about whether they had ever had, or wanted to have, a range of potential health care services related to gender transition.

a. Counseling

More than three-quarters (77%) of respondents said they wanted counseling or therapy for their gender identity or gender transition at some point in their life, but only 58% of respondents have ever received counseling or therapy. While

transgender men and women (81%) were only slightly more likely to have ever wanted gender-related counseling than non-binary respondents (70%), transgender men and women were more than twice as likely to have actually had counseling (73%) as compared to non-binary respondents (31%). Access to counseling varied greatly by income, with those who reported having no individual income (39%) and those who earned an income of \$1 to \$9,999 (48%) being much less likely to have received counseling than those who earned \$50,000 or more (76%) (Figure 7.8).

Figure 7.8: Counseling/therapy for gender identity or transition
INDIVIDUAL INCOME (%)



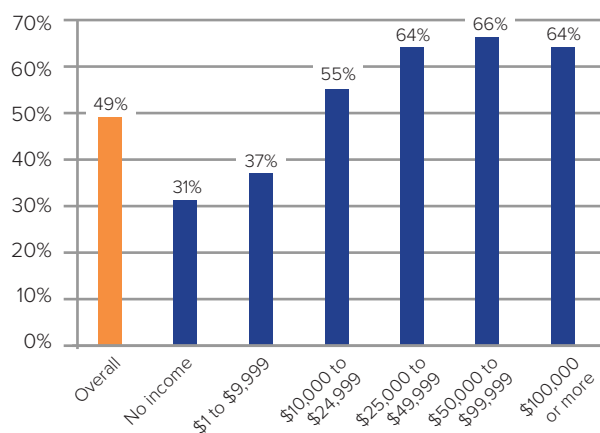
b. Hormone Therapy

Seventy-eight percent (78%) of respondents wanted to receive hormone therapy at some point in their life, but only 49% of respondents have ever received it. Ninety-two percent (92%) of those who have ever received hormone therapy were currently still receiving it, representing 44% of all respondents. A large majority of transgender men and women (95%) have wanted hormone therapy, compared to 49% of non-binary respondents. Transgender men and women were about five times more likely to have ever had hormone therapy (71%) than non-binary respondents (13%).

Seventy-eight percent (78%) of respondents wanted to receive hormone therapy at some point in their life, but only 49% of respondents have ever received it.

There were also substantial differences in access to hormone therapy by income. Respondents who reported having no individual income (31%) or earning an income of \$1 to \$9,999 (37%) were about half as likely to have received hormone therapy as those who earned \$25,000 or more (Figure 7.9).

Figure 7.9: Hormone therapy for gender transition
INDIVIDUAL INCOME (%)



Of respondents who have ever had hormone therapy, 4% started hormone therapy before the age of 18, 41% began between the ages of 18 and 24, 43% began between the ages of 25 and 44, and 13% began after age 45.

While the majority (91%) of respondents received their hormone medications only from licensed professionals, 6% received them from both licensed professionals and friends, and 2% reported receiving them only from friends, online

sources, or other non-licensed sources.¹¹ Those who were uninsured were five times more likely to receive their hormones only from unlicensed sources (10%). Respondents who were currently working in the underground economy (such as sex work, drug sales, or other work that is currently criminalized) (8%), who have ever done sex work in their lifetime (5%), or who were living in poverty (4%), were more likely to receive their hormones only from unlicensed sources, as were transgender women (4%).

c. Puberty-Blocking Hormones

Fifteen percent (15%) of respondents reported that at some point in their lives, they wanted puberty-blocking medications, which are hormone suppressors that are used to delay physical changes associated with puberty and were described as those usually being used by youth between the ages of 9 and 16. However, less than 1% of respondents reported ever having them.¹²

d. Surgeries and Other Procedures

One in four (25%) reported having had some form of transition-related surgery.¹³ Transgender men (42%) were more likely to have had any kind of surgery than transgender women (28%) or non-binary respondents (9%). Respondents who were living in poverty¹⁴ (17%) were less likely to have had any surgery, as were those who had low incomes (Figure 7.10). Respondents who were uninsured (18%) were also less likely to have any surgery, while those who were insured through Medicare only were most likely (44%) (Figure 7.11).¹⁵

One in four (25%) respondents reported having had some form of transition-related surgery.

Figure 7.10: Any surgery for gender transition INDIVIDUAL INCOME (%)

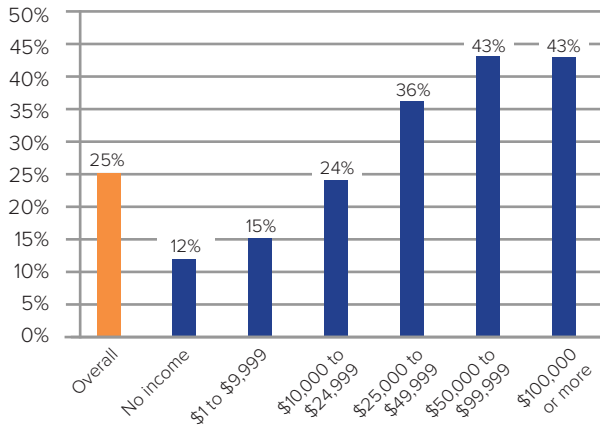
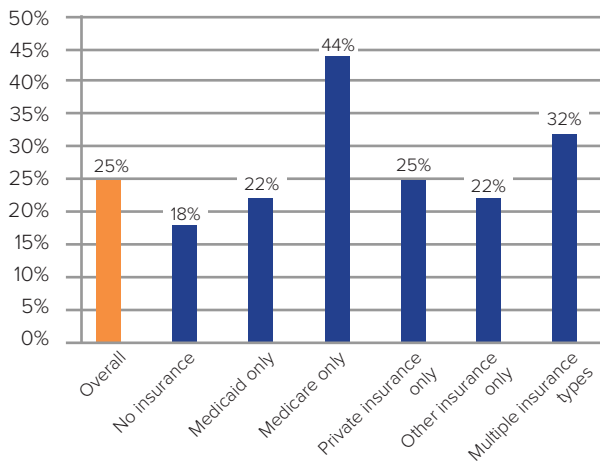


Figure 7.11: Any surgery for gender transition INSURANCE TYPE (%)



Respondents were asked a series of questions about whether they had received or wanted to have specific surgical and other procedures. Respondents received different questions based on the sex that they reported was listed on their original birth certificate.¹⁶

i. Experiences of Respondents With Female on Their Original Birth Certificate

Of respondents who had female on their original birth certificates, 21% had a chest reduction or reconstruction¹⁷ and 8% had a hysterectomy.¹⁸ Only 2% reported having any genital surgery, such as metoidioplasty¹⁹ (1%) or phalloplasty²⁰ (1%) (Table 7.4). These experiences differed greatly by gender identity, with transgender men (Figure 7.12) being

more likely to have had any of the procedures than non-binary respondents who had female on their original birth certificate (Figure 7.13).

Table 7.4: Procedures among respondents with female on their original birth certificate

Type of procedure	Have had it	Want it some day	Not sure if they want this	Do not want this
Chest surgery reduction or reconstruction	21%	52%	17%	10%
Hysterectomy	8%	44%	28%	19%
Metoidioplasty	1%	15%	37%	47%
Phalloplasty	1%	11%	31%	56%
Other procedure not listed	3%	7%	13%	77%

Figure 7.12: Procedures among transgender men

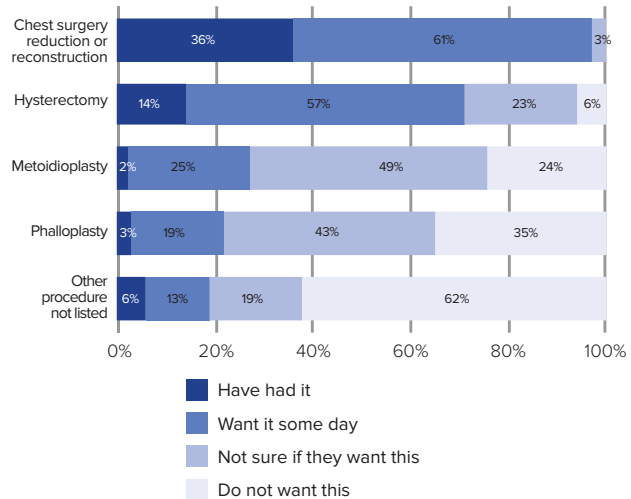
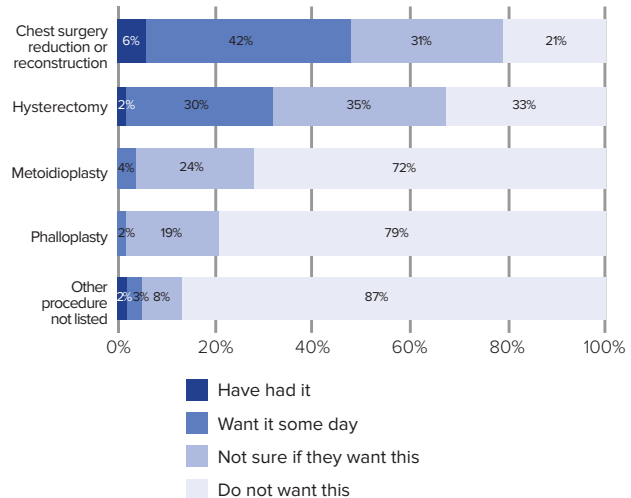


Figure 7.13: Procedures among non-binary respondents with female on their original birth certificate



Among those who had female on their original birth certificate respondents and who had undergone any of these surgical procedures, 3% had their first procedure before the age of 18. More than one-third (35%) had their first procedure between the ages of 18 and 24, 40% between the ages of 25 and 34, and 22% after the age of 34.

In addition to transition-related care, respondents who had female on their original birth certificate were also asked whether they had received a Pap smear in the past year. Only 27% reported that they had a Pap smear in the past year, compared to 43% in the U.S. adult population.^{21,22}

ii. Experiences of Respondents With Male on Their Original Birth Certificate

Among respondents who had male on their original birth certificate, hair removal or electrolysis was both the most commonly reported and the most commonly desired procedure. Forty-one percent (41%) have had hair removal or electrolysis, and 11% had received voice therapy, the second most commonly reported procedure. Regarding surgical procedures, 10% of respondents had undergone vaginoplasty and/or labiaplasty,²³ 9% had an orchiectomy,²⁴ 6% had undergone facial feminization surgery,²⁵ 8% had augmentation mammoplasty (top surgery),²⁶ 4% had a tracheal shave,²⁷ and 1% had undergone voice surgery (Table 7.5). These experiences varied by gender identity, with transgender women (Figure 7.14) being more likely to have had the procedures than non-binary respondents who had male on their original birth certificate (Figure 7.15).

Table 7.5: Procedures among respondents with male on their original birth certificate

Type of procedure	Have had it	Want it some day	Not sure if they want this	Do not want this
Hair removal or electrolysis	41%	49%	5%	5%
Voice therapy (non-surgical)	11%	46%	19%	24%
Vaginoplasty or labiaplasty	10%	45%	23%	22%
Augmentation mammoplasty	8%	36%	31%	24%
Orchiectomy	9%	40%	24%	27%
Facial feminization surgery	6%	39%	30%	25%
Tracheal shave	4%	29%	29%	38%
Silicone injections ²⁸	2%	9%	27%	61%
Voice surgery	1%	16%	32%	51%
Other procedure not listed	5%	13%	15%	67%

Figure 7.14: Procedures among transgender women

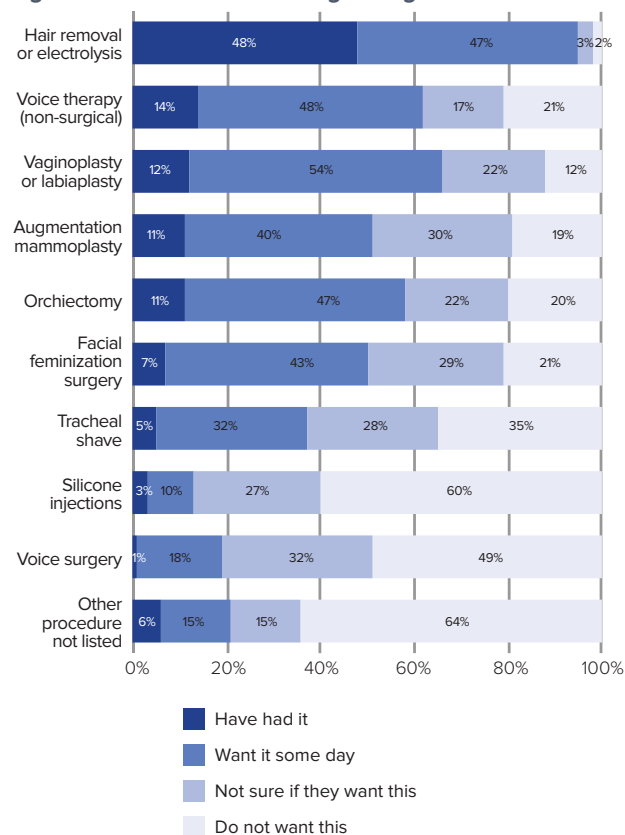
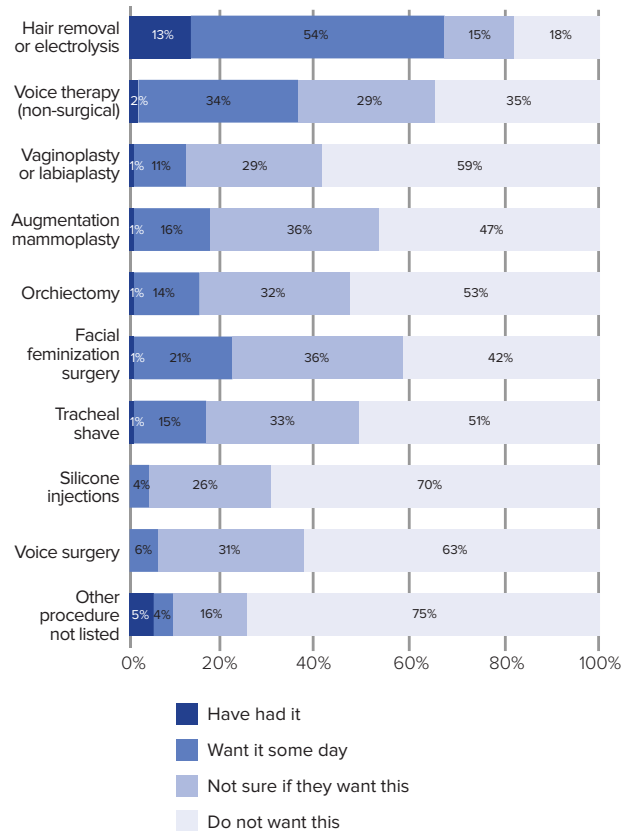


Figure 7.15: Procedures among non-binary respondents with male on their original birth certificate



Two percent (2%) of respondents with male on their original birth certificate had their first transition-related procedure (not including hormone therapy) before the age of 18. Nearly one-quarter (23%) had their first procedure between the ages of 18 and 24, 32% had their first procedure between the ages 25 and 34, and 43% after the age of 34.

e. Summary of Transition-Related Health Care

When examining the responses of all respondents, 91% reported that they had wanted counseling, hormones, and/or puberty blockers for their gender identity or gender transition at some point, but only 65% reported ever having any of them. Overall, 58% of respondents had received counseling. Approximately half (54%) had received hormone therapy and/or some form of surgery, including 49% who had hormone therapy and 25% who had undergone some form of transition-related surgery.

B. OVERALL HEALTH AND PSYCHOLOGICAL DISTRESS

There is a well-documented link between experiences of discrimination and marginalization and poor physical and mental health outcomes. Populations that face widespread stigma and discrimination are more likely to report poor overall health and are more vulnerable to a variety of physical and mental health conditions.²⁹ Previous research has described substantial health disparities affecting transgender people and the impact that experiences of discrimination, rejection, and violence have on these disparities.³⁰

KEY FINDINGS

- ▶ Twenty-two percent (22%) of respondents rated their health as “fair” or “poor,” compared with 18% of the U.S. population.
- ▶ Thirty-nine percent (39%) of respondents were currently experiencing serious psychological distress, nearly eight times the rate in the U.S. population (5%).

I. Current Health

Respondents were asked to rate their current overall health on a scale from “excellent” to “poor.” Nearly half (45%) of respondents said their health was “excellent” or “very good” and one-third (33%) said it was “good.” Twenty-two percent (22%) said it was “fair” or “poor” (Figure 7.16), compared with 18% of the U.S. general population (Figure 7.17).³¹

Figure 7.16: General health rating

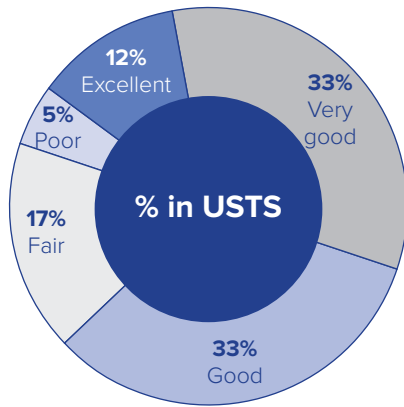
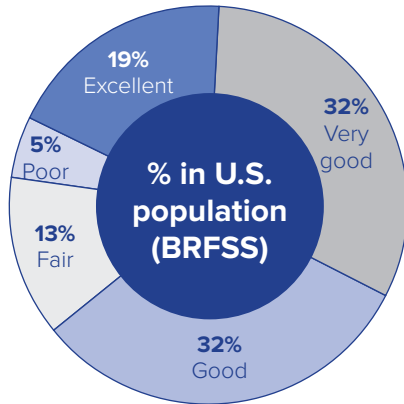


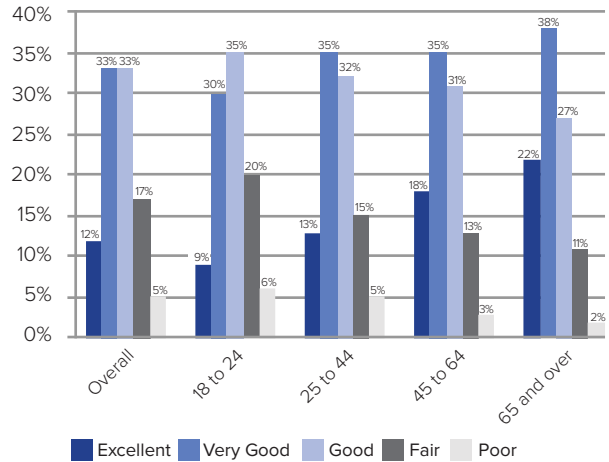
Figure 7.17: General health rating



Respondents’ self-reported health varied by gender identity, with non-binary respondents with female on their original birth certificate (35%) being less likely to report excellent or very good health compared to transgender men (47%), non-binary people with male on their original birth certificate (48%), transgender women (50%),

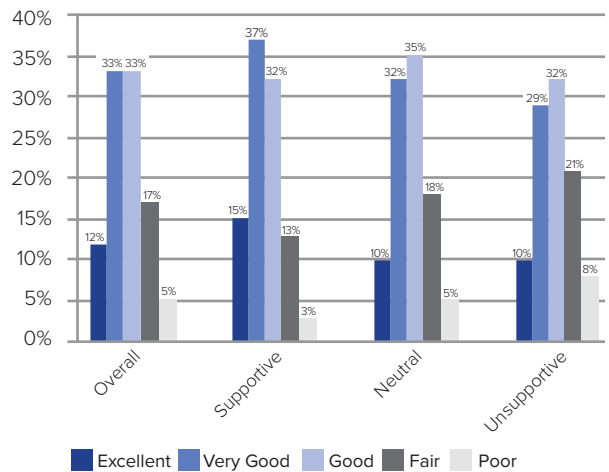
and crossdressers (57%). Reporting also differed by age, with older respondents more likely to report excellent or very good health than younger respondents, such as those aged 65 and older (60%) and 45–64 (53%), compared with those aged 25–44 (48%) and 18–24 (39%) (Figure 7.18).

Figure 7.18: Reported overall health CURRENT AGE (%)



Family support was associated with an increased likelihood of reporting excellent or very good health. Respondents who were out to their immediate family and described their family as supportive were more likely to report excellent or very good health (52%) than those whose families were neutral (42%) or unsupportive (38%) (Figure 7.19).

Figure 7.19: Reported overall health LEVEL OF FAMILY SUPPORT (%)



Thirty-nine percent (39%) of respondents reported currently experiencing serious psychological distress, a rate nearly eight times higher than in the U.S. population (5%).

II. Serious Psychological Distress

Respondents were asked questions to assess their level of psychological distress in the past 30 days, based on the Kessler Psychological Distress Scale (K6), a scale that is widely used when assessing mental health outcomes and is included in the National Health Interview Survey (NHIS).³² The K6 includes mental health screening questions and is designed to identify people who are experiencing serious psychological distress. The K6 questions asked respondents to rate how often they experienced several feelings related to psychological distress—such as hopelessness or worthlessness—during the past month on a scale that included “none of the time,” “a little of the time,” “some of the time,” “most of the time,” and “all of the time.”³³

Respondents who reported experiencing feelings related to psychological distress at least “a little of the time” for one or more of the K6 questions were asked how much the feelings interfered with their life or activities. Among them, 27% reported that the psychological distress interfered with their life or activities a lot during the past 30 days, and 58% said it interfered some or a little. Only 10% of respondents reported that it did not interfere with their life or activities during the past 30 days (Figure 7.20), in contrast to the 35% in the U.S. general population who reported no interference with their lives (Figure 7.21).³⁴

Figure 7:20: Interference of psychological distress with life or activities among those who reported feelings of distress in the past 30 days

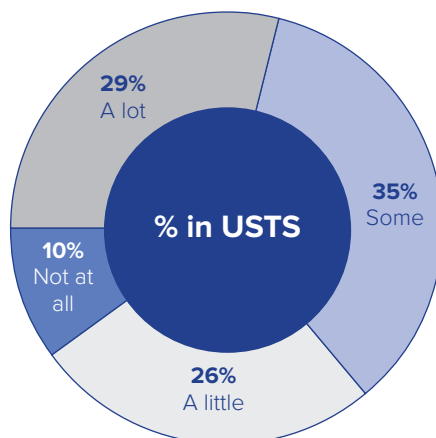
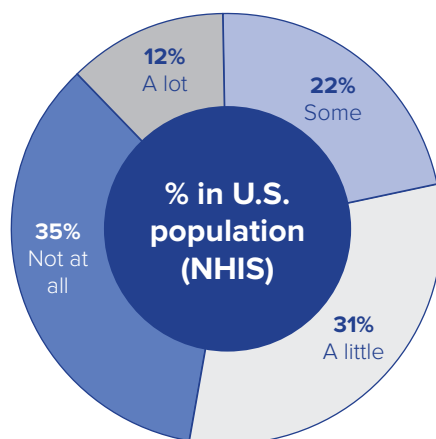


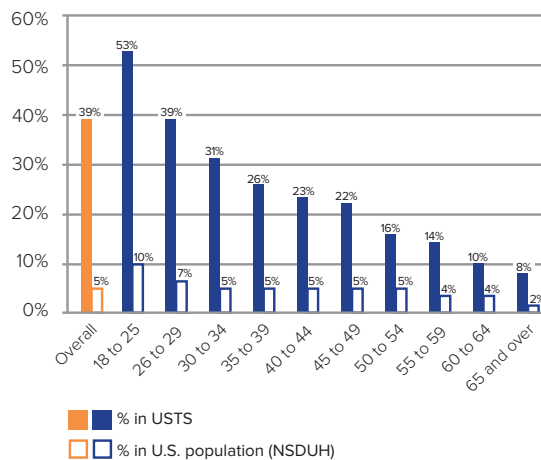
Figure 7:21: Interference of psychological distress with life or activities among those who reported feelings of distress in the past 30 days



A variable was developed from the K6 questions to reflect respondents’ current serious psychological distress (serious psychological distress experienced in the 30 days prior to participating in the survey).³⁵ Thirty-nine percent (39%) of respondents reported currently experiencing serious psychological distress, which is nearly eight times the rate reported in the U.S. population (5%).³⁶ Current serious psychological distress varied by gender identity. Non-binary respondents (49%) were more likely to report serious psychological distress than transgender men and women (35%) and crossdressers (18%).

While all age groups of USTS respondents reported substantially more distress than their counterparts in the U.S. population, younger survey respondents were more likely to report current serious psychological distress. Fifty-three percent (53%) of USTS respondents aged 18 to 25 reported experiencing current serious psychological distress, which was more than six times as high as the rate among respondents who were 65 and older (8%) (Figure 7.22).³⁷ A similar pattern emerged in reporting of current serious psychological distress in the U.S. population, with those aged 18 to 25 (10%) being five times as likely to report experiencing serious psychological distress as those aged 65 and older (2%).³⁸

Figure 7.22: Currently experiencing serious psychological distress
CURRENT AGE (%)



Experiences with current psychological distress differed according to educational attainment. Respondents who had not completed high school (58%), those who had completed high school or a GED only (54%), and those with some college education (48%) were more likely to report currently experiencing serious psychological distress than respondents who had completed an associate’s degree (32%) or higher (Figure 7.23).

In Our Own Voices

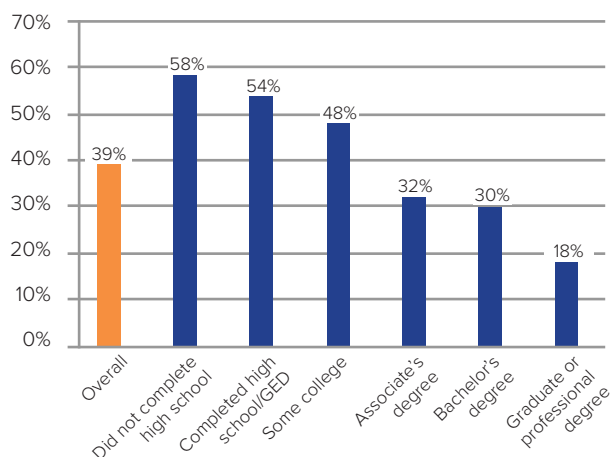
“I spent decades torturing myself into depression because I was certain that coming out would destroy my life. I did everything I could to get my transness to go away but it left me physically and psychologically weak, and on the verge of suicide.”

“I had suffered from anxiety and depression as a direct result of gender dysphoria. This caused me to become more and more unable to function in society as time went on. Only when my state expanded Medicaid was I finally able to start dealing with all of these issues so I could become a productive member of society.”

“I have struggled with depression and anxiety ever since puberty. I’ve failed classes, isolated myself, and considered suicide because of this. A year ago, I felt hopeless and had daily suicidal thoughts, and today I’ve got a plan for the future and haven’t had a serious suicidal thought in months. I firmly believe this is because of my transition. I feel so much more comfortable and happy than I’ve ever been.”

Figure 7.23: Currently experiencing serious psychological distress

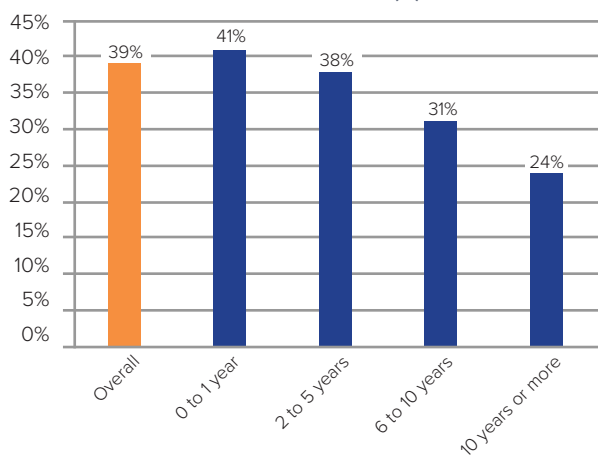
EDUCATIONAL ATTAINMENT (%)



Respondents who had transitioned ten or more years prior to participating in the survey (24%) were substantially less likely to be currently experiencing serious psychological distress, in contrast to those who had transitioned within the past year (41%) (Figure 7.24). While psychological distress was higher among those early in their transition, it was higher yet among those who have not transitioned but wanted to. Nearly half (49%) of those who have not transitioned but wanted to were currently experiencing serious psychological distress, compared with 36% of those who had transitioned at any time prior to taking the survey.

Figure 7.24: Currently experiencing serious psychological distress

YEARS SINCE BEGAN TRANSITIONING (%)



Respondents who were living in poverty were more likely to currently be experiencing serious psychological distress (52%). People with disabilities (59%) were nearly twice as likely to currently experience psychological distress compared to those who did not identify as having a disability (31%).

Psychological distress was associated with a variety of experiences of rejection, discrimination, and violence:

- Respondents who were out to their immediate families and described them as supportive (31%) were less likely to report serious psychological distress than those whose families were neutral (42%) or unsupportive (50%).
- Respondents who were fired or forced to resign, denied a promotion, or not hired in the past year because they were transgender (51%) were more likely to report current serious psychological distress than those who did not have those experiences in the past year (36%).
- Respondents who were physically attacked in the past year (59%) were more likely to be currently experiencing serious psychological distress than those who were not physically attacked in the past year (36%).
- Respondents who were sexually assaulted in the past year³⁹ (60%) were more likely to be currently experiencing serious psychological distress than those who were not sexually assaulted in the past year (37%).

C. CONVERSION THERAPY AND OTHER PRESSURES TO DE-TRANSITION

Many transgender people discuss their gender identity with professionals, such as health care providers or religious advisors. However, despite the medical consensus that efforts to change someone's gender identity or stop them from being transgender ("conversion therapy") are ineffective, harmful, and even abusive,⁴⁰ some professionals still attempt to do so. Additionally, some transgender people feel pressure to hide their gender identity or to go back to living according to the gender they were thought to be at birth ("de-transition") for a variety of other reasons. For example, some transgender people are pressured to avoid or put off their transition, or to de-transition after they have started their transition, by family members or employers, as well as religious advisors or health professionals. Others face significant discrimination when they begin transitioning, like losing their jobs or home or being rejected by their family or friends, and may decide to temporarily delay or even reverse their transition as a result.

The survey explored respondents' experiences discussing their gender identity with professionals, such as psychologists, counselors, and religious advisors, including pressure from those professionals to de-transition or stop being transgender. Experiences with de-transitioning were also examined. Respondents overall demonstrated high levels of resistance to such pressure and other forms of discrimination. Few respondents de-transitioned, and many of those who did de-transition did so only temporarily and were living according to their gender identity at the time of the survey.

KEY FINDINGS

- ▶ Thirteen percent (13%) of respondents reported that one or more professionals, such as a psychologist, counselor, or religious advisor, tried to stop them from being transgender.

- ▶ Eight percent (8%) of respondents had de-transitioned temporarily or permanently at some point, meaning that they went back to living as the gender they were thought to be at birth for a period of time.

- ▶ The majority of respondents who de-transitioned did so only temporarily, and 62% were currently living full time in a gender different than the one they were thought to be at birth.

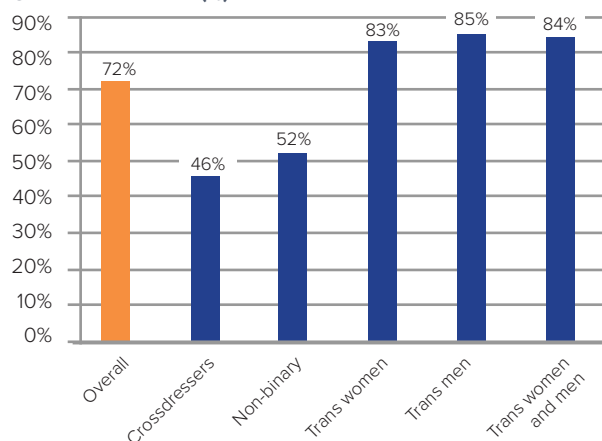
- ▶ Respondents who de-transitioned cited a number of reasons for doing so, including facing too much harassment or discrimination after they began transitioning (31%), having trouble getting a job (29%), or pressure from a parent (36%), spouse (18%), or other family members (26%).

I. Discussing Gender Identity with Professionals and Conversion Therapy

The survey examined a variety of experiences with professionals—such as psychologists, counselors, and religious advisors—with whom respondents had discussed their gender identity. Almost three-quarters of respondents (72%) reported that they had discussed their gender identity with such a professional.

Whether an individual discussed their gender identity with a professional differed by gender, with transgender men and women (84%) being more likely to do so than non-binary respondents (52%) and crossdressers (46%) (Figure 7.25).

Figure 7.25: Ever discussed gender identity with a professional
GENDER IDENTITY (%)



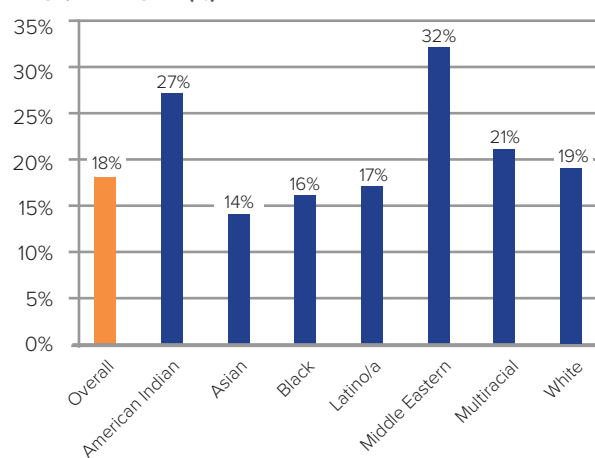
Of all respondents who discussed their gender identity with a professional, nearly one in five (18%) reported that the professional tried to stop them from being transgender, representing 13% of all respondents in the sample.⁴¹ Four percent (4%) of all respondents saw a religious/spiritual counselor or advisor who tried to stop them

Nearly one in five (18%) of those who discussed their gender identity with a professional—or 13% of all respondents—reported that the professional tried to stop them from being transgender.

from being transgender, and nearly one in ten (9%) respondents saw a non-religious/spiritual professional (such as a therapist or a counselor) who tried to stop them from being transgender.

The likelihood that a professional tried to stop a respondent from being transgender differed by race and ethnicity. While Middle Eastern (32%) and American Indian (27%) respondents were most likely to have this experience, rates were lower for Black (16%) and Asian (14%) respondents (Figure 7.26).

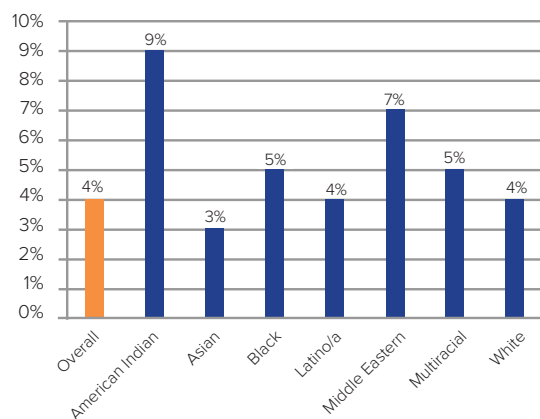
Figure 7.26: Professional tried to stop them from being transgender
RACE/ETHNICITY (%)



More than three-quarters (78%) of respondents were under the age of 25 when they had this experience, 51% were 18 or younger, and 28% were 15 or younger.

Of the 4% who reported that a religious or spiritual counselor or advisor tried to stop them from being transgender, American Indian (9%) and Middle Eastern (7%) respondents were more likely to have such an experience with a religious or spiritual counselor or advisor (Figure 7.27).

Figure 7.27: Religious counselor tried to stop them from being transgender
RACE/ETHNICITY (%)



Participants who had a professional try to stop them from being transgender were:

- *Far more likely to currently be experiencing serious psychological distress (47%) than those who did not have the experience (34%).*
- *More likely to have attempted suicide (58%) than those who did not have the experience (39%).*
- *Nearly three times as likely to have run away from home (22%) than those who did not have the experience (8%).*
- *More likely to have ever experienced homelessness (46%) than those who did not have the experience (29%).*
- *More likely to have ever done sex work (18%) than those who did not have the experience (11%).*

In Our Own Voices

“The doctor figured out I was trans and practiced conversion therapy without telling anyone, including my parents. I tried to tell my family that the doctor was not working, but nobody listened. I was sent there for over three years. I became so badly suicidal that I didn’t go a minute without thinking of death.”

“When I was 18, I had to leave where I grew up after threats of physical violence and conversion therapy from my family. My parents were abusive before they knew I was trans, but when they found out, they used that to hurt and control me more.”

“[An] OB/GYN forced me onto birth control pills to ‘fix’ me into thinking I was a woman again. I ended up in the psychiatric ward of my local hospital on suicide watch after three days on birth control.”

“I was kicked out of my parents’ home. I ran out of what little money I had, and I had nowhere to go. My family offered to let me return to their home on the condition that I de-transition and live as a man. I accepted because I had no choice.”

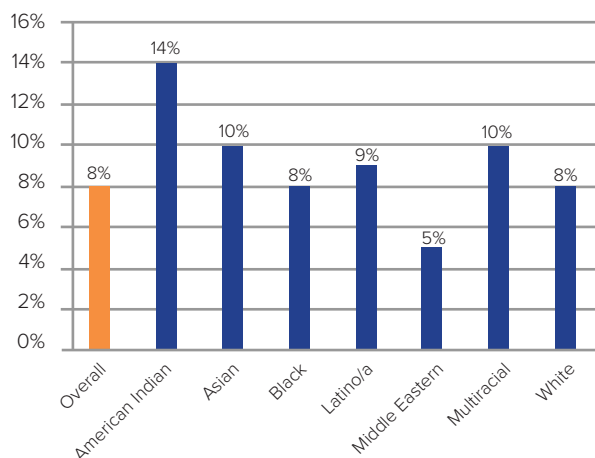
Sixty-nine percent (69%) of respondents discussed their sexual orientation with a professional. Of those, 14% reported that a professional tried to change their sexual orientation, representing 10% of the overall sample.

II. De-Transitioning

Respondents were asked whether they had ever “de-transitioned,” which was defined as having “gone back to living as [their] sex assigned at birth, at least for a while.” Eight percent (8%) of respondents reported having de-transitioned at some point. Most of those who de-transitioned did so only temporarily: 62% of those who had de-transitioned reported that they were currently living full time in a gender different than the gender they were thought to be at birth.

Transgender women were more likely to report having de-transitioned (11%), in contrast to transgender men (4%). Rates of de-transitioning also differed by race and ethnicity, with American Indian (14%), Asian (10%), and multiracial (10%) respondents reporting the highest levels of de-transitioning (Figure 7.28).

Figure 7.28: Ever de-transitioned
RACE/ETHNICITY (%)



Respondents who had de-transitioned cited a range of reasons, though only 5% of those who had de-transitioned reported that they had done so because they realized that gender transition was not for them, representing 0.4% of the overall sample.⁴² The most common reason cited for de-transitioning was pressure from a parent (36%). Twenty-six percent (26%) reported that they de-transitioned due to pressure from other family members, and 18% reported that they de-transitioned because of pressure from their spouse or partner. Other common reasons included facing too much harassment or discrimination after they began transitioning (31%), and having trouble getting a job (29%) (Table 7.6).

Table 7.6: Reasons why respondents de-transitioned, at least for a little while

Reasons for de-transitioning	% of those who had ever de-transitioned
Pressure from a parent	36%
Transitioning was too hard for them	33%
They faced too much harassment or discrimination as a transgender person	31%
They had trouble getting a job	29%
Pressure from other family members	26%
Pressure from a spouse or partner	18%
Pressure from an employer	17%
Pressure from friends	13%
Pressure from a mental health professional	5%
Pressure from a religious counselor	5%
They realized that gender transition was not for them	5%
Initial transition did not reflect the complexity of their gender identity (write-in response)	4%
Financial reasons (write-in response)	3%
Medical reasons (write-in response)	2%
A reason not listed above	35%

D. SUICIDAL THOUGHTS AND BEHAVIORS

The prevalence of suicide attempts among transgender people is reported in the literature as being substantially higher than that in the U.S. general population. Previous studies identify a variety of risk and protective factors that affect the rates of suicidal thoughts and behaviors among transgender people, including family support, experiences of anti-transgender discrimination and violence, and access to health care, employment, and housing.⁴³

The survey explored suicidal thoughts and behaviors among respondents both over the course of their lifetime and in the year prior to completing the survey. Respondents were asked whether they had seriously thought about, made a plan, or tried to kill themselves at any time in their lives or in the past twelve months to assess a range of suicidal thoughts and behaviors. Questions were patterned on the National Survey on Drug Use and Health⁴⁴ and National Comorbidity Survey Replication⁴⁵ to allow for comparison to the U.S. population.

KEY FINDINGS

- ▶ Forty percent (40%) of respondents have attempted suicide at some point in their life, compared to 4.6% in the U.S. population.
- ▶ Forty-eight percent (48%) of respondents have seriously thought about killing themselves in the past year, compared to 4% of the U.S. population, and 82% have had serious thoughts about killing themselves at some point in their life.
- ▶ Nearly one-quarter (24%) of respondents made plans to kill themselves in the past year, compared to 1.1% of the U.S. population.
- ▶ Seven percent (7%) of respondents attempted suicide in the past year, compared to 0.6% in the U.S. population.
- ▶ More than two-thirds (71%) of respondents who have attempted suicide have done so more than once in their lifetime, with 46% of those who have attempted suicide reporting three or more attempts.

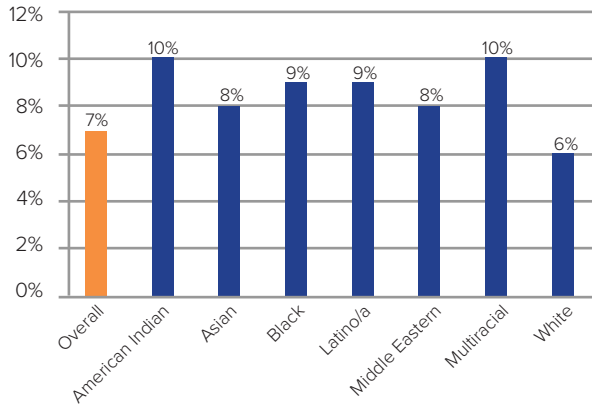
I. Suicidal Thoughts and Behaviors in the Past Year

Nearly half (48%) of all respondents reported that they had seriously thought about killing themselves in the past twelve months, compared to 4% of the U.S. general population.⁴⁶ Nearly one-quarter (24%) of respondents reported making plans to kill themselves in the past year, compared

to 1.1% in the U.S. population.⁴⁷

Seven percent (7%) of all respondents attempted suicide in the past year, nearly twelve times the rate of attempted suicide in the U.S. population in the past year (0.6%).⁴⁸ The rate of attempted suicide in the past year was higher among people of color, including American Indian (10%), multiracial (10%), Black (9%), and Latino/a (9%) respondents (Figure 7.29). The rate of attempted suicide in the past year was also higher among people with disabilities (12%).

Figure 7.29: Attempted suicide in the past year RACE/ETHNICITY (%)



Respondents who did not complete high school (17%) were more than twice as likely as the overall sample to have attempted suicide in the past year, and those who completed high school or a GED only (13%) were almost twice as likely to have attempted suicide in that time period (Figure 7.30).

Figure 7.30: Attempted suicide in the past year EDUCATIONAL ATTAINMENT (%)

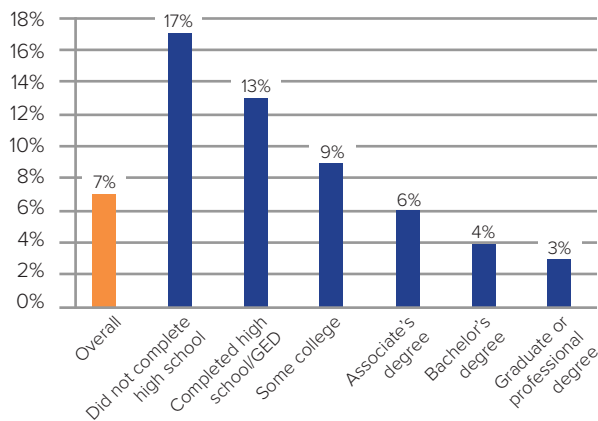
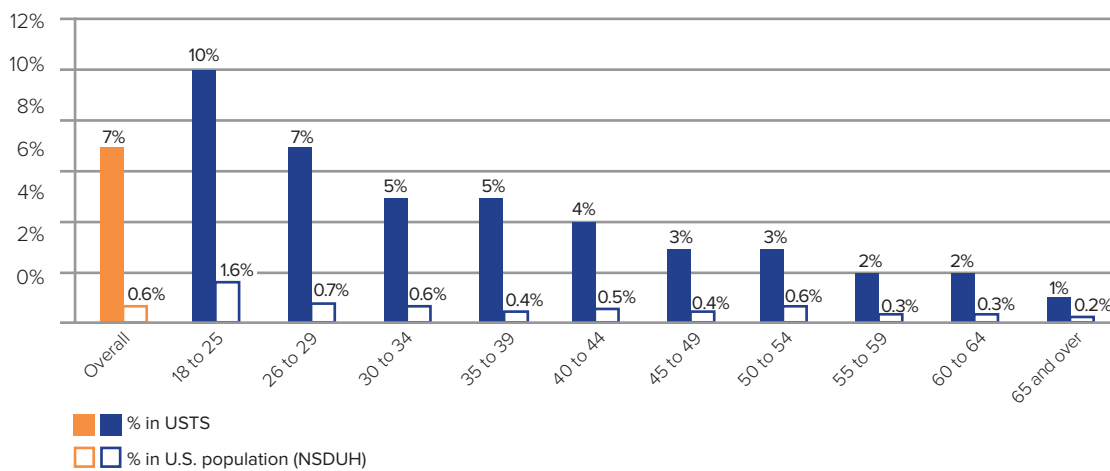


Figure 7.31: Attempted suicide in the past year CURRENT AGE (%)



Seven percent (7%) of all respondents attempted suicide in the past year, nearly twelve times the rate of attempted suicide in the U.S. population (0.6%).

Respondents whose current income came only from work in the underground economy, such as sex work, drug sales, or other criminalized work, had a higher rate of suicide attempts in the past year (27%). Additionally, respondents who described their families as unsupportive (13%) were more than twice as likely to have attempted suicide in the past year as those who described their families as supportive (6%).

The rate of suicide attempt in the past year varied by age, with younger respondents being more likely to have attempted suicide in the past year, a similar pattern to that found in the general U.S. population.⁴⁹ One in ten (10%) USTS respondents aged 18–25 have attempted suicide in the past year, ten times the rate among those aged 65 and older (1%) (Figure 7.31). Similarly, those aged 18–25 in the U.S. population (1.6%) were eight times more likely to report having attempted suicide in the past year than those aged 65 and older (0.2%).⁵⁰

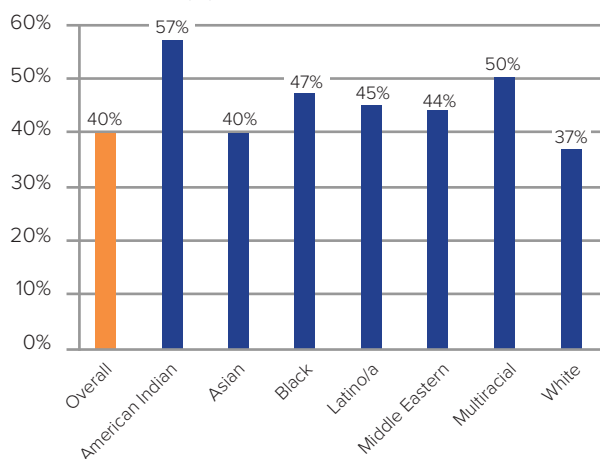
Of those who attempted suicide in the past year, 45% received medical attention⁵¹ as a result, compared to 60% who attempted suicide and received medical attention in the U.S. population.⁵² Thirty percent (30%) of respondents who attempted suicide stayed in a hospital for at least one night, compared to 41% of those who attempted suicide in the U.S. population.⁵³

II. Lifetime Suicidal Thoughts and Behaviors

Eighty-two percent (82%) of all respondents had seriously thought about killing themselves at some point in their lives, and 40% of respondents in the sample reported having attempted suicide at some point in their life. This lifetime suicide attempt rate is nearly nine times as high as the prevalence in the U.S. population (4.6%).⁵⁴

Lifetime suicide attempt rates were higher for transgender men (45%) than for transgender women (40%) and non-binary respondents (39%), and crossdressers had a substantially lower rate of attempted suicide in their lifetime (15%). Lifetime suicide attempts were also higher among people of color, with American Indian (57%) respondents reporting the highest rates, followed by multiracial (50%), Black (47%), Latino/a (45%), and Middle Eastern (44%) respondents, in contrast to white (37%) respondents (Figure 7.32).

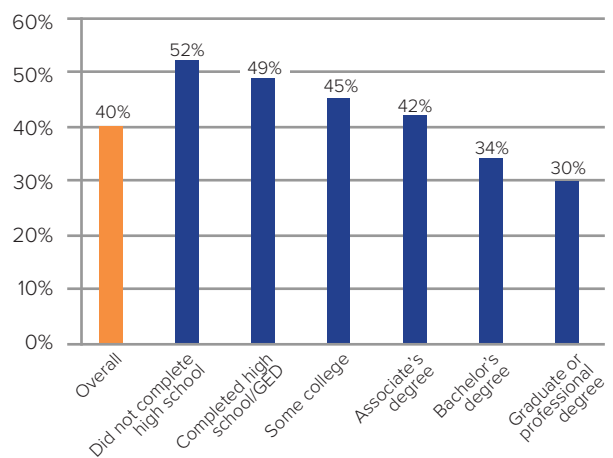
Figure 7.32: Ever attempted suicide RACE/ETHNICITY (%)



Forty percent (40%) of respondents have attempted suicide in their lifetime, nearly nine times the rate reported in the U.S. population (4.6%).

People with disabilities (54%) in the sample were more likely to report attempting suicide. Lifetime suicide attempts also varied by level of education, with the highest rates among those who did not complete high school (52%), and the lowest rates among those with a bachelor's degree (34%) or higher (30%) (Figure 7.33).

Figure 7.33: Ever attempted suicide EDUCATIONAL ATTAINMENT (%)



Among respondents who were out to the immediate family they grew up with, lifetime suicide attempts varied significantly by family support. A majority (54%) of those who described their families as unsupportive had attempted suicide in their lifetime, in contrast to 37% of those with supportive families.⁵⁵

Lifetime suicide attempts were also higher for respondents who were physically attacked in the past year (65%), or have ever experienced homelessness (59%), done sex work (57%), lost their job for being transgender (55%), or been sexually assaulted⁵⁶ (54%).

More than two-thirds (71%) of all respondents who had ever attempted suicide did so more than once, including 46% who reported three or more attempts, and 21% who reported five or more attempts.

III. Age of Suicide Attempts

a. Age of First Attempt

Respondents who have attempted suicide (once or multiple times) were asked about the age of their first suicide attempt. More than one-third (34%) reported that their first attempt was at age 13 or

younger. Thirty-nine percent (39%) reported that their first attempt occurred between the ages of 14 and 17, 20% reported that it occurred between age 18 and 24, and 8% reported that their first attempt was at age 25 or older.

b. Age of Most Recent Attempt

Among respondents who reported a suicide attempt,⁵⁷ 6% reported that their most recent attempt happened at age 13 or younger. More than one-quarter (26%) reported the most recent attempt occurred between the ages of 14 and 17, 41% reported that it happened between the ages of 18 and 24, and 27% reported that their most recent attempt was at age 25 or older.

E. SUBSTANCE USE

Substance use is an important indicator of mental health as well as physical wellbeing, and it may reflect an individual's level of exposure to a variety of risk and protective factors, such as family acceptance, homelessness, violence, and economic opportunity.⁵⁸ The survey explored patterns in respondents' substance use with questions informed by the National Survey on Drug Use and Health⁵⁹ to allow for comparison to substance use trends in the U.S. population. Respondents were asked whether they had ever consumed certain substances, including alcohol, tobacco, marijuana, and other drugs, such as cocaine, heroin, and methamphetamine. Respondents who reported using such substances received a series of follow-up questions about the frequency and quantity of their substance use.

KEY FINDINGS

- ▶ One-quarter (25%) of respondents used marijuana within the past month, compared to 8% of the U.S. population.
- ▶ Seven percent (7%) of respondents used prescription drugs that were not prescribed to them or used them not as prescribed (“nonmedical prescription drug use”) in the past month, compared to 2% of the U.S. population.
- ▶ Four percent (4%) of respondents used illicit drugs (not including marijuana and nonmedical use of prescription drugs) in the past month, and 29% have used them in their lifetime.
- ▶ Overall, 29% of respondents reported illicit drug use, marijuana consumption, and/or nonmedical prescription drug use in the past month, nearly three times the rate in the U.S. population (10%).

I. Alcohol Consumption

Ninety percent (90%) of respondents reported having a drink of alcohol, such as beer, wine, or hard liquor, at any point in their lives, compared to 86% in the U.S. adult population.⁶⁰ Sixty-three percent (63%) of respondents were currently using alcohol, meaning that they had consumed at least one alcoholic beverage within the 30 days prior to taking the survey, compared with 56% of the U.S. adult population.⁶¹

a. Frequency of Current Alcohol Use

Respondents who were currently using alcohol were asked how many days they had used alcohol in the past month. Twenty-nine percent (29%) used alcohol on 1 or 2 days, and 28% had used alcohol on 3–5 days during the prior month. Nineteen percent (19%) used alcohol on 6–10 of the past 30 days, and 23% consumed alcohol on 11 or more days.

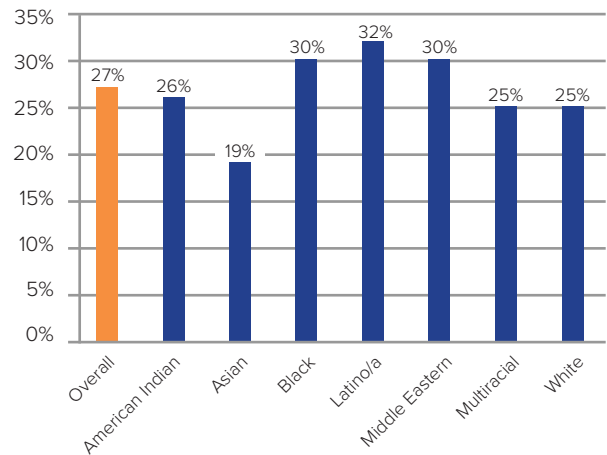
b. Binge and Heavy Drinking

Current alcohol users were also asked for the number of days in the month when they consumed 5 or more drinks on the same occasion, meaning at the same time or within a couple of hours of each other (“binge drinking”).⁶² Twenty-seven percent (27%) of the sample reported binge drinking in the past month, slightly higher than the rate in the U.S. adult population in 2014 (25%).⁶³

Respondents who were currently working in the underground economy, such as sex work, drug sales, or other criminalized work, were nearly twice as likely to engage in binge drinking as those in the overall sample, with nearly half (49%) reporting binge drinking at least one time in the past month.

Latino/a (32%), Middle Eastern (30%), and Black (30%) respondents were more likely to report binge drinking, while white (25%) and Asian (19%) respondents reported lower levels (Figure 7.34).

Figure 7.34: Reported binge drinking in the past month
RACE/ETHNICITY (%)



Nine percent (9%) of respondents reported binge drinking on one day during the month and 10% on 2–4 days. Seven percent (7%) of respondents reported binge drinking on 5 more days that month (“heavy drinking”), the same rate as the U.S. population (7%).⁶⁴ Respondents who were currently working in the underground economy (19%) were more than twice as likely to report heavy drinking in the past month as those in the overall sample.

II. Tobacco Use

a. Lifetime and Current Tobacco Use

Fifty-seven percent (57%) of respondents reported that they had smoked all or part of a cigarette at any point in their lives, lower than the rate in the U.S. population (63%).⁶⁵ Twenty-two percent (22%) were current smokers, meaning that they smoked at least one cigarette or part of a cigarette within thirty days of taking the survey, which compares to 21% of the U.S. population.⁶⁶

Respondents who were currently working in the underground economy were more than twice as likely as the overall sample to have smoked tobacco within the past month, with 51% reporting current tobacco use.

b. Frequency of Tobacco Use Among Current Users

Current smokers were also asked the number of days on which they had smoked tobacco in the past month. Twenty-nine percent (29%) of current users smoked tobacco on 4 days or fewer in the past month, and one-quarter (24%) smoked tobacco on 5–20 days. More than one-third (38%) of current smokers smoked tobacco daily during the past month, compared to 59% of current smokers in the U.S. population.⁶⁷

Among daily smokers, nearly one-third (32%) smoked one or more packs each day. Smoking more than one pack a day was more likely to be reported by daily smokers aged 45–64 (54%) and 65 and over (50%) (Figure 7.35), as well as American Indian (44%) and white (40%) respondents (Figure 7.36).

Figure 7.35: Daily smokers consuming one or more packs a day in the past month
CURRENT AGE (%)

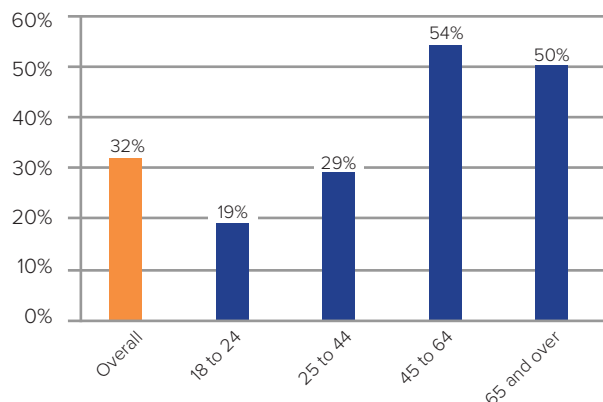
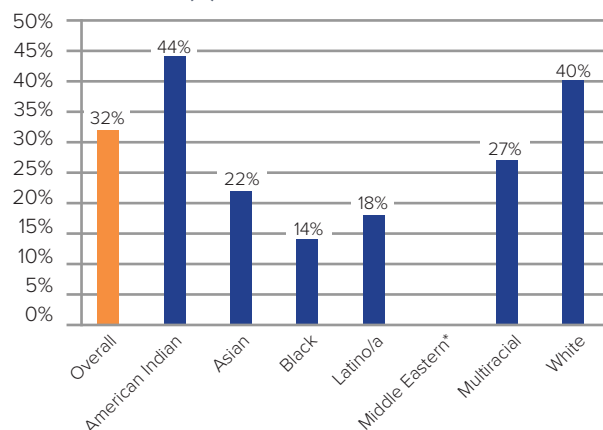


Figure 7.36: Daily smokers consuming one or more pack a day in the past month
RACE/ETHNICITY (%)



*Sample size too low to report

III. E-Cigarettes or Vaping Products

More than one-third (36%) of respondents had used e-cigarettes or vaping products at some point in their lives. Lifetime use of these products was elevated among respondents who have worked in the underground economy, with 57% reporting past use. Thirty percent (30%) of respondents who had ever used e-cigarettes or vaping products used them within 30 days of taking the survey. An additional 40% used them more than 30 days prior but less than a year before taking the survey, and 29% had used them more than 12 months before taking the survey.

IV. Marijuana Use

Nearly two-thirds (64%) of respondents reported having ever used marijuana,⁶⁸ compared with 47% of the general population.⁶⁹

a. Current Marijuana Use

One-quarter (25%) of the sample reported current use, meaning that they used marijuana within 30 days of taking the survey, compared to 8% of the U.S. general population.⁷⁰ Current marijuana use was elevated among those who were currently working in the underground economy (60%) and those who were living with HIV (48%).

b. Frequency of Marijuana Use

Respondents who had used marijuana in the month before taking the survey were asked for the number of days in which they smoked marijuana during that period. More than one in five (22%) smoked marijuana on 1–2 days that month. Thirty percent (30%) smoked marijuana on 3–12 days, 26% on 13–28 days, and nearly one-quarter (23%) smoked marijuana on 29 or on all 30 of the past 30 days.

Among those who were currently working in the underground economy, approximately one-third (34%) reported using marijuana on 29–30 days in

the past month. Respondents who were living with HIV (34%) were also more likely to use marijuana on 29–30 days within that month.

V. Illicit Drugs

Nearly one-third (29%) of respondents reported ever using illegal or illicit drugs, such as cocaine, crack, heroin, LSD, methamphetamine, or inhalants like poppers or whippets (but not including marijuana).⁷¹ Prior use of illicit drugs was particularly high among respondents who have done sex work (56%) and those who have done underground economy work other than sex work (such as drug sales) (75%). Past illicit drug use was also higher among those who have lost a job because of being transgender (43%) or who have ever experienced homelessness (42%).

a. Current Illicit Drug Use

Four percent (4%) of respondents in the sample reported current use of illicit drugs (not including marijuana), meaning they had consumed them within 30 days of taking the survey.

Respondents who were currently working in the underground economy (26%) were nearly nine times as likely as those who were not currently working in the underground economy (3%) to have used illicit drugs within the past month.

VI. Nonmedical Prescription Drug Use

Approximately one-third (34%) of respondents have taken prescription drugs, such as Oxycontin, Xanax, Adderall, or Ambien, for “nonmedical use,” meaning that the drugs were not prescribed to them or that they were not being taken as prescribed.

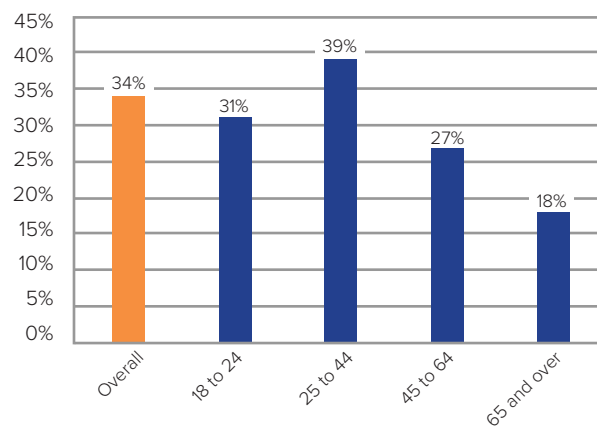
Among respondents who have worked in the underground economy, almost two-thirds (63%) reported nonmedical prescription drug use, compared with 26% of those who had no experience in the underground economy. Rates of nonmedical

Almost one-third (29%) of respondents reported illicit drug use, marijuana consumption, and/or nonmedical prescription drug use in the past month, compared with 10% of the U.S. population.

prescription drug use were particularly high among those who had done underground economy work other than sex work, such as drug sales, with 75% reporting nonmedical prescription drug use.

Younger respondents were more likely to report nonmedical prescription drug use, with those aged 25–44 (39%) being most likely, and those aged 65 and older (18%) being the least likely to report such prescription drug use (Figure 7.37).

Figure 7.37: Nonmedical use of prescription drugs
CURRENT AGE (%)



a. Current Nonmedical Prescription Drug Use

Of respondents who reported nonmedical use of prescription drugs, over half (51%) had last engaged in such use more than a year before taking the survey, and 28% had done so within that year but more than a month earlier. More than one in five (21%) reported nonmedical prescription drug use within 30 days of taking the survey. This represents 7% of the overall sample, compared to 2% of the U.S. population.⁷²

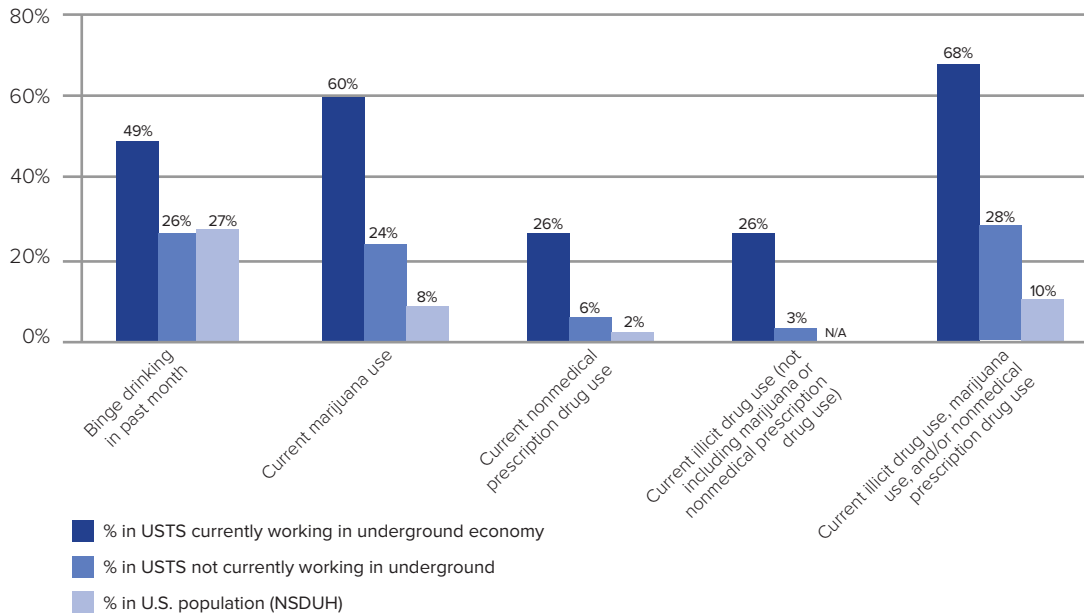
VI. Overall Current Drug Use

Almost one-third (29%) of respondents in the overall sample were currently using illicit drugs, marijuana, and/or prescription drugs not prescribed to them or not as prescribed, meaning

they consumed them within 30 days of taking the survey. This was nearly three times higher than usage in the U.S. general population (10%).⁷³

More than two-thirds (68%) of those currently working in the underground economy reported illicit drug use (including marijuana and prescription drug use) in the past month (Figure 7.38).

Figure 7:38: Substance use in the past month among respondents currently working in the underground economy



F. HIV TESTING AND CARE

The prevalence of HIV and AIDS has been found in prior research to be higher among transgender people than in the U.S. general population.⁷⁴ The Centers for Disease Prevention and Control found that a number of factors increase transgender people's vulnerability to HIV, including social rejection and stigma, inadequate access to transgender-competent care, barriers to accessing education, employment, and housing, and high rates of intimate partner violence.⁷⁵ Respondents received a series of questions to examine experiences related to HIV testing, HIV care, and living with HIV. Several of the questions in this section of the survey were patterned on national surveys, including the National Health Interview Survey (NHIS)⁷⁶ and Behavioral Risk Factor Surveillance System (BRFSS),⁷⁷ so that answers could be compared to the U.S. population.

KEY FINDINGS

- ▶ More than half (55%) of the sample has been tested for HIV, compared to 34% of the U.S. adult population.

- ▶ Respondents reported that they were diagnosed with HIV at a rate of 1.4%, a substantially higher rate than in the U.S. population (0.3%).

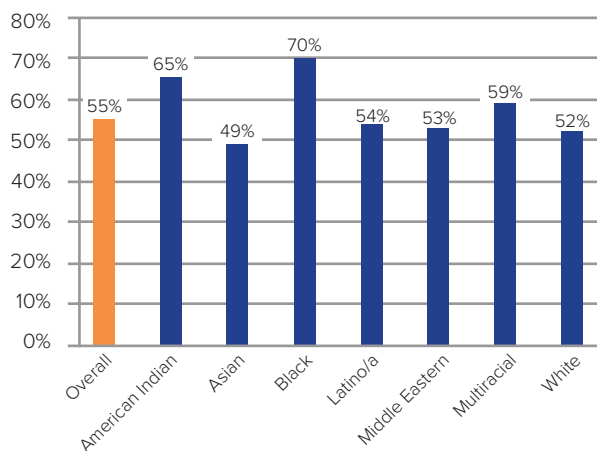
- ▶ Transgender women were more than twice as likely to be living with HIV (3.4%) as the overall sample.

- ▶ Nearly one in five (19.0%) Black transgender women were living with HIV, and American Indian (4.6%) and Latina (4.4%) transgender women were more than three times as likely to be living with HIV as the overall sample.

I. HIV Testing

Respondents were asked whether they had ever been tested for HIV, aside from testing obtained through the blood donation process. More than half (55%) of respondents had been tested for HIV, in comparison to 34% of the U.S. adult population.⁷⁸ This varied by gender identity, with transgender women (62%) and transgender men (58%) being more likely to be tested, compared to non-binary people (45%). Black respondents (70%) and American Indian (65%) respondents were more likely to have been tested than other people of color and white respondents (Figure 7.39).

Figure 7.39: Ever been tested for HIV
RACE/ETHNICITY (%)



People who were currently working in the underground economy, including sex work and drug sales, were also more likely to have been tested (78%).

a. Test Location

Those who were tested for HIV received tests in a wide range of locations, with nearly one-half (45%) being tested at their private doctor's or HMO office, more than one-quarter (26%) at a clinic, and 11% in a counseling or testing site. Testing locations followed a similar pattern in the U.S. general population, with a few exceptions. USTS respondents were almost three times as likely to have been tested at a counseling or testing site (11%) than those in the U.S. general population (4%),⁷⁹ and three times less likely to be tested as a hospital inpatient (Table 7.7).

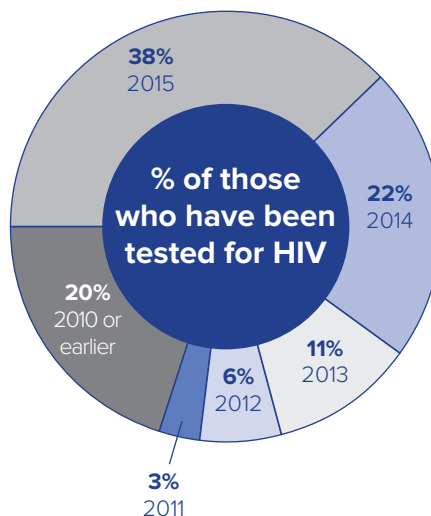
Table 7.7: Locations where last tested for HIV

Location	% in USTS	% in U.S. population (BRFSS)
Private doctor or HMO office	45%	47%
Clinic	26%	23%
Counseling or testing site	11%	4%
Hospital inpatient	3%	9%
Emergency room	1%	2%
Home	1%	2%
Jail, prison, or other correctional facility	<1%	1%
Drug treatment facility	<1%	<1%
Somewhere else	9%	11%
Military (write-in response)	2%	---
Mobile clinic or testing site (write-in response)	2%	---
Do not know or not sure	---	1%

b. Year of Last Test

Thirty-eight percent (38%) of respondents who have ever been tested for HIV had most recently been tested in 2015 (the year the survey was conducted), and more than two-thirds (71%) had last been tested in 2013 or later (Figure 7.40).

Figure 7.40: Year of last HIV test



c. Reason For Not Being Tested

Forty-five (45%) percent of respondents reported that they had not been tested for HIV. Of those who had not been tested, 86% reported that the main reason for not being tested was that exposure to HIV was unlikely, similarly to the rate in the U.S. general population (86%).⁸⁰ Respondents also reported a variety of additional reasons for not being tested (Table 7.8).

Table 7.8: Main reason for not being tested for HIV

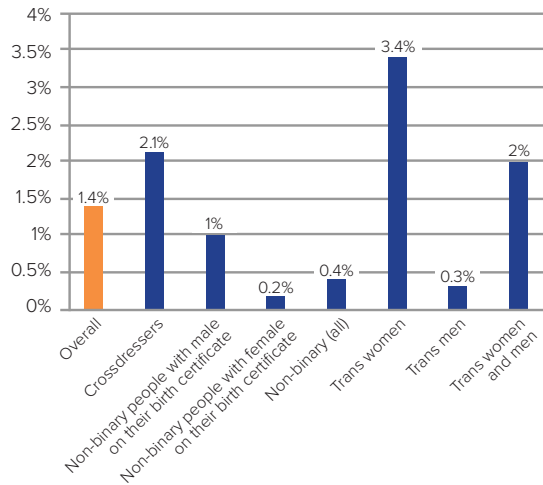
Reason	% of those who have not been tested in USTS	% of those who have not been tested in U.S. population (NHIS)
Unlikely they have been exposed to HIV	86%	86%
Their doctor/health care provider never mentioned getting an HIV test	3%	---
They did not know where to get tested	1%	0%
They did not want to think about HIV or being HIV-positive	1%	0%
They did not like needles	1%	0%
They were afraid to find out if they were HIV-positive	1%	0%
They were worried their name would be sent to the government if they tested positive	<1%	<1%
They were afraid of losing their job, insurance, home, friends, or family if people knew they were tested	<1%	<1%
Some other reason	2%	1%
No particular reason	6%	12%

II. HIV Status

The rate of respondents who were living with HIV (1.4%)^{81,82} was more than four times as high as that in the U.S. general population (0.3%).⁸³ More than half (53%) were HIV negative,⁸⁴ and 46% had not been tested or did not know the results of their HIV test. This included 1% of those who were tested but did not know their status because they never received the results and less than 1% who received results that were unclear, which meant the test did not determine if they had HIV.

HIV status varied by gender identity, with transgender women being most likely to report they were living with HIV (3.4%), in contrast to transgender men (0.3%) and non-binary people (0.4%) (Figure 7.41).

Figure 7.41: Living with HIV
GENDER IDENTITY (%)



The rate of HIV differed by race and ethnicity, with Black respondents being almost five times as likely to be HIV positive or reactive (6.7%). American Indian (2.0%) and Latino/a (1.6%) participants also had higher rates of HIV compared to the sample and in contrast to Asian (0.5%) and white (0.4%) respondents (Figure 7.42).

In Our Own Voices

“I have consulted with surgeons [for gender transition] only to be told they would charge me 50–100% more for the surgery because I am HIV positive. Every day is a double coming out process as transgender and being undetectably HIV positive.”

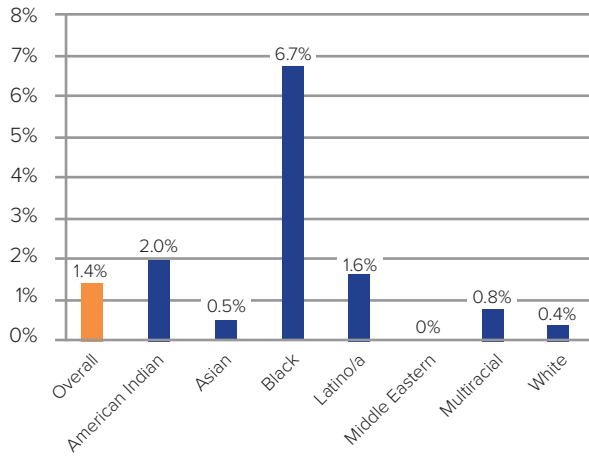
“The nurse refused to give me HIV testing because she said those funds were reserved for men who have sex with men and I’m ‘not a real man.’ She told me I was born female and just needed to accept reality.”

“I am a trans man who has been living with HIV for 25 years. I have good health insurance and get excellent trans-related and HIV-related health care. I have access to a great therapist who is an expert in gender issues and transitioning. All these factors contribute to my survival and my success.”

“My first time in jail, and possibly the time I became infected with HIV, was the scariest of all. There were so many times I was in jail and participated in unprotected sex out of fear and necessity. This is just one of the harsh realities for young vulnerable trans women like myself. It is truly bewildering that this reality was so commonly accepted among trans women of color.”

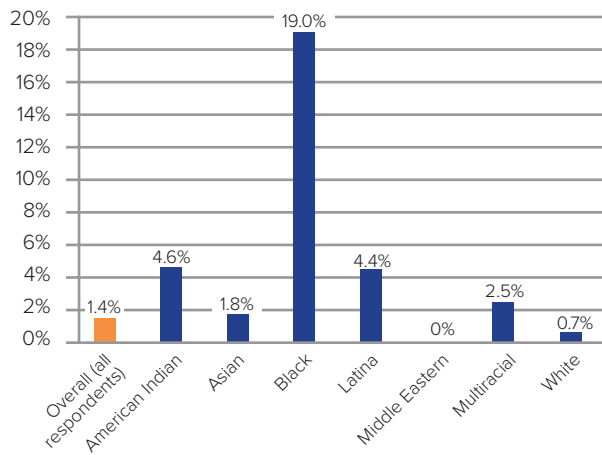
The rate of respondents living with HIV (1.4%) was nearly five times higher than in the U.S. population (0.3%).

Figure 7.42: Living with HIV RACE/ETHNICITY (%)



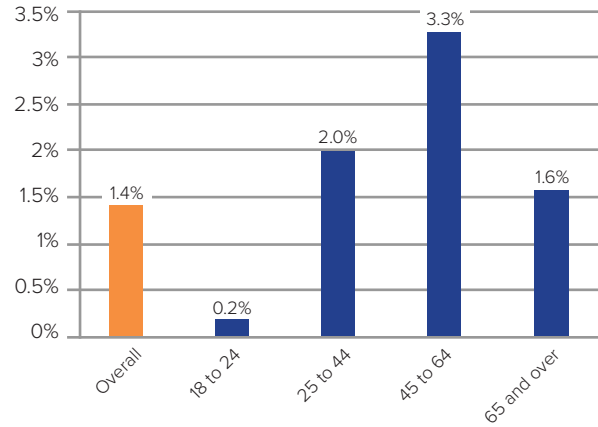
Nearly one in five (19.0%) Black transgender women reported living with HIV, a rate that is more than thirteen times higher than that in the overall sample. American Indian (4.6%) and Latina (4.4%) transgender women also reported substantially higher rates of HIV (Figure 7.43).

Figure 7.43: Living with HIV among transgender women RACE/ETHNICITY (%)



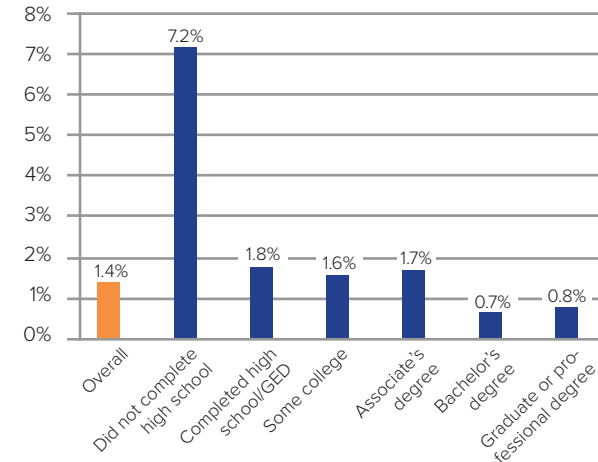
The rate of HIV also differed by current age, with it being highest among those aged 45–64 (3.3%) and also higher for the 25–44 age group (2.0%) (Figure 7.44).

Figure 7.44: Living with HIV AGE (%)



Undocumented residents (15.0%) were more than ten times as likely to report that they were living with HIV as the overall sample, and documented non-citizens (3.6%) were also more likely. There were also substantial differences when examining rates of HIV by educational attainment. Those who did not complete high school (7.2%) were more than five times as likely to be living with HIV as those in the overall sample, in contrast to the lower rates for those with a bachelor’s degree (0.7%) or a graduate or professional degree (0.8%) (Figure 7.45).

Figure 7.45: Living with HIV EDUCATIONAL ATTAINMENT (%)



The rate of HIV was more than ten times higher for respondents whose current sole source of income was from underground economy work (15.0%), five times higher among those who have participated in sex work at any point in their lifetime (7.9%), and almost twice as high for those who have experienced homelessness (2.7%).

III. HIV Health Care

Medical providers and HIV health care advocates often describe effective treatment and management of HIV in terms of the HIV care continuum or the HIV treatment cascade. The HIV care continuum describes stages of HIV medical care, including “diagnosis of HIV infection, linkage to care, retention in care, receipt of antiretroviral therapy, and achievement of viral suppression.”⁸⁵ Respondents were asked whether they had received HIV-related health care in the year prior to the survey, and were also asked about other aspects of the HIV care continuum.

Most of the respondents who were living with HIV had received HIV-specific health care within the past year, not including care received during an emergency room visit or during a hospital stay. Eighty-nine percent (89%) of respondents living with HIV had seen a doctor or health care provider for HIV care in the past 12 months, and 87% received HIV care in the past 6 months.

Respondents who had not seen a doctor for HIV care *in the past 6 months* offered a range of reasons, including not being ready to find health care for HIV, not being able to afford HIV care, not feeling sick enough to look for HIV care, and their HIV is well controlled enough to only see a doctor once per year.⁸⁶ Similarly, those who had not seen a doctor for HIV care *in the past 12 months* offered a variety of reasons, including not having health insurance, not being able to afford HIV care, not

knowing where to go for HIV care, not feeling sick enough to look for health care, relying on a higher power or God to help with their HIV, only recently finding out about their HIV status, and other unspecified reasons.⁸⁷

Of respondents who were living with HIV, 82% reported that they had their blood tested to determine their viral load and CD4 counts in the past 6 months. Five percent (5%) had most recently received such testing between 6 and 12 months ago, 6% were last tested more than a year ago, and 7% had never had a blood test for their viral load and CD4 counts.

Eighty-seven percent (87%) of respondents living with HIV have been prescribed anti-retroviral therapy (ART), which are medications that can reduce the amount of HIV in the body.⁸⁸ This is compared to 94% of those living with HIV in the general population.⁸⁹ Eighty-one percent (81%) of people living with HIV reported that they were currently taking their ART medications. Of those who had been prescribed ART, almost two-thirds (64%) reported taking it regularly and as prescribed all of the time, one-third (33%) took it most of the time, 2% rarely took it, and 1% never took it regularly and as prescribed. Approximately half (45%) of respondents who were not taking their ART medication all of the time—including those who took it most of the time, rarely, or never—reported that the main reason for not taking it as they were supposed to was that they forgot to take it. The remaining respondents (n=23, unweighted) reported several reasons why that they did not take their medication as prescribed, including not being able to afford the medication, not having health insurance, concerns about conflicts with other medications, concerns about weight gain, not wanting to take ART, and other reasons not listed in the question.

Conclusion

Findings throughout the chapter indicated that respondents were impacted by substantial health-related disparities, including access to quality care and health outcomes. Respondents reported substantial barriers to receiving the care that they need, such as financial constraints, lack of health insurance or insurance that does not adequately address their health needs, and lack of access to health care providers who can administer health care respectfully and with a sufficient knowledge of transgender patients' needs. Furthermore, although some respondents were able to access health care related to gender transition, such as counseling, hormone therapy, or a variety of surgical procedures, a large number have not received such health care despite wanting to do so, often due to

income and economic instability and lack of access to adequate health insurance insurance.

Results also suggest that insufficient access to quality care and coverage contributed to poor health outcomes among respondents. Respondents were substantially more likely to be living with HIV than the general population, with much higher rates among transgender women of color. Respondents were also more likely to report poor mental health outcomes, including higher rates of substance use, serious psychological distress, and suicide attempts. Findings demonstrated an association between poor health outcomes and a number of risk factors, such as economic instability, housing instability, lower educational attainment, and lack of family support.

ENDNOTES | CHAPTER 7: HEALTH

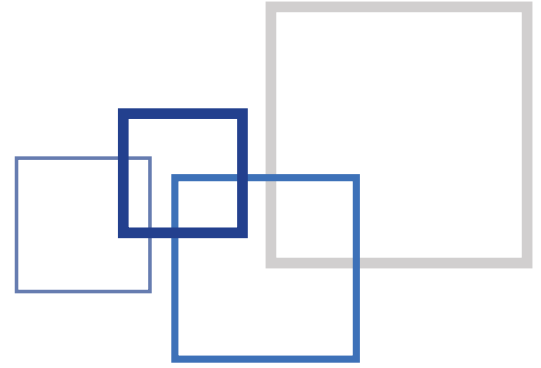
- 1 Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health, 103*(5), 943–951; Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. (pp. 72–87). DC: National Center for Transgender Equality & National Gay and Lesbian Task Force; Institute of Medicine. (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. DC: National Academy of Sciences.
- 2 Kosenko, K., Rintamaki, L., Raney, S., Maness, K. (2013). Transgender patient perceptions of stigma in health care contexts. *Medical Care, 51*(9), 819–822; Poteat, T., German, D., & Kerrigan, D. (2013). Managing uncertainty: A grounded theory of stigma in transgender health encounters. *Social Science & Medicine, 84*(1), 22–29; Grant, et al. (2011). pp. 72–87; Lambda Legal. (2010). *When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV*. New York, NY: Lambda Legal.
- 3 U.S. Census Bureau. (2015). 2015 American Community Survey 1-Year Estimates. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S2701&prodType=table.
- 4 U.S. Census Bureau. (2015). *2015 American Community Survey 1-Year Estimates: Private Health Insurance Coverage By Type*. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S2703&prodType=table; U.S. Census Bureau. (2015). *2015 American Community Survey 1-Year Estimates: Public Health Insurance Coverage by Type*. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S2704&prodType=table.
- 5 The estimate for the percentage of people who receive coverage through the Indian Health Service was calculated based on a 2015 statement that approximately 2.2 million American Indian and Alaska Native people were served by the Indian Health Service. <https://www.ihs.gov/newsroom/factsheets/quicklook/>.
- 6 Q. 11.9 specified that “[h]ealth insurance marketplaces are part of the new health care law, sometimes called ‘Obamacare’ or the ‘Affordable Care Act,’ where people can get insurance online, such as through healthcare.gov, over the phone, or in person.”
- 7 “Insurer” here refers to insurers providing coverage under both private insurance plans (such as those purchased through an employer) and public plans (such as through Medicaid or Medicare).

- 8 The “other insurance” category includes TRICARE or other military coverage, VA, Indian Health Service, and other types of insurance not listed. See Table 7.1.
- 9 Respondents were asked if they had “experienced unwanted sexual contact (such as fondling, sexual assault, or rape) in a health care setting (such as a hospital, office, clinic)” in Q.12.7.
- 10 “People with disabilities” here refers to respondents who identified as a person with a disability in Q. 2.20.
- 11 Respondents on active duty in military service were asked separately about where they received transition-related health care. These results are reported in the *Military Service* chapter.
- 12 Although 1.5% of respondents in the sample reported having taken puberty-blocking medication, the percentage reported here reflects a reduction in the reported value based on respondents’ reported ages at the time of taking this medication. While puberty-blocking medications are usually used to delay physical changes associated with puberty in youth ages 9–16 prior to beginning hormone replacement therapy, a large majority (73%) of respondents who reported having taken puberty blockers in Q.12.9 reported doing so after age 18 in Q.12.11. This indicates that the question may have been misinterpreted by some respondents who confused puberty blockers with the hormone therapy given to adults and older adolescents. Therefore, the percentage reported here (0.3% or “less than 1%”) represents only the 27% of respondents who reported taking puberty-blocking medication before the age of 18.
- 13 “Transition-related surgery” here includes all procedures listed in Table 7.4 and 7.5, with the exception of electrolysis and non-surgical voice therapy.
- 14 Respondents who are “living in poverty” represent those who are living at or near the poverty line. See the *Income and Employment Status* chapter for more information about the poverty line calculation.
- 15 The “other insurance” category in Figure 7.11 includes TRICARE or other military coverage, VA, Indian Health Service, and other types of insurance not listed. See Table 7.1.
- 16 Since the available surgical procedures related to transition generally vary based on individuals’ sex assigned at birth (the gender they were thought to be when they were born), respondents received different questions about surgical procedures based on their response to Q. 2.1, which asked about the sex listed on respondents’ original birth certificate. Respondents who said that they had female on their original birth certificate received Q. 12.15, and respondents who said they had male on their original birth certificate received Q. 12.18. Although the vast majority of respondents received only questions about medical procedures available to them, 2.7% of respondents indicated that they were intersex, and a portion of them may not have received questions about all the surgical procedures that best fit their health care needs.
- 17 Respondents were asked about having “top/chest surgery reduction or reconstruction” in Q. 12.15.
- 18 Respondents were asked about having a “hysterectomy/‘hysto’ (removal of the uterus, ovaries, fallopian tubes, and/or cervix)” in Q. 12.15.
- 19 Respondents were asked about having a “clitoral release/ metoidioplasty/centurion procedure” in Q. 12.15. These are genital procedures that separate the clitoris from the labia.
- 20 Respondents were asked about having a “phalloplasty (creation of a penis)” in Q. 12.15. This is a genital procedure involving the construction of a larger phallus.
- 21 The U.S. Preventive Services Task Force currently recommends Pap smears every three years for adults who have a cervix and are between the ages 21 and 65. U.S. Preventive Services Task Force. (2012). *Cervical Cancer: Screening*. Available at: <http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening>.
- 22 Centers for Disease Prevention and Control. (2016). *2015 National Health Interview Survey: Sample Adult File*. Available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2015/samadult_freq.pdf
- 23 Respondents were asked about having a “vaginoplasty/ labiaplasty/SRS/GRS/GCS” in Q. 12.18. A vaginoplasty is a surgical creation of a vagina. A labiaplasty is a surgical modification or construction of the labia.
- 24 Respondents were asked about having an “orchidectomy/‘orchy’/removal of the testes” in Q. 12.18.
- 25 Respondents were asked about having “facial feminization surgery (such as nose, brow, chin, cheek)” in Q.12.18.
- 26 Respondents were asked about having “breast augmentation/top surgery” in Q. 12.18. This refers to an augmentation mammoplasty, which reshapes or increases the size of the breast.
- 27 Respondents were asked about having a “tracheal shave (Adam’s apple or thyroid cartilage reduction)” in Q. 12.18.
- 28 Although silicone injections are sometimes used to modify one’s appearance, they are often risky and can lead to disfigurement, injury, and even death. Such injections are illegal in the United States. However, due to barriers to affordable care, some transgender people turn to silicone injections as a less expensive or more easily accessible substitute for safer treatments.
- 29 See e.g., Pascoe, E. A. & Richman, L. S. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin*, 135(4), 531–554.
- 30 See e.g., Bariola, E. Lyons, A., Leonard, W., Pitts, M., Badcock, P., Couch, M. (2015). Demographic and psychosocial factors associated with psychological distress and resilience among transgender individuals. *American Journal of Public Health*, 105(10), 2108–2116; Nuttbrock, L., Brockting, W., Rosenblum, A., Hwahng, S., Mason, M., Macri, M., & Becker, J. (2014). Gender abuse and major depression among transgender women: A prospective study of vulnerability and resilience.

- American Journal of Public Health*, 104(11), 2191, 2198; Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health*, 103(5), 943–951; Institute of Medicine. (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. DC: National Academy of Sciences.
- 31 The general health rating among adults in the U.S. population was calculated by the research team using data from the Behavioral Risk Factor Surveillance System (BRFSS). Centers for Disease Control and Prevention. (2015). *BRFSS Prevalence & Trends Data*. Available at: <http://www.cdc.gov/brfss/brfssprevalence>.
- 32 The Kessler Psychological Distress Scale, or K6, assesses psychological distress based on how often in the past 30 days respondents felt: so sad that nothing could cheer them up, nervous, restless or fidgety, hopeless, that everything was an effort, or worthless. See Q. 12.2. See the National Health Interview Survey for additional information about the K6 mental health screening instrument and measure of serious psychological distress in adults (available at: http://www.healthindicators.gov/Indicators/Serious-psychological-distress-adults-percent_50055/Profile).
- 33 The K6 scale rates how often feelings are experienced on the following scale: (0) none of the time, (1) a little of the time, (2) some of the time, (3) most of the time, and (4) all of the time. See Q. 12.2. A total score of 13 or above across all six measures indicates serious psychological distress.
- 34 Centers for Disease Prevention and Control. (2016). *2015 National Health Interview Survey: Sample Adult File*. Available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2015/samadult_freq.pdf.
- 35 See note 33 for an explanation of how “serious psychological distress” is calculated based on the K6 scale.
- 36 Center for Behavioral Health Statistics and Quality. (2016). *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.86B. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at: <http://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf>.
- 37 Serious psychological distress is related to age and educational attainment in the U.S. general population. (see note 33; <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6340a13.htm>). Those who are younger and have lower educational attainment have a higher prevalence of serious psychological distress. When the “supplemental weight” is applied to the USTS sample’s prevalence of serious psychological distress to adjust the sample to reflect the age and educational attainment of the U.S. adult population, the prevalence is reduced to 30%, six times the national prevalence for U.S. adults. Based on studies using population-based samples of transgender adults, it is estimated that the transgender population is younger and has lower educational attainment than the U.S. adult population. Flores, A. R., Brown, T. N. T., & Herman, J. L. (2016). Race and Ethnicity of Adults who Identify as Transgender in the United States. Los Angeles, CA: Williams Institute; Conron, K. J., Scott, G., Stowell, G. S., & Landers, S. J. (2012). Transgender health in Massachusetts: Results from a household probability sample of adults. *American Journal of Public Health*, 102(1), 118–122. Therefore, the finding of 39% for prevalence of serious psychological distress is reported here using the standard weight only.
- 38 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.86B. See note 36.
- 39 Results for respondents who were sexually assaulted here reflect those who reported that they had “experienced unwanted sexual contact (such as oral, genital, or anal contact or penetration, forced fondling, rape)” in the past year (see Q. 18.3).
- 40 Substance Abuse and Mental Health Services Administration. (2015). *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth*. Available at: <http://store.samhsa.gov/shin/content/SMA15-4928/SMA15-4928.pdf>.
- 41 Additionally, eleven percent (11%) of respondents in the sample said they were sent to a therapist, counselor, or religious advisor by immediate family members to stop them from being transgender. See the “Sent to a Professional for Being Transgender” section of the *Family Life and Faith Communities* chapter for a discussion about respondents who were sent to a professional by their family.
- 42 Although 0.4% of the overall sample reported that gender transition was not for them, these respondents did identify as transgender, meeting all criteria for inclusion in the survey (see Q. 1.10–1.18).
- 43 Haas, A. P., Rodgers, P. L., & Herman, J. L. (2014). *Suicide Attempts Among Transgender and Gender Non-Conforming Adults*. New York, NY & Los Angeles, CA: American Foundation for Suicide Prevention & Williams Institute; Moody, C. & Smith, N. G. (2013). Suicide protective factors among trans adults. *Archives of Sexual Behavior* 42(5), 739–752; Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. (p. 82). DC: National Center for Transgender Equality & National Gay and Lesbian Task Force.
- 44 Lipari, R., Piscopo, K., Kroutil, L. A., & Miller, G. K. (2015). *Suicidal Thoughts and Behaviors Among Adults: Results from the 2014 National Survey on Drug Use and Health*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 45 Kessler, R. C., Berglund, P., Chiu, W. T., Demler, O., Heeringa, S., Hiripi, E., . . . Zheng, H. (2004). The US National Comorbidity Survey Replication (NCS-R): design and field procedures. *International Journal of Methods in Psychiatric Research*, 13(2), 69–92.

- 46 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.70B. See note 36.
- 47 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.69B. See note 36.
- 48 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.70B. See note 36.
- 49 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.70B. See note 36.
- 50 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.70B. See note 36.
- 51 Whether or not a person receives medical attention following a suicide attempt is often used as a measure of the severity of the attempt. However, because many transgender people report avoiding medical professionals because of fear of mistreatment (see, for example, the previous section on “Experiences with Health Care Providers”), it may be difficult to use this measure to gauge the severity of the attempt among USTS respondents.
- 52 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.77B. See note 36.
- 53 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.77B. See note 36.
- 54 Kessler, R. C., Borges, G., & Walters, E. E. (1999). Prevalence of and risk factors for lifetime suicide attempts in the National Comorbidity Survey. *Archives of General Psychiatry*, 56(7), 617–626. See also Nock, M. K., Hwang, I., Sampson, N. A., & Kessler, R. C. (2010). Mental disorders, comorbidity and suicidal behavior: Results from the National Comorbidity Survey Replication. *Molecular Psychiatry*, 15(8), 868–876; Nock, M. K., Borges, G., Bromet, E. J., Cha, C. B., Kessler, R. C., & Lee, S. (2008). Suicide and suicidal behavior. *Epidemiologic Reviews*, 30(1), 133–154 (finding a lifetime prevalence of suicide ideation of 5.6–14.3%, a lifetime prevalence for suicide plans of 3.9%, a lifetime prevalence for suicide attempts of 1.9–8.7%).
- 55 Respondents who reported that they were out to all, most, or some of the immediate family they grew up with were asked to assess how supportive their family was using a five-point scale from “very supportive” to “very unsupportive”. The categories were collapsed to create a new variable reflecting a supportive, neutral, or unsupportive family.
- 56 Results for respondents who were sexually assaulted here reflect those who reported that they had “experienced unwanted sexual contact (such as oral, genital, or anal contact or penetration, forced fondling, rape)” in their lifetime (see Q.18.1).
- 57 The age of the most recent suicide attempt reported here includes responses from both respondents who reported a single attempt and those who reported multiple attempts. For respondents who reported a single suicide attempt, the age of the most recent suicide attempt is also the age of their first suicide attempt as reported in the previous section.
- 58 See e.g., Cleveland, M. J., Feinberg, M. E., Bontempo, D. E., & Greenberg, M. T. (2008). The role of risk and protective factors in substance use across adolescence. *Journal of Adolescent Health*, 43(2), 157–164; Kilpatrick, D. G., Ruggiero, K. J., Acierno, R., Saunders, B. E., Resnick, H. S., & Best, C. L. (2003). Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: Results from the National Survey of Adolescents. *Journal of Consulting and Clinical Psychology*, 71(4), 692–700.
- 59 Center for Behavioral Health Statistics and Quality. (2015). *2015 National Survey on Drug Use and Health Questionnaire*. Available at: <http://www.samhsa.gov/data/population-data-nsduh/reports?tab=39>.
- 60 Center for Behavioral Health Statistics and Quality. (2015). *Results from the 2014 National Survey on Drug Use and Health: Detailed Tables*. Table 2.6B. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at: <http://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf>.
- 61 *Results from the 2014 National Survey on Drug Use and Health: Detailed Tables*. Table 2.6B. See note 60.
- 62 This report follows the 2014 National Survey on Drug Use and Health (NSDUH) definition for binge drinking, which is defined as “drinking five or more drinks on the same occasion on at least 1 day in the past 30 days.” As this definition differs from the 2015 NSDUH definition, general population comparisons for binge and heavy drinking in this report will be drawn from the 2014 NSDUH data. Hedden, S. L., Kennet, J., Lipari, R., Medley, G., Tice, P., Copello, E. A. P., & Kroutil, L. A. (2015). *Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at: <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>.
- 63 *Results from the 2014 National Survey on Drug Use and Health: Detailed Tables*. Table 2.46B. See note 60.
- 64 *Results from the 2014 National Survey on Drug Use and Health: Detailed Tables*. Table 2.46B. See note 60.
- 65 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 2.28B. See note 36.
- 66 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 2.16B. See note 36.
- 67 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 6.7B. See note 36.
- 68 Respondents were instructed to include products such as “weed, joints, hashish, hash, or hash oil” when reporting on marijuana use. See Q. 15.1.
- 69 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 1.35B. See note 36.
- 70 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 1.35B. See note 36.

- 71 For the purposes of this report, “illicit drugs” include those such as cocaine, crack, heroin, LSD, methamphetamine, and inhalants, but does not include marijuana or nonmedical use of prescription drugs. See Q. 15.1. This differs from illicit drugs as reported in the NSDUH, which includes “the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine.” *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 1.30B. See note 36. Due to the difference between the two definitions, a comparison to the U.S. general population for the overall use of illicit drugs (not including marijuana or nonmedical use of prescription drugs) is not possible.
- 72 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 1.22B. See note 36.
- 73 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 1.30B. See note 36.
- 74 Centers for Disease Control and Prevention. (2016). *HIV and Transgender Communities*. Available at: <http://www.cdc.gov/hiv/pdf/policies/cdc-hiv-transgender-brief.pdf>; Baral, S. D., Poteat, T., Strömdahl, S., Wirtz, A. L., Guadamuz, T. E., & Beyrer, C. (2013). Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *The Lancet Infectious Diseases*, 13(3), 214–222; Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. (p. 80). DC: National Center for Transgender Equality & National Gay and Lesbian Task Force; Reisner, S. L., Poteat, T., Keatley, J., Cabral, M., Mothopeng, T., Dunham, E., Holland, C. E., Max, R., Baral, S. D. (2016). Global health burden and needs of transgender populations: a review. *The Lancet Infectious Diseases*, 388(10042), 412–436.
- 75 Centers for Disease Control and Prevention. (2016). *HIV and Transgender Communities*. Available at: <http://www.cdc.gov/hiv/pdf/policies/cdc-hiv-transgender-brief.pdf>.
- 76 Centers for Disease Control and Prevention (2015). *National Health Interview Survey: Survey Description*. Available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2014/srvydesc.pdf.
- 77 Centers for Disease Control and Prevention (2014). *2015 Behavioral Risk Factor Surveillance System Questionnaire*. Available at: <http://www.cdc.gov/brfss/questionnaires/pdf-ques/2015-brfss-questionnaire-12-29-14.pdf>.
- 78 Centers for Disease Control and Prevention. (2015). *BRFSS Prevalence & Trends Data*. Available at: <http://www.cdc.gov/brfss/brfssprevalence>.
- 79 Centers for Disease Control and Prevention. (2016). *Behavioral Risk Factor Surveillance System: 2015 Codebook Report*. Available at: http://www.cdc.gov/brfss/annual_data/2015/pdf/codebook15_llcp.pdf.
- 80 Centers for Disease Prevention and Control. (2016). *2015 National Health Interview Survey: Sample Adult File*. Available at: https://www.cdc.gov/nchs/nhis/nhis_2015_data_release.htm.
- 81 Percentages related to HIV status are presented with one decimal place throughout the section for more accurate comparison with general population figures.
- 82 The rate of respondents living with HIV includes those who were HIV-positive or reactive. Among respondents who had been tested, the rate of those who tested positive for HIV was 2.6%.
- 83 Centers for Disease Control and Prevention. (2015). HIV Surveillance Report, 2014; vol. 26. Table 18a. Available at: <http://www.cdc.gov/hiv/library/reports/surveillance/>. The HIV Surveillance Report provides data for those who were living with diagnosed HIV infection in the U.S. population in 2013. The U.S. population data includes those who are 15 years of age and older and does not include rate for those who are under 18, so it was not possible to exactly match the USTS sample with the U.S. population data. However, when estimating the impact of including 15–17 year olds in the U.S. population rate of those living with HIV, research team calculations estimated a difference of approximately 0.002% in the rate, which would not impact the rate of those living with HIV in the U.S. population as reported here.
- 84 Ninety-seven percent (97%) of those who were tested for HIV were HIV negative.
- 85 AIDS.Gov. (2015). *HIV Care Continuum*. Available at: <https://www.aids.gov/federal-resources/policies/care-continuum>.
- 86 Due to a low sample size, response figures could not be reported for those who had not seen a doctor for HIV care in the past 6 months.
- 87 Due to a low sample size, response figures could not be reported for those who had not seen a doctor for HIV care in the past 12 months.
- 88 See AIDS.Gov. (2015). *Overview of HIV Treatments*. Available at: <https://www.aids.gov/hiv-aids-basics/just-diagnosed-with-hiv-aids/treatment-options/overview-of-hiv-treatments>.
- 89 Centers for Disease Control and Prevention. (2016). Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection—Medical Monitoring Project, United States, 2013 Cycle (June 2013–May 2014). HIV Surveillance Special Report 16. Available at: <http://www.cdc.gov/hiv/pdf/statistics/systems/mmp/cdc-hiv-hssr-mmp-2013.pdf>.



CHAPTER 8

Experiences at School

Many schools provide supportive environments that promote learning and growth, while some schools can be unwelcoming and unsupportive for transgender students, whether in Kindergarten through 12th grade (K–12), or in technical or higher education institutions (such as a college or university). Other studies have shown that many students feel unsafe and have been verbally harassed or physically attacked because of their transgender identity.^{1,2}

Survey respondents were asked whether they were out or perceived as transgender in K–12 and in higher education institutions. Those who said that they were out as transgender or that others thought they were transgender were asked additional questions about negative experiences based on their transgender status, including verbal harassment, physical and sexual assault, leaving school because of mistreatment, and expulsion. Throughout the chapter, notable differences in respondents' experiences based on demographic and other characteristics are reported.

- ▶ Twelve percent (12%) of respondents were out as transgender at some point from Kindergarten through the 12th grade.
- ▶ More than three-quarters (77%) of respondents who were out or perceived as transgender in K–12 had one or more negative experiences, such as being verbally harassed, prohibited from dressing according to their gender identity, or physically or sexually assaulted.
- ▶ Fifty-four percent (54%) of people who were out or perceived as transgender in K–12 were verbally harassed, and 24% were physically attacked.
- ▶ Seventeen percent (17%) of people who were out or perceived as transgender left a K–12 school because the mistreatment was so bad, and 6% were expelled.
- ▶ Twenty-four percent (24%) of people who were out or perceived as transgender in college or vocational school were verbally, physically, or sexually harassed.

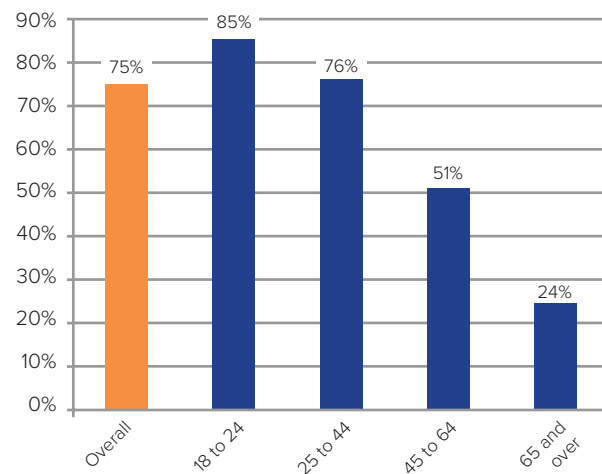
I. Outness in K–12

Twelve percent (12%) of respondents reported that they were out as transgender at some point between Kindergarten and the 12th grade (K–12). Of those who were not out as transgender, 28% said that they believed classmates, teachers, or school staff thought they were transgender.

All respondents, including those who were out or perceived as transgender in K–12, were also asked whether classmates, teachers, or school staff thought or knew that they were lesbian, gay, bisexual, or queer (LGBQ) in K–12. Three-quarters (75%) believed that classmates, teachers, or school staff thought or knew they were LGBQ. Younger respondents were much more likely to report that classmates, teachers, or staff in K–12 thought or knew they were LGBQ than older respondents,

such as 18- to 24-year-olds (85%) in contrast to 45- to 64-year-olds (51%) (Figure 8.1).

Figure 8.1: Perceived as LGBQ in K–12
CURRENT AGE (%)

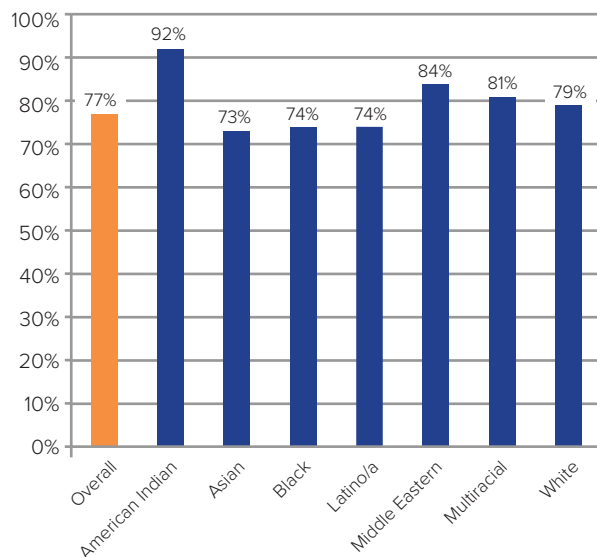


More than three-quarters (77%) of those who were out or perceived as transgender had one or more negative experiences at school because they were transgender, such as being verbally harassed or physically attacked.

II. Treatment in K–12

Respondents who were out as transgender in K–12 or who said that others thought that they were transgender received additional questions about negative experiences in K–12, such as being verbally harassed, physically attacked, or expelled. Overall, 77% of those who were out or perceived as transgender had one or more of these negative experiences, while only 23% did not have any of these experiences (Table 8.1). American Indian (92%), Middle Eastern (84%), and multiracial (81%) respondents (Figure 8.2) and people with disabilities³ (82%) were more likely to have one or more negative experiences.

Figure 8.2: Had one or more negative experiences in K–12 (of those who were out or perceived as transgender)
RACE/ETHNICITY (%)



Poor treatment in school was associated with a variety of negative experiences. Respondents who were out or perceived as transgender in K–12 and had one or more negative experiences outlined in this chapter were:

- More likely to have attempted suicide (52%) than those who were out or perceived as transgender and did not have any of these negative experiences (37%).
- More likely to have experienced homelessness (40%) than those who were out or perceived as transgender and did not have any of the negative experiences (22%).
- More likely to currently be experiencing serious psychological distress (47%) than those who were out or perceived as transgender and did not have any of the negative experiences (37%).
- More likely to have ever worked in the underground economy, such as in sex work or drug sales (28%), compared with those who were out or perceived as transgender and did not have any of the negative experiences (18%).

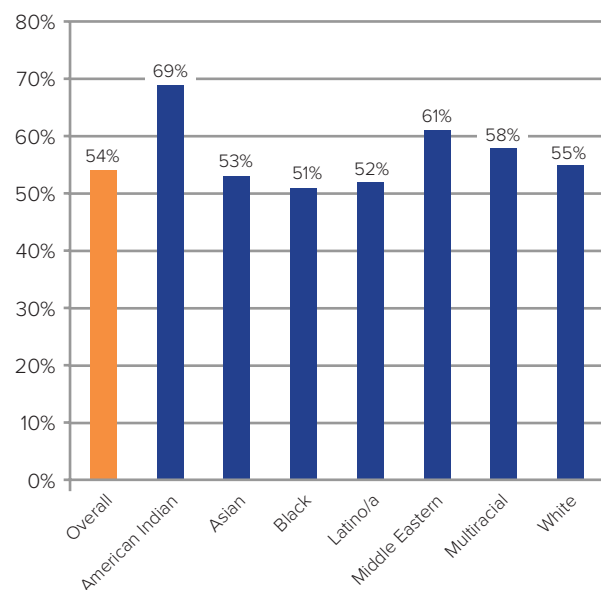
Table 8.1: Experiences of people who were out as transgender in K–12 or believed classmates, teachers, or school staff thought they were transgender

Experiences	% of those who were out or perceived as transgender
Verbally harassed because people thought they were transgender	54%
Not allowed to dress in a way that fit their gender identity or expression	52%
Disciplined for fighting back against bullies	36%
Physically attacked because people thought they were transgender	24%
Believe they were disciplined more harshly because teachers or staff thought they were transgender	20%
Left a school because the mistreatment was so bad	17%
Sexually assaulted because people thought they were transgender	13%
Expelled from school	6%
One or more experiences listed	77%

a. Verbal Harassment

More than half (54%) of people who were out or perceived as transgender in K–12 were verbally harassed because they were transgender. Verbal harassment differed among people of color, with American Indian (69%) and Middle Eastern (61%) respondents being more likely to have this experience, and Latino/a (52%) and Black (51%) respondents being less likely (Figure 8.3).

Figure 8.3: Verbally harassed in K–12 because people thought they were transgender
RACE/ETHNICITY (%)



b. Physical Attack

Nearly one-quarter (24%) were physically attacked because of being transgender. Transgender women (38%) were more likely to have been physically attacked than transgender men (20%) and non-binary people (16%) (Figure 8.4). American Indian respondents (49%) were more than twice as likely to have been physically attacked, and Middle Eastern (36%), multiracial (31%), and Black (28%) respondents were also more likely to have had this experience, in contrast to Latino/a (24%), white (23%), and Asian (17%) respondents (Figure 8.5).

Nearly one-quarter (24%) of those who were out or perceived as transgender in school were physically attacked because of being transgender.

Figure 8.4: Physically attacked in K–12 because people thought they were transgender
GENDER IDENTITY (%)

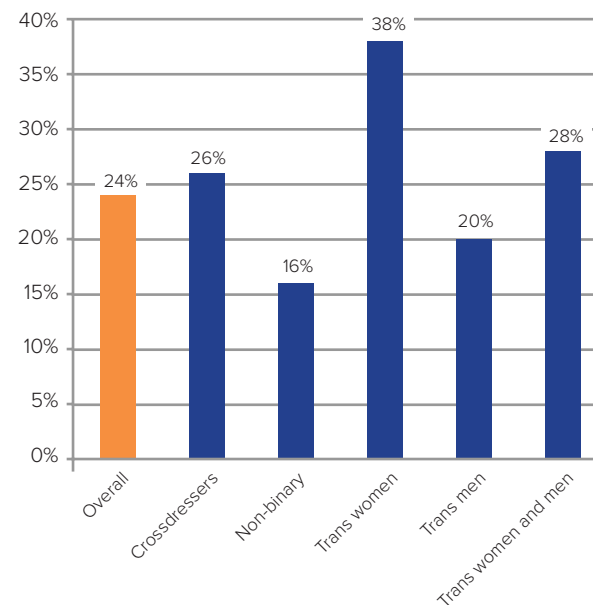
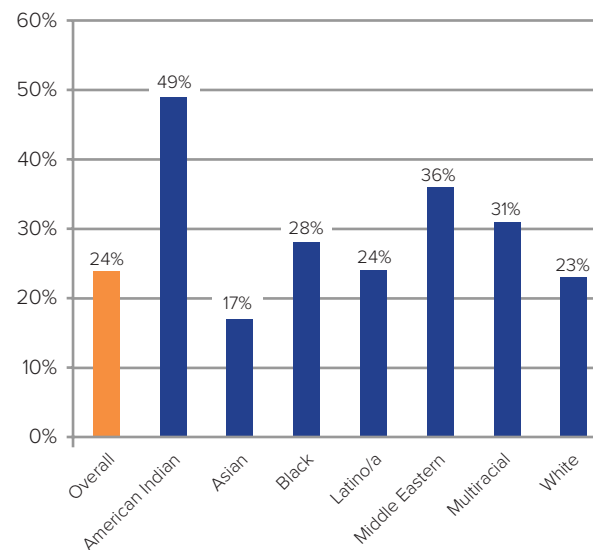


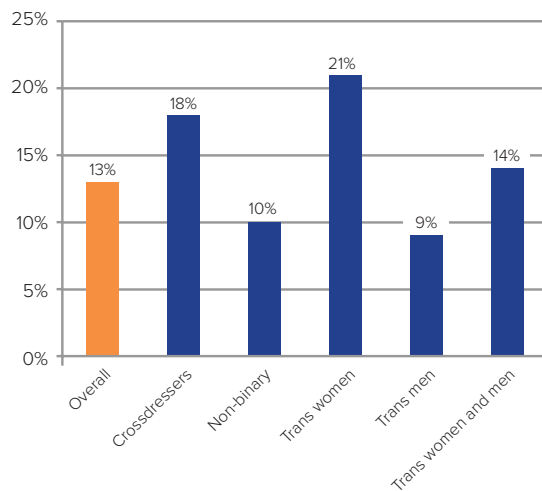
Figure 8.5: Physically attacked in K–12 because people thought they were transgender
RACE/ETHNICITY (%)



c. Sexual Assault

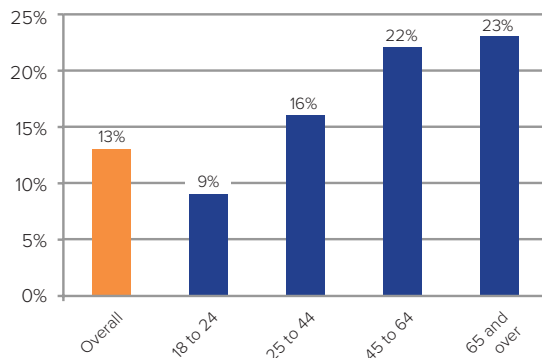
Thirteen percent (13%) of people who were out or perceived as transgender in K–12 were sexually assaulted in school because they were transgender.⁴ Transgender women (21%) and crossdressers (18%) were more likely to have been sexually assaulted than transgender men (9%) and non-binary people (10%) (Figure 8.6).

Figure 8.6: Sexually assaulted in K–12 because people thought they were transgender
GENDER IDENTITY (%)



Whether a respondent was sexually assaulted in K–12 varied by age, with older respondents such as 45- to 64-year-olds being more likely to have been sexually assaulted (22%) than younger respondents such as 25- to 44-year-olds (16%) (Figure 8.7).

Figure 8.7: Sexually assaulted in K–12 because people thought they were transgender
CURRENT AGE (%)



In Our Own Voices

“I was constantly bullied and physically assaulted by my classmates. Teachers would often see it happen and make no move to intervene. The harassment continued, and I eventually had to change high schools three times, each time just as bad as the last, until I finally gave up on public schools.”

“I’d get hit by soda cans, spit balls, and paper airplanes of hate mail. Teachers weren’t there or didn’t care. I had to avoid social interactions like buses and school bathrooms because I didn’t feel safe.”

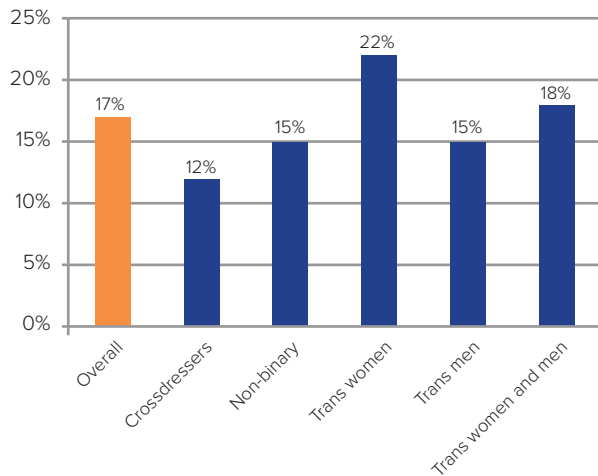
“Every single day at college, I was harassed for being a visibly trans woman. People slowed their cars down to stare at me, they shouted slurs at me from their dorm windows, insulted me in class, and a lot more I’d rather not think about. It got so bad that I tried to kill myself twice over the course of three months. Getting out of that school has been the best thing to have happened to me.”

“In high school, the staff told me I could not use the men’s bathroom because I’d make other students uncomfortable, even though I was out to everyone and none of the students were bothered by my gender.”

d. Left School Due to Harassment

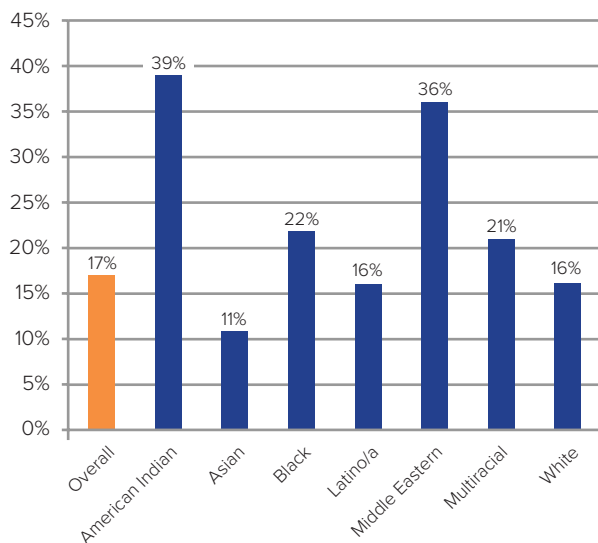
Seventeen percent (17%) of those who were out or perceived as transgender left a school because the mistreatment was so bad. Transgender women (22%) were more likely to have left a school because of mistreatment, in contrast to transgender men (15%) and non-binary people (15%) (Figure 8.8).

Figure 8.8: Left school due to mistreatment in K–12 GENDER IDENTITY (%)



American Indian (39%) and Middle Eastern (36%) respondents were more than twice as likely to have left a school because the mistreatment was so bad, and Black (22%) and multiracial (21%) respondents were also more likely to have left a school for this reason (Figure 8.9).

Figure 8.9: Left school due to mistreatment in K–12 RACE/ETHNICITY (%)

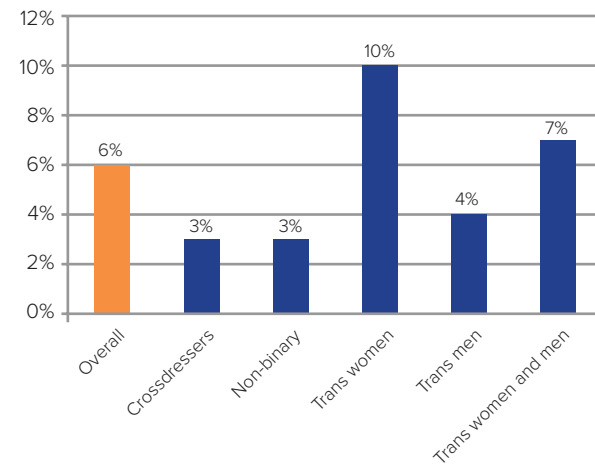


Seventeen percent (17%) of people who were out or perceived as transgender in K–12 left a school because the mistreatment was so bad.

e. Expelled from School

Six percent (6%) of people who were out or perceived as transgender were expelled from school. Transgender women were nearly twice as likely to have been expelled, with one in ten (10%) reporting that experience (Figure 8.10). Further, respondents who were currently working in the underground economy (18%) were three times as likely to have been expelled from school.

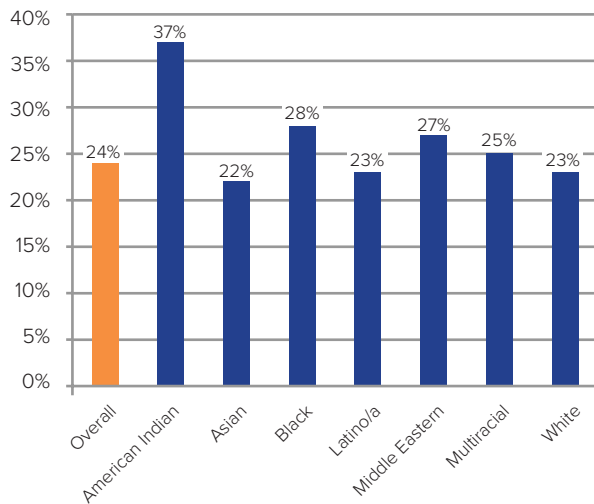
Figure 8.10: Expelled from school in K–12 GENDER IDENTITY (%)



III. Outness and Treatment in College or Vocational School

Of respondents who had attended college or vocational school, 46% said their classmates, professors, or staff at college or vocational school thought or knew they were transgender. Nearly one-quarter (24%) of respondents who indicated that classmates, professors, or staff at college or vocational school thought or knew they were transgender were verbally, physically, or sexually harassed. American Indian (37%), Black (28%), and Middle Eastern (27%) respondents were more likely to have had these experiences, while white (23%), Latino/a (23%), and Asian (22%) respondents were less likely (Figure 8.11).

Figure 8.11: Verbally, physically, or sexually harassed in college or vocational school RACE/ETHNICITY (%)



Of respondents who were out or perceived as transgender and who experienced some form of harassment, 16% left college or vocational school because the harassment was so bad. This represents 2% of all respondents who attended a higher education institution. Of those who experienced some form of harassment, transgender women (21%) were more likely to

have left college or vocational school for this reason than transgender men (16%) and non-binary people (12%) (Figure 8.12). Respondents currently working in the underground economy were almost twice as likely (31%) to have left college because of harassment than other respondents. American Indian (23%), Latino/a (23%), Black (21%), and multiracial (20%) respondents were more likely to report leaving school for that reason (Figure 8.13).

Figure 8.12: Left college or vocational school because harassment was so bad (of those who were harassed) GENDER IDENTITY (%)

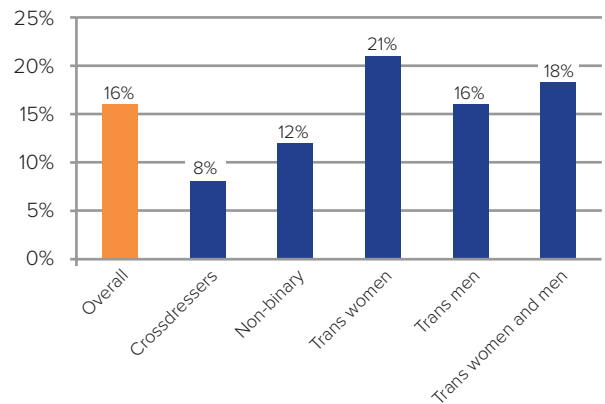
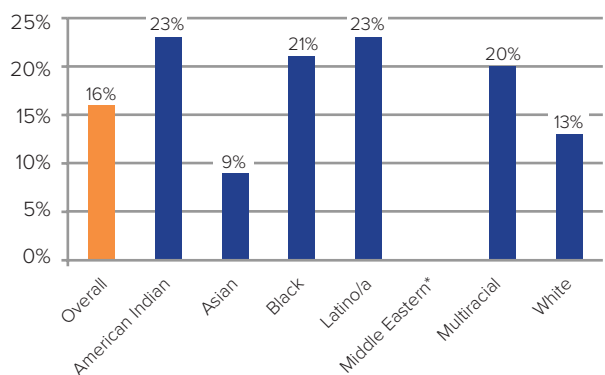


Figure 8.13: Left college or vocational school because harassment was so bad (of those who were harassed) RACE/ETHNICITY (%)



*Sample size too low to report

In addition to the 2% who left because the harassment was so bad, 1% of respondents who attended college or vocational school were expelled or forced out, and 5% left because of other reasons related to being transgender.

IV. Current Outness and Support of Classmates

In addition to questions about being out to classmates at any time while they were in school, respondents were asked whether they currently had classmates, and whether those classmates knew that they were transgender. Of respondents who currently had classmates, only 15% said that all of their classmates knew that they were transgender, 10% said that most of them knew, 28% said that some of them knew, and nearly half (47%) said that none of their classmates knew that they were transgender.

Respondents who currently had classmates and reported that all, most, or some of their classmates knew that they were transgender were asked how supportive their classmates generally were of them as a transgender person. Responses were given on a five-point scale from “very supportive” to “very unsupportive.” The categories were collapsed to create a new variable reflecting supportive, neutral, or unsupportive classmates.⁵ More than half (56%) reported that their classmates were supportive, 39% had classmates that were neither supportive nor unsupportive, and only 5% reported that their classmates were unsupportive (Table 8.2).

Table 8.2: Classmates’ level of support of them as a transgender person

Level of support	% of those who reported that all, most, or some of their classmates knew they were transgender
Very supportive	21%
Supportive	35%
Neither supportive nor unsupportive	39%
Unsupportive	4%
Very unsupportive	1%

More than half (56%) of those who had at least some classmates who knew they were transgender reported that their classmates were supportive.

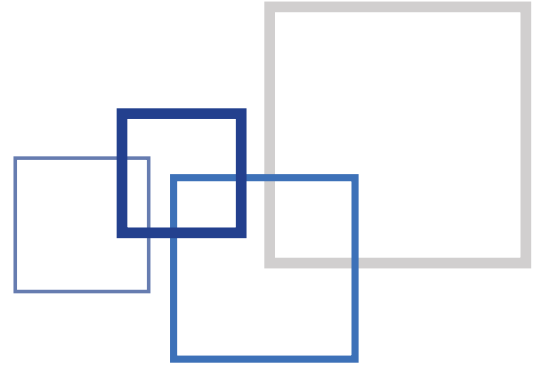
Conclusion

Results indicated that the majority of those who were out or perceived as transgender in K–12 had one or more negative experiences, and that such experiences were correlated with a variety of poor outcomes, such as higher rates of attempted suicide, homelessness, and serious psychological distress. Although negative experiences were reported at all age groups, results found that older individuals were less likely to have been out as transgender in K–12 than younger respondents, but when out, they were more likely to have experienced negative treatment in schools. This indicates that school environments have improved for transgender people over the years, though high rates of mistreatment were reported even among younger respondents.

Additionally, results indicated that those who attended college or another higher education institution were out or perceived as transgender at high rates. However, they also suggest that transgender students in such institutions are subject to harmful experiences that lead to negative outcomes, such as having to leave school to avoid being harassed because of being transgender.

ENDNOTES | CHAPTER 8: EXPERIENCES AT SCHOOL

- 1 Kosciw, J. G., Greytak, E. A., Palmer, N. A., & Boesen, M. J. (2014). *The 2013 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual and Transgender Youth in Our Nation's Schools*. New York, NY: Gay, Lesbian & Straight Education Network; Kosciw, J. G., Palmer, N. A., Kull, R. M., & Greytak, E. A. (2013). The effect of negative school climate on academic outcomes for LGBT youth and the role of in-school supports. *Journal of School Violence, 12*(1), 45–63.
- 2 Rankin, S. & Beemyn, G. (2012). Beyond a binary: The lives of gender-nonconforming youth. *About Campus, 17*(4), 2–10; Rankin, S., Weber, G., Blumenfeld, W., & Frazer, S. (2010). *2010 State of Higher Education for LGBT People*. Charlotte, NC: Campus Pride.
- 3 “People with disabilities” here refers to respondents who identified as a person with a disability in Q. 2.20.
- 4 This data is derived from responses to Q. 26.4, where respondents were asked if they had “experienced unwanted sexual contact because people thought [they were] trans.”
- 5 “Very supportive” and “supportive” categories were collapsed into a single “supportive” category. “Very unsupportive” and “unsupportive” categories were collapsed into a single “unsupportive” category. See Q. 4.12.



CHAPTER 9

Income and Employment Status

High rates of poverty, unemployment, and economic vulnerability among transgender people have been documented in prior research.¹ These disparities can lead to numerous negative outcomes in housing, health, and many other aspects of life. The survey explored respondents' employment status and income sources with questions that were patterned on the Current Population Survey (CPS), a survey used by the Bureau of Labor Statistics to assess economic indicators and the state of the labor force in the United States.^{2,3} The questions were used to compare the income and employment experiences of the USTS sample with those in the U.S. population.⁴ Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

KEY FINDINGS

- ▶ The unemployment rate among respondents was 15%, three times higher than the U.S. unemployment rate at the time of the survey (5%).
- ▶ Nearly one-third (29%) of respondents were living in poverty, more than twice the rate in the U.S. adult population (12%).
- ▶ One in eight (12%) respondents reported an annual household income between \$1 and \$9,999, three times higher than the U.S. adult population in this income bracket (4%).

I. Employment Status

Respondents were asked a series of questions about their current employment status. More than one-third (35%) currently had a full-time job, 15% had at least one part-time job, 15% were self-employed, and 11% were students (Table 9.1). Nine percent (9%) of those who were employed were working more than one full-time or part-time job, which represents 4% of the whole sample.

Two percent (2%) of respondents were currently employed doing sex work, selling drugs, or doing other work in the underground economy for income. Of these, 60% indicated that they were currently looking for work that is not criminalized.⁵

Of those who were working either full time or part time for an employer, 13% were members of a labor union or an employee association similar to a union (representing 6% of the full sample), while another 2% of those who were working for an employer were not union members but were covered by a union or employee association contract. This compares to 12% of wage and salary workers in the U.S. population who were members of a union or were not union members but were covered by a union or employee association contract.⁶

Table 9.1: Current employment status

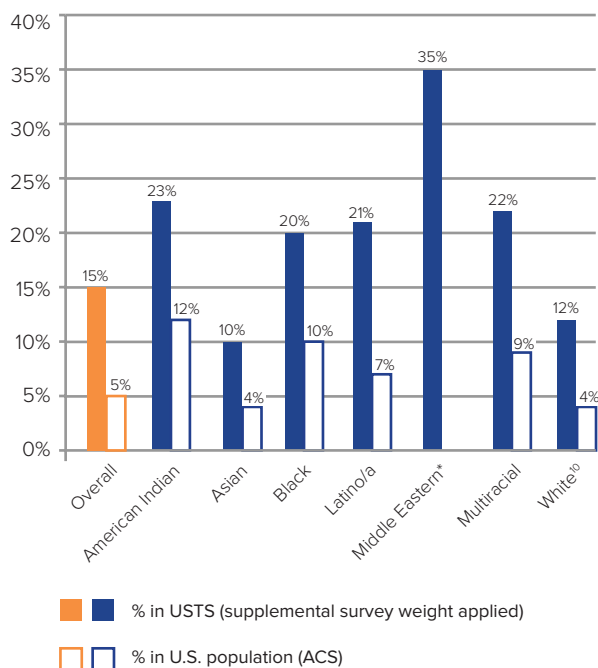
Employment status	% of respondents (supplemental weight)
Work full time for an employer	35%
Work part time for an employer	15%
Self-employed in own business, profession or trade, or operate a farm (not including underground economy)	15%
Retired	14%
Not employed due to disability	13%
Student	11%
Unemployed but looking for work	11%
Unemployed and have stopped looking for work	5%
Homemaker or full-time parent	3%
Work for pay from sex work, selling drugs, or other work currently criminalized	2%
Not listed above	4%

The national unemployment rate, as reported by the Bureau of Labor Statistics, is calculated out of only those who are currently “in the labor force.” This includes people who are employed and those who are unemployed but looking for work. It does not include those who are unemployed but not looking for work, since they are considered to be out of the labor force. For the purposes of comparison, the unemployment rate for USTS respondents reported here was calculated in the same manner. The unemployment rate for

The unemployment rate for USTS respondents was 15%, three times the unemployment rate in the U.S. population.

USTS respondents was 15%, three times the U.S. unemployment rate at the time of the survey (5%).⁷ Nearly one-half (49%) of undocumented residents were unemployed. The unemployment rate was also higher among people with disabilities⁸ (24%) and people of color, with Middle Eastern (35%), American Indian (23%), multiracial (22%), Latino/a (21%), and Black (20%) respondents being more likely to be unemployed. Unemployment rates among Asian, multiracial, Latino/a, and Black USTS respondents were between two and three times higher than Asian, Latino/a, multiracial, and Black people in the U.S. population (Figure 9.1).⁹

Figure 9.1: Unemployment rate RACE/ETHNICITY (%)



*U.S. population data for Middle Eastern people alone is not available. See note 10.

II. Sources of Income and Assistance

Respondents were asked about their income sources, and they reported a wide range of sources. In order to compare the USTS sample to the U.S. population in the CPS, the USTS data presented in Table 9.2 is limited to respondents ages 25 and older only. Compared to findings from the CPS, respondents' sources of income differed from the U.S. population in several categories. For instance, 57% of USTS respondents aged 25 and older had income from their own and/or their spouse's employment, compared to 67% of adults aged 25 and older in the U.S. population (Table 9.2).

Table 9.2: Current sources of income (ages 25 and older only)

Income source	% in USTS (supplemental weight)	% in U.S. adult population (CPS)
Pay from respondent's and/or partner's full-time or part-time job	57%	67%
Self-employment income from own business, profession or trade, or farm (not including underground economy)	18%	7%
Social Security retirement, railroad retirement income, or Social Security disability benefits (SSDI)	25%	25%
Private pension, government employee pension, or other retirement income	13%	13%
Income from dividends, estates or trusts, royalties, rental income, savings, or bonds	12%	61%
Supplemental Security Income (SSI)	7%	3%
Regular contributions from people not living in household	4%	1%
Veterans disability benefits and other veterans benefits	4%	2%
Pay from sex work, selling drugs, or other work currently criminalized	3%	--
Cash assistance from welfare (such as TANF) or other public cash assistance program (not including SNAP or WIC)	2%	1%
Unemployment benefits	2%	2%
Child support or alimony	1%	2%
Workers' compensation or other disability	1%	1%
Income not listed above	9%	--

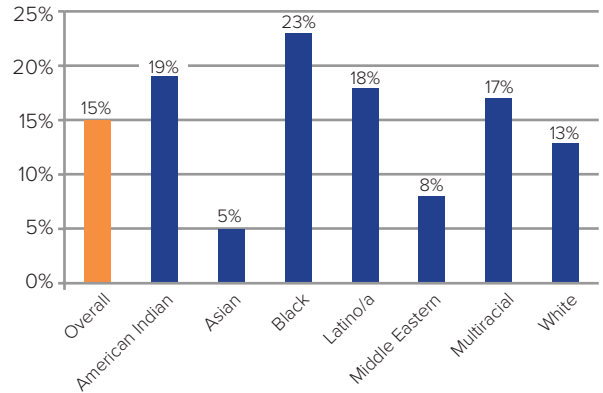
Responses were examined to determine whether respondents had one source of income or multiple sources. Nearly one-half (45%) of all respondents reported having multiple sources of income. Thirty-seven percent (37%) reported that their sole source of income was from their own employment or their partner's employment. Nearly one in ten (9%) reported that their sole source of income was Supplemental Security Income (SSI) or disability, 1% received their only income from unemployment benefits or cash assistance programs, and 1% reported that their sole source of income was from underground economy work, including sex work, drug sales, or other work that is currently criminalized (Table 9.3).

Table 9.3: Current sources of income by single and multiple sources

Income source	% of respondents (supplemental weight)
Employment only (from their own employment, partner/spouse's employment, or self-employment)	37%
SSI/disability only	9%
Pension/retirement only	3%
Other sources only	3%
Pay from sex work, selling drugs, or other work that is currently criminalized only	1%
Unemployment benefits/cash assistance only	1%
Multiple sources	45%

Fifteen percent (15%) of respondents reported receiving assistance through food stamps (SNAP)¹¹ and/or WIC.¹² Forty-one percent (41%) of respondents living with HIV received SNAP and/or WIC assistance. People with disabilities (29%), and Black (23%), American Indian (19%), and Latino/a (18%) respondents were also more likely to receive SNAP and/or WIC assistance (Figure 9.2).

Figure 9.2: Currently receive SNAP or WIC assistance RACE/ETHNICITY (%)



III. Individual and Household Income and Poverty

Respondents also received questions about their individual¹³ and household¹⁴ incomes from the year 2014, which was the last full year prior to the survey for which they could provide annual income figures. They reported lower incomes overall than the U.S. population as a whole, as well as higher poverty rates. Most of the analysis and reporting in this chapter focuses on household income.

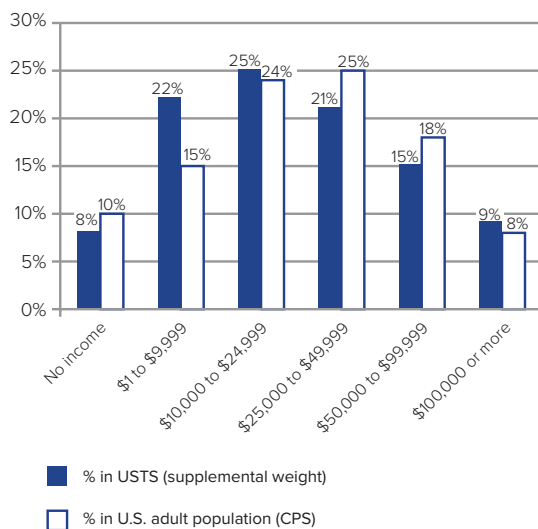
a. Individual Income

When asked about their *individual* income, 8% of respondents reported that they had no individual income, compared to 10% in the U.S. adult population.^{15,16} Nearly one-quarter (22%) of respondents reported that they had an income between \$1 and \$9,999 per year, compared to 15% in the U.S. adult population (Figure 9.3).¹⁷

One in eight (12%) respondents reported that they had a household income between \$1 and \$9,999 per year, three times the rate in the U.S. population (4%).

Nearly one-third (29%) of respondents were living in poverty, more than twice the rate in the U.S. population (12%).

Figure 9.3: Individual income in 2014



b. Household Income

Turning to household income, 4% of respondents reported that they had no *household* income, which was four times higher than the rate of those with no income in the U.S. adult population (12%).¹⁸ Additionally, one in eight (12%) respondents reported earning an annual household income between \$1 and \$9,999, which was three times as many when compared to the U.S. adult population (4%) (Figure 9.4).¹⁹ Respondents were nearly twice as likely to have a household income of only \$10,000 to \$24,999 (22%) as those in the U.S. adult population (12%). Furthermore, respondents were less likely to have household incomes of \$50,000 to \$100,000 (23%) than those in the U.S. adult population (31%).

In Our Own Voices

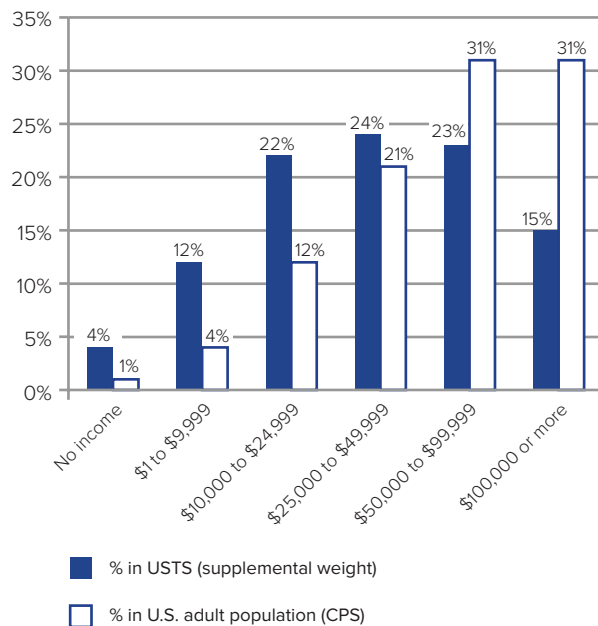
“The day I came out as transgender at work, I was let go. Since transitioning, employment has been difficult, with a 95% reduction in earnings.”

“I quit after seven months of unbearable working conditions. I have been struggling to keep afloat financially. I’m afraid of going to apply for unemployment or SNAP benefits because I know that I will be discriminated against. I’m on the brink of being homeless and my own family hasn’t even reached out to help me.”

“I have had to live my life with no safety net or resources, and it’s hard. I’m constantly battling homelessness, I rarely get hired because I’m mixed and visibly queer, and I end up having to rely on government assistance and friends with available couches.”

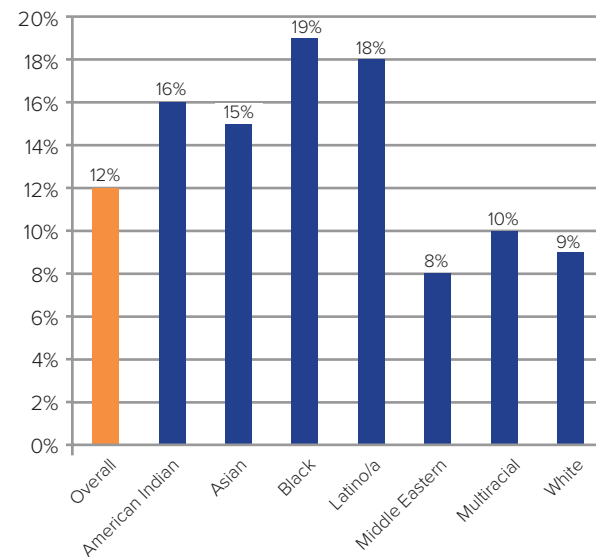
“In the nearly seven years since I transitioned, I have been unemployed, surviving off the charity of friends and family, and government assistance when I could get it. I have over 20 years of experience in my field, yet I cannot even land a part-time retail position.”

Figure 9.4: Household income in 2014



More than half (53%) of respondents whose sole source of income was from the underground economy had a household income between \$1 and \$9,999 per year, more than four times the rate in the overall sample. Nearly one-third (31%) of those who were currently working in the underground economy and also had additional sources of income reported this low household income, nearly three times the rate of the overall sample. People with disabilities (21%) were nearly twice as likely as the overall sample, and those living with HIV (19%) and people of color, including Black (19%), Latino/a (18%), and American Indian (16%) respondents, were also more likely to have a household income between \$1 and \$9,999 (Figure 9.5).

Figure 9.5: Household income from \$1 to \$9,999 RACE/ETHNICITY (%)

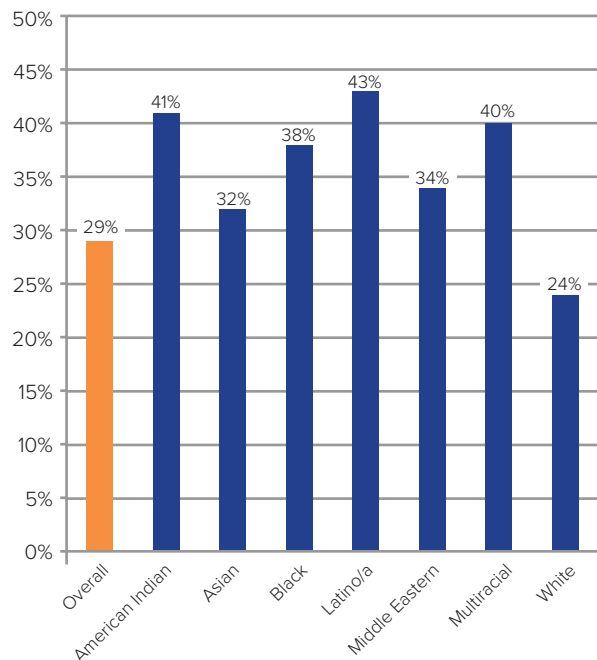


c. Poverty

Nearly one-third (29%) of respondents were living in poverty,²⁰ more than twice the rate of people living in poverty in the U.S. adult population at the time of the survey (12%).²¹

More than two-thirds (69%) of undocumented residents and nearly two-thirds (62%) of those currently working in the underground economy were living in poverty. Respondents living with HIV (51%) and people with disabilities (45%) were also more likely to be living in poverty. Among people of color, Latino/a (43%), American Indian (41%), multiracial (40%), and Black (38%) respondents were most likely to be living in poverty (Figure 9.6).

Figure 9.6: Living in poverty
RACE/ETHNICITY (%)



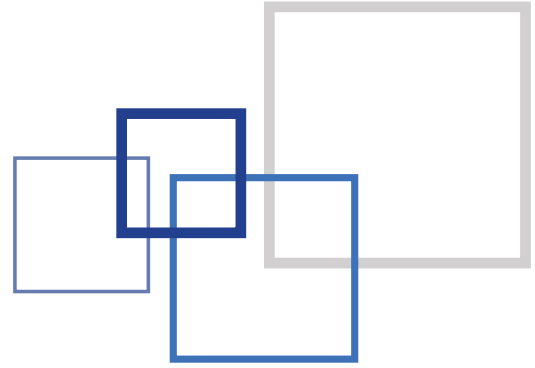
Conclusion

The results indicate that respondents faced higher levels of unemployment and poverty compared to the U.S. adult population. They were three times more likely than the U.S. adult population to be unemployed, more than twice as likely to be living in poverty, and more than three times as likely to have an annual household income below \$10,000. People of color, undocumented residents, people with disabilities, and respondents living with HIV were more likely to report being unemployed, living in poverty, and having low incomes, which indicate that these respondents have experienced substantial economic instability.

ENDNOTES | CHAPTER 9: INCOME AND EMPLOYMENT STATUS

- Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. (p. 22). DC: National Center for Transgender Equality & National Gay and Lesbian Task Force; Center for American Progress & Movement Advancement Project. (2015). *Paying an Unfair Price: The Financial Penalty for Being Transgender in America*. Available at: <http://www.lgbtmap.org/file/paying-an-unfair-price-transgender.pdf>.
- U.S. Census Bureau & Bureau of Labor Statistics. (2015). *Current Population Survey (CPS)*.
- This chapter provides an overview of respondents' income and employment status. Experiences in specific fields of work are discussed further in the *Sex Work and Other Underground Economy Work* and *Military Service* chapters. Experiences in employment settings, such as being fired or harassed in the workplace, are discussed in more detail in the *Employment and the Workplace* chapter.
- Throughout this chapter, findings regarding respondents' income and employment have been weighted with a supplemental survey weight to reflect the age and educational attainment of the U.S. population in addition to the standard survey weight. The USTS sample differs substantially from the U.S. population in regard to age and educational attainment. Therefore, this additional weight is applied to all percentages reported in this chapter in order to provide a more accurate comparison to the U.S. general population. See the *Methodology* and *Portrait of USTS Respondents* chapters for more information about the supplemental survey weight.
- Experiences of respondents with sex work and other underground economy work are discussed further in the *Sex Work and Other Underground Economy Work* chapter.
- Bureau of Labor Statistics. (2016). *Union Affiliation of Employed Wage and Salary Workers by Selected Characteristics, 2014–2015 Annual Averages*. Available at: http://www.bls.gov/news.release/union2.t01.htm#union_a01.f1. The percentage of people in the U.S. who are members of a union or covered by a union or employee association contract includes those in the U.S. population who are 16 years of age and older, in contrast to the USTS sample, which includes respondents who are 18 and older. Therefore, the comparison to the USTS sample should be interpreted with caution.
- Bureau of Labor Statistics. (2015). *The Employment Situation—August 2015*. Available at: http://www.bls.gov/news.release/archives/empsit_09042015.pdf; Bureau of Labor Statistics. (2015). *The Employment Situation—September 2015*. Available at: http://www.bls.gov/news.release/archives/empsit_10022015.pdf. The national unemployment rate for August and September 2015, as published by the Bureau of Labor Statistics, includes those

- in the U.S. population who are 16 years of age and older. The USTS sample includes respondents who are 18 and older. Therefore, the comparison between the national unemployment rate and the USTS unemployment rate sample should be interpreted with caution.
- 8 “People with disabilities” here refers to respondents who identified as a person with a disability in Q. 2.20.
 - 9 The unemployment rate by race and ethnicity among adults in the U.S. population was calculated by the research team using CPS data available via the CPS Table Creator (<http://www.census.gov/cps/data/cpstablecreator.html>). CPS Table Creator data utilizes data from the March 2015 Current Population Survey Annual Social and Economic Supplement, in which the overall U.S. unemployment rate was 5.5%. This March 2015 national unemployment rate was higher than the national rate at the time of the survey (5.1% in August and September 2015), as outlined in this report (see the unemployment rate time series table available through the Bureau of Labor Statistics, available at <http://data.bls.gov/timeseries/LNS14000000>). Given the higher national unemployment rate in March 2015, the comparison of the national unemployment rate by race and ethnicity to the unemployment rate for USTS respondents by race and ethnicity as reported here likely reflects smaller differences in the unemployment rate than would have existed at the time of the survey. Therefore, these comparisons should be interpreted accordingly.
 - 10 CPS data combines people of Middle Eastern descent and white people in a single “white/Caucasian” category, therefore Middle Eastern respondents in the U.S. population are included in the CPS percentage for this category.
 - 11 See Q. 7.10. Respondents received the following definition for SNAP: “The Supplemental Nutrition Assistance Program (SNAP) is sometimes called the Food Stamp program. It helps people who have low or no income to buy food, usually with an EBT card.” SNAP benefits are not considered income.
 - 12 See Q. 7.10. Respondents received the following definition for WIC: “‘WIC’ stands for ‘Women, Infants, and Children.’ It’s the short name for the Special Supplemental Nutrition Program for Women, Infants, and Children. WIC is a federal program to help women who are pregnant or breastfeeding and children less than five years old get health care and healthy food.” WIC benefits are not considered income.
 - 13 See Q. 7.12. Respondents received the following note describing individual income: “‘Individual income’ includes money from jobs, employment, net income from business, income from farms or rentals, income from self-employment, pensions, dividends, interest, social security payments, and other money income that you personally received in 2014. Do not include assistance from food stamps (SNAP) or WIC as income.”
 - 14 See Q. 7.14. Respondents received the following note describing household income: “‘Household income’ includes you and all members of your household who have lived with you during the past 12 months and includes money from jobs, employment, net income from business, income from farms or rentals, income from self-employment, pensions, dividends, interest, social security payments, and any other money income received by you and members of your household who are 15 years of age or older in 2014. Do not include assistance from food stamps (SNAP) or WIC as income.”
 - 15 *Current Population Survey (CPS)*. See note 2.
 - 16 Those who report having “no income” in the USTS and CPS are a group with characteristics that are distinct from low-income earners, such as those who earn an income between \$1 and \$9,999. For example, they are more likely to be out of the labor force. Therefore, when differences in experiences by income level are highlighted in this report, the experiences of those who report no household income are generally presented separately from those of low-income earners.
 - 17 *Current Population Survey (CPS)*. See note 2.
 - 18 *Current Population Survey (CPS)*. See note 2.
 - 19 *Current Population Survey (CPS)*. See note 2.
 - 20 The research team calculated the USTS poverty measure using the official poverty measure, as defined by the U.S. Census Bureau, which can be found at: <https://www.census.gov/hhes/www/poverty/about/overview/measure.html>. The income ranges in the USTS allowed for designation of respondents as in or near poverty if their total family income fell below 125% of the official poverty measure for purposes of comparison to the U.S. adult population. Respondents who are “living in poverty” represent those who are living at or near the poverty line.
 - 21 Proctor, B. D., Semega, J. L., & Kollar, M. A. (2016). *Income and Poverty in the United States: 2015*. (p. 13). DC: U.S. Census Bureau. Available at: <https://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-256.pdf>. Calculations were completed by the research team.



CHAPTER 10

Employment and the Workplace

Access to employment is critical to people’s ability to support themselves and their families. Prior research has shown that transgender people face pervasive mistreatment, harassment, and discrimination in the workplace and during the hiring process.¹ In addition to being fired, forced out of their jobs, or not hired for jobs because of their gender identity or expression, transgender people are also often subject to additional forms of mistreatment at work, such as being verbally harassed, being forced to present as the wrong gender in order to keep their jobs, or being physically attacked at work.²

Respondents were asked about being out in the workplace and the level of support they received from coworkers. They were also asked how they were treated in the workplace as a transgender person, including whether they had been fired, denied a promotion, or not hired because of being transgender, whether they had been harassed or faced other forms of mistreatment, and whether they had to take actions to avoid mistreatment, such as quitting their job or delaying their transition. Throughout the chapter, notable differences in respondents’ experiences based on demographic and other characteristics are reported.

KEY FINDINGS

- ▶ Sixteen percent (16%) of respondents who have ever been employed reported losing at least one job because of their gender identity or expression.
.....
- ▶ Thirty percent (30%) of respondents who had a job in the past year reported being fired, denied a promotion, or experiencing some other form of mistreatment in the workplace related to their gender identity or expression, such as being harassed or attacked.
.....
- ▶ In the past year, 27% of those who held or applied for a job reported being fired, denied a promotion, or not hired for a job they applied for because of their gender identity or expression.
.....
- ▶ Fifteen percent (15%) of respondents who had a job in the past year were verbally harassed, physically attacked, and/or sexually assaulted at work because of their gender identity or expression.
.....
- ▶ Nearly one-quarter (23%) of those who had a job in the past year reported other forms of mistreatment based on their gender identity or expression during that year, such as being told by their employer to present as the wrong gender in order to keep their job or having employers or coworkers share private information about their transgender status with others without permission.
.....
- ▶ More than three-quarters (77%) of respondents who had a job in the past year took steps to avoid mistreatment in the workplace, such as hiding or delaying their gender transition or quitting their job.

I. Outness and Support in the Workplace

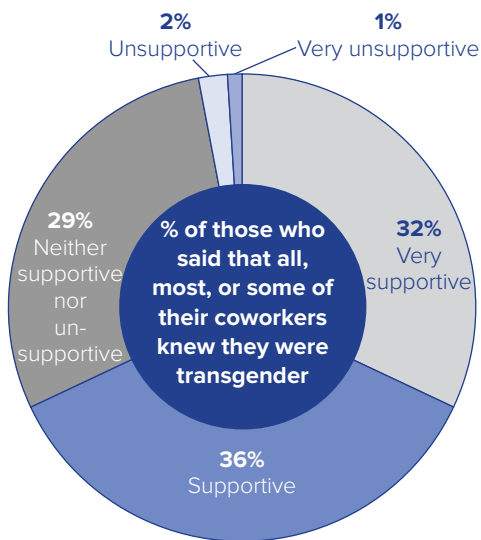
Respondents were asked whether their current bosses or supervisors and their current coworkers knew they were transgender. Of respondents who currently had bosses or supervisors, 35% said that all of their current bosses or supervisors knew they were transgender, 6% reported that most knew, and 10% indicated that some knew that they were transgender. Nearly half (49%) reported that none of their bosses or supervisors knew that they

were transgender. Of respondents who currently had coworkers, less than one-quarter (23%) reported that all of their coworkers knew they were transgender, 11% reported that most of their coworkers knew, and 24% said that some of their coworkers knew they were transgender. Forty-two percent (42%) indicated that none of their coworkers knew that they were transgender.

Respondents who currently had coworkers and reported that all, most, or some of their coworkers knew that they were transgender were asked how supportive their coworkers generally were of them as a transgender person.³ Responses were provided on a five-point scale from “very

supportive” to “very unsupportive.” More than two-thirds (68%) of these respondents reported that their coworkers were supportive, 29% had coworkers who were neither supportive nor unsupportive, and only 3% had unsupportive coworkers (Figure 10.1).

Figure 10.1: Level of support



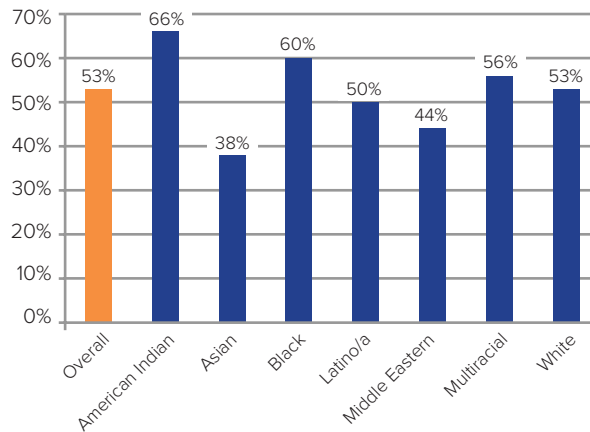
II. Loss of Employment During Lifetime

Eighty-one percent (81%) of respondents had worked at a job or business at some point in their lifetime.⁴ Those respondents were asked whether they had ever experienced a loss of employment, including losing a job, being laid off, being fired, or being forced to resign, and the reasons they believed this happened.

Overall, more than half (53%) of respondents who had ever held a job experienced a loss of employment for any reason. Respondents who were living with HIV (78%) and those who have done sex work (73%) were more likely to have lost a job at some point in their lifetime. American

Indian (66%) and Black (60%) respondents (Figure 10.2), transgender women (66%), and people with disabilities⁵ (59%) were also more likely to have ever lost a job.

Figure 10.2: Ever lost job for any reason RACE/ETHNICITY (%)



Respondents who had lost a job at some point in their lifetime were asked what they believed the reasons were for that treatment, and they selected one or more reasons from a list, such as age, race or ethnicity, and gender identity or expression (Table 10.1).

Table 10.1: Reported reasons for losing a job

Reason for losing job	% of those who have ever lost job	% of those who have been employed
Age	7%	4%
Disability	13%	7%
Income level or education	5%	2%
Gender identity or expression	30%	16%
Race or ethnicity	5%	3%
Religion or spirituality	2%	1%
Sexual orientation	13%	7%
None of the above	61%	32%

One in six (16%) respondents who have been employed reported that they had lost a job because of their gender identity or expression.⁶ This represents 13% of the overall sample.

American Indian (21%), multiracial (18%), and Black (17%) respondents were more likely than the overall sample to have lost a job because of their gender identity or expression (Figure 10.3). More than one-quarter of respondents who have done sex work (27%) and respondents living with HIV (26%) have lost a job because of being transgender. Transgender women (18%) were more likely than transgender men (14%) and non-binary people (7%) to have lost a job because of their gender identity or expression (Figure 10.4).

Figure 10.3: Ever lost job because of being transgender RACE/ETHNICITY (%)

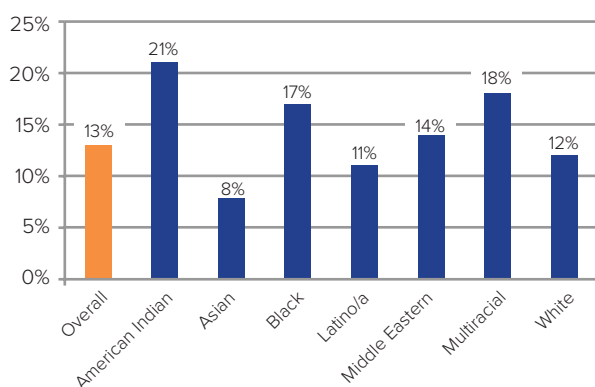
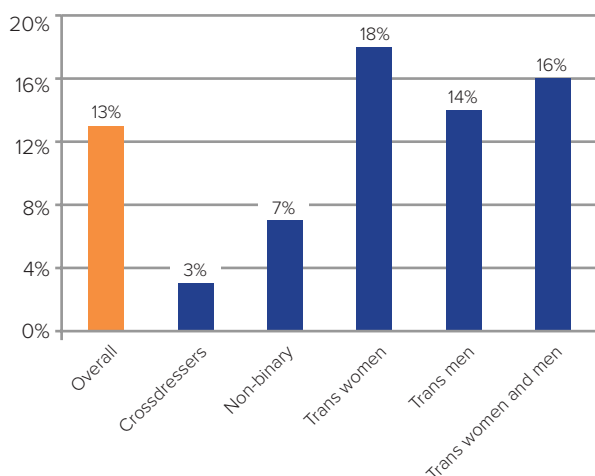


Figure 10.4: Ever lost job because of being transgender GENDER IDENTITY (%)



III. Firing, Hiring, and Promotions in the Past Year

Seventy percent (70%) of respondents had held and/or applied for a job in the past year. Those respondents were asked if they had negative experiences related to firing, hiring, and promotions in the past year.

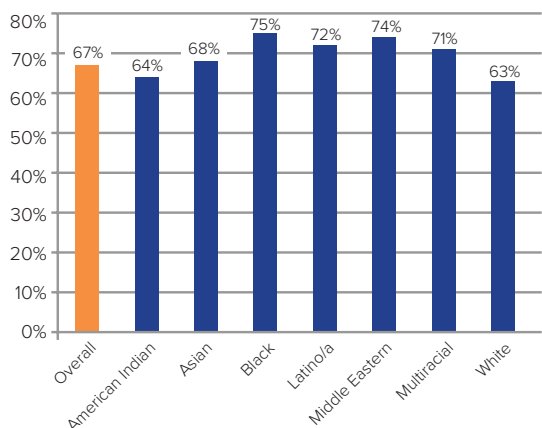
Overall, approximately two-thirds (67%) of respondents who held or applied for a job in the past year reported that they were fired or forced to resign from a job, not hired for a job that they applied for, and/or denied a promotion (Table 10.2). Respondents currently working in the underground economy, such as sex work, drug sales, or other work that is currently criminalized (78%), and people with disabilities (75%) were more likely to have had one or more of these experiences in the past year. Black (75%) and Middle Eastern (74%) respondents were also more likely to have had one or more of these experiences in the past year, in contrast to white (63%) and American Indian (64%) respondents (Figure 10.5).

Table 10.2: Fired, not hired, or denied a promotion for any reason in the past year

Occurrence in the past year	% of those who held or applied for job
Not hired for a job they applied for	61%
Denied a promotion	13%
Fired or forced to resign	12%
One or more experiences listed	67%

More than one-quarter (27%) of those who held or applied for a job in the past year reported not being hired, being denied a promotion, or being fired during that year because of their gender identity or expression.

Figure 10.5: Fired, not hired, or denied a promotion for any reason in the past year
RACE/ETHNICITY (%)



Respondents who reported these experiences were asked what they believed the reasons were for that treatment. Forty-one percent (41%) of respondents who were fired or forced to resign from a job, not hired for a job that they applied for, or were denied a promotion believed that it was due to their gender identity or expression (Table 10.3). This means that 27% of all of those who held or applied for a job in the past year (or 19% of the overall sample) reported not being hired for a job they applied for, being denied a promotion, or being fired from a job in the past year because of their gender identity or expression.

Table 10.3: Reported reasons for not being hired, being denied a promotion, or being fired in the past year

Reported reasons for negative experience in the past year	Reasons for not being hired (% of those not hired)	Reasons for being denied promotion (% of those denied promotion)	Reasons for being fired (% of those fired)
Age	21%	16%	6%
Disability	7%	9%	15%
Income level or education	21%	13%	6%
Gender identity or expression	39%	49%	43%
Race or ethnicity	11%	14%	10%
Religion or spirituality	1%	3%	2%
Sexual orientation	10%	16%	14%
None of the above	41%	33%	40%

In Our Own Voices

“Coworkers would gossip about me as news about my trans status spread through the workplace. I was treated significantly differently once people heard about me being trans. Coworkers felt they had the right to disrespect me because the owners set the tone. I became a spectacle in my own workplace.”

“The day before I started work, HR sent a mass email to everyone in the office ‘warning’ them about my trans status. I used the women’s bathroom since starting, but a month in to the job, I was called to my manager’s office and told that I could not use the women’s bathroom. I did not feel safe in the men’s bathroom, so I told the HR manager that due to city law, I could not be denied access to the bathroom matching my gender identity. I was fired the next day for no given reason.”

“I changed jobs from a high-paying one where I was not comfortable being out as a trans person to a much lower-paying one where I felt that my identity would be respected. Having a job where my gender identity is respected consistently, where I don’t have to constantly fight for myself or hide myself, has improved my quality of life more than any other aspect of my transition.”

IV. Responses to Firing Due to Transgender Status

Respondents who reported that they had been fired in the past year because of their gender identity or expression were asked how they responded. While more than two-thirds (69%) of these respondents did not take any formal action in response, 14% filed an official complaint (Table 10.4). Respondents who filed a complaint were asked where they filed it. More than half (53%) reported that they filed a complaint with their employer's human resources or personnel department. One-third (33%) of respondents who filed complaints did so with the federal Equal Employment Opportunity Commission (EEOC), the agency that enforces federal employment nondiscrimination laws (Table 10.5).

Table 10.4: Response to being fired in the past year because of their gender identity or expression

Response to being fired	% of those fired because of their gender identity or expression
They did nothing	69%
They contacted a lawyer (see Table 10.6)	15%
They made an official complaint (see Table 10.5)	14%
They contacted a transgender, LGBT, or other group	10%
They contacted their union representative	2%
Not listed above	7%

Table 10.5: Location where respondent made an official complaint

Place complaint was filed	% of those who filed an official complaint
Employer's human resources or personnel department	53%
Equal Employment Opportunity Commission (EEOC)	33%
Employer's Equal Employment Opportunity (EEO) office	18%
Local or state human rights commission	17%
Supervisor or manager	9%
Not listed above	26%

Fifteen percent (15%) of those who were fired in the past year because of their gender identity or expression responded by contacting a lawyer. These respondents were asked what happened after they contacted the lawyer. Nearly one-third (29%) reported that they were not able to hire the lawyer. Other respondents reported that the lawyer filed a lawsuit (21%), helped them file an official complaint (14%), called or wrote a letter to their employer (10%), or advised them not to take any action (10%) (Table 10.6).

Table 10.6: Assistance provided to those who contacted a lawyer

Outcome of contacting lawyer	% of those who contacted a lawyer
They were not able to hire the lawyer	29%
Lawyer filed a lawsuit	21%
Lawyer helped them to file an official complaint	14%
Lawyer called or wrote a letter to employer	10%
Lawyer advised them to take no action (write-in response)	10%
Lawyer did nothing or did not follow up (write-in response)	7%
Not listed above	9%

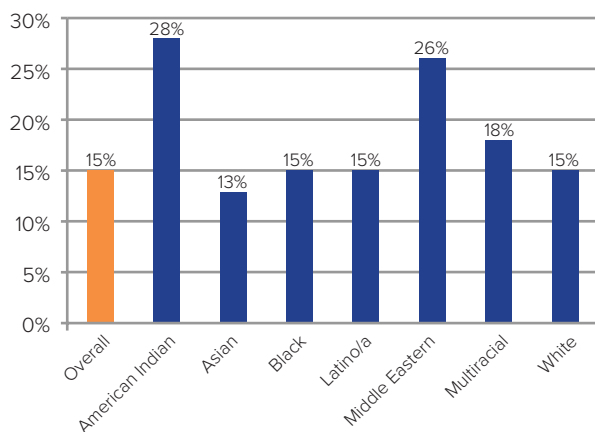
V. Other Forms of Mistreatment in the Past Year

Respondents who held a job in the past year were asked a series of questions about other forms of mistreatment in the workplace that happened because they were transgender.

a. Verbal Harassment, Physical Attack, and Sexual Assault

In the past year, 15% of respondents who had held a job during that year were verbally harassed, physically attacked, and/or sexually assaulted at work because of their transgender status.⁷ Respondents currently working in the underground economy (34%), American Indian respondents (28%), and Middle Eastern respondents (26%) were more likely to report one or more of those experiences in the past year (Figure 10.6).

Figure 10.6: Verbally harassed, physically attacked, or sexually assaulted at work in the past year
RACE/ETHNICITY (%)



Fourteen percent (14%) of those who held a job in the past year were verbally harassed at work because they were transgender. Respondents who said that others can always or usually tell that they are transgender (23%) were more likely

to be verbally harassed at work in the past year, compared with those who said that others can sometimes (19%) and rarely or never (10%) tell they are transgender.

One percent (1%) of respondents were physically attacked at work in the past year because they were transgender, with higher numbers among respondents who were currently working in the underground economy (4%).

One percent (1%) reported that they were sexually assaulted at work in the past year because they were transgender. Asian (4%) and American Indian (2%) respondents and transgender women (2%) were more likely report this experience.

b. Other Mistreatment in the Past Year

Respondents were asked if their employer, boss, or coworkers took other negative actions in the past year because of their transgender status, such as telling them to present as the wrong gender in order to keep their jobs, removing them from direct contact with clients, or sharing private information.

Nearly one-quarter (23%) of respondents who held a job in the past year reported that they experienced one or more of those actions in the past year because of their transgender status. One in six (16%) said that, because they were transgender, a boss or coworker shared personal information about them that should not have been shared. Six percent (6%) said that their boss gave them a negative review because they were transgender, 4% were told to present in the wrong gender in order to keep their job, and 4% said that they were not allowed to use the restroom consistent with their gender identity (Table 10.7).

Table 10.7: Mistreatment at work due to being transgender in the past year

Mistreatment at work due to being transgender in the past year	% of those who had a job
Employer/boss or coworkers shared information about them they should not have	16%
Employer/boss gave them a negative job review	6%
Employer/boss forced them to resign	4%
Employer/boss did not allow them to use the restroom they should be using based on their gender identity	4%
Employer/boss told them to present in the wrong gender to keep their job	4%
Employer/boss removed them from direct contact with clients, customers, or patients	3%
Employer/boss could not work out an acceptable restroom situation with them	3%
Employer/boss forced them to transfer to a different position or department at their job	2%
One or more experiences listed	23%

c. Efforts to Avoid Discrimination

Respondents who held a job in the past year were also asked a series of questions about actions they took in order to avoid discrimination at work in the past year, including hiding their gender identity, delaying their transition, and quitting their job. More than three-quarters (77%) took one or more actions to avoid discrimination (Table 10.8).

More than three-quarters (77%) of respondents who had a job in the past year hid their gender identity at work, quit their job, or took other actions to avoid discrimination.

Table 10.8: Actions taken to avoid anti-transgender discrimination at work in the past year

Actions taken to avoid anti-transgender discrimination at work in the past year	% of those who had a job
They had to hide their gender identity	53%
They did not ask employer to use pronouns they prefer (such as he, she, or they)	47%
They delayed their gender transition	26%
They stayed in a job they would have preferred to leave	26%
They hid the fact that they had already transitioned gender	25%
They kept a job for which they were overqualified	24%
They quit their job	15%
They did not seek promotion or raise	13%
They requested transfer to a different position or department	6%
One or more experiences listed	77%

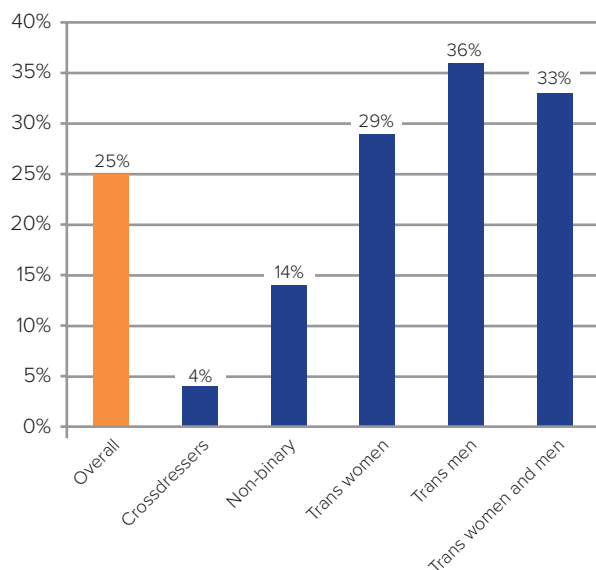
Respondents who were living in poverty⁸ (82%), non-binary respondents (81%), and people with disabilities (81%) were more likely to take one or more of these steps to avoid discrimination.

More than half (53%) reported having to hide their gender identity at work.⁹ Nearly half (47%) said they did not ask their employer to refer to them with correct pronouns (such as he, she, or they) out of fear of discrimination. Non-binary respondents (66%) were nearly twice as likely to avoid asking to be referred to by their correct pronouns compared to transgender men and women (34%).

More than one-quarter (26%) said that they stayed at a job that they would have preferred to leave for fear of encountering discrimination elsewhere. American Indian (40%), Black (31%), and Latino/a (28%) respondents and respondents with disabilities (30%) were more likely to stay at a job that they would have preferred to leave in order to avoid discrimination.

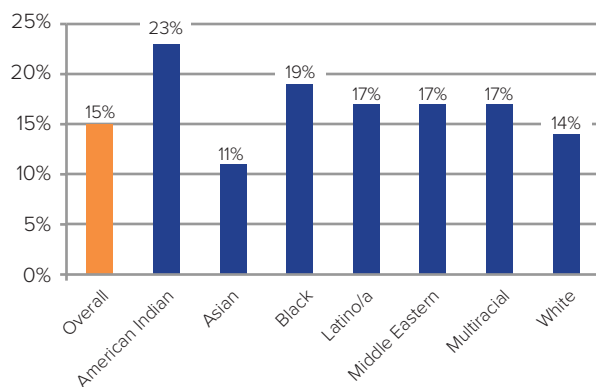
One-quarter (25%) of respondents reported that they hid the fact that they had already transitioned. In the past year, more than one-third (36%) of transgender men hid their past gender transition in the workplace in order to avoid discrimination (Figure 10.7).

Figure 10.7: Hid past transition to avoid discrimination in the past year
GENDER IDENTITY (%)



Fifteen percent (15%) of respondents who held a job in the past year reported that they quit their job in order to avoid workplace discrimination. Those currently working in the underground economy (28%), American Indian respondents (23%), Black respondents (19%), and people with disabilities (21%) were more likely to quit their job to avoid discrimination (Figure 10.8).

Figure 10.8: Quit job to avoid discrimination in the past year
RACE/ETHNICITY (%)



VI. Overall Negative Experiences in the Workplace

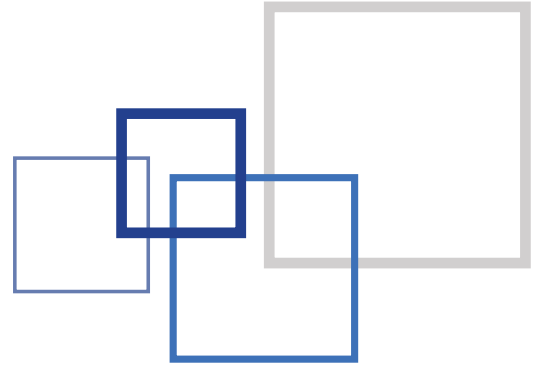
Overall, 30% of all respondents who held a job in the past year experienced some form of workplace discrimination during that year, including being fired or being denied a promotion because of their gender identity or expression, being harassed or assaulted at work, or experiencing one or more of the other forms of mistreatment discussed in section V of this chapter.¹² This represents 16% of all respondents. Further, 80% of respondents who held a job in the past year reported either experiencing some form of discrimination and/or taking steps to avoid discrimination at work, representing 41% of all respondents.

Conclusion

Respondents reported high levels of workplace discrimination based on their gender identity or expression, including losing employment opportunities, being harassed, being assaulted, and facing other forms of mistreatment because of being transgender. Many reported losing their job due to anti-transgender bias, with the experience being more likely to occur among people of color, people with underground economy experience, and people with disabilities. Many respondents who applied for or held a job in the past year reported that they were fired, denied a promotion, or not hired for a job they applied for because of their gender identity or expression. Respondents also faced substantial levels of harassment and mistreatment on the job because of their gender identity or expression, including verbal harassment, physical and sexual assault, and breaches of confidentiality. A large number of respondents felt they had to take actions to avoid discrimination, such as quitting a job or hiding their transition, despite the potential impact on their wellbeing or financial stability.

ENDNOTES | CHAPTER 10: EMPLOYMENT AND THE WORKPLACE

- 1 Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. (pp. 50–71). DC: National Center for Transgender Equality & National Gay and Lesbian Task Force; Sears, B. & Mallory, C. (2011). *Documented Evidence of Employment Discrimination & Its Effect on LGBT People*. Los Angeles, CA: Williams Institute. Available at: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Sears-Mallory-Discrimination-July-2011.pdf>; Rainey, T. & Imse, E. E. (2015). *Qualified and Transgender: A Report on Results of Resume Testing for Employment Discrimination Based on Gender Identity*. DC: DC Office of Human Rights. Available at: http://ohr.dc.gov/sites/default/files/dc/sites/ohr/publication/attachments/QualifiedAndTransgender_FullReport_1.pdf.
- 2 Grant, et al.; Sears, et al.
- 3 Respondents were not asked about the level of support from their current boss or supervisor.
- 4 Q. 21.1 and other questions in this chapter asked only about jobs doing legal work and excluded underground economy work, such as sex work, drug sales, and other work that is currently illegal.
- 5 “People with disabilities” here refers to respondents who identified as a person with a disability in Q. 2.20.
- 6 The survey included both “transgender status/gender identity” and “gender expression/appearance” as answer choices so that respondents could select what they felt best represented their experience. Because there was a substantial overlap of respondents who selected both reasons, and because these terms are commonly used interchangeably or with very similar meanings, responses of those who selected one or both of these reasons are collapsed for reporting as “gender identity or expression.”
- 7 Respondents were asked whether they had “experienced unwanted sexual contact (such as fondling, sexual assault, or rape)” at work because they were transgender in Q. 22.3.
- 8 Respondents who are “living in poverty” represent those who are living at or near the poverty line. See the *Income and Employment* chapter for more information about the poverty line calculation.
- 9 Respondents were asked if they “had to be in the closet about [their] gender identity in the past year” in order to avoid discrimination.
- 10 This figure does not include the experience of not being hired for a job in the past year, since this figure represents adverse actions in the workplace experienced by those who had a job only. It also does not include experiences of those who applied for a job but did not work a job in the past year.



CHAPTER 11

Sex Work and Other Underground Economy Work

Many people participate in sex work, drug sales, and other activities that are currently criminalized (“underground economy”) to earn an income, or in exchange for food, a place to sleep, or other goods or services. The commercial sex trade exists in a variety of forms, including street-based sex work, pornography, and escort services.¹ Participation in the sex trade is often higher among those who have faced family rejection, poverty, or unequal opportunities in employment, housing, and education.² Previous studies have documented higher levels of participation in sex work among transgender people, and in particular people of color and those facing homelessness or poverty.³ They have also found high rates of negative mental and physical health outcomes, police abuse, and experiences of violence among transgender people who have done sex work.⁴

Respondents were asked a series of questions about their participation in sex work and other underground economy work, and their interactions with law enforcement officers when they were doing sex work or when police thought that they were doing sex work. Notable differences in respondents’ experiences based on demographic and other characteristics are reported throughout the chapter.

KEY FINDINGS

- ▶ One in five (20%) respondents have participated in the underground economy for income at some point in their lives, including in sex work, drug sales, and other currently criminalized work, and 9% did so in the past year.

- ▶ One in eight (12%) respondents have participated in sex work for income. Six percent (6%) have engaged in sexual activity for food, and 8% have done so for a place to sleep. Overall, nearly one in five (19%) respondents reported doing some type of sex work, such as for money, food, or a place to sleep.

- ▶ Three percent (3%) of all respondents have interacted with the police either while they were doing sex work or while police thought that they were doing sex work.
 - Of those who interacted with the police while doing or thought to be doing sex work, 86% reported some form of police harassment, abuse, or mistreatment, including being verbally harassed, physically attacked, or sexually assaulted by police.
 - Of those who interacted with the police while doing or thought to be doing sex work, 32% said that at least one of those interactions led to an arrest. Nearly half (44%) of respondents who were arrested said that police used condoms in their possession as evidence of sex work.

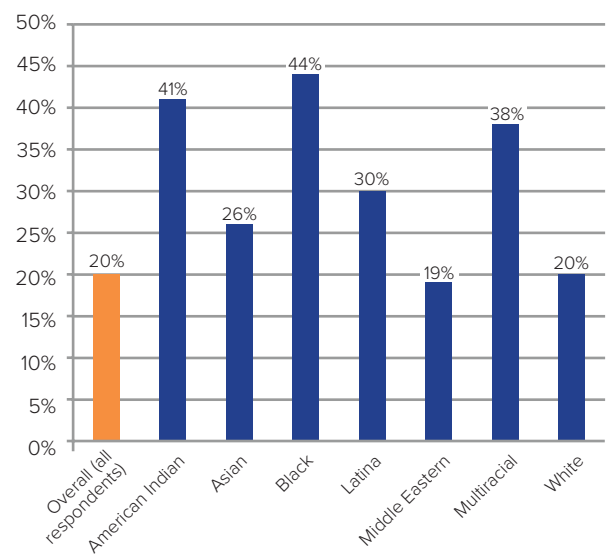
- ▶ One in eight (12%) respondents have earned income by selling drugs (11%) or by doing other work that is currently criminalized (2%), other than sex work.

I. Overall Underground Economy Participation

Respondents were asked about their participation in sex work, drug sales, and other forms of work in areas that are currently criminalized, referred to throughout this report as underground economy work.

Overall, one in five (20%) respondents had participated in the underground economy for income at some point in their lives. Undocumented residents (38%) and respondents who have lost a job because of their gender identity or expression (37%) were more likely to have participated in the underground economy. Transgender women of color were also more likely to participate in the underground economy for income, including Black (44%), American Indian (41%), multiracial (38%), and Latina (30%) respondents (Figure 11.1).

Figure 11.1: Underground economy experience among transgender women
RACE/ETHNICITY (%)



One in five (20%) respondents have participated in the underground economy at some point in their lives and 9% participated in the past year.

Nearly one in ten (9%) respondents have participated in the underground economy for income in the past year (Table 11.1). Undocumented residents (29%) were more than three times as likely to have worked in the underground economy in the past year. Further, respondents who have been homeless in the past year (23%) were nearly three times as likely to have worked in the underground economy during that year.

Table 11.1: Income-based underground economy experiences

Type of work	% of respondents (past year)	% of respondents (in lifetime)
Income-based sex work	5%	12%
Drug sales	4%	11%
Other criminalized work	1%	2%
Any underground economy work	9%	20%

II. Sex Work

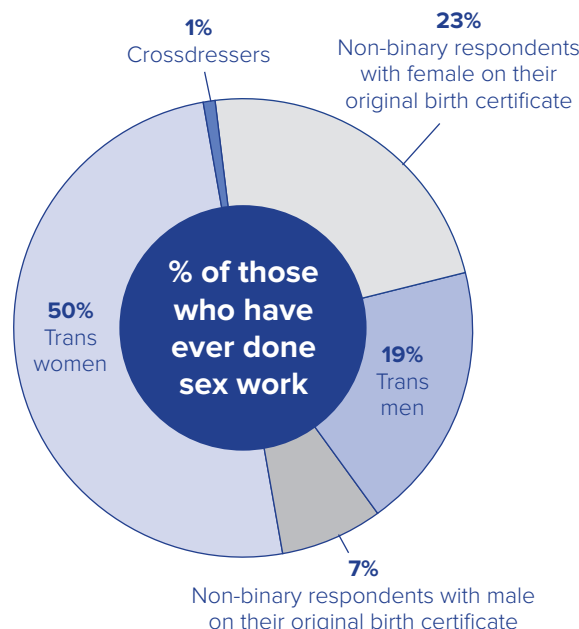
a. Income-Based Sex Work

One in eight (12%) respondents have done sex work for income at some point in their lifetime, meaning that they have exchanged sex or sexual activity for money or worked in the sex industry, such as in erotic dancing, webcam work, or pornography.

Of respondents who have done sex work for money in their lifetime, transgender women represent one-half (50%), non-binary people with female on their original birth certificates represent nearly one-quarter (23%), and transgender men represent 19% (Figure 11.2). While this chapter primarily highlights the experiences of transgender women of color due to their disproportionately high representation among those who have done sex work, it is also

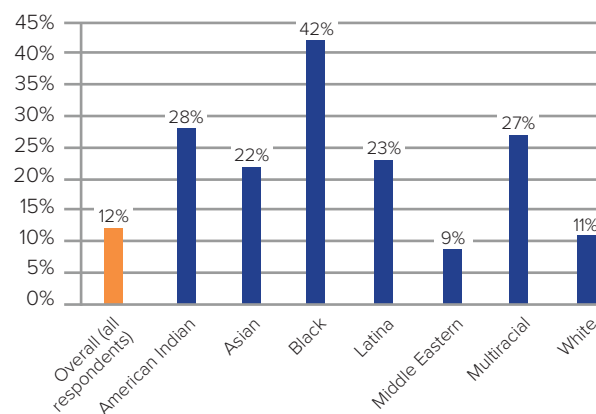
important to recognize that non-binary people with female on their original birth certificates and transgender men account for a large proportion of those in the sample who have done sex work.

Figure 11.2: Income-based sex work in lifetime GENDER IDENTITY (%)



Transgender women of color, including Black (42%), American Indian (28%), multiracial (27%), Latina (23%), and Asian (22%) women (Figure 11.3), were more likely to have participated in sex work than the overall sample. Undocumented residents (36%), those who have lost a job because of their gender identity or expression (25%), and those who have ever experienced homelessness (23%) were also more likely to have participated in sex work.

Figure 11.3: Income-based sex work among transgender women RACE/ETHNICITY (%)



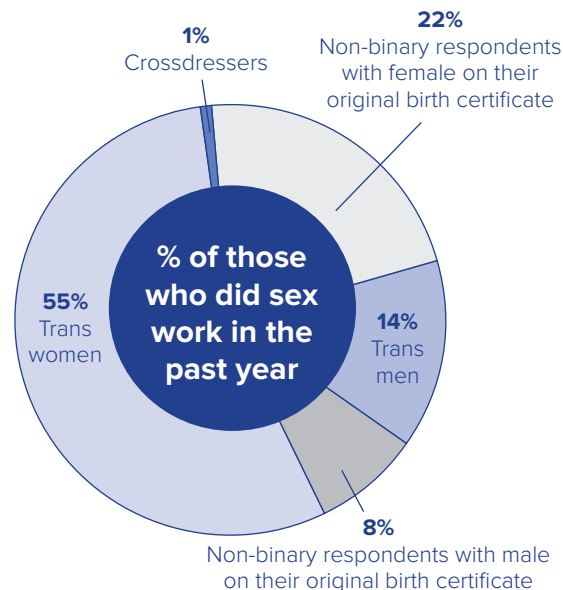
One in eight (12%) respondents have done sex work for income, and 5% of respondents did so in the past year.

Respondents who have done income-based sex work during their lifetime were more likely to have experienced a number of challenges:

- Nearly half (45%) of respondents who have done income-based sex work were currently living in poverty, in contrast to 26% of those who have not done sex work.
- Nearly three-quarters (72%) of respondents who have done income-based sex work have been sexually assaulted in their lifetime, in contrast to those who have not done sex work (44%).
- More than three-quarters (77%) of respondents who have done income-based sex work have experienced some form of intimate partner violence, compared with 51% of those who have not done sex work.
- Respondents with sex work experience were nearly sixteen times as likely to be living with HIV (7.9%) as those who have never done sex work (0.5%), and nearly six times more likely than those in the overall sample (1.4%).

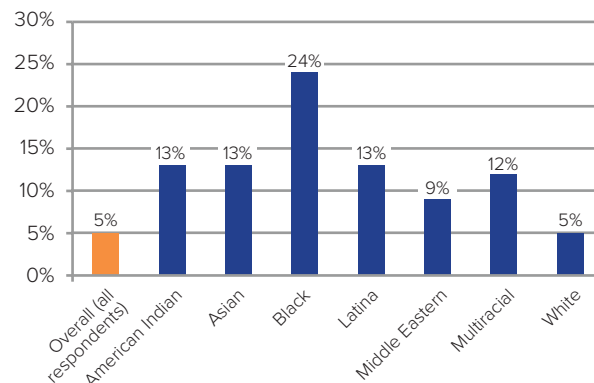
Five percent (5%) of all respondents did sex work for income in the past year. More than half (55%) of those who did income-based sex work in the past year were transgender women, 22% were non-binary people with female on their original birth certificate, and 14% were transgender men (Figure 11.4).

Figure 11.4: Income-based sex work in past year
GENDER IDENTITY (%)



Respondents who experienced homelessness in the past year (17%) were more than three times as likely to have participated in sex work during that year compared to the overall sample. Respondents who were living with HIV (32%) and undocumented residents (29%) were substantially more likely to have participated in sex work in the past year. Additionally, transgender women of color reported higher rates of sex work participation in the past year, particularly Black transgender women (24%), who were almost five times as likely to have done sex work for income in the past year (Figure 11.5).

Figure 11.5: Income-based sex work in past year among transgender women
RACE/ETHNICITY (%)

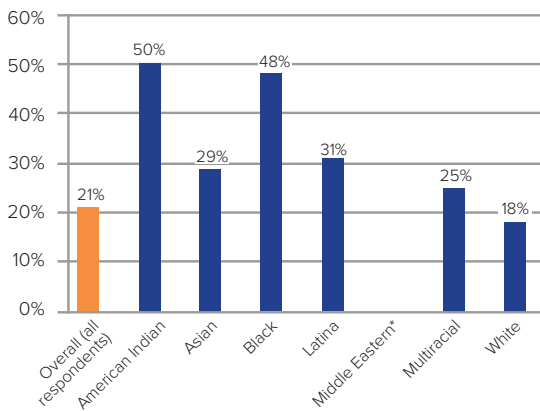


Respondents who have done sex work for income reported working in a wide range of settings, including sex work advertised online (36%), webcam work (35%), and street-based sex work (21%) (Table 11.2). Among those who have done some type of sex work, transgender women (30%) were more likely than others with sex work experience to have done street-based sex work, with women of color, including American Indian (50%), Black (48%), and Latina (31%) women, being substantially more likely to participate in street-based sex work (Figure 11.6).

Table 11.2: Type of income-based sex work

Type of sex work	% of those who have ever done sex work
Informal sex work through word of mouth, occasional hook ups with dates in my networks, or things like that	38%
Sex work advertised online	36%
Webcam work	35%
Pornography (picture or video)	28%
Fetish work	24%
Street-based sex work	21%
Phone sex	14%
Escort, call girl, or rent boy with an agency	12%
Erotic dancer or stripper	11%
Sex work advertised in magazines or newspapers	7%
Not listed above	9%

Figure 11.6: Participation in street-based sex work among transgender women who have done sex work RACE/ETHNICITY (%)



* Sample size too low to report

In Our Own Voices

“At 17, I ran away with no way of supporting myself. I turned to Internet prostitution, which allowed me to do things for myself that I couldn’t [before], like buy girl clothes, pay out of pocket for my doctor to prescribe HRT, and put a roof over my head.”

“Sometimes I slept in my truck when friends couldn’t put me up at their house, and sometimes I would meet people at a bar and have sex with them to really just sleep over and shower.”

“I couldn’t find work. I watched one guy throw away my application literally 30 seconds after turning it in. I resorted to escorting. It’s the only way to keep food in my belly and a roof over my head.”

“I became a sex worker to support myself and pay for my transition. I did not want to do sex work, but I have had worse jobs that paid less.”

“An officer attempted to arrest me on prostitution charges because I was at a street corner. It was roughly noon, I was holding a bag of food in my hand, and I was clearly waiting for the street light to change so I could cross the street.”

Nearly one in five (19%) respondents participated in sex work, such as for money, food, a place to sleep, or other goods or services.

b. Sex Work for Goods or Services

All survey respondents, including those who did not report doing sex work for income, were asked whether they had sex or engaged in sexual activity for food, for a place to sleep, for drugs, or in exchange for something else (Table 11.3).

Table 11.3: Engaged in sexual activity in exchange for goods or services

Type of activity	% of respondents (past year)	% of respondents (in lifetime)
Engaged in sexual activity for food	2%	6%
Engaged in sexual activity for a place to sleep (in someone's bed, at their home, or in their hotel room)	2%	8%
Engaged in sexual activity for drugs	1%	5%
Engaged in sexual activity in exchange for something not listed above	3%	7%

Six percent (6%) of respondents have ever engaged in sexual activity for food. Respondents living with HIV (32%) were more than five times as likely to have engaged in sexual activity for food. Undocumented residents (17%) and American Indian (15%), Black (12%), and multiracial (10%) respondents were also more likely to have engaged in sexual activity for food.

One in twelve (8%) respondents engaged in sexual activity for a place to sleep. Respondents who were living with HIV (28%), who have ever experienced homelessness (20%), or who were undocumented residents (17%) were more likely to have engaged in sexual activity for a place to sleep.

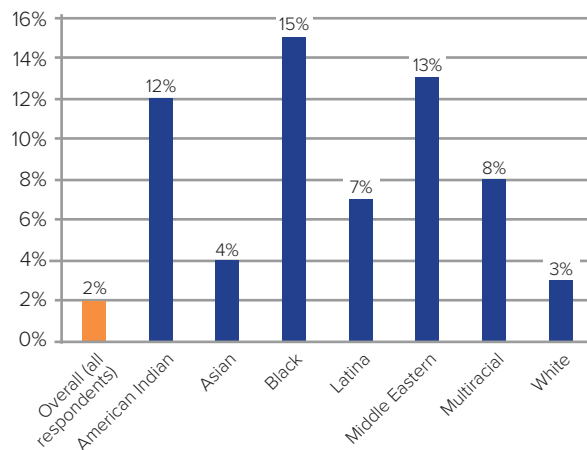
Overall, 19% participated in sex work, such as for money, food, a place to sleep, or other goods or services.

c. Police Interactions

All survey respondents were asked if they had ever interacted with police either while doing sex work, or when police thought they were doing sex work. One percent (1%) of respondents said that they interacted with police while participating in sex work, and an additional 2% said they did so when police thought they were doing sex work. Overall, 3% of respondents have interacted with police while doing sex work or when police thought they were doing sex work.

Transgender women of color, including Black (15%), Middle Eastern (13%), American Indian (12%), multiracial (8%), and Latina (7%) women, were more likely than the overall sample to interact with police who *thought* they were doing sex work (Figure 11.7).

Figure 11.7: Interacted with police who thought they were doing sex work among transgender women RACE/ETHNICITY (%)



Respondents who interacted with the police while doing sex work or when police thought they were doing sex work were asked about specific experiences they had with police. Eighty-six percent (86%) reported at least one negative experience during the interaction (Table 11.4).

Table 11.4: Interactions with police while doing or when police thought they were doing sex work

Type of interaction	% of those who interacted with police who thought they were doing sex work, or while doing sex work
Officers kept using the wrong gender pronouns (such as he, she, or they) or the wrong title (such as Mr. or Ms.)	69%
Officers verbally harassed them	65%
Officers asked questions about their gender transition (such as hormones and surgical status)	41%
Officers sexually assaulted them	27%
Officers physically attacked them	18%
Officers forced them to have sex or engage in sexual activity to avoid arrest	14%
Arrested for drugs in their possession when police stopped them for doing sex work	11%
One or more experiences listed	86%

More than two-thirds (69%) said that officers repeatedly referred to them as the wrong gender. This experience was more likely among transgender women (74%). Nearly two-thirds (65%) were verbally harassed by police.

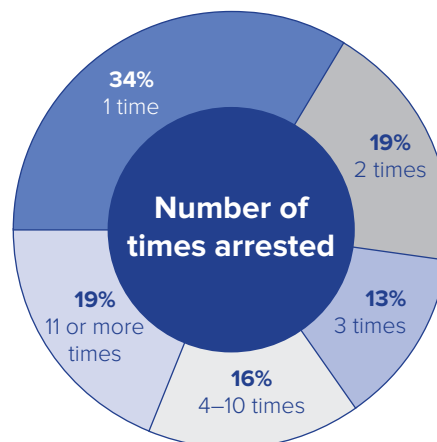
More than one-quarter (27%) of respondents who had interacted with police in this context were sexually assaulted by an officer, including being fondled, raped, or experiencing another form of sexual assault.⁶ Respondents who have ever experienced homelessness (34%) were more likely to be sexually assaulted by an officer. Fourteen percent (14%) also reported that they were forced to have sex or engage in sexual activity to avoid arrest.

d. Arrest

Respondents who interacted with police while engaging in sex work or when police thought they were engaging in sex work were also asked if they were arrested during any of those interactions. Almost one-third (32%) reported being arrested during at least one interaction. Black respondents (50%) and transgender women (40%) were more likely to report that their interaction with the police led to an arrest.

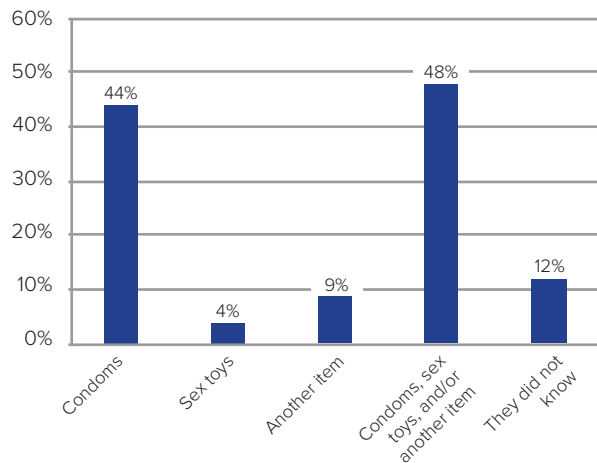
Respondents who reported being arrested were asked how many times they were arrested while they were doing sex work or when police thought they were doing sex work. Approximately one-third (34%) were arrested once, 32% were arrested two or three times, and 35% were arrested four or more times (Figure 11.8).

Figure 11.8: Number of times arrested while doing or when police thought they were doing sex work



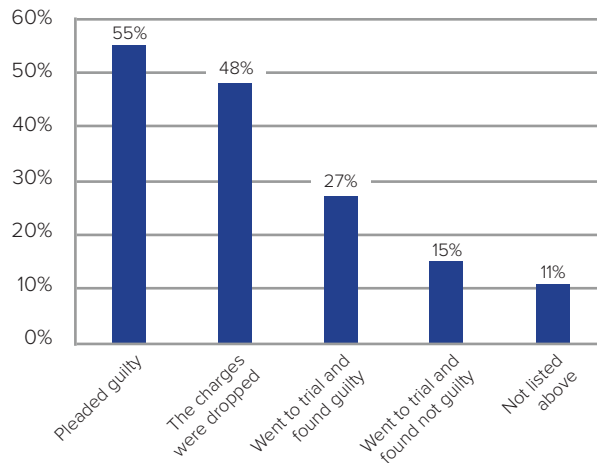
Respondents who were arrested while doing or when police thought they were doing sex work were also asked whether police considered items in their possession, such as condoms, as “evidence of prostitution.” Forty-four percent (44%) said that the police considered condoms in their possession to be evidence of prostitution (Figure 11.9).

Figure 11.9: Items in possession considered as evidence when arrested (% of those arrested while doing or suspected of doing sex work)



Respondents were asked about the outcomes of their arrests. More than half (55%) of the respondents who were arrested pleaded guilty in connection to one or more of their arrests, while nearly half (48%) reported that the charges were dropped on at least one occasion (Figure 11.10).

Figure 11.10: Outcome of arrest (% of those arrested while doing or suspected of doing sex work)



III. Drug Sales and Other Underground Economy Work

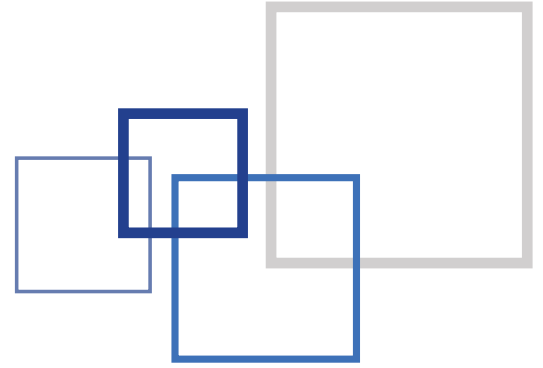
One in eight (12%) respondents have done work in the underground economy other than sex work at some point in their lifetime. This included those who had participated in drug sales (11%) and/or other work that is currently criminalized (2%).⁷ Respondents who were living with HIV (27%), who have lost a job because of their gender identity or expression (22%), or have ever experienced homelessness (21%) were more likely to have been paid for underground economy work apart from sex work during their lifetime.

In the past year, 4% of all respondents have participated in drug sales, and 1% have participated in other underground economy work (other than drug sales or sex work) (see Table 11.1).

Conclusion

Respondents reported substantial levels of involvement in sex work and other underground economy work, particularly people of color, those living with HIV, undocumented residents, and those who have experienced homelessness. Many respondents, especially transgender women of color, also reported that police often assumed they were doing sex work, even when they were not. The vast majority of those who interacted with the police while doing sex work or while suspected of doing sex work reported being mistreated by police, including being verbally harassed, physically attacked, or sexually assaulted by law enforcement officers.

- 1 See Ditmore, M. & Thukral, J. (2011). *Behind Closed Doors: An Analysis of Indoor Sex Work in New York City*. New York, NY: Sex Workers Project at the Urban Justice Center. Available at: <http://sexworkersproject.org/downloads/BehindClosedDoors.pdf>; Ditmore, M. & Thukral, J. (2003). *Revolving Door: An Analysis of Street-Based Prostitution in New York*. NY, New York: Sex Workers Project at the Urban Justice Center. Available at: <http://sexworkersproject.org/downloads/RevolvingDoor.pdf>.
- 2 Amnesty International. (2016). *Amnesty International Policy on State Obligations to Respect, Protect and Fulfill the Human Rights of Sex Workers*. Available at: <https://www.amnesty.org/en/documents/pol30/4062/2016/en>.
- 3 Fitzgerald, E., Elspeth, S., & Hicky, D. *Meaningful Work: Transgender Experiences in the Sex Trade*. DC & NY, New York: Best Practices Policy, National Center for Transgender Equality, & Red Umbrella Project. Available at: http://www.transequality.org/sites/default/files/Meaningful%20Work-Full%20Report_FINAL_3.pdf; Amnesty International. (2016). *Amnesty International Policy on State Obligations to Respect, Protect and Fulfill the Human Rights of Sex Workers*. Available at: <https://www.amnesty.org/en/documents/pol30/4062/2016/en>.
- 4 Fitzgerald, et al. See note 3.
- 5 Respondents were asked whether they had “ever engaged in sex or sexual activity for money (sex work) or worked in the sex industry (such as erotic dancing, webcam work, or porn films)” in Q. 6.1 and whether they had done such work in the past year in Q. 6.2. This report uses the term “sex work” to refer to all work in the sex industry or involving the exchange of sexual activity for income, food, a place to sleep, or other goods or services. While many of forms of sex work are currently criminalized in the United States, some of them are not.
- 6 Respondents were asked whether they had “experienced unwanted sexual contact from an officer (such as fondling, sexual assault, or rape)” in Q. 6.6.
- 7 Respondents were asked in Q. 6.11 if they had “ever been paid for selling drugs or other work that is currently considered illegal.”



CHAPTER 12

Military Service

Prior research suggests that transgender people serve in the military at a higher rate than the U.S. general population.¹ USTS respondents with military experience were asked a series of questions about their service, their treatment as transgender service members, and their separation from the military. They were also asked about health care that they received through military providers and the Veterans Health Administration.

At the time that survey data was collected in 2015, the military still barred transgender people from serving openly in the military, and service members could be discharged simply for being transgender.² The Department of Defense announced that it was lifting the ban on June 30, 2016, with full implementation of specific policies related to transgender service members expected to be completed in 2017.³ Despite the long-standing ban, thousands of transgender people have served and continue to serve in the military, many of them openly and with the support of their colleagues and commanders.

This chapter examines the experiences of current and former service members, including their interactions with leadership and health care providers as transgender people. It also explores veterans' unique experiences of separating from the military and accessing health care. Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

- ▶ Nearly one in five (18%) respondents have served in the military, including veterans and those currently on active duty.
- ▶ Of current service members whose leadership or commanding officers knew or thought they were transgender, nearly one-quarter (23%) said that actions were taken to discharge them.
- ▶ Sixty percent (60%) of service members who separated from the military within the past ten years said that they might or would return to the military if the ban on transgender service members were lifted.
- ▶ Nearly one in five (19%) respondents who separated from the military more than ten years ago said they were discharged partly or completely because of their transgender status, and 19% left the military to avoid being mistreated or harassed as a transgender person.

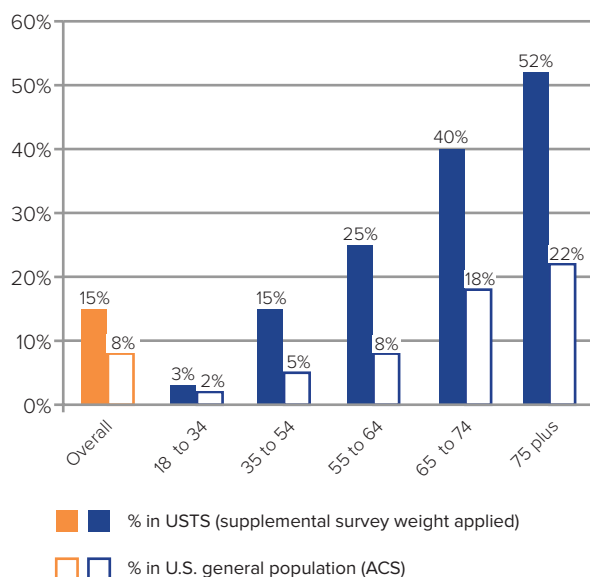
I. Current and Past Military Service

Nearly one in five (18%) respondents in the sample have served in the military, including respondents who were currently serving in the military on active duty (0.5%), and those who were currently on active duty for training in the Reserves or National Guard (2%).⁴ Fifteen percent (15%) of respondents were veterans, compared with 8% in the U.S. population.⁵

Respondents in every age group were more likely to be veterans than their counterparts in the U.S. population. More than half (52%) of respondents over the age of 75 and 40% of respondents between the ages of 65 and 74 were veterans, compared with 22% and 18% of those age groups in the U.S. population, respectively.⁶ One-quarter (25%) of respondents between the ages of 55 and 64 were veterans, more than three times higher than that age group in the U.S. population (8%).⁷

Fifteen percent (15%) of respondents between the ages of 35 and 54 were veterans, which was three times higher than the same age group in the U.S. population (5%)⁸ (Figure 12.1).

Figure 12.1: Veteran status AGE (%)



Among those with past or current military service, crossdressers (33%), transgender women (23%), and non-binary people with male on their original birth certificate (22%) were more likely to have served, compared with transgender men (8%) and non-binary people with female on their original birth certificate (2%) (Figure 12.2). White (21%), American Indian (20%), and Middle Eastern (20%) respondents were more likely to have served in the military, while Asian (7%) and Latino/a (7%) respondents were less likely (Figure 12.3). Multiracial respondents were ten times as likely as the overall sample to currently be on active duty, with 5% on active duty at the time they took the survey.

Figure 12.2: Past or current military service
GENDER IDENTITY (%)

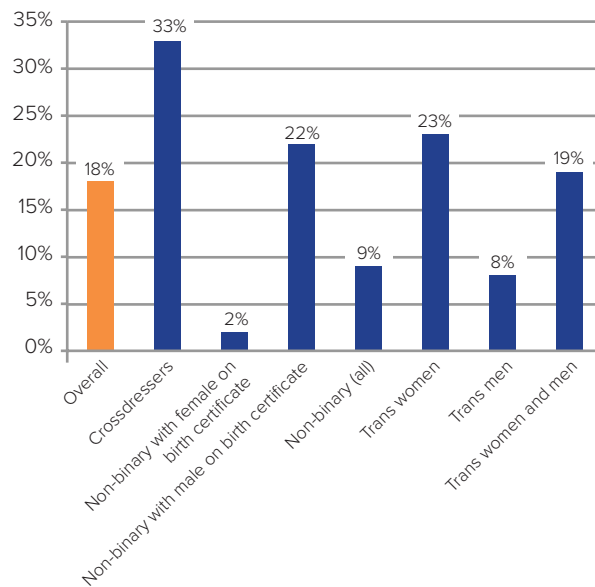
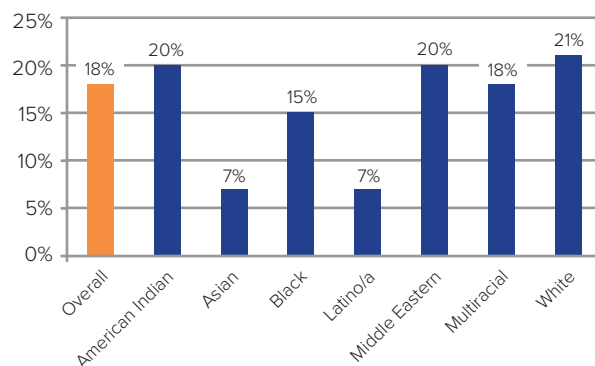


Figure 12.3: Past or current military service
RACE/ETHNICITY (%)



Fifteen percent (15%) of respondents were veterans, compared with 8% in the U.S. population.

Of those who reported military service, 2% were still serving. Nearly one-third (31%) of those who were no longer serving separated from military service within the past ten years, and 69% separated from military service more than ten years ago.

II. Branch of Service

Current and former service members were asked to identify their current or most recent branch of service. Twenty-eight percent (28%) of these respondents currently or most recently served in the Army, 22% in the Navy, 18% in the Air Force, 7% in the Marine Corps, and 1% served in the Coast Guard. Nearly one-quarter (24%) served in the Reserves or the National Guard (Table 12.1).

Table 12.1: Current or most recent branch of service

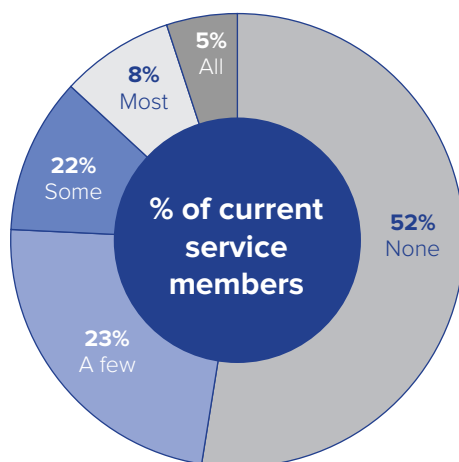
Branch of service	% of current or former service members
Air Force	18%
Air Force Reserve	2%
Air National Guard	2%
Army	28%
Army Reserve	8%
Army National Guard	8%
Coast Guard	1%
Coast Guard Reserve	<1%
Marine Corps	7%
Marine Corps Reserve	1%
Navy	22%
Navy Reserve	3%

III. Outness or Being Perceived as Transgender

Current service members⁹ were asked how many people in the military (with the exception of other transgender people) thought or knew that they were transgender.¹⁰

More than half (52%) of current service members said that, as far as they knew, no one else thought or knew that they were transgender. Approximately one-third (34%) of current service members indicated that a few or some people in the military thought or knew that they were transgender, and 13% indicated that most or all people in the military thought or knew that they were transgender (Figure 12.4).¹¹

Figure 12.4: Number of people in the military who thought or knew that respondent was transgender



More than half (52%) of current service members said that, as far as they knew, no one else thought or knew that they were transgender.

IV. Leadership Response to Transgender Status

Among current service members who said that a few, some, most, or all others in the military thought or knew they were transgender, 48% indicated that their leadership or commanding officer thought or knew that they were transgender.

These respondents were asked about the ways in which their leadership or commanding officer responded to them being transgender, and they selected one or more response. Many reported that their leadership or commanding officer responded to their transgender status in a variety of positive ways, including supporting their name change (47%) and supporting their transition-related medical treatment (36%). Thirty percent (30%) reported that their leadership or commanding officer ignored their transgender status or looked the other way. Approximately one-quarter (23%) reported that their leadership or commanding officer had taken actions to discharge them (Table 12.2).

One-third (33%) of these respondents wrote in responses describing additional actions their leadership or commanding officers took because they thought or knew the respondent was transgender. Their write-in responses included several positive actions, such as supporting their social transition or their use of pronouns and uniforms that were consistent with their gender identity. These respondents also offered several additional negative actions, such as forcing respondents to present in a way that was inconsistent with their gender identity, forbidding them from discussing their transgender status with anyone else, passing them over for awards and duties, and subjecting them to administrative discipline.

Table 12.2: Response of leadership and/or commanding officer to being transgender

Leadership or commanding officers' response	% of current service members whose commanding officer thought/knew they were transgender
Supported name change	47%
Supported medical treatment	36%
Ignored or looked the other way	30%
Took actions to discharge them	23%
Not listed above	33%

V. Separation from Military Service

Veterans were divided into two groups for the purposes of analysis: those who separated within the past ten years and those who separated more than ten years prior to taking the survey. The two groups were given distinct questions based on a consideration of the types of experiences a service member may have encountered during their service and the changing nature of the military.¹²

a. Type of Discharge

Respondents who separated from military service more than ten years ago¹³ were asked about the reasons for their separation from service, including the type of discharge they received. More than three-quarters (79%) of these respondents reported being honorably discharged, and the remaining 21% reported a variety of other types of discharges (Table 12.3).

Table 12.3: Type of discharge

Discharge	% of veterans who separated more than 10 years ago
Honorable	79%
General	7%
Medical	6%
Other-than-honorable	3%
Entry level separation	2%
Bad conduct	1%
Retired	1%
Dishonorable	<1%
Not listed above	2%

In Our Own Voices

“I began to accept myself as a woman. I was happier than I ever had been before. But the army didn’t share my enthusiasm. A year after returning from deployment, I was kept in under penal conditions. I was demoted from a sergeant to a private, the lowest rank in the army.”

“I am repeatedly harassed in my workplace, and am continually required to conceal my transgender status. When I sought assistance from the Equal Opportunity Office, I was told that they were unable to help because transgender individuals are not protected against harassment in the military.”

b. Discharged Because of Transgender Status

While 81% of respondents who had separated from service more than ten years prior reported that they did not believe their discharge was related to being transgender, 19% believed their discharge was either partially related (14%) or completely related (5%) to being transgender.

Respondents who indicated that their discharge was related to being transgender were less likely to have been honorably discharged. Eighty-six percent (86%) of those who said their discharge was not related to their transgender status were honorably discharged, while only 45% of those who

said their discharge was partially related to being transgender and 51% of those who indicated that it was completely related were honorably discharged.

Respondents with female on their original birth certificate (24%) were more likely to say that their discharge was partially or completely related to being transgender than those with male on their original birth certificate (17%). Latino/a (28%) and Black (24%) respondents were also more likely to report that their transgender status was a factor in their discharge, compared with white (16%) respondents.

Even though these discharges took place more than ten years ago, the experience of being discharged partly or completely because of one's transgender status was associated with a variety of negative outcomes affecting respondents at the time they took the survey. Respondents who were currently living in poverty (29%) or currently working in the underground economy (34%) were more likely to say that their discharge was completely or partially connected to their transgender status, as were respondents who were currently experiencing serious psychological distress (28%).

c. Separated to Transition or Avoid Harassment

Nearly one in ten (9%) respondents who separated from military service more than ten years ago left the service in order to transition, and an additional 19% said they left the service to avoid being mistreated or harassed as a transgender person.

Differences emerged by race, where Latino/a (28%) and Black respondents (26%) were more likely to have left to avoid mistreatment or harassment.

Approximately one-third (32%) of those who were currently living in poverty and more than one-third of those who have done sex work (38%) also left the military to avoid mistreatment or harassment.

VI. Name Change on Discharge Papers

Respondents who separated from military service more than ten years earlier were also asked if they had changed their name on their military discharge papers, known as the DD 214. Two percent (2%) applied for and received an updated DD 214 with a new name, or they received a DD 215 (an alternative form used to correct errors in a DD 214) with their new name. Six percent (6%) applied for a name change on their military discharge papers, but their request was denied. The remaining 92% had not tried to change their name on their military discharge papers.

VII. Health Care Treatment from Military Providers

Current service members and veterans who separated from military service within the ten years prior to taking the survey were asked whether they had received health care related to gender transition from a military provider, not including the Veterans Health Administration. Twelve percent (12%) had received mental health treatment related to gender transition from a military provider, and 4% had received medical treatment related to gender transition other than mental health treatment, such as hormone therapy or surgical care, from a military provider.

Even though this survey was conducted prior to the Department of Defense's announcement of plans to allow transgender people to serve openly, more than one-quarter (28%) of all current service members reported taking hormones for their gender identity or gender transition at the time they participated in the survey. Among these

current service members, 28% reported getting their hormones from an on-post medical doctor and/or pharmacy. Nearly three-quarters (74%) received their hormones through an off-post medical doctor, and 57% received them through an off-post pharmacy (Table 12.4).

Table 12.4: Source of hormones

Source of hormones	% of current service members who take hormones
Off-post medical doctor	74%
Off-post pharmacy	57%
On-post pharmacy	15%
Friends, online, or other non-licensed sources	15%
On-post medical doctor	13%

Current services members were asked whether a military medical provider, including any mental health provider, had reported to their commanding officer that they were transgender or recommended them for discharge. Of current service members whose providers knew they were transgender,¹⁴ 86% reported no action being taken by military medical or mental health providers. However, 8% said that their provider reported their transgender status to their commander, and 12% said that their provider recommended them for discharge.

VIII. Veterans Health Care

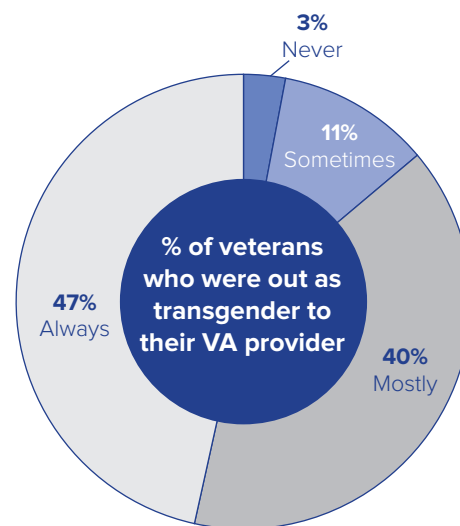
Veterans who separated from the military more than ten years ago were asked about their experiences receiving health care through the Veterans Health Administration (VA).¹⁵

Forty percent (40%) of former service members have received health care through the VA, 75% of whom were currently receiving care through the VA. Of those who received health care through the

VA at any point, more than half (56%) received care related to gender transition.

Nearly three-quarters (72%) indicated that they were out to their VA providers as transgender. Of those who were out to their VA providers as transgender, almost half (47%) reported that they were always treated respectfully as a transgender person, and 40% said that they received mostly respectful care. Eleven percent (11%) reported that they were sometimes treated respectfully, and 3% said that they were never treated respectfully (Figure 12.5).

Figure 12.5: Frequency of respectful treatment at the VA



IX. Impact of Repealing Ban on Transgender Service

At the time the survey was taken, the military had not yet announced it would let transgender people serve openly. Current military service members were asked what they would do if the military allowed transgender people to serve openly. Nearly one-quarter (24%) said that they would start to transition while still serving, and 18% said that they would finish the transition that they

had already started while continuing to serve. Additionally, 21% reported that they had already transitioned (Table 12.5).

Table 12.5: What respondent would do if open service in the military was allowed for transgender people

What they would do if allowed to serve openly	% of current service members
They would start to transition while still serving	24%
They have already transitioned	21%
They would finish the transition they already started and continue to serve	18%
They would leave the military to transition and not return	6%
They do not want to transition	6%
They would leave the military to transition and then return to service	3%
They would not finish the transition they already started and continue to serve	1%
Not listed above	21%

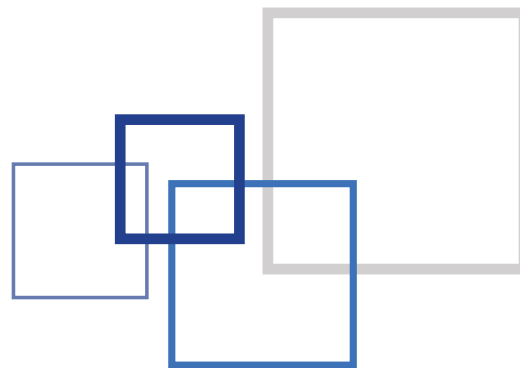
Veterans who separated from the military within the past ten years were asked whether they would return to military service if transgender people were allowed to serve. Nearly one-third (30%) of these respondents indicated that they would return, 30% said that they might return, and the remaining 39% reported that they would not return to military service. Transgender men (42%) were more likely than transgender women (25%) and non-binary people (18%) to say that they would return to service.

Conclusion

Despite a ban on transgender service members at the time the survey was administered, nearly one in five respondents reported having served in the military, and respondents were nearly twice as likely to be veterans as the general U.S. population. The findings indicated that a majority of current service members were interested in serving openly as transgender people, including those who would transition during their military service. Responses also indicated diverse experiences of acceptance and rejection of transgender people in military and veteran settings by military officials, direct superiors, and health care providers. The results suggest that lifting the ban on transgender service members and implementing new policies could lead to a substantial number of current and former service members continuing or resuming their military service.

ENDNOTES | CHAPTER 12: MILITARY SERVICE

- 1 Gates, G. J. & Herman, J. L. (2014). *Transgender Military Service in the United States*. Los Angeles, CA: Williams Institute. Available at: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Transgender-Military-Service-May-2014.pdf>; Blosnich, J. R., Brown, G. R., Shipherd, J. C., Kauth, M., Piegari, R. I., & Bossarte, R. M. (2013). Prevalence of gender identity disorder and suicide risk among transgender veterans utilizing Veterans Health Administration care. *American Journal of Public Health, 103*(10), e27–e32; Shipherd, J. C., Mizock, L., Maguen, S., & Green, K. E. (2012). Male-to-female transgender veterans and VA health care utilization. *International Journal of Sexual Health, 24*(1), 78–87.
- 2 Although the ban is described in this chapter as being one that prevented “transgender people from serving openly in the military,” in actuality, the ban categorically barred transgender people from serving, regardless of whether or not they were open about being transgender. However, it is clear that tens of thousands of transgender people chose to serve in the military despite the ban, and many had to hide their identity to do so. Therefore, the ban is being described here as relating to open service as a transgender person.
- 3 See e.g., Rosenberg, M. (2016, June 30). Transgender people will be allowed to serve openly in military. *The New York Times*. Available at: <http://www.nytimes.com/2016/07/01/us/transgender-military.html>.
- 4 In this section of this chapter, the percentages of respondents who have served or are currently serving in the U.S. Armed Forces have been weighted to reflect the age and educational attainment of the U.S. population in addition to the standard survey weight. The USTS sample differs substantially from the U.S. population in regard to age and educational attainment, and therefore, this additional weight is applied in order to provide a more accurate comparison to the percentage of U.S. adults who have served in the armed forces, as reported in the American Community Survey. See the *Methodology* and *Portrait of USTS Respondents* chapters for more information about the application of the supplemental survey weight.
- 5 U.S. Census Bureau. (2015). *American Community Survey 1-Year Estimates: Veteran status*. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S2101&prodType=table.
- 6 U.S. Census Bureau. See note 5.
- 7 U.S. Census Bureau. See note 5.
- 8 U.S. Census Bureau. See note 5.
- 9 “Current service members” includes individuals who were (1) currently serving on active duty, (2) only on active duty for training in the Reserves or National Guard, or (3) no longer on active duty but had been in the past and were still serving in the military. See Q. 2.17.
- 10 Q. 8.9 asked, “How many people in the military (who aren’t trans) believe you are trans?” In the context of the questions in this section, this question was intended to assess how many people were out as transgender in the military by determining if other non-transgender people thought or knew that they were transgender.
- 11 This question (Q. 8.9) did not distinguish between service members who were not out or perceived as transgender because they were not living according to their gender identity, and those who were already living full time according to their gender identity but did not disclose the fact that they had previously transitioned. However, 47% of service members who said that no one in the military thought or knew they were transgender also reported that they were living full-time in Q. 1.12, suggesting that a substantial number of respondents who were not out to others in the military were living according to their gender identity without disclosing their past transition.
- 12 During the development of the survey questionnaire, the research team consulted with individuals and groups with subject-matter expertise in LGBT military service in general, and transgender military service in particular. After consultation, the research team chose to divide those who had separated from service into two groups to evaluate the experiences that each group might have had based on their time of service and separation. It was determined that those who had separated from service within the past ten years were serving in a time of changing societal and military culture and policies—including the repeal of “Don’t Ask, Don’t Tell,” permitting lesbian, gay, and bisexual (but not transgender) service members to serve openly—and may have had different experiences as a result. This group may have also had different experiences with transitioning, receiving medical care for transition- and non-transition-related health care, and eligibility to return to service. The two groups were directed to specific questions accordingly.
- 13 Those who separated within the past ten years should have received questions 8.12–8.21 (which covered the reasons for separation and the nature of their discharge, VA health care, and military discharge papers) to evaluate the differences in experiences between them and those who separated more than ten years prior to participating in the survey. However, due to a programming error, respondents who separated within the past ten years did not receive these questions. Therefore, results of questions that addressed veterans’ issues only reflected the experiences of those who separated more than ten years prior and likely underestimated certain experiences reported in this section.
- 14 Thirty-seven percent (37%) of current service members said that the question did not apply to them, as none of their military health providers knew that they were transgender, while 63% indicated that at least one military health provider knew they were transgender.
- 15 Veterans who separated from the military within the past ten years did not receive this question due to a programming error. See note 13.



CHAPTER 13

Housing, Homelessness, and Shelter Access

Housing is one of the most vital needs all people share. However, many transgender people have faced discrimination when seeking housing, and are vulnerable to actions such as eviction because of their transgender status. Such discrimination, in addition to family rejection and other risk factors, can lead to housing instability and higher rates of homelessness.¹ For transgender people who experience homelessness, shelters present additional problems and often are unsafe environments. Previous studies have found that shelters frequently turn transgender people away because of their gender identity, or require them to stay in facilities that are inappropriate for their gender, often putting them at further risk of violence and harassment.²

This chapter explores respondents' current living arrangements and their experiences with homelessness, as well as with specific forms of housing discrimination and instability occurring in the past year because of their transgender status. It also examines respondents' experiences with homelessness in the past year, including access to shelters and the treatment they received in those shelters as transgender people. Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

KEY FINDINGS

- ▶ Only 16% of respondents owned their homes, in contrast to 63% in the U.S. population.
.....
- ▶ Nearly one-third (30%) of respondents have experienced homelessness at some point in their lives. One in eight (12%) experienced homelessness in the past year because of being transgender.
.....
- ▶ Nearly one-quarter (23%) of respondents experienced some form of housing discrimination in the past year, such as being evicted from their home or denied a home or apartment because of being transgender.
.....
- ▶ More than one-quarter (26%) of respondents who were homeless in the past year avoided staying in homeless shelters because they feared they would be mistreated as a transgender person. Additionally, six percent (6%) were denied access to a shelter, including 4% who were denied access due to being transgender.
.....
- ▶ Seventy percent (70%) of those who stayed in a shelter in the past year reported some form of mistreatment because of being transgender.
 - More than half (52%) of those who stayed at a shelter in the past year were verbally harassed, physically attacked, and/or sexually assaulted because of being transgender.
 - Nearly one in ten (9%) respondents were thrown out once the shelter staff found out that they were transgender, and 44% decided to leave the shelter because of poor treatment or unsafe conditions.
 - One-quarter (25%) decided to dress or present as the wrong gender in order to feel safe in a shelter, and 14% said that the shelter staff forced them to dress or present as the wrong gender in order to stay at the shelter.

I. Current Living Arrangements

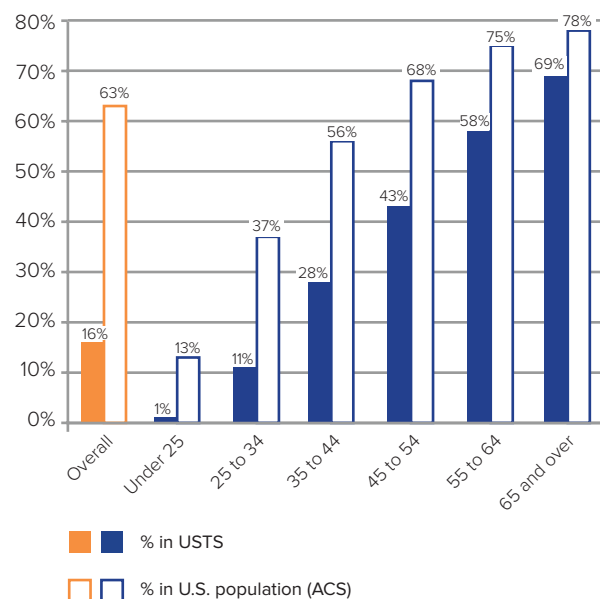
Respondents were asked what their current living arrangements were at the time they participated in the survey. Nearly half (44%) of respondents were living in a house, apartment, or condo they rented, either alone or with others, which was the most commonly reported living arrangement. Seventeen percent (17%) had not yet left home and were living with their parents or the family they grew up with (Table 13.1).

Table 13.1: Current living arrangements

Current living arrangements	% of respondents
Living in house, apartment, or condo they rent (alone or with others)	44%
Living with parents or family they grew up with because they have not yet left home	17%
Living in house, apartment, or condo they own (alone or with others)	16%
Living temporarily with friends or family because they cannot afford their own housing	9%
Living in campus or university housing	7%
Living with a partner, spouse, or other person who pays for the housing	5%
Living on the street, in a car, in an abandoned building, in a park, or a place that is NOT a house, apartment, shelter, or other housing	<1%
Living in a shelter (including homeless, domestic violence, or other type of emergency shelter) or in a hotel or motel with an emergency shelter voucher	<1%
Living in transitional housing or a halfway house	<1%
Living in a hotel or motel that they pay for	<1%
Living in military barracks	<1%
Living in a nursing home or other adult care facility	<1%
Living in a foster group home or other foster care	<1%
Living in a hospital	<1%
Not listed above	2%

In contrast to the 63% homeownership rate in the U.S. at the time of the survey,³ USTS respondents were nearly four times less likely to own a home, with only 16% reporting that they were living in a house, apartment, or condo that they owned. A large difference in the rate of homeownership was consistent across age groups (Figure 13.1).⁴

Figure 13.1: Homeownership rate
CURRENT AGE (%)

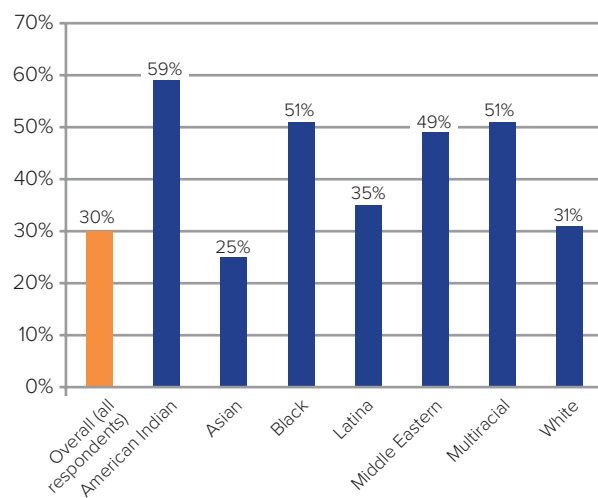


Respondents also reported substantial housing instability. Nearly one in ten (9%) respondents were living temporarily with friends or family because they could not afford their own housing. Approximately half of one percent (0.53%) of respondents were homeless at the time they participated in the survey, including those who were living in a shelter (other than a domestic violence shelter), or on the street. This was three times the rate of current homelessness among adults in the U.S. population (0.18%), as reported by the Department of Housing and Urban Development.⁵

II. Homelessness During One's Lifetime

Nearly one-third (30%) of respondents have experienced homelessness during their lifetime, including those who have stayed in a shelter, lived on the street, lived out of a car, or stayed temporarily with family or friends because they could not afford housing. The homelessness rate was substantially higher among respondents whose immediate family had kicked them out of the house, with nearly three-quarters (74%) of these respondents experiencing homelessness. The homelessness rate was also nearly twice as high among respondents who have done sex work (59%) and those living with HIV (59%), as well as respondents who have lost their job because of their gender identity or expression (55%). Transgender women of color, including American Indian (59%), Black (51%), multiracial (51%), and Middle Eastern (49%) women, also experienced especially high rates of homelessness (Figure 13.2).

Figure 13.2: Lifetime homelessness rate among transgender women
RACE/ETHNICITY (%)



III. Housing Discrimination and Homelessness in the Past Year

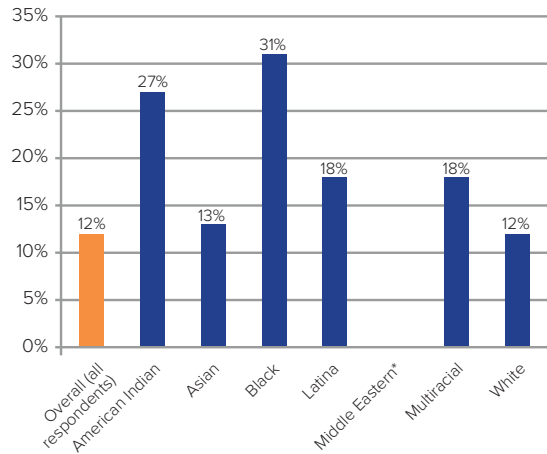
Respondents were asked about specific experiences with housing discrimination and instability in the past year, such as being evicted or being homeless, because they were transgender (Table 13.2).⁶

Table 13.2: Housing situations that occurred in the past year because of being transgender

Housing situation	% of people to whom situation applied
They had to move back in with family members or friends	20%
They slept in different places for short periods of time (such as on a friend's couch)	15%
They had to move into a less expensive home or apartment	13%
They experienced homelessness	12%
They were denied a home or apartment	6%
They were evicted from a home or apartment	5%
One or more experiences listed	30%

One in eight (12%) respondents reported experiencing homelessness in the past year as a result of anti-transgender bias. Those currently working in the underground economy (such as sex work, drug sales, and other work that is currently criminalized) (37%), undocumented residents (32%), and those living with HIV (27%) were more likely to report experiencing homelessness in the past year because they were transgender. Transgender women of color, including Black (31%), American Indian (27%), multiracial (18%), and Latina (18%) women, were substantially more likely to report being homeless in the past year because of being transgender (Figure 13.3).

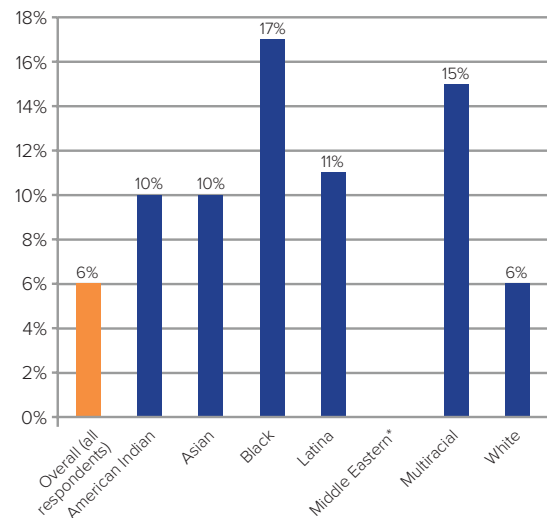
Figure 13.3: Homelessness in the past year because of being transgender among transgender women RACE/ETHNICITY (%)



*Sample size too low to report

Six percent (6%) of respondents were denied a home or apartment in the past year because they were transgender, with transgender women of color, including Black (17%), multiracial (15%), and Latina (11%) women, being more likely to have this experience (Figure 13.4).

Figure 13.4: Denial of home/apartment in the past year due to being transgender among transgender women RACE/ETHNICITY (%)



*Sample size too low to report

In Our Own Voices

“I was ejected from my apartment while I was out of town after my landlord discovered I was trans. The apartment was empty when I returned home.”

“I lost my job after I came out as transgender. I became homeless for about year. I never stayed in a shelter because I feared harassment.”

“When I was 18, I ran away from my abusive parents who had been violent toward me because of my sexuality and gender expression. I became homeless for several years, traveling all over the country, stealing food and sleeping in abandoned buildings.”

“When I go to shelters, I am admonished and told that I should return to ‘being a woman’ in order to use the shelter system.”

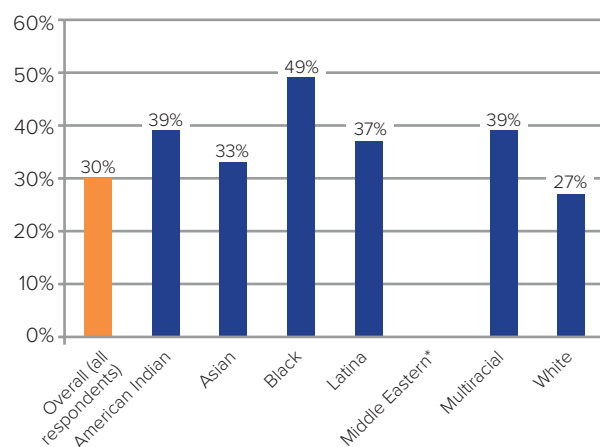
“I’ve tried shelters. The men’s ones aren’t safe for trans men: if those men find out who you are, you’re opening yourself up to physical and sexual violence. And when I turned to the women’s shelters, I was too masculine to make the women comfortable.”

Five percent (5%) of respondents were evicted from their home in the past year because of anti-transgender bias.

Five percent (5%) of respondents were evicted from their home or apartment in the past year because of anti-transgender bias. Differences emerged by demographic characteristics, where undocumented residents (18%), people with disabilities⁷ (8%), and people of color, including American Indian (9%) and Black (9%) respondents, were more likely to report this experience.

Overall, nearly one-third (30%) of respondents to whom these housing situations applied—23% of all respondents—experienced one or more forms of housing discrimination or instability in the past year because they were transgender. Respondents who were currently working in the underground economy (59%) and those who had been kicked out of the house by their family at some point in their lives because they were transgender (59%) were nearly twice as likely to report one or more of these experiences. Undocumented residents (50%) and transgender women of color were also more likely have had one or more of these experiences, including Black (49%), multiracial (39%), American Indian (39%), and Latina (37%) women (Figure 13.5).

Figure 13.5: Any housing discrimination and/or instability in past year due to being transgender among transgender women
RACE/ETHNICITY (%)



*Sample size too low to report

IV. Shelters

a. Access to Shelters

Respondents who experienced homelessness in the past year because of their transgender status were asked whether they had gone to a homeless shelter during that year (Table 13.3).

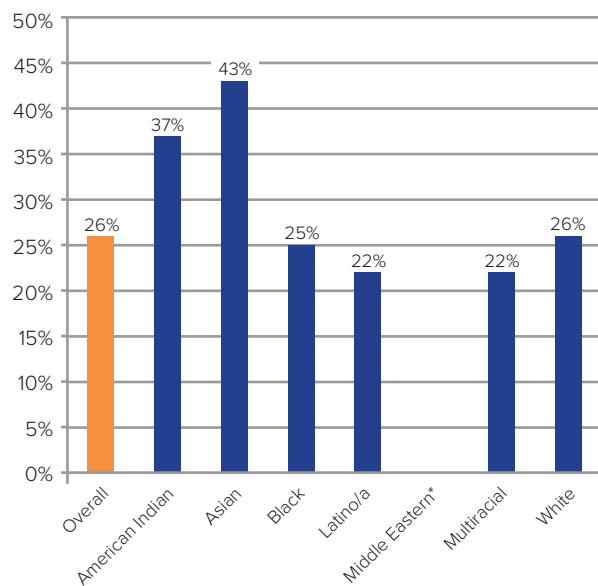
Table 13.3: Experiences with homeless shelters in the past year

Experiences with homeless shelters	% of people who were homeless
They sought shelter and stayed at one or more shelters	10%
They sought shelter and were denied access to one or more shelters	6%
They did not seek shelter, because they feared mistreatment as a transgender person	26%
They did not seek shelter for other reasons	59%

One in ten (10%) respondents sought shelter and stayed at one or more shelters in the past year. Higher percentages were noted among respondents living with HIV (22%) and American Indian (23%) and Black (15%) respondents.

More than one-quarter (26%) did not seek shelter because they feared being mistreated as a transgender person in the past year. Asian (43%) and American Indian (37%) respondents were more likely to report avoiding a shelter for this reason, in contrast to other people of color, such as Black (25%) and Latino/a (22%) respondents (Figure 13.6). Respondents currently working in the underground economy (36%), and respondents whose families had kicked them out of the house for being transgender (35%) were more likely to avoid seeking shelter for fear of being mistreated.

Figure 13.6: Did not seek shelter for fear of mistreatment as a transgender person in the past year RACE/ETHNICITY (%)



*Sample size too low to report

Six percent (6%) of respondents were denied access to a shelter in the past year. Transgender women of color were more likely to be denied access to a shelter, with multiracial women (30%) being five times as likely, and Black women (13%) being more than twice as likely. Those who were currently working in the underground economy (13%) were also more likely to be denied access to a shelter.

Respondents who were denied access to one or more shelters in the past year were asked what they believed the reasons were for that treatment, and they selected one or more reasons from a list, such as age, race or ethnicity, and gender identity. Nearly three-quarters (74%) believed that they were denied access to a shelter because of their gender identity or expression.⁸ This represents 4% of those who were homeless in the past year (Table 13.4).

Seven out of ten (70%) respondents who stayed at a shelter in the past year faced some form of mistreatment, such as being forced out, harassed, or attacked because of being transgender.

Table 13.4: Reported reasons for being denied access to one or more shelters

Reason for denial	% of those denied access to shelter
Age	7%
Disability	8%
Income level or education	5%
Gender identity or expression	74%
Race or ethnicity	4%
Religion or spirituality	4%
Sexual orientation	17%
None of the above	19%

b. Treatment in Shelters

Respondents who stayed at one or more shelters in the past year received questions about how they were treated at the shelter(s) as a transgender person. Seventy percent (70%) encountered at least one negative experience based on their transgender status in the past year, such as being forced out, harassed, or attacked because they were transgender.

Nearly one in ten (9%) respondents who stayed at a shelter in the past year were thrown out after the shelter staff found out that they were transgender. Forty-four percent (44%) decided to leave the shelter because of poor treatment or unsafe conditions, even though they had no other place to go. One-quarter (25%) of respondents decided to dress or present as the wrong gender in order to feel safe in a shelter, and 14% said that the shelter staff forced them to dress or present as the wrong gender in order to stay at the shelter (Table 13.5).

Table 13.5: Experiences while staying in homeless shelters in the past year

Experiences while staying in homeless shelters	% of people who stayed in a shelter
They left because of poor treatment or unsafe conditions, even though they had nowhere else to go	44%
They decided to dress or present as the wrong gender to feel safe in shelter	25%
The shelter required them to dress or present as the wrong gender	14%
They were thrown out after shelter staff learned they were transgender	9%
One or more experiences listed	58%

Respondents who stayed at a homeless shelter in the past year were also asked whether they were verbally harassed, physically attacked, or sexually assaulted⁹ at the shelter because they were transgender. Nearly half (49%) reported that they were verbally harassed because they were transgender. Nearly one-fifth (19%) were physically attacked, and 17% were sexually assaulted at the shelter because they were transgender (Table 13.6).

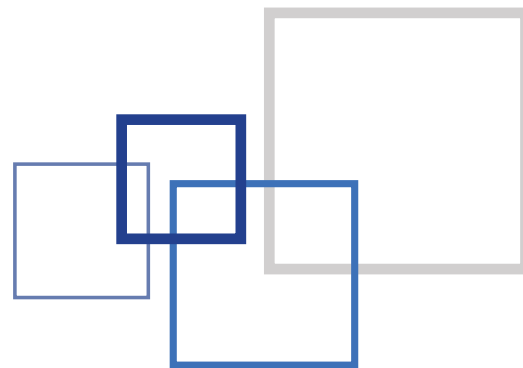
Table 13.6: Verbal harassment, physical attack, and sexual assault in homeless shelters in the past year because they were transgender

Experiences while staying in homeless shelters	% of people who stayed in a shelter
Verbally harassed	49%
Physically attacked	19%
Sexually assaulted	17%
One or more experiences listed	52%

Conclusion

Respondents reported high rates of homelessness both in their lifetime and the past year. The results also indicated that a substantial number of respondents experienced housing discrimination and housing instability in the past year based on their transgender status, with higher rates among transgender women of color, people living with HIV, people who have been kicked out of their homes by their families, and respondents currently working in the underground economy. Many of those who experienced homelessness in the past year reported that they avoided using a shelter because they feared being mistreated as a transgender person, and those who did use a shelter in the past year faced high rates of mistreatment based on their transgender status, such as being kicked out of the shelter, being verbally harassed, physically attacked, or sexually assaulted.

- 1 See e.g., Davidson, C. (2014). Gender minority and homelessness. *In Focus: A Quarterly Research Review of the National Health Care for the Homeless Council*, 3(1). Available at: http://www.nhchc.org/wp-content/uploads/2014/10/in-focus_transgender_sep2014_final.pdf; Durso, L. E. & Gates, G. J. (2012). *Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or at Risk of Becoming Homeless*. Los Angeles, CA: Williams Institute. Available at: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Durso-Gates-LGBT-Homeless-Youth-Survey-July-2012.pdf>; Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. (p. 112). DC: National Center for Transgender Equality & National Gay and Lesbian Task Force.
- 2 Grant, et al.; Rooney, C., Durso, L. E., & Gruberg, S. (2016). *Discrimination Against Transgender Women Seeking Access to Homeless Shelters*. DC: Center for American Progress. Available at: <https://www.americanprogress.org/issues/lgbt/report/2016/01/07/128323/discrimination-against-transgender-women-seeking-access-to-homeless-shelters/>.
- 3 U.S. Census Bureau. (2015). *American Community Survey 1-Year Estimates: Homeownership Rate by Age of Householder*. The ACS homeownership rate include ages 15 and older, in contrast to the USTS rate, which includes respondents who are 18 and older. Because the ACS includes people under 18 years of age, an exact comparison to the USTS sample could not be made. Therefore, this comparison should be interpreted with caution.
- 4 U.S. Census Bureau. (2015). *American Community Survey 1-Year Estimates: Homeownership Rate by Age of Householder*. The ACS homeownership rate for the “under 25” age group includes those who are 15–24 years of age, in contrast to the USTS rate, which includes respondents who are 18–24 years of age. See note 3.
- 5 The homelessness point-in-time estimate is based on January 2015 data. Department of Housing and Urban Development. (2015). *2015 Annual Homelessness Assessment Report (AHAR) to Congress*. Available at: <https://www.hudexchange.info/resources/documents/2015-AHAR-Part-1.pdf>. Calculation is based on the 436,921 people over the age of 18 who were homeless on a given night in 2015 and the January 2015 estimated adult population (247,492,492).
- 6 Respondents were given the choice of answering “yes,” “no,” or “does not apply to me” for each housing scenario listed in Q. 23.2. They were instructed to select “does not apply to me” if the housing situation could not have happened to them in the past year. For example, those who did not rent a home in the past year could not have been evicted, and were instructed to select “does not apply to me” for that question. The results reported in this section do not include those who answered “does not apply to me” for each of the housing situations.
- 7 “People with disabilities” here refers to respondents who identified as a person with a disability in Q. 2.20.
- 8 The survey included both “transgender status/gender identity” and “gender expression/appearance” as answer choices so that respondents could select what they felt best represented their experience. Because there was a substantial overlap of respondents who selected both reasons, and because these terms are commonly used interchangeably or with very similar meanings, responses of those who selected one or both of these reasons are collapsed for reporting as “gender identity or expression.”
- 9 Respondents were asked if they had experienced “unwanted sexual contact (such as fondling, sexual assault, or rape)” in Q. 24.4.



CHAPTER 14

Police, Prisons, and Immigration Detention

Transgender people, particularly transgender people of color, face elevated levels of negative interactions with law enforcement officers and the criminal justice system. This includes higher rates of police mistreatment,¹ incarceration,² and physical and sexual assault in jails and prisons.³ Furthermore, when navigating the United States immigration system, many transgender people, including those who are seeking asylum based on their gender identity, face the prospect of being placed into unsafe immigration detention centers. While in immigration detention, transgender people are often placed in facilities that do not match their gender identity or face extended periods of solitary confinement, leaving them vulnerable to physical and sexual abuse, denial of medical treatment, and other dangerous conditions.⁴

This chapter explores respondents' experiences with police and other law enforcement officers, in jail, prison, or juvenile detention centers, and in immigration detention, including experiences of physical and sexual assault during interactions with law enforcement and while incarcerated. Many of the questions in this section were modeled on the Bureau of Justice Statistics' National Inmate Survey. Results in this chapter are presented in three sections: (A) Interactions with Law Enforcement Officers, (B) Incarceration in Jail, Prison, or Juvenile Detention, and (C) Experiences in Immigration Detention. Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

A. INTERACTIONS WITH LAW ENFORCEMENT OFFICERS

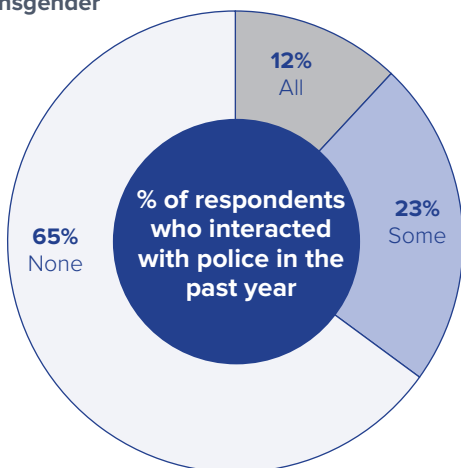
KEY FINDINGS

- ▶ Of respondents who interacted with police or law enforcement officers who thought or knew they were transgender in the past year, 57% said they were never or only sometimes treated respectfully. Further, 58% reported some form of mistreatment, such as being repeatedly referred to as the wrong gender, verbally harassed, or physical or sexually assaulted.
- ▶ More than half (57%) of respondents said they were either somewhat or very uncomfortable asking the police for help.
- ▶ Two percent (2%) of respondents were arrested in the past year, and of those arrested, 22% believed they were arrested because they were transgender.

I. Law Enforcement Interactions in the Past Year

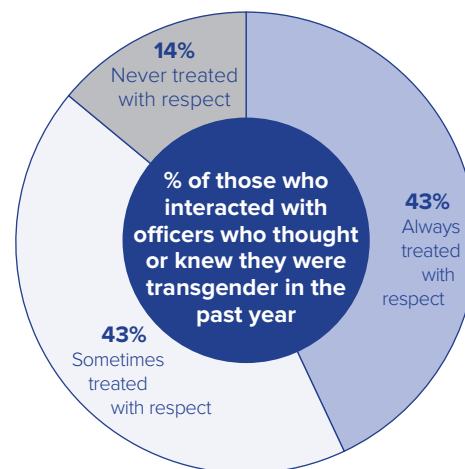
Forty percent (40%) of respondents said that they interacted with the police or other law enforcement officers in the past year. Of those, 65% said that they believed none of the officers thought or knew they were transgender, and 35% said that some or all of the officers thought or knew they were transgender (Figure 14.1).

Figure 14.1: Interaction with officers who thought or knew respondents were transgender



Respondents who said that some or all of the law enforcement officers thought or knew they were transgender were then asked whether they were treated with respect during the interactions. More than half of these respondents (57%) said that they were never or only sometimes treated with respect, and 43% reported that they were always treated with respect (Figure 14.2).

Figure 14.2: Frequency of respectful treatment by police or other law enforcement officers in the past year



Respondents who were currently working in the underground economy (80%) were more likely to

report never or only sometimes being treated with respect, as were those who were currently living in poverty⁵ (69%). Non-binary respondents (70%) and transgender men (62%) were more likely to report having never or only sometimes been treated with respect than transgender women (51%) (Figure 14.3). People of color were also more likely to report never or only sometimes being treated with respect, particularly American Indian (72%) and Black (70%) respondents (Figure 14.4).

Figure 14.3: Never or only sometimes treated with respect by law enforcement officers in the past year
GENDER IDENTITY (%)

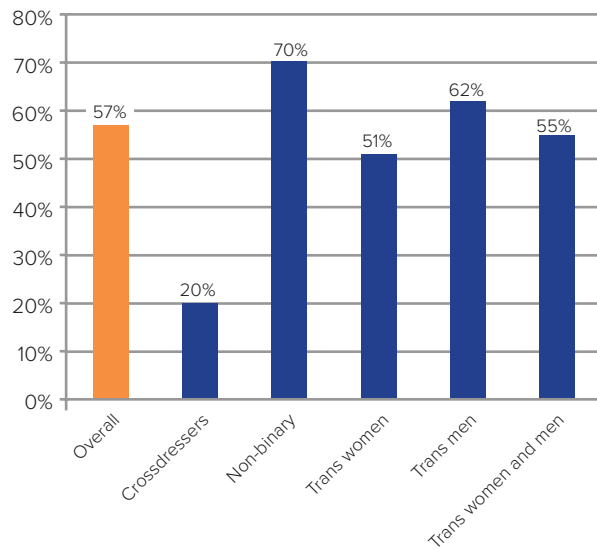
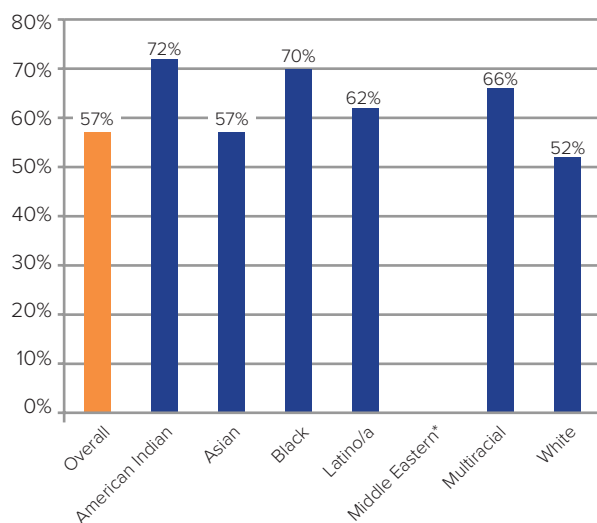


Figure 14.4: Never or only sometimes treated with respect by law enforcement officers in the past year
RACE/ETHNICITY (%)



*Sample size too low to report

Respondents who said that some or all of the officers they interacted with thought or knew they were transgender were also asked whether they experienced specific forms of mistreatment in their interactions with law enforcement officers in the past year, such as being repeatedly referred to as the wrong gender, verbally harassed, or physically attacked. More than half (58%) of these respondents reported having experienced one or more forms of mistreatment (Table 14.1).

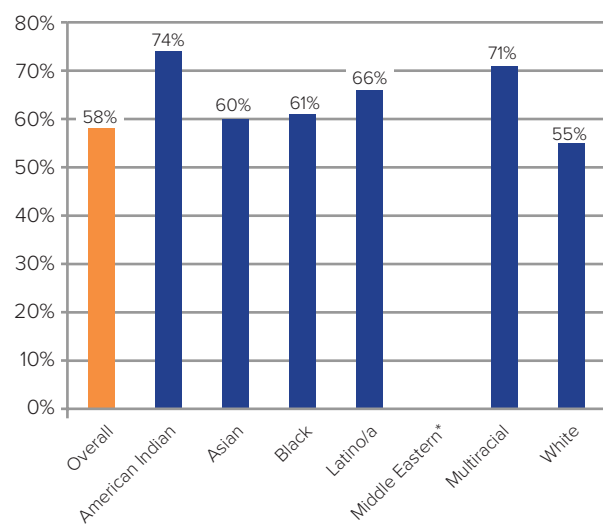
Table 14.1: Mistreatment by police or other law enforcement officers in the past year

Experiences of mistreatment in the past year	% of those who interacted with officers who thought or knew they were transgender in the past year
Officers kept using the wrong gender pronouns (such as he/him or she/her) or wrong title (such as Mr. or Ms.)	49%
Verbally harassed by officers	20%
Officers asked questions about gender transition (such as about hormones or surgical status)	19%
Officers assumed they were sex workers	11%
Physically attacked by officers	4%
Sexually assaulted by officers	3%
Forced by officers to engage in sexual activity to avoid arrest	1%
One or more experiences listed	58%

People of color, including American Indian (74%), multiracial (71%), Latino/a (66%), and Black (61%) respondents, were more likely to have experienced one or more forms of mistreatment (Figure 14.5). Respondents who were homeless in the past year (78%), those who were currently unemployed (75%), and people with disabilities⁶ (68%) were also more likely to report one or more of these experiences.

More than half (58%) of respondents who interacted with a law enforcement officer who thought or knew that they were transgender were verbally harassed, physically or sexually assaulted, or mistreated in another way in the past year.

Figure 14.5: Experienced one or more forms of mistreatment by law enforcement officers in the past year
RACE/ETHNICITY (%)



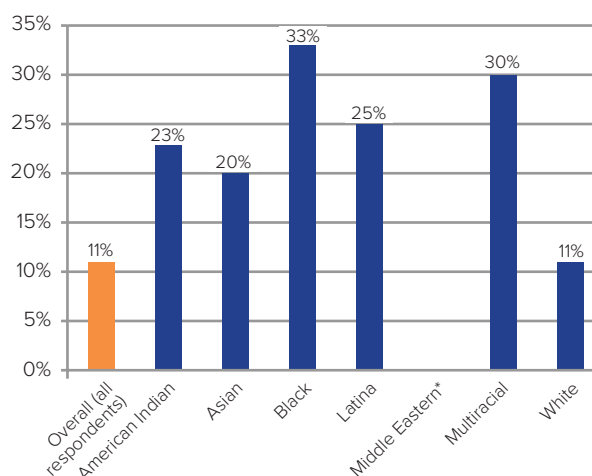
*Sample size too low to report

Verbal harassment was frequently reported by respondents who interacted with police or other law enforcement officers who thought or knew they were transgender. In the past year, one in five (20%) of these respondents reported verbal harassment by an officer. Those who had been homeless in the past year were twice as likely to

be verbally harassed by an officer (40%), and those who were currently working in the underground economy were more than twice as likely to be verbally harassed (51%).

In the past year, more than one in ten (11%) respondents who interacted with law enforcement officers who thought or knew they were transgender reported that an officer assumed that they were sex workers. Transgender women of color were more likely to report that an officer assumed they were sex workers, including Black (33%), multiracial (30%), Latina (25%), American Indian (23%), and Asian (20%) women (Figure 14.6).

Figure 14.6: Law enforcement officer assumed they were a sex worker in the past year among transgender women
RACE/ETHNICITY (%)

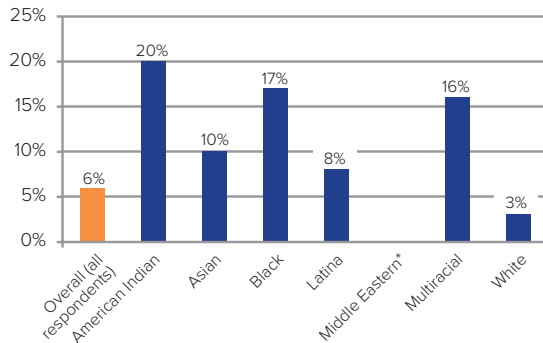


*Sample size too low to report

Respondents who interacted with law enforcement officers who thought or knew they were transgender in the past year also reported being physically or sexually assaulted. Six percent (6%) of these respondents were physically attacked, sexually assaulted,⁷ and/or forced to engage in sexual activity to avoid arrest by an officer. Respondents who were currently working in the underground economy (27%) and those who were homeless in the past year (17%) were more

likely to report one or more of these experiences. Transgender women of color, including American Indian (20%), Black (17%), and multiracial (16%) women, were also more likely to report one or more of these experiences (Figure 14.7).

Figure 14.7: Physically attacked, sexually assaulted, and/or forced to engage in sexual activity to avoid arrest in the past year among transgender women RACE/ETHNICITY (%)



*Sample size too low to report

II. Comfort Interacting with Law Enforcement Officers

All respondents were asked how comfortable they would feel asking for help from the police if they needed it. Twenty-nine percent (29%) reported that they would either be very comfortable or somewhat comfortable asking for help from the police, and 15% said they were neutral. A majority (57%) of the sample said that they were somewhat uncomfortable or very uncomfortable asking for help from the police (Figure 14.8).

In Our Own Voices

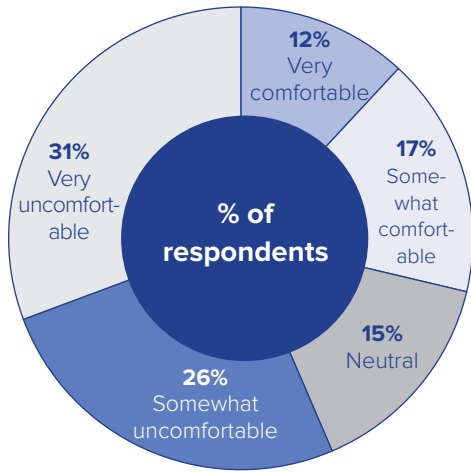
“When I began to live in my correct gender, I was stopped by police and forced to strip in public in front of them as well as being verbally harassed, threatened with arrest, and accused of being a sex worker.”

“While I was in solitary, a cop asked me about my gender. I told him I was male, and he told me I sounded female. Next thing I knew, I was being taken to the jail doctor to spread my legs and have him confirm my gender. It was humiliating.”

“I was in [jail] for 12 days housed with male detainees. Upon being booked, I was escorted to the shower area where I was forced to strip down and shower with male inmates who made sexual advances towards me while mocking me for being different. I feared for my life and the guards were of no help because they mocked me for being transgender.”

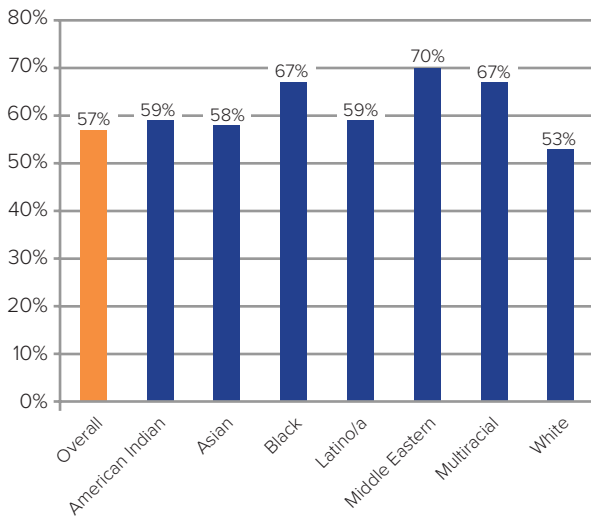
“When I was booked, the officers asked very intrusive questions about my genitalia in a very nonprofessional manner and laughed about it. They ended up booking me into an all-female solitary confinement cell, kept calling me ‘miss,’ and gave me female colors even though I pass full time as male.”

Figure 14.8: Comfort asking the police for help



Middle Eastern (70%), Black (67%), and multiracial (67%) respondents were more likely to say that they were either somewhat or very uncomfortable asking for help from the police (Figure 14.9). Respondents with disabilities (70%) and those who were living in poverty (67%) were also more likely to be somewhat or very uncomfortable asking for help from the police.

Figure 14.9: Somewhat or very uncomfortable asking the police for help RACE/ETHNICITY (%)



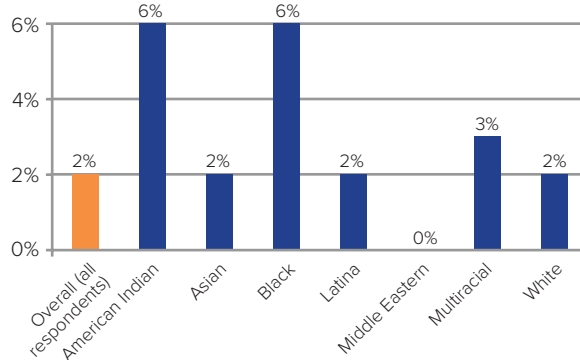
A majority (57%) of respondents said they would be somewhat or very uncomfortable asking for help from the police if they needed it.

III. Arrest

Two percent (2%) of all respondents reported having been arrested in the past year. Almost one-quarter (22%) of those who were arrested believed that they were arrested because they were transgender.

Respondents who were homeless in the past year (6%) were more likely to be arrested during that year. Transgender women of color, including Black (6%), American Indian (6%), and multiracial (3%) women, were also more likely to be arrested in the past year (Figure 14.10).

Figure 14.10: Arrested in the past year for any reason among transgender women RACE/ETHNICITY (%)



B. INCARCERATION IN JAIL, PRISON, OR JUVENILE DETENTION

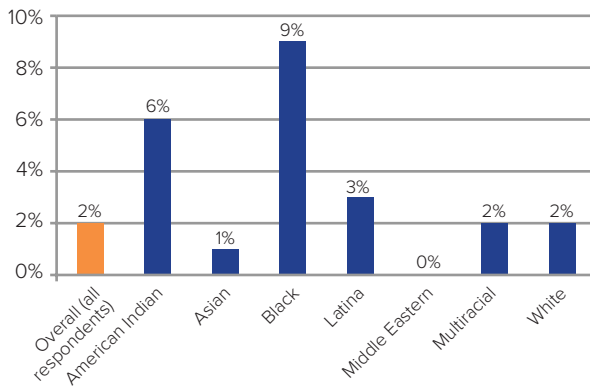
KEY FINDINGS

- ▶ Two percent (2%) of respondents were held in jail, prison, or juvenile detention in the past year.
- ▶ Nearly one-third (30%) of respondents who were incarcerated were physically and/or sexually assaulted by facility staff and/or another inmate in the past year.
- ▶ During the past year, more than one-third (37%) of respondents who were taking hormones before their incarceration were prevented from taking their hormones while incarcerated.

I. Overall Incarceration Rates

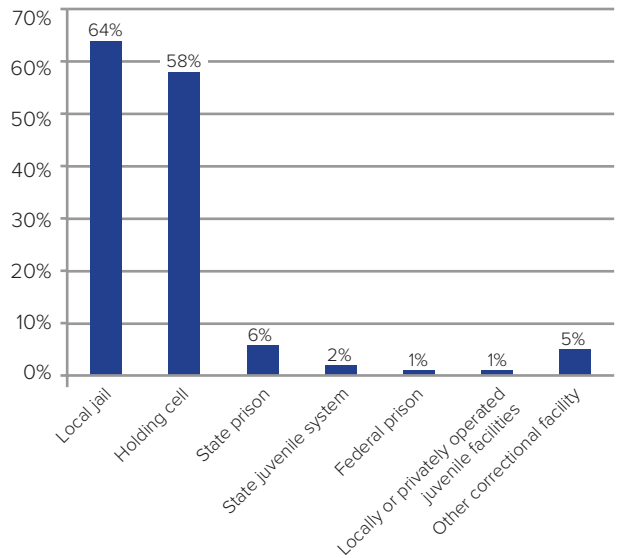
Two percent (2%) of respondents were incarcerated (held in jail, prison, or juvenile detention) in the past year. Twelve percent (12%) of undocumented respondents were incarcerated in the past year. Transgender women of color, including Black (9%) and American Indian (6%) women, were more likely to have been incarcerated in the past year (Figure 14.11), as were respondents who had been homeless in the past year (7%).

Figure 14.11: Incarcerated in the past year among transgender women
RACE/ETHNICITY (%)



Respondents who were incarcerated in the past year were asked what type of jail, prison, or juvenile detention facility they were in, and they made one or more selections. Most of these respondents were incarcerated in a local jail (64%) and/or held in a holding cell (58%) (Figure 14.12).

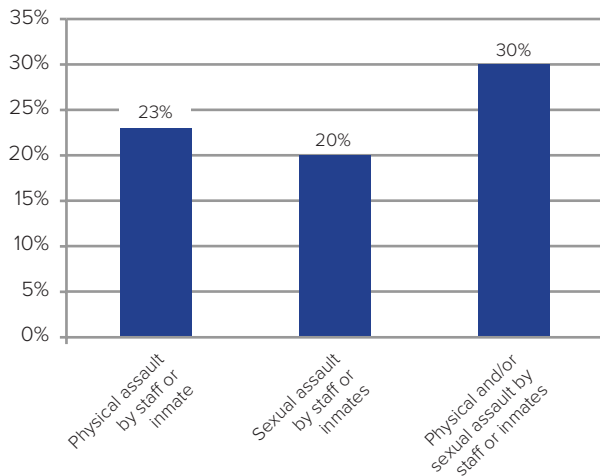
Figure 14.12: Types of incarceration facilities



II. Physical and Sexual Assault During Incarceration

Respondents who were incarcerated in jail, prison, or juvenile detention in the past year were asked whether they had been physically or sexually assaulted⁸ by facility staff or other inmates during that time period. One in five (20%) respondents reported being sexually assaulted by facility staff or other inmates. This rate was five to six times higher than the rates of sexual assault by facility staff or other inmates reported by the U.S. incarcerated population in prisons (4%) and in jails (3.2%).⁹ Nearly one-quarter (23%) were physically assaulted.¹⁰ Overall, 30% were physically and/or sexually assaulted in the past year while incarcerated (Figure 14.13). Physical and sexual assault by staff or other inmates is explored separately in the following sections.

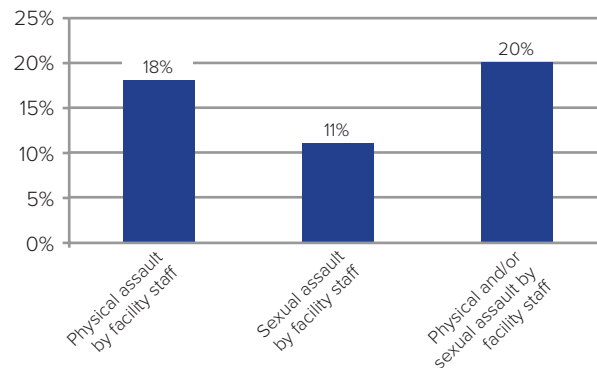
Figure 14.13: Physical and sexual assault by staff or inmates in the past year during incarceration



a. Physical and Sexual Assault by Facility Staff

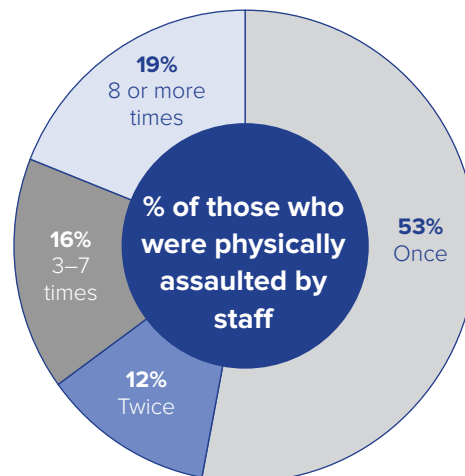
One in five (20%) respondents who were incarcerated in jail, prison, or juvenile detention in the past year were physically and/or sexually assaulted by facility staff during that time (Figure 14.14).

Figure 14.14: Physical and sexual assault by facility staff during the past year



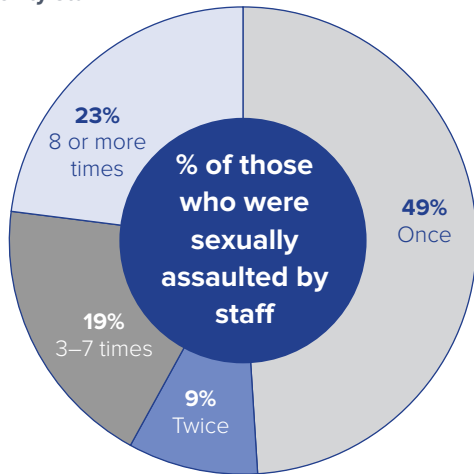
Almost one in five (18%) respondents who were incarcerated in the past year were physically assaulted by facility staff during their time in jail, prison, or juvenile detention. Respondents who were physically assaulted by facility staff in the past year were asked how many times it happened. More than half (53%) reported that they had been physically assaulted once, 12% reported that it happened twice, 16% said that it happened between three and seven times, and nearly one in five (19%) reported that it happened eight or more times (Figure 14.15).

Figure 14.15: Number of physical assaults by facility staff



Eleven percent (11%) were sexually assaulted by facility staff in the past year during their time in jail, prison, or juvenile detention. The rate among USTS respondents was five to six times higher than the rates of sexual assault by facility staff reported by the U.S. incarcerated population in prisons (2.4%) and in jails (1.8%).¹¹ Respondents who were sexually assaulted by facility staff in the past year were asked how many times it happened. Nearly half (49%) said that it happened once, 9% reported that it happened twice, 19% said it happened between three and seven times, and almost one-quarter (23%) said that it happened eight or more times (Figure 14.16).

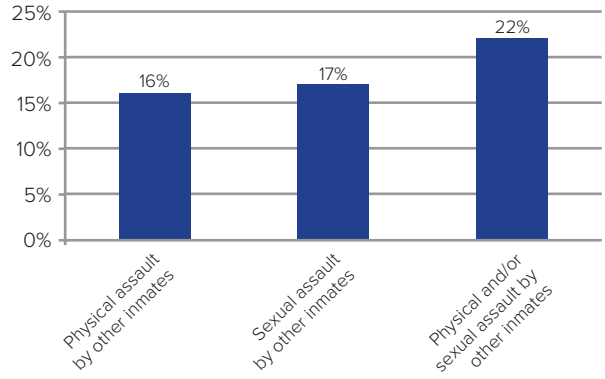
Figure 14.16: Number of sexual assaults by facility staff



b. Physical and Sexual Assault by Other Inmates

Twenty-two percent (22%) of respondents who were incarcerated in jail, prison, or juvenile detention in the past year reported that they were physically and/or sexually assaulted by other inmates during that time (Figure 14.17).

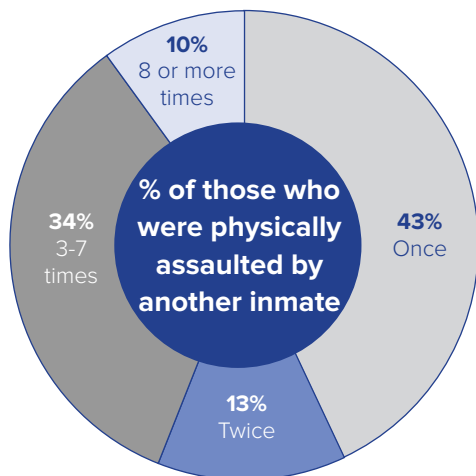
Figure 14.17: Physical and sexual assault by other inmates during the past year



One in six (16%) respondents who were incarcerated in the past year were physically assaulted by another inmate during their time in jail, prison, or juvenile detention. Respondents who were physically assaulted by another inmate in the past year were asked how many times it happened. Fewer than half (43%) of those respondents were physically assaulted once, 13% were physically assaulted twice, 34% said that it happened between three and seven times, and one in ten (10%) said that it happened eight or more times (Figure 14.18).

Respondents who were incarcerated were five to six times more likely than the general incarcerated population to be sexually assaulted by facility staff, and nine to ten times more likely to be sexually assaulted by another inmate.

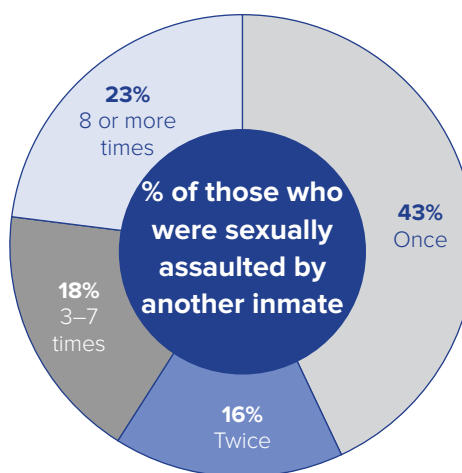
Figure 14.18: Number of physical assaults by another inmate



Seventeen percent (17%) of respondents who were incarcerated in the past year reported that they were sexually assaulted by another inmate during their time in jail, prison, or juvenile detention. The rate among USTS respondents was nine to ten times higher than the rates of sexual assault by other inmates reported by the U.S. incarcerated population in prisons (2%) and in jails (1.6%).¹²

Respondents who were sexually assaulted by another inmate in the past year were asked how many times it happened. Forty-three percent (43%) of those respondents were sexually assaulted once, and 16% were sexually assaulted twice. Nearly one in five (18%) said it happened between three and seven times, and nearly one-quarter (23%) said that it happened eight or more times (Figure 14.19).

Figure 14.19: Number of sexual assaults by another inmate



III. Hormone Therapy During Incarceration

Over half (58%) of respondents who were incarcerated in the past year had been taking hormones before their time in jail, prison, or juvenile detention. Of those, 82% had a prescription for those hormones. More than one-third (37%) of respondents who had been taking hormones before their incarceration were prohibited from taking their hormones in the past year while in jail, prison, or juvenile detention.

In the past year, more than one-third (37%) of respondents who had been taking hormones before being incarcerated were prohibited from taking those hormones while in jail, prison, or juvenile detention.

C. EXPERIENCES IN IMMIGRATION DETENTION

KEY FINDINGS

- ▶ Four percent (4%) of respondents who were not U.S. citizens by birth had been held in immigration detention at some point in their lives.

- ▶ More than half (52%) of respondents who were held in immigration detention were segregated from other people in detention, including 42% who were held in solitary confinement.

- ▶ Forty-five percent (45%) of respondents who were in immigration detention experienced some form of mistreatment, such as being physically or sexually assaulted or being denied access to hormones.

I. Placement in Immigration Detention

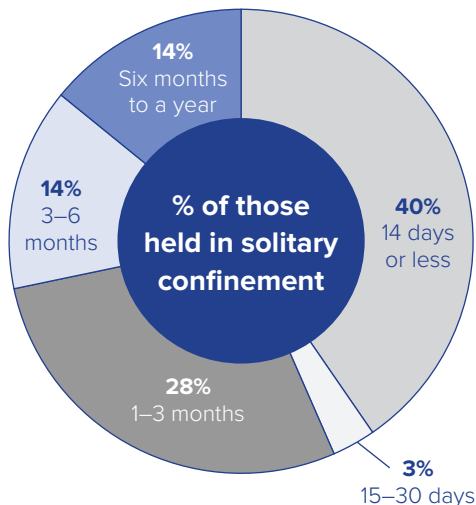
Respondents who were not U.S. citizens by birth were asked if they had ever been held in immigration detention, such as being held in an Immigration and Customs Enforcement (ICE) detention center or a local jail just for immigration court proceedings.¹³ Four percent (4%) (n=30, unweighted)¹⁴ had been held in immigration detention. More than two-thirds (69%) of those who were held in immigration detention said that staff, guards, or others thought or knew that they were transgender or lesbian, gay, or bisexual (LGB).

II. Isolation and Solitary Confinement

Respondents who were detained were asked whether they had been segregated from others who were also in detention. Of the thirty respondents who answered this question, more than half (52%) reported being isolated in one or more ways. Seventeen percent (17%) were held in a separate area for transgender and/or LGB people, such as a pod, unit, tank, or other housing area. Forty-two percent (42%) were held in solitary confinement.

Those who were held in solitary confinement were asked how long they were held in confinement. Of the nine respondents who had been in solitary confinement, forty percent (40%) were held for 14 days or less (up to two weeks). More than one-quarter (28%) were held for 1–3 months, while 14% were held in solitary confinement for over six months (Figure 14.20).

Figure 14.20: Duration of solitary confinement (n=9, unweighted)



** Due to the small sample size, these findings should be interpreted with caution.*

III. Mistreatment and Assault in Immigration Detention

Those who were placed in immigration detention were asked about any mistreatment they faced while they were there, such as being physically or sexually assaulted, threatened with sexual assault, or denied access to hormones or gender-appropriate clothing. Of the twenty-nine respondents who answered these questions, 45% reported one or more of these experiences from their time in immigration detention.

Approximately one-quarter (23%) were physically assaulted and 15% were sexually assaulted by staff or detention officers or by other detainees or inmates, while 19% were threatened with sexual assault. Nearly one-third (29%) were denied access to hormone treatment (Table 14.2).

Table 14.2: Mistreatment and assault in immigration detention

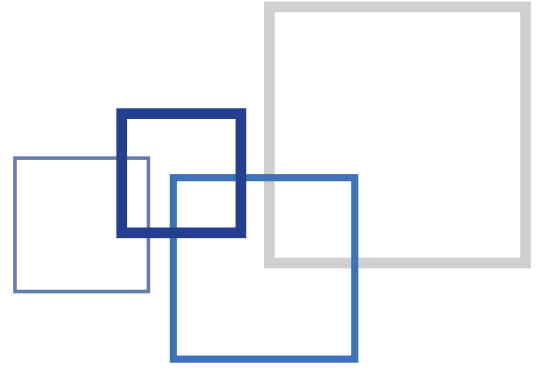
Form of mistreatment or assault (n=29, unweighted)	% of those detained
Denied access to hormones	29%
Physically assaulted	23%
Denied gender-appropriate clothing	22%
Threatened with sexual assault	19%
Sexually assaulted	15%
One or more experiences listed	45%

** Due to the small sample size, these findings should be interpreted with caution.*

Conclusion

Respondents reported frequent contact with the law enforcement and criminal justice systems, as well as high rates of mistreatment by police, physical and sexual abuse in jails and prisons, and denial of medical treatment while incarcerated. Experiences with law enforcement varied by demographic groups, with transgender people of color, those who have experienced homelessness, people with disabilities, and low-income transgender people reporting higher rates of discomfort with and mistreatment by police and other law enforcement officers. Results also indicated substantial levels of mistreatment and abuse in jail, prisons, and juvenile detention centers. Additionally, the experiences of respondents who were placed in immigration detention included harmful conditions and mistreatment, such as lengthy periods of solitary confinement and physical and sexual assault by detention staff and other detainees.

- 1 Center for American Progress & Movement Advancement Project. (2016). *Unjust: How the Broken Criminal Justice System Fails LGBT People*. Available at: <http://www.lgbtmap.org/file/lgbt-criminal-justice.pdf>.
- 2 Center for American Progress & Movement Advancement Project. (2016). *Unjust: How the Broken Criminal Justice System Fails LGBT People*. Available at: <http://www.lgbtmap.org/file/lgbt-criminal-justice.pdf>; Lydon, J. (2015). *Coming out of Concrete Closets: A Report on Black & Pink's National LGBTQ Survey*. Available at: <http://www.blackandpink.org/wp-content/uploads/Coming-Out-of-Concrete-Closets.-Black-and-Pink.-October-21-2015..pdf>.
- 3 Beck, A. J. (2014). *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011–12: Supplemental Tables: Prevalence of Sexual Victimization Among Transgender Adult Inmates*. DC: Bureau of Justice Statistics. Available at: https://www.bjs.gov/content/pub/pdf/svpjri1112_st.pdf.
- 4 Human Rights Watch. (2016). "Do You See How Much I'm Suffering Here?": *Abuse Against Transgender Women in US Immigration Detention*. NY, New York: Human Rights Watch. Available at: https://www.hrw.org/sites/default/files/report_pdf/us0316_web.pdf; Jeanty, J. & Tobin, H. J. (2013). *Our Moment for Reform: Immigration and Transgender People*. DC: National Center for Transgender Equality. Available at: http://www.transequality.org/sites/default/files/docs/resources/OurMoment_CIR_en.pdf.
- 5 Respondents who are "living in poverty" represent those who are living at or near the poverty line. See the *Income and Employment Status* chapter for more information about the poverty line calculation.
- 6 "Respondents with disabilities" here refers to respondents who identified as a person with a disability in Q. 2.20.
- 7 Respondents received the following answer choice in Q. 28.5: "I experienced unwanted sexual contact from an officer (such as fondling, sexual assault, or rape)."
- 8 Respondents were asked in Q. 28.10 and Q. 28.12 whether they were "physically forced, pressured, or made to feel that [they] had to have sex or sexual contact" with facility staff or with another inmate. This question was based on the language used by the Bureau of Justice's National Inmate Survey to allow for comparison with the general incarcerated population. Beck, A. J., Berzofsky, M., Caspar, R., & Krebs, C. (2013). *Sexual Victimization in Prisons and Jails Reported by Inmates 2011–12*. DC: Bureau of Justice Statistics. Available at: <https://www.bjs.gov/content/pub/pdf/svpjri1112.pdf>.
- 9 Beck et al. See note 8. The Bureau of Justice Statistics (BJS) presents data separately for people incarcerated in state and federal prisons and people incarcerated in jails, but they do not present data for those held in juvenile detention facilities. USTS data includes the experiences of those who were incarcerated in jail, prison, and juvenile detention. Therefore, data from the U.S. incarcerated population in this section is provided as a benchmark for experiences among USTS respondents and should be interpreted with caution.
- 10 The National Inmate Survey does not ask about physical assault that does not involve sexual violence.
- 11 Beck et al. See note 8.
- 12 Beck et al. See note 8.
- 13 This section discusses the specific experiences of those held in immigration detention. General information about citizenship and immigration status, including experiences with applications for asylum, is provided in the *Portrait of USTS Respondents* chapter.
- 14 Although a small number of respondents in the sample (n=30, unweighted) had been held in an immigration detention facility, it was important to highlight their experiences in this report. Due to the small sample size, unweighted frequencies are presented alongside weighted percentages in this section to be clear that the percentages reflect the experiences of a small number of respondents. While it is important to present these experiences in this report, the findings presented in this section should be interpreted with caution due to the small sample size.



CHAPTER 15

Harassment and Violence

The freedom to participate in public life without fear of discrimination, harassment, and violence has been shown to have wide-ranging impacts on health, economic stability, and other key aspects of life.¹ Transgender people, however, are often vulnerable to mistreatment in public spaces, resulting in barriers to civic and economic participation.² Transgender people also face high rates of violence, including physical attacks, sexual assault, and intimate partner violence.³

Respondents were asked about their experiences in the past year with unequal treatment or service⁴ in businesses, government agencies, and other public places (more broadly than just in public accommodations, which are covered in the *Places of Public Accommodation and Airport Security* chapter), as well their experiences with verbal harassment.⁵ They also received questions about experiences with being physically attacked or sexually assaulted in a variety of settings. Finally, they were asked about experiences with intimate partner violence. Questions were informed by several national surveys, including the National Crime Victimization Survey and the National Intimate Partner and Sexual Violence Survey.⁶ Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

KEY FINDINGS

- ▶ Nearly half (48%) of all respondents in the sample reported being denied equal treatment, verbally harassed, and/or physically attacked in the past year because of being transgender.
 - One in seven (14%) respondents reported that they were denied equal treatment or service in a public place in the past year because of being transgender.
 - Nearly half (46%) of respondents reported that they were verbally harassed in the past year because of being transgender.
 - Nearly one in ten (9%) respondents reported that they were physically attacked in the past year because of being transgender.

- ▶ Nearly half (47%) of respondents have been sexually assaulted at some point in their lifetime.

- ▶ One in ten (10%) respondents in the survey were sexually assaulted in the past year.

- ▶ More than half (54%) of respondents experienced some form of intimate partner violence.
 - More than one-third (35%) experienced physical violence by an intimate partner, compared to 30% of the U.S. adult population. Nearly one-quarter (24%) experienced severe physical violence by a current or former partner, compared with 18% of the U.S. population.

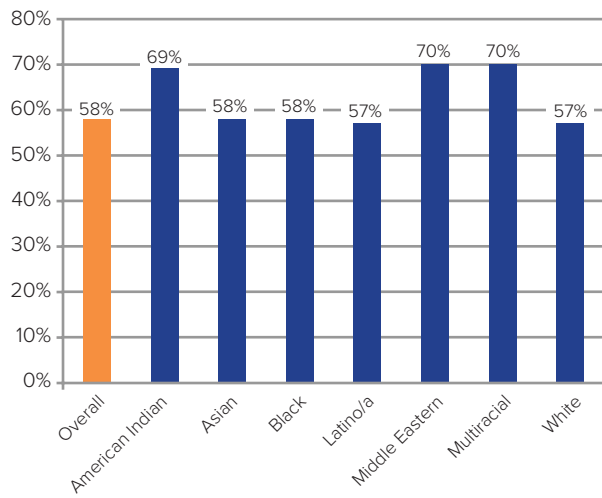
I. Overall Experiences of Unequal Treatment, Harassment, and Physical Attack

Respondents were asked if they had been denied equal treatment or service, verbally harassed, or physically attacked in the past year for any reason, regardless of whether it happened because they were transgender. This section of the chapter will examine respondents' overall experiences in the past year, and is followed by separate sections

examining denial of equal treatment, verbal harassment, and physical attacks in greater detail.

Fifty-eight percent (58%) of respondents said that they were denied equal treatment or service, verbally harassed, and/or physically attacked in the past year for any reason. Respondents who were currently working in the underground economy, such as sex work, drug sales, or other work that is currently criminalized (82%), and people with disabilities⁷ (69%) were more likely to report one or more of these experiences. Middle Eastern (70%), multiracial (70%), and American Indian (69%) respondents were also more likely to report one or more of these experiences (Figure 15.1).

Figure 15.1: Unequal treatment, verbal harassment, and/or physical attack for any reason in the past year
RACE/ETHNICITY (%)



Respondents who had one or more of these experiences were then asked what they believed the reasons were for that treatment. Eighty-four percent (84%) believed that it happened because of their gender identity or expression. This means that 48% of all respondents in the survey reported that they were denied equal treatment or service, verbally harassed, and/or physically attacked because of being transgender in the past year (Table 15.1).

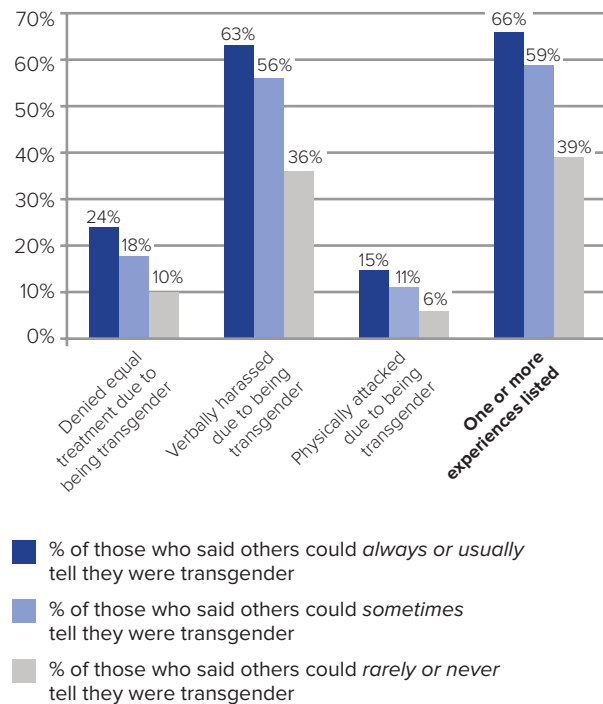
Table 15.1: Denial of equal treatment, verbal harassment, and physical attack in the past year

Experience	Had experience for any reason (% of respondents)	Had experience because of being transgender (% of respondents)
Denied equal treatment	16%	14%
Verbally harassed	54%	46%
Physically attacked	13%	9%
One or more experiences listed	58%	48%

Nearly half (48%) of respondents reported that they were denied equal treatment or service, verbally harassed, and/or physically attacked because of being transgender in the past year.

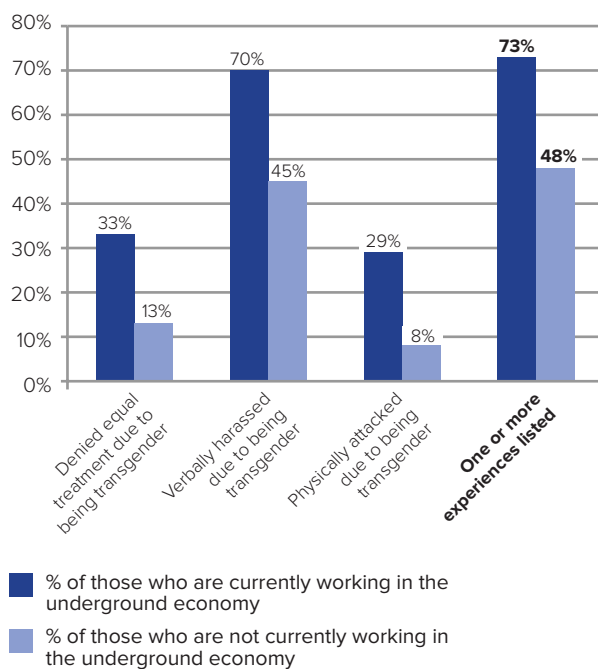
Those who said that others could usually or always tell that they were transgender (66%) were more likely to report having one or more of these experiences because of being transgender, in contrast to those who said that others could rarely or never tell that they were transgender (39%) (Figure 15.2).

Figure 15.2: Denial of equal treatment, verbal harassment, and physical attack in the past year
OTHERS' PERCEPTION OF TRANSGENDER STATUS (%)



Almost three-quarters (73%) of respondents who were currently working in the underground economy reported being denied equal treatment, verbally harassed, and/or physically attacked in the past year because of being transgender (Figure 15.3).

Figure 15.3: Unequal treatment, harassment, and physical attack in the past year
CURRENT PARTICIPATION IN THE UNDERGROUND ECONOMY (%)

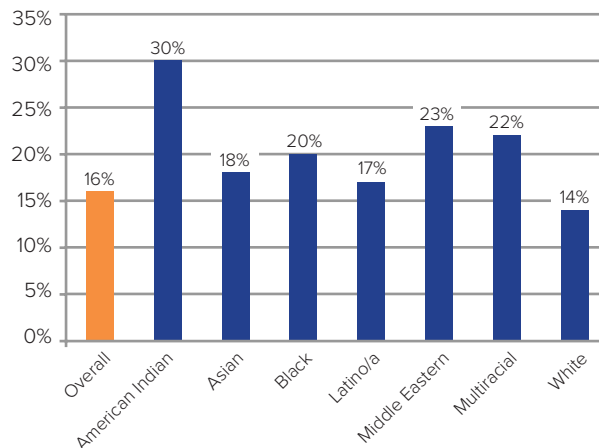


II. Unequal Treatment or Service

Sixteen percent (16%) of respondents were denied equal treatment or service in the year before taking the survey, such as at a place of business, government agency, or other public place, for any reason, regardless of whether it was related to being transgender.

People of color were more likely to have experienced unequal treatment or service. Almost one-third (30%) of American Indian respondents reported being denied equal treatment or service at a public place in the past year. Middle Eastern (23%), multiracial (22%), and Black (20%) respondents also reported higher rates (Figure 15.4). Undocumented residents (39%) were more than twice as likely to have been denied equal treatment or service as those in the overall sample, in contrast to documented non-citizens (20%) and citizens (16%).

Figure 15.4: Denial of equal treatment or service for any reason in the past year
RACE/ETHNICITY (%)



Respondents who were denied equal treatment or service were asked what they believed the reasons were for that treatment, and they selected one or more reasons from a list, such as age, race or ethnicity, and gender identity or expression (Table 15.2).

Table 15.2: Reported reasons for denial of equal treatment or service

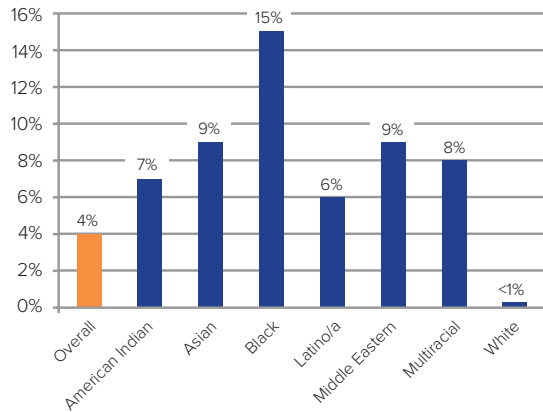
Reason for experience ⁸	% of those denied equal treatment	% of whole sample
Age	14%	2%
Disability	14%	2%
Income level or education	13%	2%
Gender identity or expression	88%	14%
Race or ethnicity	24%	4%
Religion or spirituality	5%	1%
Sexual orientation	36%	6%
None of the above	2%	<1%

Fourteen percent (14%) of all respondents said they had been denied equal treatment or service in the past year because of their gender identity or expression.⁹

Respondents also reported that they had been denied equal treatment or service because of their race or ethnicity. Among people of color, Black (15%), Asian (9%), and multiracial (8%) respondents were

most likely to report being denied equal treatment or service because of their race or ethnicity (Figure 15.5).

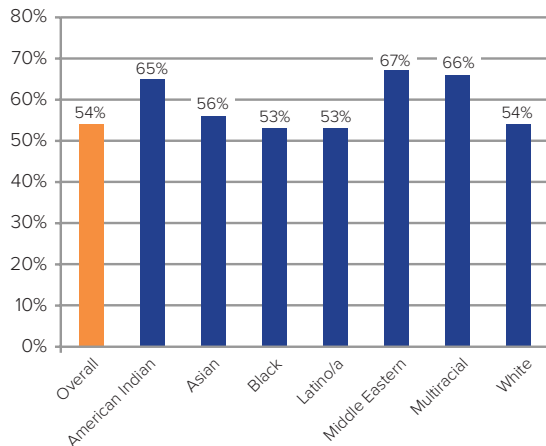
Figure 15.5: Denial of equal treatment or service in the past year because of race or ethnicity
RACE/ETHNICITY (%)



III. Verbal Harassment

Respondents were asked if anyone had verbally harassed them in the past year for any reason, regardless of whether it was related to being transgender. More than half (54%) reported that they had experienced verbal harassment. Those who were currently working in the underground economy (77%) were more likely to experience verbal harassment. Among people of color, Middle Eastern (67%), multiracial (66%), and American Indian (65%) respondents were more likely to have been verbally harassed in the past year (Figure 15.6).

Figure 15.6: Verbal harassment for any reason in the past year
RACE/ETHNICITY (%)



In Our Own Voices

“When people have tried to grope me in the street or have verbally harassed me, it’s usually either because they see me as a sexual target or because they can’t figure out whether I am a ‘man’ or a ‘woman’ and they think they have the right to demand an explanation.”

“I was sexually assaulted at my university. I was also attacked and stalked. The university didn’t do anything to help me. Instead, it threatened to punish me. I lived in terror the entire time I was on campus. I was denied a rape kit because I was transgender and the police were completely uninterested.”

“I was found in a ditch after being brutally raped for three days. I was taken to an ER. There I met an officer who told me I deserved it for attempting to be a woman and should have died. He also refused to take a report.”

“I was a victim of spousal abuse for over ten years. This grew worse when I transitioned, as [my transition] became an easy justification for verbally, emotionally and physically abusing me.”

“My trans status was used as a tool to [make me] stay with my former partner. She would say things such as ‘no one else would ever love you.’”

Respondents who were verbally harassed were asked what they believed the reasons were for that treatment (Table 15.3).

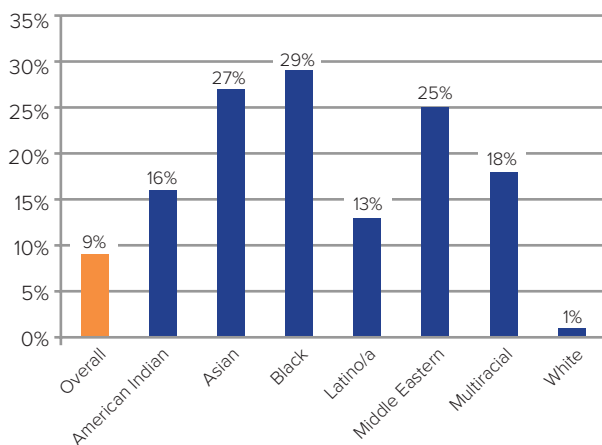
Table 15.3: Reported reasons for verbal harassment

Reason for experience	% of those verbally harassed	% of whole sample
Age	10%	5%
Disability	10%	5%
Income level or education	7%	4%
Gender identity or expression	84%	46%
Race or ethnicity	16%	9%
Religion or spirituality	5%	3%
Sexual orientation	42%	23%
None of the above	8%	4%

Nearly half (46%) of respondents in the overall sample reported they were verbally harassed in the past year because of being transgender.

Among people of color, Black (29%), Asian (27%), Middle Eastern (25%), and multiracial (18%) respondents were most likely to report being verbally harassed because of their race or ethnicity (Figure 15.7).

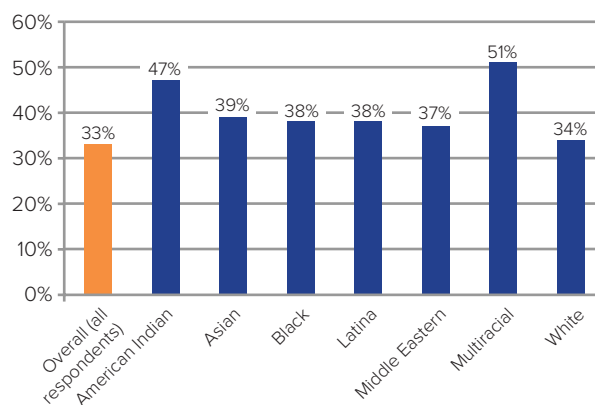
Figure 15.7: Verbal harassment in the past year because of race or ethnicity
RACE/ETHNICITY (%)



Respondents were asked if they had been verbally harassed in public *by strangers* because of being transgender in the past year.¹⁰ One-third (33%) of all respondents reported having this experience in

the past year. Transgender women of color were more likely to be harassed by strangers because of their gender identity or expression, particularly multiracial (51%) and American Indian (47%) women (Figure 15.8). Those who said that others could always or usually tell that they were transgender, even without being told (55%), were substantially more likely to have been verbally harassed by strangers, in contrast to those who said that people could rarely or never tell that they were transgender (22%).

Figure 15.8: Verbal harassment in public by strangers in the past year among transgender women
RACE/ETHNICITY (%)



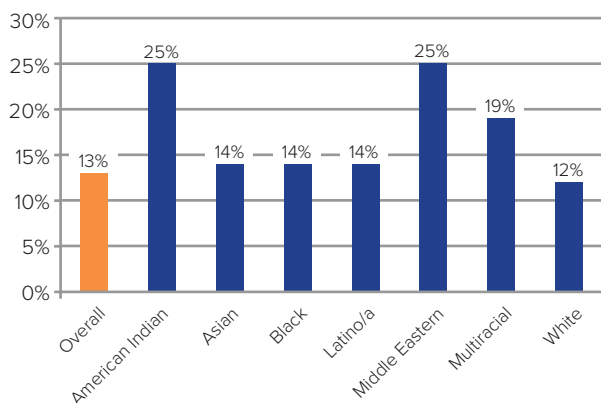
IV. Physical Attack

Thirteen percent (13%) of respondents said that someone had physically attacked them in the past year, such as by grabbing them, throwing something at them, punching them, or using a weapon against them for any reason.

Those who were currently working in the underground economy (41%) were more than three times as likely to report being physically attacked in the past year. Undocumented residents (24%) were almost twice as likely to report being physically attacked. Experiences of physical attack also varied by race and ethnicity, with American Indian (25%), Middle Eastern (25%), and multiracial

(19%) respondents being more likely to report a physically attack in the past year (Figure 15.9).

Figure 15.9: Physical attack for any reason in the past year
RACE/ETHNICITY (%)



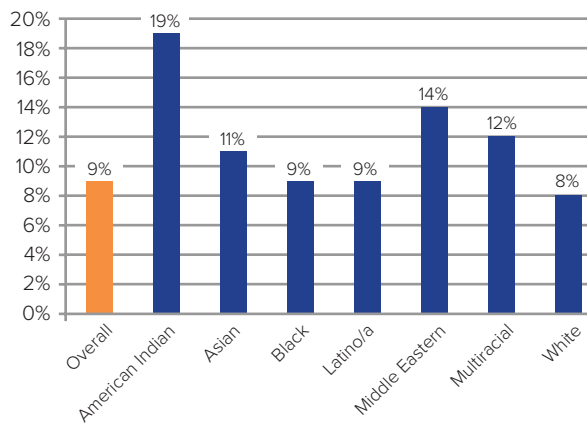
Those who had been physically attacked in the past year were asked what they believed the reasons were for that attack (Table 15.4).

Table 15.4: Reported reasons for physical attack

Reason for experience	% of those physically attacked	% of whole sample
Age	7%	1%
Disability	8%	1%
Income level or education	5%	1%
Gender identity or expression	66%	9%
Race or ethnicity	11%	1%
Religion or spirituality	3%	<1%
Sexual orientation	32%	4%
None of the above	25%	3%

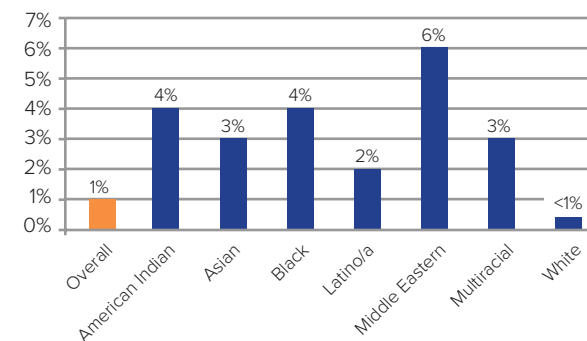
Nearly one in ten (9%) respondents in the overall sample reported being physically attacked in the past year because of being transgender. American Indian (19%), Middle Eastern (14%), multiracial respondents (12%), and Asian respondents (11%) were more likely to report being attacked because of being transgender (Figure 15.10), as were undocumented residents (23%).

Figure 15.10: Physical attack in the past year because of being transgender
RACE/ETHNICITY (%)



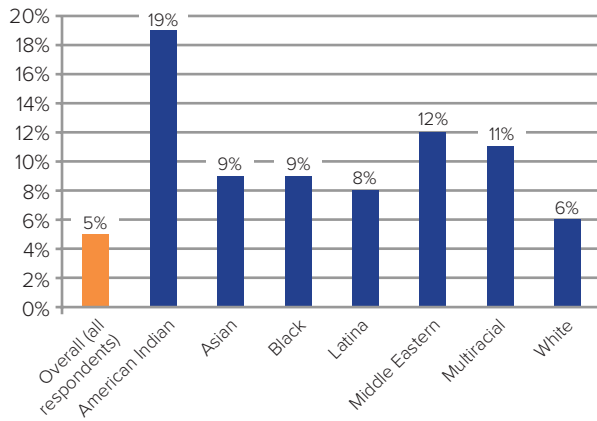
Respondents also reported that they had been physically attacked because of their race or ethnicity. Among people of color, Middle Eastern (6%), American Indian (4%), Black (4%), and Asian (4%) respondents were most likely to report being physically attacked because of their race or ethnicity (Figure 15.11).

Figure 15.11: Physical attack in the past year because of race or ethnicity
RACE/ETHNICITY (%)



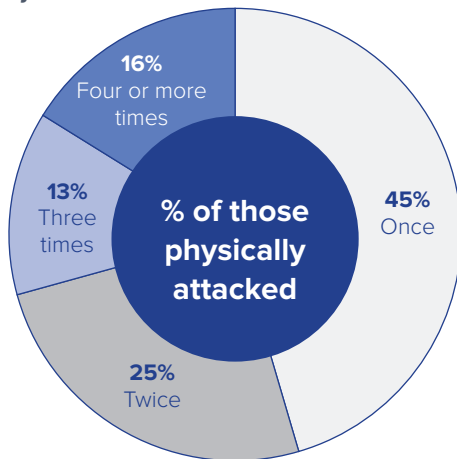
Five percent (5%) of respondents in the overall sample were physically attacked in public by strangers because of being transgender.¹¹ Undocumented residents (20%) and respondents currently working in the underground economy (20%) were four times more likely to report this experience than the overall sample. Transgender women of color were also more likely to report this experience, particularly American Indian (19%), Middle Eastern (12%), and multiracial (11%) women

Figure 15.12: Physical attack in public by strangers in the past year among transgender women RACE/ETHNICITY (%)



Respondents who were physically attacked for any reason in the past year were asked how many times they had been attacked. Forty-five percent (45%) were attacked once that year, and 25% were attacked twice. Thirteen percent (13%) were attacked three times, and 16% were attacked four or more times that year (Figure 15.13).

Figure 15.13: Number of physical attacks in the past year



These respondents were also asked to specify how they were attacked. Nearly three-quarters (73%) of those who were physically attacked in the past year reported that someone had grabbed, punched, or choked them. Twenty-nine percent (29%) reported that someone threw an object at them, like a rock or a bottle. Nearly one-third (29%)

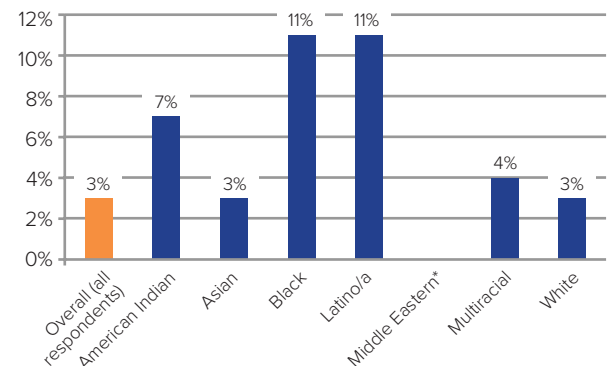
of those who reported being physically attacked were sexually assaulted.¹² (Table 15.5).

Table 15.5: Means of physical attack in the past year

Type of physical attack	% of those physically attacked
By being grabbed, punched, or choked	73%
By having something thrown at them (such as a rock or bottle)	29%
By being sexually assaulted	29%
With another weapon (like a baseball bat, frying pan, scissors, or stick)	7%
With a knife	5%
With a gun	3%
Not listed above	9%

Three percent (3%) of respondents who were physically attacked reported being attacked with a gun in the past year. Transgender women of color, particularly Black (11%) and Latina (11%) women, were nearly four times as likely to report that they were attacked with a gun (Figure 15.14). Respondents currently working in the underground economy (10%) were more than three times as likely to have been attacked with a gun, and those whose only source of income was from underground economy work (16%) were more than five times as likely to have been attacked with a gun.

Figure 15.14: Attacked with a gun among transgender women who were physically attacked in the past year RACE/ETHNICITY (%)



*Sample size too low to report

Nearly half (47%) of respondents have been sexually assaulted at some point in their lifetime.

V. Sexual Assault

In addition to questions about being physically attacked in the past year, respondents were asked questions about their experiences with sexual assault during their lifetime and in the past year,¹³ informed by questions from the National Intimate Partner and Sexual Violence Survey (NISVS).¹⁴

Nearly half (47%) of respondents have been sexually assaulted at some point in their lifetime. This included any experiences with “unwanted sexual contact, such as oral, genital, or anal contact, penetration, forced fondling, or rape.”^{15,16}

Respondents who have participated in sex work (72%), those who have experienced homelessness (65%), and people with disabilities (61%) were more likely to have been sexually assaulted in their lifetime. Among people of color, American Indian (65%), multiracial (59%), Middle Eastern (58%), and Black (53%) respondents were most likely to have been sexually assaulted in their lifetime (Figure 15.15). Experiences also varied across gender, with transgender men (51%) and non-binary people with female on their original birth certificate (58%) being more likely to have been sexually assaulted, in contrast to transgender women (37%) and non-binary people with male on their original birth certificate (41%) (Figure 15.16). Among transgender men and non-binary people with female on their original birth certificates, rates of sexual assault were higher among people of color, particularly American Indian, Middle Eastern, and multiracial people (Figure 15.17 & Figure 15.18).

Figure 15.15: Lifetime sexual assault RACE/ETHNICITY (%)

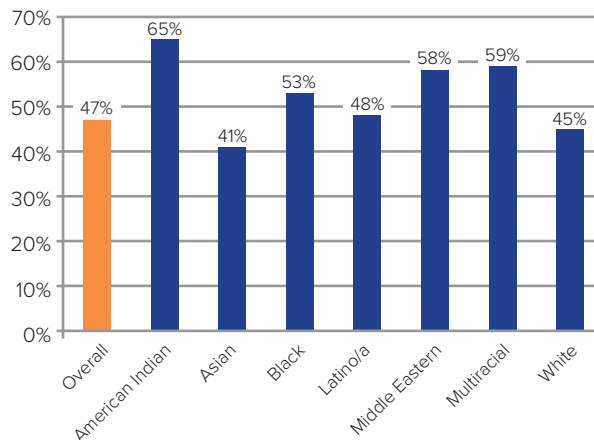


Figure 15.16: Lifetime sexual assault GENDER IDENTITY (%)

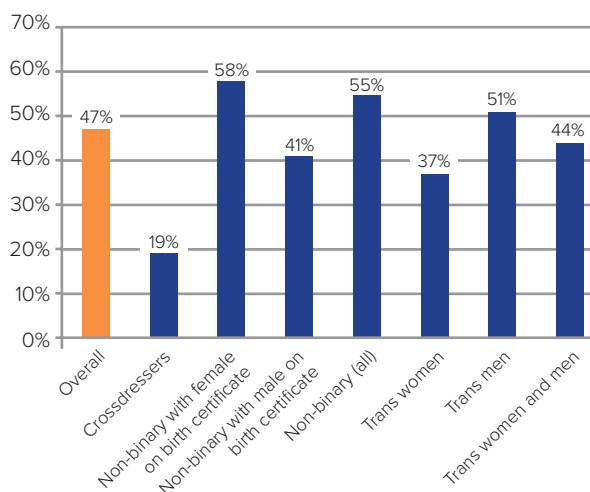


Figure 15.17: Lifetime sexual assault among transgender men RACE/ETHNICITY (%)

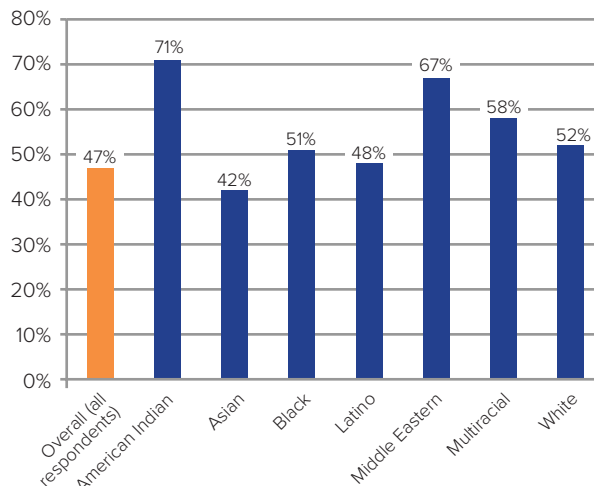
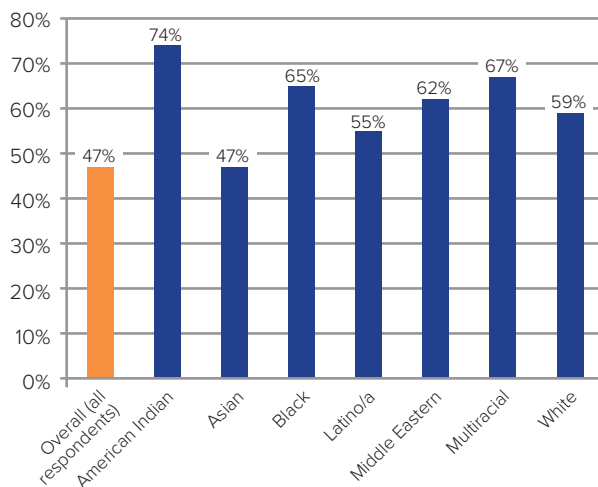


Figure 15.18: Lifetime sexual assault among non-binary people with female on their original birth certificate RACE/ETHNICITY (%)



Respondents who reported this experience were then asked who had committed the sexual assault. Approximately one-third (34%) of those who were sexually assaulted said that a current or former partner had sexually assaulted them. One-quarter (25%) of sexual assault survivors reported that a relative was the perpetrator. Nearly one-third (30%) of sexual assault survivors reported that a stranger committed the assault (Table 15.6).

Table 15.6: Person who committed sexual assault

Person who committed sexual assault	% of respondents who have been sexually assaulted
A friend or acquaintance	47%
A partner or ex-partner	34%
A stranger	30%
A relative	25%
A coworker	5%
A health care provider or doctor	4%
A teacher or school staff member	3%
A law enforcement officer	2%
A boss or supervisor	2%
A person not listed above	12%

One in ten (10%) respondents in the survey were sexually assaulted in the past year.

One in ten (10%) respondents in the survey were sexually assaulted in the past year.^{17,18} Respondents who were currently working in the underground economy (36%) were more than three times as likely to have been sexually assaulted in the past year.

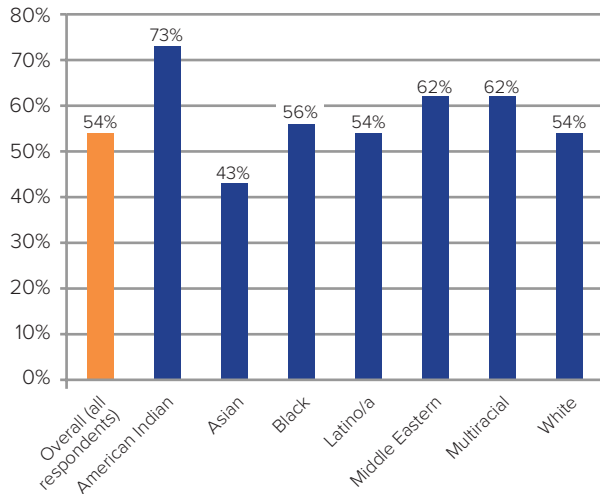
VI. Intimate Partner Violence

a. Overall Intimate Partner Violence

Respondents who reported ever having had a romantic or sexual partner received questions about their experiences with harm involving a current or former intimate partner, including physical, emotional, or financial harm, many of which were based on questions in the National Intimate Partner and Sexual Violence Survey (NISVS).¹⁹ Such acts of harm as described in the survey are defined as “intimate partner violence.”²⁰

Overall, more than half (54%) of all respondents experienced some form of intimate partner violence in their lifetime. Over three-quarters (77%) of respondents who have done sex work and nearly three-quarters (72%) of those who have been homeless experienced intimate partner violence. Undocumented residents (68%), people with disabilities (61%), and people of color, including American Indian (73%), multiracial (62%), and Middle Eastern (62%) respondents, were also more likely to report this experience (Figure 15.19).

Figure 15.19: Intimate partner violence RACE/ETHNICITY (%)



b. Intimidation, Emotional, and Financial Harm

Respondents received two sets of questions covering a range of experiences with intimate partner violence. The first set of questions involved experiences with coercive control, including intimidation, emotional and financial harm, and physical harm to others who were important to respondents. Sixteen percent (16%) of respondents reported that they had been stalked, compared to 6% in the U.S. population.²¹ One in four (25%) respondents were told that they were not a “real” woman or man by a partner, 23% were kept from seeing or talking to family or friends, and 15% were kept from leaving the house when they wanted to go (Table 15.7).

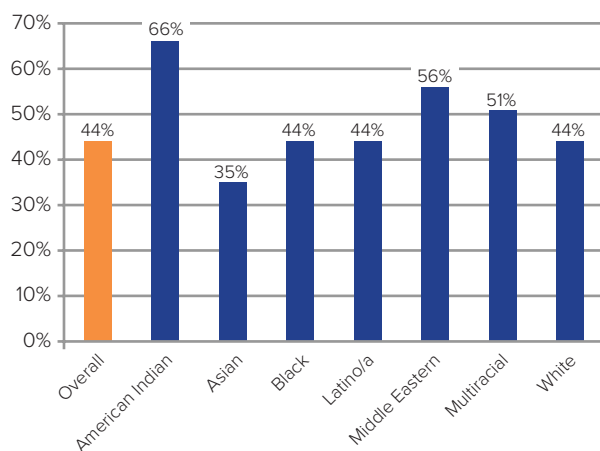
More than half (54%) of all respondents experienced some form of intimate partner violence in their lifetime.

Table 15.7: Intimate partner violence involving coercive control, including intimidation, emotional and financial harm, and physical harm to others

Type of intimate partner violence involving coercive control	% of respondents
Told them that they were not a “real” woman or man	25%
Tried to keep them from seeing or talking to family or friends	23%
Stalked	16%
Kept them from leaving the house when they wanted to go	15%
Threatened to call the police on them	11%
Threatened to “out” them	11%
Kept them from having money for their own use	9%
Hurt someone they love	9%
Threatened to hurt a pet or threatened to take a pet away	6%
Would not let them have their hormones	3%
Would not let them have other medications	3%
Threatened to use their immigration status against them	1%
One or more experiences listed	44%
One or more experiences related to being transgender listed	27%

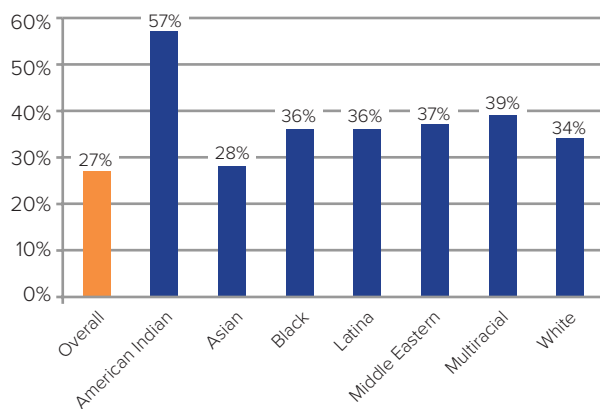
Overall, nearly half (44%) of respondents in the sample experienced some form of intimate partner violence involving coercive control, including intimidation, emotional, and financial harm. Experience with this type of intimate partner violence differed by race, with American Indian (66%), Middle Eastern (56%), and multiracial (51%) respondents reporting higher rates of these experiences (Figure 15.20). Respondents who have done sex work (66%), have experienced homelessness (62%), or were undocumented (60%) were also more likely to have experienced intimate partner violence of this form.

Figure 15.20: Intimate partner violence involving intimidation, emotional, and financial harm RACE/ETHNICITY (%)



Furthermore, more than a quarter (27%) of survey respondents reported acts of coercive control related to their transgender status, including being told that they were not a “real” woman or man, threatened with being “outed” by revealing their transgender status, or prevented from taking their hormones. Transgender women of color, including American Indian (57%) and multiracial (39%) women, were more likely to report acts of harm related to their transgender status (Figure 15.21).

Figure 15.21: Intimate partner violence related to transgender status among transgender women RACE/ETHNICITY (%)



c. Intimate Partner Violence Involving Physical Harm

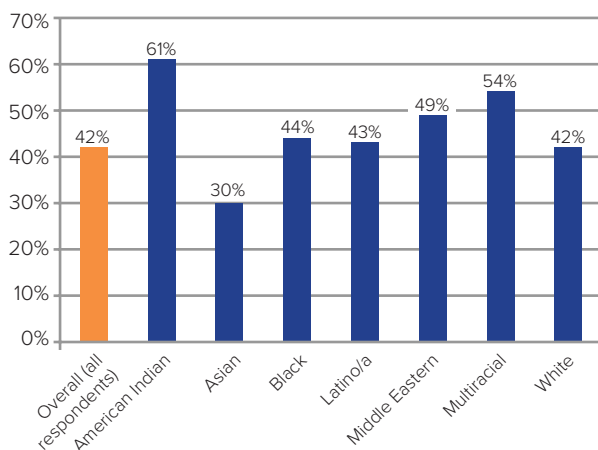
Respondents received additional questions about experiences of intimate partner violence involving physical harm inflicted on them (Table 15.8).

Table 15.8: Intimate partner violence involving physical harm

Type of intimate partner violence	% of USTS respondents	% in U.S. population (NISVS)
Pushed or shoved	30%	23%
Slapped	24%	19%
Made threats to physically harm them	20%	--
Forced them to engage in sexual activity	19%	--
Hit them with a fist or something hard	16%	12%
Slammed them against something	14%	9%
Hurt them by pulling their hair	11%	6%
Kicked	10%	6%
Tried to hurt them by choking or suffocating them	7%	9%
Beat them	6%	6%
Used a knife or gun against them	3%	3%
Burned them on purpose	2%	1%
Any physical violence	35%	30%
Any severe physical violence	24%	18%
One or more experiences listed	42%	---

Overall, 42% of all survey respondents reported experiencing some form of intimate partner violence involving physical harm, including the threat of physical violence, over their lifetime. Respondents who have done sex work (67%) or who have experienced homelessness (61%) were more likely to report intimate partner violence involving physical harm, as were undocumented (59%), American Indian (61%), multiracial (54%), and Middle Eastern (49%) respondents (Figure 15.22).

Figure 15.22: Intimate partner violence involving physical harm
RACE/ETHNICITY (%)



More than one-third (35%) experienced some form of physical violence by an intimate partner, as defined by the National Intimate Partner and Sexual Violence Survey,²² compared to 30% of the U.S. adult population.²³ Moreover, nearly one-quarter (24%) of respondents reported having experienced severe physical violence from a partner, compared to 18% in the U.S. population.²⁴

Conclusion

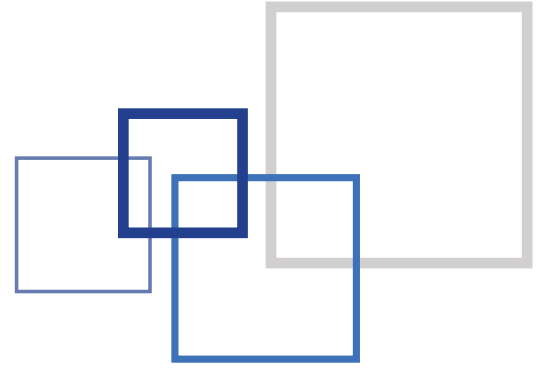
The findings indicated that respondents faced high levels of unequal treatment, harassment, and physical attacks in the past year, with higher rates of these experiences reported among people of color, respondents currently working in the underground economy, and those who reported that others can tell that they are transgender. Respondents also experienced high rates of sexual assault in their lifetime and in the past year, and were more likely than the U.S. population to experience physical intimate partner violence. People of color and undocumented residents were more likely to report experiences of sexual assault and intimate partner violence, as were respondents who have worked in the underground economy or who have experienced homelessness.

ENDNOTES | CHAPTER 15: HARASSMENT AND VIOLENCE

- Langton, L. & Truman, J. (2014). *Socio-Emotional Impact of Violent Crime*. DC: Bureau of Justice Statistics. Available at: <http://www.bjs.gov/content/pub/pdf/sivc.pdf>; Lick, D. J., Durso, L. E., & Johnson, K. L. (2013). Minority stress and physical health among sexual minorities. *Perspectives on Psychological Science*, (8)521. Available at: <http://pps.sagepub.com/content/8/5/521.full.pdf+html>.
- See e.g., Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. (pp. 124–135). DC: National Center for Transgender Equality & National Gay and Lesbian Task Force.
- See e.g., Grant et al., 100, 127; Beemyn, G. & Rankin, S. (2011). *The Lives of Transgender People*. New York, NY: Columbia University Press.
- This chapter discusses general experiences with unequal treatment in public places in the past year, which includes both public accommodations as well as other public spaces. For findings related to unequal treatment in specific public places, such as stores, restaurants, and government agencies, see the *Places of Public Accommodation and Airport Security* chapter.
- This chapter discusses overall experiences with verbal harassment in the past year. Findings related to verbal harassment in specific settings are discussed in other chapters, such as the *Experiences at School, Employment and the Workplace*, and *Health* chapters.

- 6 Truman, J. L. & Morgan, R. E. (2016). *Criminal Victimization, 2015*. DC: Bureau of Justice Statistics; Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization—National Intimate Partner and Sexual Violence Survey, United States, 2011. *MMWR*, 63(8). Available at: <http://www.cdc.gov/mmwr/pdf/ss/ss6308.pdf>.
- 7 “People with disabilities” here refers to respondents who identified as a person with a disability in Q. 2.20.
- 8 Respondents were asked to select all the reasons that applied to their experience.
- 9 The survey included both “transgender status/gender identity” and “gender expression/appearance” as answer choices so that respondents could select what they felt best represented their experience. Because there was a substantial overlap of respondents who selected both reasons, and because these terms are commonly used interchangeably or with very similar meanings, responses of those who selected one or both of these reasons are collapsed for reporting as “gender identity or expression.”
- 10 Only respondents who reported that they were verbally harassed because of their transgender status, gender identity, gender expression, or appearance received this question (Q. 17.6), which asked: “In the past year, did strangers verbally harass you in public because of your trans status, gender identity, or gender expression?” Results are reported out of the full sample.
- 11 Only respondents who reported that they were physically attacked because of their transgender status, gender identity, gender expression, or appearance received this question (Q. 17.10), which asked: “In the past year, did strangers physically attack you in public because of your trans status, gender identity, or gender expression?” Results are reported out of the full sample.
- 12 In Q. 17.8, respondents were asked if they were physically attacked with “unwanted sexual contact (such as rape, attempted rape, being forced to penetrate).”
- 13 Q.18.1 asked if respondents had ever “experienced unwanted sexual contact, such as oral, genital, or anal contact, penetration, forced fondling, or rape.”
- 14 Breiding et al. See note 6.
- 15 Respondents were asked if they had ever “experienced unwanted sexual contact, such as oral, genital, or anal contact, penetration, forced fondling, or rape” in Q. 18.1. This definition of sexual assault encompassed several categories of sexual violence as outlined in the National Intimate Partner and Sexual Violence Survey (NISVS). See note 16.
- 16 Due to differences between Q. 18.1 and the NISVS questions about sexual violence, a direct comparison to the U.S. population was not feasible for this report. However, as context for USTS respondents’ experience with sexual assault, NISVS findings indicate that an estimated 11% of adults in the U.S. population have been raped in their lifetime, 19% have experienced unwanted sexual contact, 10% have experienced sexual coercion, and 4% were forced to penetrate someone. Breiding et al. See note 6. The figures for the prevalence of sexual violence during one’s lifetime in the U.S. population were calculated by the research team to present a combined percentage for the experiences of men and women using 2011 data from the NISVS, as reported by the Centers for Disease Control. Since NISVS respondents could report experiences with multiple forms of sexual violence, an NISVS respondent’s experiences could be reflected in several categories of sexual violence. The research team was unable to avoid double counting respondents who reported more than one experience in the NISVS, and therefore, were unable to combine the percentages of NISVS respondents who experienced *any* form of sexual violence to match the broader USTS category of “unwanted sexual contact,” and make a direct comparison. Therefore, findings for the U.S. population in regard to rape, unwanted sexual contact, sexual coercion, and being forced to penetrate are presented separately, and comparisons between the NISVS and USTS findings should be interpreted with caution.
- 17 The 10% rate of sexual assault in the past year reported in this section was based on Q. 18.3. This differs from the rate of sexual assault in the past year reported in the “Physical Attack” section of this chapter (4%), which was based on Q. 17.8. This difference is likely due to the number of respondents in the sample who received each question based on skip-logic patterns. While all respondents in the sample received Q. 18.3, a limited number of respondents received Q. 17.8 based on their answer to Q. 17.3. Respondents who indicated that they had been physically attacked in Q. 17.3, received a follow-up question asking how they were physically attacked (Q. 17.8), which included an answer choice of “unwanted sexual contact.” Those respondents who did not identify their experience of unwanted sexual contact as a form of physical attack would not have received the follow-up question regarding the method of the attack, if they had not reported another form of physical attack. Additionally, the difference in reporting may partly result from the more inclusive examples of unwanted sexual contact provided in Q. 18.3 (“such as oral, genital, or anal contact, penetration, forced fondling, or rape”), in contrast to the definition of unwanted sexual contact in Q. 17.8 (“such as rape, attempted rape, being forced to penetrate”).

- 18 Due to differences between Q. 18.3 (sexual assault in the past year) and the NISVS questions about sexual violence, a direct comparison to the U.S. population was not feasible for this report. However, as context for USTS respondents' experience with sexual assault, NISVS findings indicate that an estimated 1.9% of adults in the U.S. population experienced unwanted sexual contact in the past year and an estimated 1.7% experienced sexual coercion in the past year. These figures were calculated by the research team to present a combined percentage for the experiences of men and women using 2011 data from the NISVS. Additionally, an estimated 1.6% of women were raped in the past year. Due to the small number of men who reported being raped in the past year, a reliable estimate was not available for men. An estimated 1.7% of men were forced to penetrate a perpetrator in the past year, while the number of women who were forced to penetrate a perpetrator was too low to produce a reliable estimate. Breiding et al. See note 6. Since NISVS respondents could report experiences with multiple forms of sexual violence, an NISVS respondent's experiences could be reflected in several categories of sexual violence. The research team was unable to avoid double counting respondents who reported more than one experience in the NISVS, and therefore, were unable to combine the percentages of NISVS respondents who experienced *any* form of sexual violence to match the broader USTS category of "unwanted sexual contact," and make a direct comparison. Therefore, findings for the U.S. population in regard to rape, unwanted sexual contact, sexual coercion, and being forced to penetrate are presented separately, and comparisons between the NISVS and USTS findings should be interpreted with caution.
- 19 Breiding et al. See note 6.
- 20 See Q. 19.2 and Q. 19.3 for a list of acts described as forms of intimate partner violence.
- 21 Breiding et al. See note 6.
- 22 The NISVS measure for "any physical violence" includes all of the actions listed in Table 15.8, except for forced sexual activity and threats of physical violence.
- 23 The figures for the prevalence of intimate partner violence involving physical violence and/or severe physical violence in the U.S. population was calculated by the research team to present a combined percentage for the experiences of men and women using 2011 data from the NISVS, as reported by the Centers for Disease Control and Prevention. See Breiding et al. See note 6.
- 24 According to the NISVS, "severe physical violence" includes being hurt by having one's hair pulled, being hit with a fist or something hard, kicked, slammed against something, choked or suffocated, beaten, burned, or attacked with a knife or gun.



CHAPTER 16

Places of Public Accommodation and Airport Security

Public accommodations are places of business or other locations generally open to the public, which provide essential services that allow people to meet basic needs and participate in civic life, including government agencies, retail stores, and restaurants.¹ For transgender people, places of public accommodation are potentially unwelcoming or unsafe. Prior research has found that transgender people may face unequal treatment or harassment in public settings such as retail stores.² The survey explored respondents' experiences in specific types of public accommodations in the past year and found that respondents were denied equal treatment, verbally harassed, and physically attacked in several of these locations.

Respondents were also asked questions about their experiences in airports related to their gender identity or expression in the past year, given numerous reports of transgender people being subjected to excessive scrutiny and searches by Transportation Security Administration (TSA) officers when going through airport security screening.³ Widely used body scanners often flag transgender people's bodies and gender-related clothing or items for additional screening, which can lead to unnecessary searches and make them vulnerable to harassment and discriminatory treatment by TSA officers and bystanders.⁴

Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

- ▶ Of respondents who said that staff or employees at a place of public accommodation they visited thought or knew that they were transgender, nearly one-third (31%) experienced at least one type of negative experience, including being denied equal treatment or service (14%), verbally harassed (24%), and/or physically attacked (2%) in the past year.
 - Among those who visited a retail store, restaurant, hotel, or theater and said that staff or employees thought or knew that they were transgender, 31% were denied equal treatment, verbally harassed, and/or physically attacked there.
 - Approximately one-third (34%) of respondents had one or more of these negative experiences in the past year when using public transportation where employees thought or knew they were transgender.
 - Nearly one-quarter (22%) of respondents had one or more of these experiences in the past year when visiting a domestic violence shelter or program or a rape crisis center where employees thought or knew they were transgender.
-
- ▶ One in five (20%) respondents did not use one or more places of public accommodation in the past year because they thought they would be mistreated as a transgender person.
-
- ▶ Additionally, 43% of respondents who went through airport security in the past year experienced a problem related to being transgender, such as being patted down or searched because of a gender-related item, having the name or gender on their ID questioned, or being detained.

I. Overall Experiences in Places of Public Accommodation

Respondents received questions about their experiences in places of public accommodation, such as hotels, restaurants, or government agencies in the past year. They were first asked whether they had visited or used services in specific kinds of public accommodations, and they then received follow-up questions based on their responses. For each type of location that they had visited in the past year, respondents were asked whether they thought that staff or employees at the location knew or thought they were transgender. They were also asked whether

they had been denied equal treatment, verbally harassed, or physically attacked at the selected type of location because they were transgender.

Nearly all respondents in the sample (96%) had visited or used services in at least one of the places of public accommodation outlined in this chapter in the past year. Of those who had visited or used services, 50% reported that they thought the staff or employees knew or thought they were transgender at one or more of the locations. Nearly one-third (31%) of those who said that staff or employees knew or thought they were transgender experienced negative treatment in at least one of the locations, including being denied equal treatment or service, verbally harassed, or physically attacked (Table 16.1).

Table 16.1: Overall experiences in any place of public accommodation in the past year because of being transgender

Experience at a place of public accommodation	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	14%
Verbally harassed	24%
Physically attacked	2%
One or more experiences listed	31%

Respondents' experiences in each type of public accommodation visited or used in the past year are described in detail throughout the chapter (Table 16.2). Those who had not visited a specific type of public accommodation were asked whether they did not visit or use services at that place because they were afraid of being mistreated as a transgender person. Overall, one in five (20%) reported that they did not visit or use services at one or more of these locations because they thought they would be mistreated as a transgender person.

Table 16.2: Negative experiences in places of public accommodation in the past year because of being transgender

Location visited	% of those who believe staff knew or thought they were transgender
Public transportation	34%
Retail store, restaurant, hotel, or theater	31%
Drug or alcohol treatment program	22%
Domestic violence shelter or program or rape crisis center	22%
Gym or health club	18%
Public assistance or government benefit office	17%
DMV (Department of Motor Vehicles)	14%
Nursing home or extended care facility	14%
Court or courthouse	13%
Social Security office	11%
Legal services from an attorney, clinic, or legal professional	6%

II. Public Transportation

Two-thirds (66%) of the sample used public transportation services in the past year, such as a bus, train, subway, or taxi. Two percent (2%) of respondents did not use public transportation in the past year for fear of mistreatment as a transgender person. Twenty-four percent (24%) of those who used public transportation believed that the employees knew or thought they were transgender. Of those, 34% reported being denied equal treatment or service, verbally harassed, or physically attacked because of being transgender while using public transportation (Table 16.3).

Table 16.3: Experiences on public transportation in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	4%
Verbally harassed	32%
Physically attacked	3%
One or more experiences listed	34%

Non-binary people (39%) were more likely to have experienced negative treatment than transgender men and women (32%) when using public transportation (Figure 16.1). These experiences also varied by race and ethnicity, with American Indian (48%), multiracial (45%), and Asian (39%) respondents being more likely to have a negative experience (Figure 16.2). Those who were currently working in the underground economy (such as sex work, drug sales, or other work that is currently criminalized) (49%) and those who were living in poverty (39%) were also more likely to report such an experience.

Figure 16.1: Negative experiences on public transportation in the past year
GENDER IDENTITY (%)

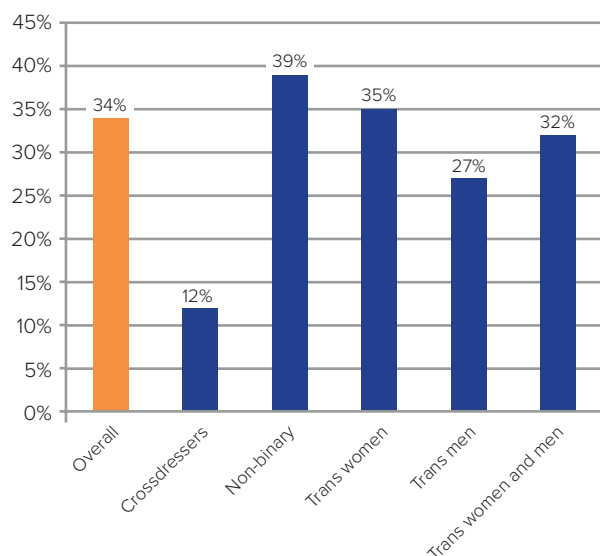
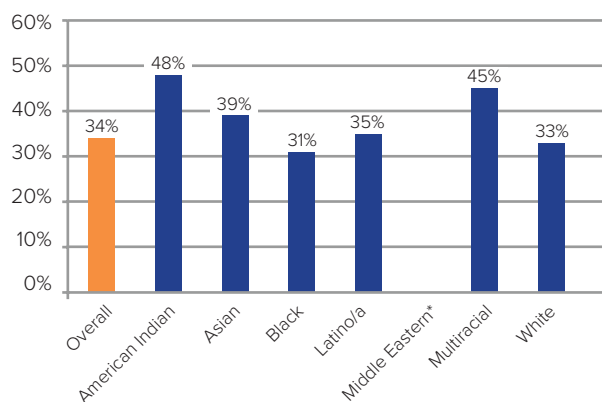


Figure 16.2: Negative experience on public transportation in the past year
RACE/ETHNICITY (%)



*Sample size too low to report

Nearly one-third (31%) of respondents who visited a store, restaurant, hotel, or theater where the staff knew or thought they were transgender were mistreated because of their gender identity or expression.

III. Retail Store, Restaurant, Hotel, or Theater

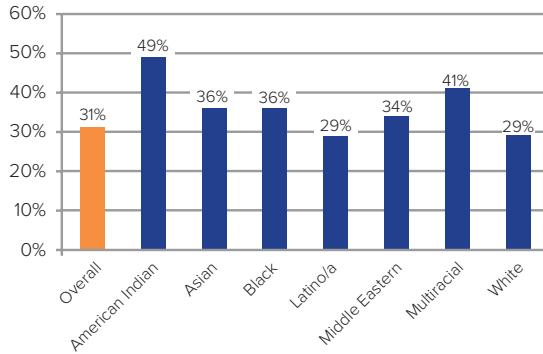
Ninety-one percent (91%) of respondents visited or used services in a retail store, restaurant, hotel, or theater in the past year. One percent (1%) of respondents reported not visiting a retail store, restaurant, hotel, or theater in the past year because they were afraid of mistreatment as a transgender person. Approximately one-third (34%) of those who visited or used services at these locations believed that the staff or employees knew or thought they were transgender. Of those, 31% reported being denied equal treatment or service, verbally harassed, or physically attacked because of being transgender (Table 16.4).

Table 16.4: Experiences in a retail store, restaurant, hotel, or theater in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	11%
Verbally harassed	24%
Physically attacked	1%
One or more experiences listed	31%

American Indian (49%), multiracial (41%), Black (36%), and Asian (36%) respondents were more likely to have a negative experience (Figure 16.3). Those who were currently working in the underground economy (52%), those who were living in poverty level (37%), and people with disabilities⁵ (39%) were also more likely to have such experiences in these locations.

Figure 16.3: Experiences in a retail store, restaurant, hotel, or theater in the past year because of being transgender
RACE/ETHNICITY (%)



IV. Drug or Alcohol Treatment Program

Two percent (2%) of the sample visited or used services at a drug or alcohol treatment program in the past year. One percent (1%) of respondents did not go to a treatment center in the past year because of fear of mistreatment as a transgender person. Of those who visited or used services at a treatment program, 58% believed that the staff or employees knew or thought they were transgender. Of those, 22% reported being denied equal treatment or service, verbally harassed, or physically attacked because of being transgender (Table 16.5).

Table 16.5: Experiences in a drug or alcohol treatment program in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	11%
Verbally harassed	13%
Physically attacked	1%
One or more experiences listed	22%

In Our Own Voices

“When I attempted to change my gender marker on my state ID, I was denied three times. All three times I was harassed. In one incident, the manager of the DMV location made fun of me and started laughing and talked so loud that other patrons at the DMV also began to laugh.”

“A year ago I had my Social Security updated to reflect my new name and gender. I was treated with respect at all times. The woman working in the Social Security office wrote ‘congratulations’ and drew a heart on my copy of the documentation.”

“A TSA officer referred to me as ‘it’ when I couldn’t walk through their security screen following top surgery. I had to argue with TSA that a male employee needed to do the pat down and I was informed that a woman would be more appropriate. I stood my ground after repeatedly being told that I was not a man.”

“I was subjected to a longer TSA screening while they searched my bag, pulled out my intimate items, and called over friends to look and laugh. I had to remove my wig to prove I was the same person. I was humiliated.”

Those who were currently working in the underground economy (34%) and those who were living in poverty (27%) were more likely to report having a negative experience in a drug or alcohol treatment program.

V. Domestic Violence Shelter, Domestic Violence Program, or Rape Crisis Center

One percent (1%) of the sample visited or used services at a domestic violence (DV) shelter, DV program, or rape crisis center in the past year. Two percent (2%) of respondents did not go to a DV shelter or program or rape crisis center in the past year because they were afraid they would be mistreated as a transgender person. Of those who went to one of these locations, more than half (59%) believed that the staff or employees knew or thought they were transgender. Of those, nearly one-quarter (22%) reported being denied equal treatment or service, verbally harassed, or physically attacked because of being transgender (Table 16.6).

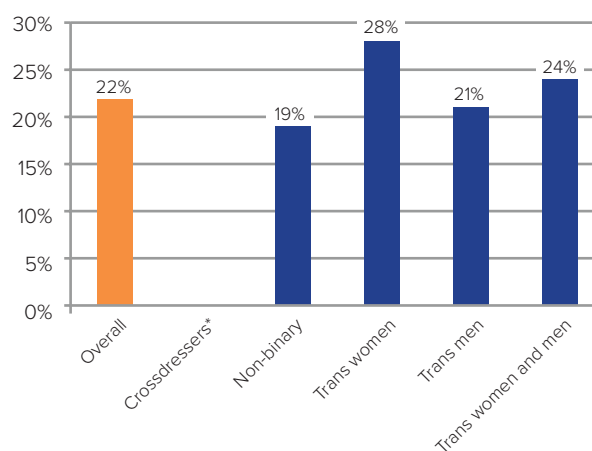
Table 16.6: Experiences in a DV shelter, DV program, or rape crisis center in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	16%
Verbally harassed	11%
Physically attacked	2%
One or more experiences listed	22%

Transgender women (28%) were more likely to report having a negative experience at a DV shelter, DV program, or rape crisis center (Figure 16.4).

Nearly one in four (22%) respondents who went to a domestic violence shelter or program or rape crisis center where staff knew or thought they were transgender experienced mistreatment of some kind.

Figure 16.4: Negative experiences in domestic violence shelter in the past year
GENDER IDENTITY (%)



*Sample size too low to report

VI. Gym or Health Club

More than one-third (35%) of the sample had visited or used services at a gym or health club in the past year. Fourteen percent (14%) of respondents did not go to a gym or health club in the past year because they were afraid of mistreatment as a transgender person. Of those respondents who had visited a gym or health club, 28% believed that the staff or employees knew or thought they were transgender. Of those, 18% reported being denied equal treatment or service, verbally harassed, or physically attacked because of being transgender (Table 16.7).

Table 16.7: Experiences in a gym or health club in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	7%
Verbally harassed	13%
Physically attacked	1%
One or more experiences listed	18%

Respondents who were currently working in the underground economy were nearly twice as likely to report having a negative experience in a gym or health club (35%).

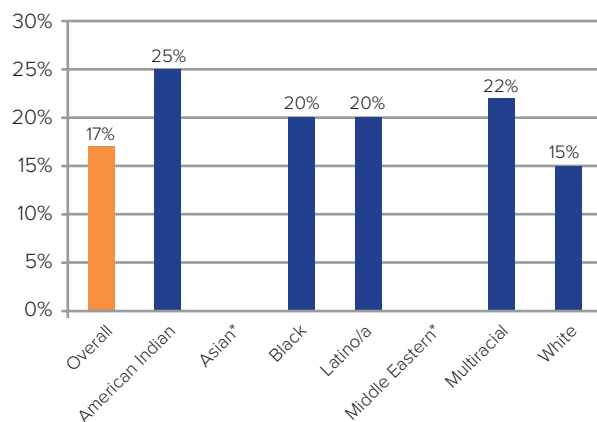
VII. Public Assistance or Government Benefits Office

Twelve percent (12%) of the sample had visited or used services at a public assistance or government benefits office in the past year, such as for receiving Supplemental Nutrition Assistance Program (SNAP or food stamps) or Women, Infants, and Children (WIC) benefits. Two percent (2%) of respondents did not go to such an agency in the past year because they feared mistreatment as a transgender person. Over one-third (36%) of those who visited or used services at these locations believed that the staff or employees knew or thought they were transgender. Of those, 17% reported being denied equal treatment or service or being verbally harassed because of being transgender (Table 16.8).

Table 16.8: Experiences in a public assistance or government benefits office in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	11%
Verbally harassed	9%
One or more experiences listed	17%

American Indian (25%), multiracial (22%), Black (20%), and Latino/a (20%) respondents reported higher rates of mistreatment, in contrast to 15% of white respondents (Figure 16.5). People with disabilities (21%) and those who were currently working in the underground economy (24%) were also more likely to report having a negative experience in a public assistance or government benefits office.

Figure 16.5: Negative experiences in a public assistance or government benefits office in the past year RACE/ETHNICITY (%)

*Sample size too low to report

VIII. DMV

Nearly half (44%) of the sample visited or used services at a DMV (Department of Motor Vehicles) in the past year. Three percent (3%) of respondents did not go to a DMV in the past year because of fear of mistreatment as a transgender person. More than one-third (36%) of those who visited this location believed that the staff or employees knew or thought they were transgender. Of those, 14% reported being denied equal treatment or service or being verbally harassed because of being transgender (Table 16.9).

Table 16.9: Experiences in a DMV in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	9%
Verbally harassed	7%
One or more experiences listed	14%

IX. Nursing Home or Extended Care Facility

Four percent (4%) of the sample visited or used services at a nursing home or extended care facility in the past year. One percent (1%) of respondents did not go to a nursing home or extended care facility in the past year because they were afraid of mistreatment as a transgender person. Twenty-two percent (22%) of those who visited or used services in this location believed that the staff or employees knew or thought they were transgender. Of those, 14% reported being denied equal treatment or service, verbally harassed, or physically attacked because of being transgender (Table 16.10).

Nearly one in five (18%) respondents who went to a gym or health club where staff knew or thought they were transgender experienced mistreatment of some kind.

Table 16.10: Experiences in a nursing home or extended care facility in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	6%
Verbally harassed	11%
Physically attacked	1%
One or more experiences listed	14%

X. Court or Courthouse

Approximately one in four (22%) respondents in the sample visited or used services at a court or courthouse in the past year. Two percent (2%) of respondents did not go to a court or courthouse in the past year because they were afraid of mistreatment as a transgender person. One-half (50%) of those who visited or used services there believed that court staff or employees knew or thought they were transgender. Of those, 13% reported being denied equal treatment or service, verbally harassed, or physically attacked because of being transgender (Table 16.11).

Table 16.11: Experiences in court or a courthouse in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	8%
Verbally harassed	8%
Physically attacked	<1%
One or more experiences listed	13%

Those who were currently working in the underground economy (37%) were substantially more likely to report having a negative experience in court or a courthouse, and the rate was also higher among people with disabilities (19%).

XI. Social Security Office

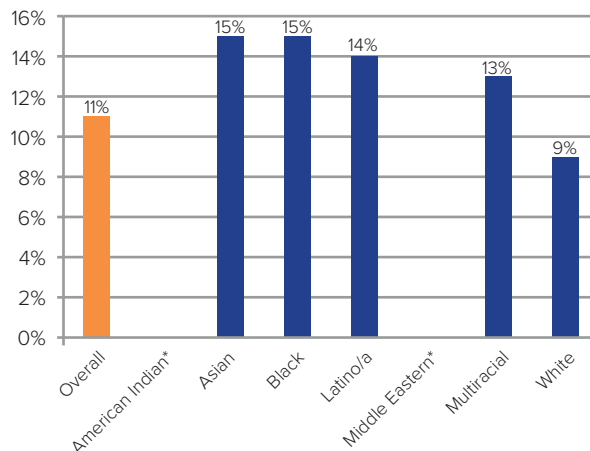
Nearly one in four respondents (19%) visited or used services at a Social Security office in the past year, such as for updating the name or gender on their records, receiving or changing a Social Security card, or accessing public benefits. Four percent (4%) of respondents did not go to a Social Security office in the past year for fear of mistreatment as a transgender person. Fifty-seven percent (57%) of those who went to a Social Security office believed that the staff or employees knew or thought they were transgender. Of those, 11% reported being denied equal treatment or service, verbally harassed, or physically attacked because of being transgender (Table 16.12).

Table 16.12: Experiences in a Social Security office in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	8%
Verbally harassed	5%
Physically attacked	<1%
One or more experiences listed	11%

Asian (15%), Black (15%), and Latino/a (14%) respondents were more likely to report having a negative experience in a Social Security office (Figure 16.6). Respondents who were currently working in the underground economy (36%) and people with disabilities (16%) were also more likely to have such an experience.

Figure 16.6: Negative experience in a Social Security office in the past year
RACE/ETHNICITY (%)



*Sample size too low to report

XII. Legal Services from an Attorney, Clinic, or Legal Professional

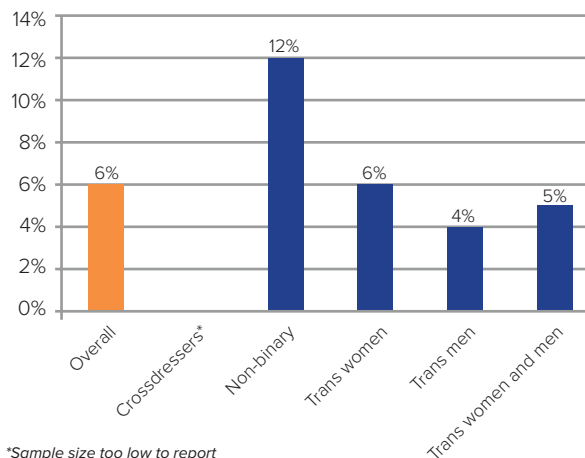
Twelve percent (12%) of the sample visited or used legal services from an attorney, clinic, or legal professional in the past year. Two percent (2%) of respondents did not visit or use such services in the past year due to fear of mistreatment as a transgender person. Fifty-seven percent (57%) of those who sought services from an attorney, legal clinic, or legal professional believed that the staff or employees knew or thought they were transgender. Of those respondents, 6% reported being denied equal treatment or service, verbally harassed, or physically attacked because of being transgender (Table 16.13).

Table 16.13: Experiences with legal services from an attorney, clinic, or legal professional in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	4%
Verbally harassed	3%
One or more experiences listed	6%

Non-binary respondents (12%) were more than twice as likely to report having a negative experience when seeking legal services, in contrast to transgender men and women (5%) (Figure 16.7). Those who were currently working in the underground economy (23%) were almost four times as likely to report a negative experience as the overall sample.

Figure 16.7: Negative experiences with legal services from an attorney, clinic, or legal professional in the past year
GENDER IDENTITY (%)



XIV. Experiences with Airport Security

In addition to the questions regarding mistreatment in and avoidance of public accommodations, respondents were asked about their experiences traveling through airport security in the United States in the past year. More than half (53%) of respondents reported having gone through airport security during that time period. These respondents were asked about specific experiences and interactions with Transportation Security Administration (TSA) officers during the security screening process.

Forty-three percent (43%) of those who went through airport security in the past year experienced at least one problem related to their gender identity or expression.

Forty-three percent (43%) of those who went through airport security in the past year experienced at least one issue related to their gender identity or expression, such as TSA officers using the wrong pronoun or title to refer to them, searching their bodies or belongings because of a gender-related item, or detaining them (Table 16.14).

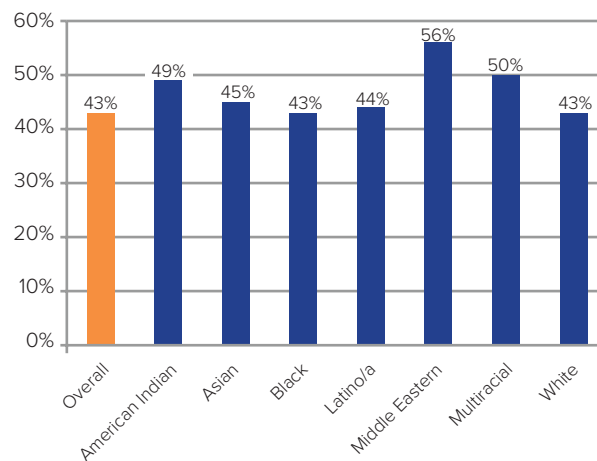
Table 16.14: Issues when going through airport security in the past year

Airport security issue	% of those who had gone through airport security
TSA officers used the wrong pronouns (such as he, she, or they) or title (such as Mr. or Ms.)	29%
They were patted down due to gender-related clothing/items (such as a binder or packer)	17%
They were patted down by TSA officers of the wrong gender	14%
TSA officers questioned the name or gender on ID	11%
TSA officers loudly announced or questioned their gender, body parts, or sensitive items (e.g., binder, packer)	6%
Their bag was searched due to a gender-related item (such as a binder or packer)	5%
They were asked to remove or lift clothing to show binder, undergarment, or other sensitive area	4%
They were taken to a separate room for questioning or examination	4%
They were verbally harassed by TSA officers	2%
They experienced unwanted sexual contact (beyond typical pat down by TSA officers)	1%
They were detained for over an hour	1%
They missed their flight due to screening	1%
TSA officers called the police about them	<1%
They were physically attacked/attacked by TSA officers	<1%
They were not allowed to fly	<1%
One or more experiences listed	43%

More than half (56%) of Middle Eastern and 50% of multiracial respondents who went through airport security in the past year reported one or more of

these experiences (Figure 16.8). Respondents who said that others can always or usually (61%) or sometimes (53%) tell that they are transgender were more likely to report one or more of these experiences, in comparison to those who said that others can rarely or never tell that they are transgender without being told (35%). Experiences also differed by gender, with transgender men (52%) being more likely to report one or more of these experiences than transgender women (31%). Respondents who said that none of their IDs reflect the name and/or gender they prefer (51%) were also more likely to report negative experiences in airport security related to their gender identity.

Figure 16.8: Negative experience in airport security in the past year
RACE/ETHNICITY (%)



Conclusion

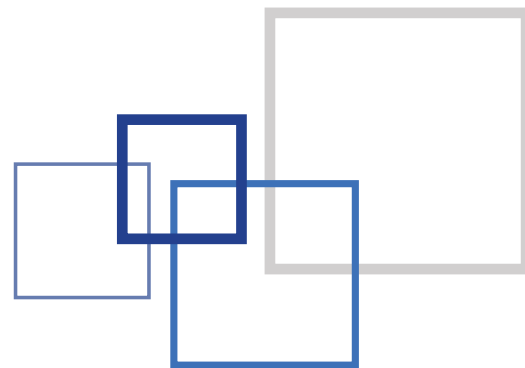
Responses indicated that many respondents faced mistreatment in places of public accommodation, including being denied equal treatment or service, verbally harassed, and/or physically attacked in one or more of the locations. People of color and respondents currently working in the underground economy were more likely to report mistreatment. A substantial number of respondents also did

not visit or use services in places of public accommodation altogether because of fear of being mistreated as a transgender person. Additionally, findings demonstrated that many transgender people experienced mistreatment

related to their gender identity when passing through airport security and, as a result, were at risk of potential harm while traveling through airports.

ENDNOTES | CHAPTER 16: PLACES OF PUBLIC ACCOMMODATION AND AIRPORT SECURITY

- 1 The legal definitions of public accommodations vary according to local, state, and federal laws, but frequently include places open to the public, such as restaurants, stores, hotels, places of public transportation, and government agencies.
- 2 See e.g., Equal Rights Center. (2016). *Room for Change*. DC: Equal Rights Center. Available at: <http://www.equalrightscenter.org/site/DocServer/Contents.pdf?docID=2681>.
- 3 See e.g., Charles, C. (2015, October 1). Dear TSA, my body is not an anomaly. *The Advocate*. Available at: <http://www.advocate.com/commentary/2015/10/01/dear-tsa-my-body-not-anomaly>; Ennis, D. (2015, October 21). Traveling while trans: Women share their stories. *The Advocate*. Available at: <http://www.advocate.com/transgender/2015/10/21/traveling-while-trans-women-share-their-stories>; Rogers, K. (2015, September 22). T.S.A. defends treatment of transgender air traveler. *New York Times*. Available at: <http://www.nytimes.com/2015/09/23/us/shadi-petosky-tsa-transgender.html>.
- 4 TSA body scanners examine each passenger's body based on the gender the officer perceives the passenger to be. As a result, transgender people's body parts, or items such as chest binders (compression garments) and prosthetics (such as packers and breast forms), may get flagged. This often causes transgender passengers to be outed or to face additional searches and scrutiny. See note 3.
- 5 "People with disabilities" here refers to respondents who identified as a person with a disability in Q. 2.20.



CHAPTER 17

Experiences in Restrooms

Safe access to public restrooms is a basic necessity and essential for most people's participation in civic life, the workplace, and school.¹ Many transgender people, however, face harassment and violence when seeking to use public restrooms, or they are excluded from restrooms by policies or staff.² Lack of safe restroom access has been linked to medical problems such as kidney infections, urinary tract infections, and stress-related conditions.³ Transgender people who are denied equal access to restrooms consistent with their gender identity are vulnerable to harassment, violence, and poor mental health, including higher levels of suicidal thoughts and behaviors.⁴

This chapter explores respondents' experiences in restrooms in public places, at work, and at school, including experiences with denial of access, harassment, and violence, as well as avoidance of public restrooms. Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

It is important to note that the survey was conducted between August and September 2015, more than six months before the state of North Carolina passed a law in March 2016 restricting transgender people's restroom access, and before similar legislation was introduced in at least 23 other states in 2016.⁵ This legislation prompted substantial media coverage and public scrutiny of transgender people's restroom access. Widespread anecdotal evidence suggests that this climate had an adverse effect on the experiences of transgender people in restrooms and their perceptions of safety when accessing and using public restrooms. As a result, data collected after March 2016 would likely differ from USTS survey results, with potentially higher numbers of respondents reporting negative experiences in public restrooms.

- ▶ Nearly one-quarter (24%) of respondents said that someone had questioned or challenged their presence in a restroom in the past year.

- ▶ Nearly one in ten (9%) respondents reported that someone denied them access to a restroom in the past year.

- ▶ One in eight (12%) respondents were verbally harassed, physically attacked, or sexually assaulted when accessing or using a restroom in the past year.

- ▶ More than half (59%) avoided using a public restroom in the past year because they were afraid of having problems.

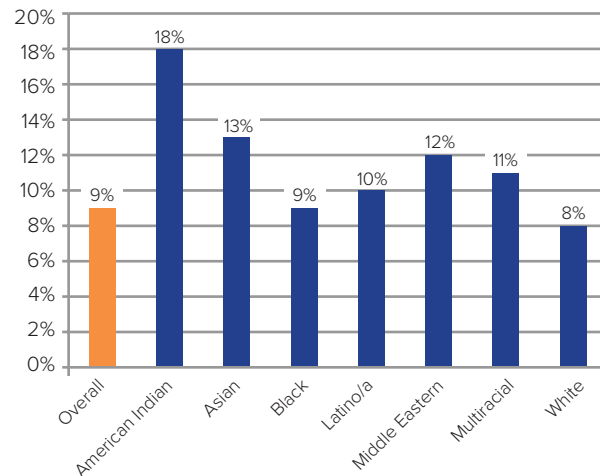
- ▶ Nearly one-third (32%) limited the amount they ate or drank to avoid using the restroom in the past year.

- ▶ Eight percent (8%) reported having a urinary tract infection, kidney infection, or another kidney-related problem in the past year as a result of avoiding restrooms.

I. Access to Restrooms

Nearly one-quarter (24%) of respondents said that someone told them or asked them if they were using the wrong restroom in the past year, and nearly one in ten (9%) said that someone stopped them from entering or denied them access to a restroom in the past year. American Indian (18%), Asian (13%), and Middle Eastern (12%) respondents were more likely to report that someone stopped them from entering or denied them access to a restroom in the past year (Figure 17.1). Undocumented residents (23%) and respondents currently working in the underground economy, such as sex work, drug sales, and other work that is currently criminalized (20%), were more than twice as likely to be denied access to restrooms than those in the overall sample.

Figure 17.1: Denied access to a restroom in the past year
RACE/ETHNICITY (%)

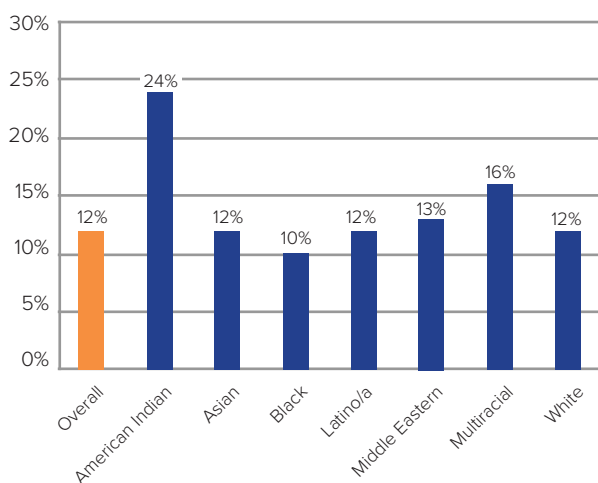


Nearly one in ten (9%) respondents said that someone stopped them from entering or denied them access to a restroom in the past year.

II. Verbal Harassment, Physical Attack, and Sexual Assault

Twelve percent (12%) of respondents reported being verbally harassed, physically attacked, and/or sexually assaulted⁶ when accessing or while using a restroom in the past year. These experiences were more frequently reported by undocumented residents (34%), respondents currently working in the underground economy (25%), and American Indian (24%) and multiracial (16%) respondents (Figure 17.2).

Figure 17.2: Verbal harassment, physical attack, and/or sexual assault in a restroom in the past year
RACE/ETHNICITY (%)



a. Verbal Harassment

One out of eight (12%) respondents were verbally harassed in a restroom in the past year.

Respondents who were verbally harassed in restrooms were asked for the places where the harassment had occurred. Eighty-nine percent (89%) were verbally harassed in a restroom at a public place, such as a restaurant, shopping mall, or movie theater, and 20% were verbally harassed in a school restroom (Table 17.1).

Table 17.1: Location of verbal harassment in restroom in past year

Restroom location	% of respondents who were verbally harassed
Public place (such as a restaurant, shopping mall, or movie theater)	89%
School	20%
Workplace	14%
Another location	5%

b. Physical Attack

One percent (1%) of the sample (228 respondents, unweighted) was physically attacked in a restroom in the past year. Undocumented residents (4%) and American Indian respondents (3%) were more likely to be physically attacked in a restroom.

Respondents who were physically attacked were asked where they had experienced the physical attack. Eighty-six percent (86%) were physically attacked in a restroom at a public place, such as a restaurant, shopping mall, or movie theater, and over one-quarter (27%) said they were physically attacked in a restroom at school (Table 17.2).

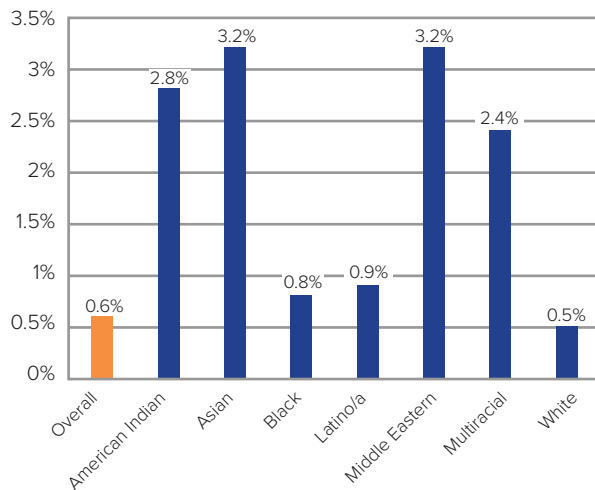
Table 17.2: Location of physical attack in restroom in past year

Restroom location	% of respondents who were physically attacked
Public place (such as a restaurant, shopping mall, or movie theater)	86%
School	27%
Workplace	14%
Another location	9%

c. Sexual Assault

Approximately one percent (0.6%) of the sample (139 respondents, unweighted) reported being sexually assaulted in a restroom in the past year. Those currently working in the underground economy were more likely to have had this experience (4%). Additionally, transgender women of color, including Asian (3.2%), Middle Eastern (3.2%), American Indian (2.8%), and multiracial (2.4%) women were more likely to have been sexually assaulted in a restroom in the past year (Figure 17.3).

Figure 17.3: Sexual assault in a restroom in the past year among transgender women
RACE/ETHNICITY (%)



More than three-quarters (78%) of respondents who were sexually assaulted reported that the sexual assault occurred in a restroom at a public place, and 19% were sexually assaulted at a school restroom (Table 17.3).

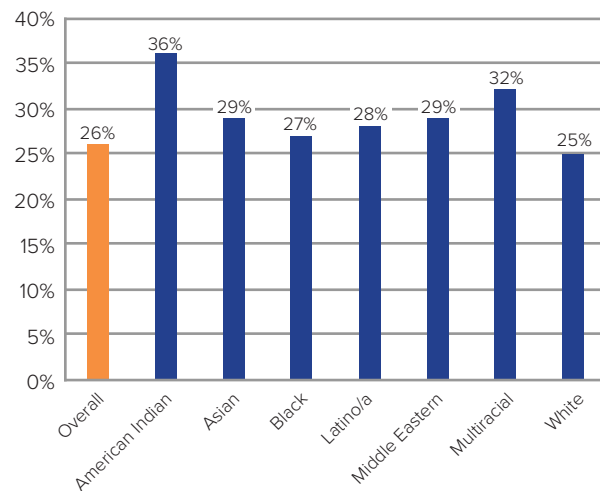
Table 17.3: Location of sexual assault in restroom in past year

Restroom location	% of respondents who were sexually assaulted
Public place (such as a restaurant, shopping mall, or movie theater)	78%
School	19%
Workplace	14%
Another location	18%

III. Overall Access to and Treatment in Restrooms

Overall, in the year prior to taking the survey, 26% of all respondents were denied access to restrooms, had their presence in a restroom questioned, and/or were verbally harassed, physically attacked, or sexually assaulted in a restroom. This was nearly twice as high for undocumented residents (50%) and was also higher for respondents currently working in the underground economy (39%). It was also higher among American Indian (36%) and multiracial (32%) respondents (Figure 17.4). Respondents who said that others could always or usually tell they were transgender without being told (45%) or sometimes tell they were transgender (38%) were more likely to report one or more of these experiences, in contrast to those who said that others could rarely or never tell that they were transgender (16%).

Figure 17.4: Any reported problem in a restroom in the past year
RACE/ETHNICITY (%)

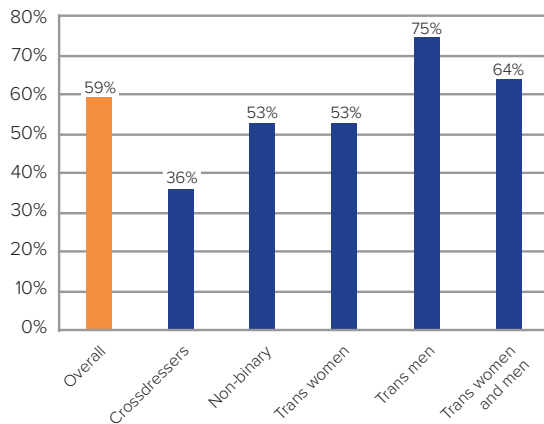


IV. Avoidance of Public Restrooms

Even prior to the increased public scrutiny and conversations in North Carolina and across the country about anti-transgender bathroom legislation in 2016, 59% of respondents reported that in the past year they had either sometimes (48%) or always (11%) avoided using a restroom, such as in public, at work, or at school, because they were afraid of confrontations or other problems.

Transgender men (75%) were far more likely to report sometimes or always avoiding using a public restroom, in contrast to transgender women (53%) and non-binary respondents (53%) (Figure 17.5). Undocumented residents were also more likely to report sometimes or always avoiding using a public restroom in the past year (72%). Eighty percent (80%) of respondents who said that others could always or usually tell that they were transgender and 72% of those who said that others can sometimes tell they are transgender reported avoiding using public restroom, in contrast to 48% of those who said that others can rarely or never tell that they are transgender.

Figure 17.5: Sometimes or always avoided bathrooms in the past year
GENDER IDENTITY (%)



In Our Own Voices

“I either have to ‘hold it’ or break down and use a male restroom in a public place. I’m not allowed to use the female restroom and have been confronted multiple times when attempting to.”

“I went into the men’s bathroom, being a man and all. I was using a stall, and I came out only to find one person who apparently thought it was okay to go after me. I was just washing my hands when he first punched me in the back and then went for my vagina. I nearly passed out due to the blow.”

“I walked into a stall to do my business like I had done so many times before. This time, though, someone recognized me. He and his buddies circled around me as I tried to exit the restroom and pushed me around between them. A police officer walked into the restroom and tried to protest their harassment. The men responded by ripping my pants down. The officer shot me a disgusted look and left the room.”

“I spent high school having to use the nurse’s bathroom, because if I used the boys’ bathroom, I would get reprimanded, and the same would happen if I went into the girls’ bathroom since I was living as a boy. Going to the nurse’s office always felt like a walk of shame, like there was no dignified place for me simply because I’m transgender.”

Nearly one-third (32%) of the sample avoided drinking or eating so that they would not need to use the restroom, and 8% reported having a urinary tract infection or kidney-related medical problem as a result of avoiding restrooms in the past year.

Respondents were also asked if they had experienced any physical problems as a result of avoiding restrooms in public places, at work, or at school. Nearly one-third (32%) of the sample avoided drinking or eating so that they would not need to use the restroom, and 8% reported having a urinary tract infection or kidney-related medical problem as a result of avoiding restrooms in the past year (Table 17.4).

Table 17.4: Physical problems due to avoiding public restrooms in the past year

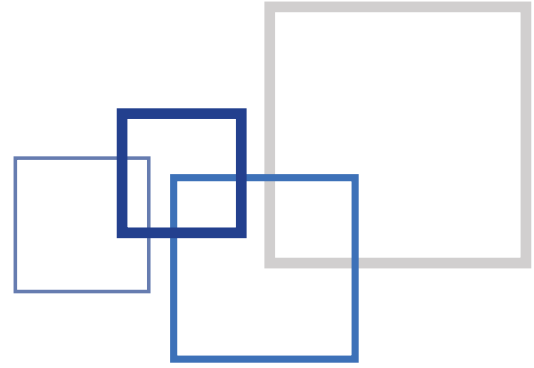
Physical problem	% of respondents who avoided using restrooms	% of all respondents
Did not use the restroom when needed to (“held it”)	89%	55%
Avoided drinking or eating	52%	32%
Urinary tract infection	12%	8%
Kidney infection	2%	1%
Other kidney-related problems	2%	1%
Kidney-related problem and/or a urinary tract infection	13%	8%
A problem not listed	2%	1%

Conclusion

Responses suggest that using restrooms in public places, at work, or at school presents serious challenges for transgender people. Respondents faced numerous barriers and problems when attempting to use a public restroom, including being verbally harassed, physically attacked, sexually assaulted, or denied access to the restroom altogether. In many instances, these experiences were more frequently reported by people of color. A majority of people had avoided using public restrooms in the past year due to fear of encountering confrontations and other problems, which led to a range of health issues, including urinary tract infections and kidney-related problems.

ENDNOTES | CHAPTER 17: EXPERIENCES IN RESTROOMS

- 1 Department of Labor & Occupational Safety and Health Administration. (2015). *Best Practices: A Guide to Restroom Access for Transgender Workers*. Available at: <https://www.osha.gov/Publications/OSHA3795.pdf>.
- 2 Herman, J. L. (2013). Gendered restrooms and minority stress: The public regulation of gender and its impact on transgender people's lives. *Journal of Public Management & Social Policy*, 19(1), 65–85.
- 3 Herman, J. L. See note 2.
- 4 Seelman, K. L. (2016). Transgender adults' access to college bathrooms and housing and the relationship to suicidality. *Journal of Homosexuality*, 63(10), 1378–1399.
- 5 Movement Advancement Project, Equality Federation Institute, Freedom for All Americans, & National Center for Transgender Equality. (2016). *The Facts: Bathroom Safety, Nondiscrimination Laws, and Bathroom Ban Laws*. Available at: <http://www.lgbtmap.org/file/bathroom-ban-laws.pdf>.
- 6 Respondents were asked if they had experienced “unwanted sexual contact” when accessing or while using a bathroom in Q. 20.3 and Q. 20.6.
- 7 Movement Advancement Project et al. See note 5.



CHAPTER 18

Civic Participation and Policy Priorities

Voting and other forms of participation in the political process are important methods by which people involve themselves in their communities and can have a voice in governance at the local, state, and federal levels. They are also significant avenues by which individuals and groups can affect change and influence the policies and procedures that impact their lives.

Respondents received questions about voting in the previous national election (November 2014)¹ to assess levels of voting and determine reasons for not participating, including potential barriers to voting such as voter identification laws. Relevant questions were patterned on the November 2014 Voting and Registration Supplement of the Current Population Survey (CPS). Additionally, respondents were asked questions about their political engagement, political party affiliation, and policy priorities as they relate to issues that impact transgender people, some of which were patterned on the Gallup U.S. Daily Tracking Poll. Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

KEY FINDINGS

- ▶ More than three-quarters (76%) of U.S. citizens of voting age in the sample reported that they were registered to vote in the November 2014 midterm election, compared to 65% of individuals in the U.S. population who reported that they were registered.

- ▶ More than half (54%) of U.S. citizens of voting age in the sample reported that they had voted in the election, compared to 42% of those who reported they had voted in the U.S. population.

- ▶ Over one-quarter (27%) of those who said they had not been registered to vote said that the main reason was that they were not interested in the election or not involved in politics.

- ▶ Three percent (3%) of those who said they were *not registered to vote* reported that the main reason was that they wanted to avoid harassment by election officials because they were transgender.

- ▶ Nineteen percent (19%) of those who reported they were registered but did not vote said that they thought their vote would not make a difference or they were not interested in the election, compared to 16% of those in the U.S. population.

- ▶ Three percent (3%) of those who reported *being registered to vote but not voting* said that the main reason was that they wanted to avoid harassment by election officials because they were transgender.

- ▶ When asked about what they believed the most important policy priorities were for transgender people, respondents most often identified addressing violence against transgender people (25%), health insurance coverage (15%), and racism (11%) as their top priorities.

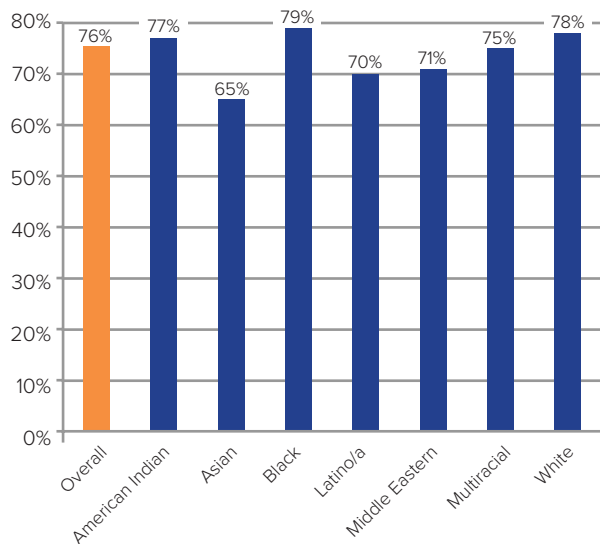
I. Voter Registration and Voting

a. Voter Registration

Survey respondents were asked about voting in relation to the November 4, 2014 midterm election, which was the national election held in closest proximity to the survey. More than three-quarters (76%) of U.S. citizens in the survey sample who

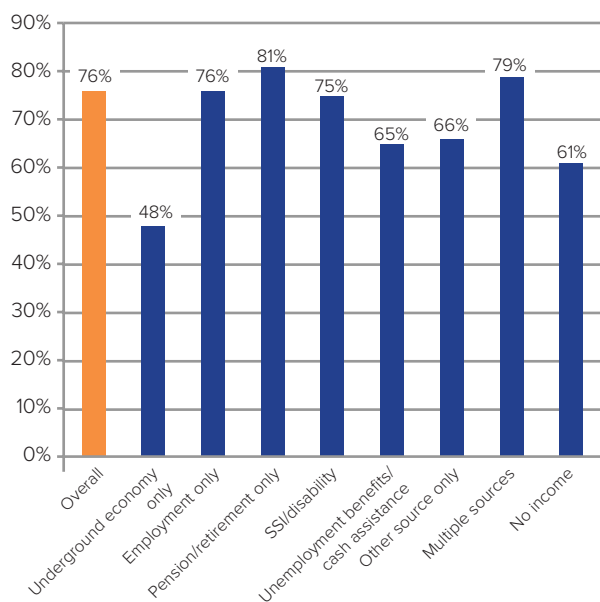
were of voting age at the time of the election² reported that they were registered to vote, compared to 65% of those individuals in the U.S. population.³ The number of reported registered voters differed by race or ethnicity, with Middle Eastern (71%), Latino/a (70%), and Asian (65%) respondents being less likely to be registered than American Indian (77%), white (78%), and Black (79%) respondents (Figure 18.1).

**Figure 18.1: Registered to vote
RACE/ETHNICITY (%)**



Naturalized citizens (69%) were less likely to report being registered than citizens who were born in the United States (76%). There were also differences in voting registration based on respondents' sources of income, with only 48% of those whose sole source of income was from the underground economy—including sex work, drug sales, and other work that is currently criminalized—reporting being registered. Respondents whose only source of income was from unemployment benefits or other cash assistance programs such as TANF⁴ (65%) were also less likely to be registered (Figure 18.2).

**Figure 18.2: Registered to vote
SOURCES OF INCOME (%)**



b. Reasons for Not Registering to Vote

Respondents who said they were not registered to vote in the November 4, 2014 election were asked to identify the main reason why they were not registered based on categories outlined in the Current Population Survey (CPS) and additional experiences they might have had as a transgender person. More than one-quarter (27%) of those in the sample who reported that they were not registered to vote said that they were not interested in the election or not involved in politics, which was the most frequently selected reason for not being registered. Sixteen percent (16%) did not know where or how to register, and 15% indicated that they did not meet registration deadlines. One in eight (12%) felt that their vote would not make a difference and therefore did not register (Table 18.1).⁵

Additionally, respondents reported not being registered to vote because they wanted to avoid anti-transgender harassment by election officials (3%), because they did not have their current name updated on their Social Security card (2%), and because they thought their state's voter identification law would stop them from voting (1%). Avoiding anti-transgender harassment by election officials was a more common reason for transgender men and women (5%) than for crossdressers (2%) and non-binary respondents

Three percent (3%) of respondents who were citizens and of voting age at the time of the 2014 midterm election were not registered to vote because they wanted to avoid anti-transgender harassment by election officials.

(1%) (Figure 18.3). Those who reported that people could always or usually tell they were transgender even without being told were more than twice as likely to report this reason (8%), in contrast to those who said people could rarely or never tell they were transgender without being told (3%). Black respondents (7%) were also more likely to report that they did not register to vote in order to avoid harassment by election officials (Figure 18.4).

Table 18.1: Main reason for not being registered to vote on November 4, 2014

Reasons for not being registered to vote	% of USTS citizens not registered to vote
They were not interested in the election or not involved in politics	27%
They did not know where or how to register	16%
They did not meet registration deadlines	15%
They felt their vote would not make a difference	12%
They did not live in place long enough or meet residency requirements	5%
They were not eligible to vote (due to criminal/felony conviction or other reason)	3%
Permanent illness or disability	2%
Difficulty with English	<1%
Other reasons (including):	19%
They wanted to avoid harassment by election officials because they were transgender	3%
They did not have an identity document (ID) and thought they needed one to register	2%
Their current name did not match the name on their Social Security card	2%
They thought their state's voter ID law would stop them from voting	1%
Protest or philosophical reasons (write-in response)	1%

Figure 18.3: Not registered due to avoiding anti-transgender harassment
GENDER IDENTITY (%)

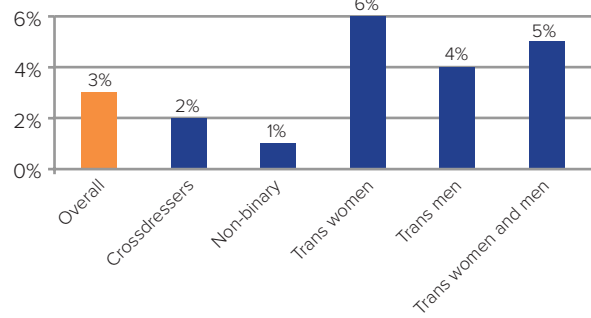
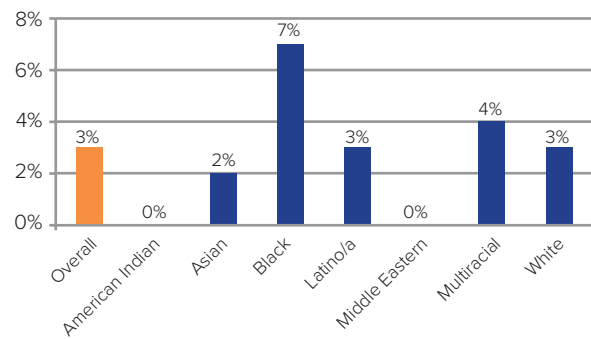


Figure 18.4: Not registered due to avoiding anti-transgender harassment
RACE/ETHNICITY (%)

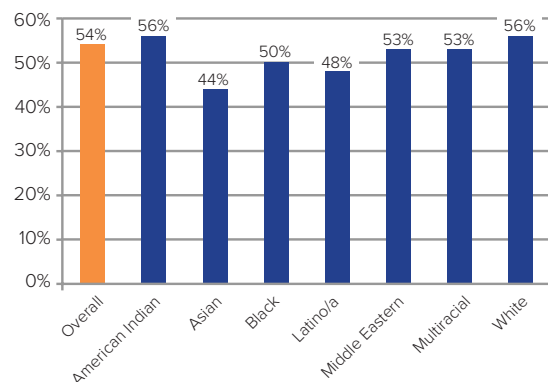


c. Voting in the 2014 Election

More than half (54%) of U.S. citizens in the sample who were of voting age at the time of the election reported that they voted in the election, compared to 42% of those in the U.S. population.⁶ Among people of color, Asian respondents (44%) were least likely to report having voted, and Latino/a (48%) and Black (50%) respondents were also less likely to report voting (Figure 18.5).

More than half (54%) of respondents who were citizens and of voting age at the time of the 2014 midterm election reported that they voted in the election, compared to 42% in the U.S. population.

Figure 18.5: Voted in election
RACE/ETHNICITY (%)



Respondents who were living in poverty⁷ (41%) were also less likely to say they had voted, as were those who were currently working in the underground economy (40%), unemployed (42%), or out of the labor force (50%).

d. Reasons for Not Voting

Respondents who reported being registered but did not vote in the November 4, 2014 election were asked to identify the main reason why they did not vote, based on categories outlined in the CPS and additional experiences they might have had as a transgender person. Nearly one in five (19%) respondents who reported they were registered but did not vote reported that they were not interested or felt their vote would not make a difference, compared to 16% of such voters in the U.S. population.⁸ Respondents were also more than twice as likely to report not voting due to registration problems, such as not receiving an absentee ballot or not being registered in the current location (5%), than registered voters in the U.S. general population (2%) (Table 18.2).

Among those who provided additional reasons for not voting that were not included in the CPS, 3% of respondents reported that they wanted to avoid harassment by election officials because they were transgender. Transgender men and women

In Our Own Voices

“Lawmakers pushed through voter ID reforms in my state, requiring every voter to present a photo ID with a gender marker. Since I was unable to do so, I was a victim of ‘de facto’ disenfranchisement and voter intimidation tactics that are now, unfortunately, all too common.”

“When changing my name on my voter registration, the DMV put in the wrong name. I don’t know how to fix it and I’m scared that if I try to vote (something I really want to do!) I won’t be able to because the voter registration has the wrong name.”

“I had to try twice to get my county to change my name in the voter registration, which is extremely embarrassing as people are essentially shouting that you’re trans in a public place. Some accused me of attempting voter fraud when all I wanted to do was try to make sure I had the best candidates who would protect my rights.”

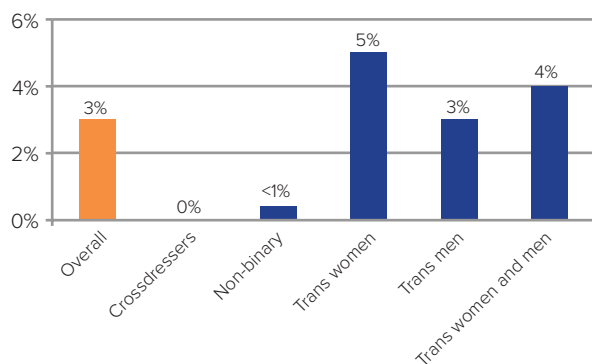
(4%) were more likely to report that they did not vote because they wanted to avoid harassment by an election official than non-binary respondents (<1%) (Figure 18.6). Two percent (2%) of those who did not vote said that the main reason was that

their ID did not match their current name or gender or that their photo did not match their appearance, and 1% said that the main reason was that their current name or gender that did not match their voter registration.

Table 18.2: Main reason for not voting on November 4, 2014

Reasons included in the Current Population Survey (CPS):	% of USTS respondents who were registered but did not vote	% in U.S. population who were registered but did not vote (CPS)
They were not interested or felt their vote would not make a difference	19%	16%
They forgot to vote or send in an absentee ballot	19%	8%
They were too busy or had a conflicting work or school schedule	16%	28%
They were out of town or away from home	12%	10%
They did not like the candidates or campaign issues	8%	8%
Registration problems (e.g., they did not receive an absentee ballot or they were not registered in their current location)	5%	2%
Illness or disability (own or family's)	5%	11%
Inconvenient hours, polling place, or hours or lines too long	3%	2%
Transportation problems	3%	2%
Bad weather conditions	<1%	<1%
Other reasons	10%	9%
Additional reasons not included in the CPS:		
They wanted to avoid harassment by election officials because they were transgender	3%	---
Their ID did not match their current name or gender, or they had an old photo	2%	---
Name or gender on ID did not match voter registration	1%	---
They did not have the ID they needed to vote	1%	---
They did not know the process for voting or did not know about the candidates (write-in response)	1%	---
Protest or philosophical reasons (write-in response)	1%	---
They were not allowed by a poll worker or election official because they were transgender	<1%	---

Figure 18.6: Did not vote due to avoiding anti-transgender harassment
GENDER IDENTITY (%)



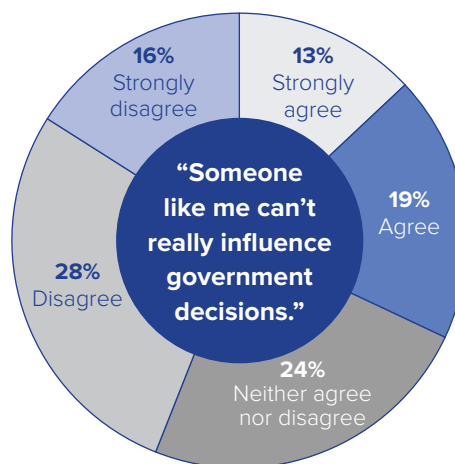
II. Political Engagement and Party Affiliation

Respondents received a question about political affairs to examine how much of an influence they believed they could have on government decisions. Specifically, they were asked to rate on five-point scale from “strongly agree” to “strong disagree” what they thought about the following statement: “Someone like me can’t really influence government decisions.” Nearly half (44%) of respondents disagreed or strongly disagreed with the statement, and approximately one-third (32%) agreed or strongly agreed with the statement (Figure 18.7). This means that there were more respondents who thought that they could

Half (50%) of respondents identified as Democrats, 48% identified as Independents, and 2% identified as Republicans, compared to 27%, 43%, and 27% in the U.S. general population, respectively.

have some influence on government decisions than those who believed they could not influence government decisions.

Figure 18.7: Perception of ability to influence government decisions



Respondents were also asked about their political party affiliation with questions that were patterned on the Gallup U.S. Daily Tracking Poll, including whether they consider themselves a Republican, Democrat, or Independent. Half (50%) of respondents identified as Democrats, 48% identified as Independents, and 2% identified as Republicans, compared to 27%, 43%, and 27% in the U.S. general population, respectively (Figure 18.8).⁹ Respondents who did not identify as Democrats or Republicans wrote in several political parties and political movements, including socialist or democratic socialist (4%), Green Party (2%), Libertarian (1%), and anarchist (1%). For comparison with the Gallup Daily Tracking Poll, these respondents are included as Independents in Figure 18.8.

Those who identified as Independents were also asked whether they lean more to the Democratic Party or the Republican Party. Overall, 79% in the sample reported that they were Democrats or lean towards the Democratic Party, 4% were Republicans or lean towards the Republican Party,

and 17% were Independents who do not lean towards the Democratic or Republican parties. This compares to 44% in the U.S. population who are Democrats or lean towards the Democratic Party, 45% who are Republicans or lean towards the Republican Party, and 11% who are Independents and do not lean towards either party (Figure 18.9).¹⁰

When asked about their political views, more than half (55%) of the sample described themselves as “very liberal,” 27% selected “liberal,” 15% selected “moderate,” 2% selected “conservative,” and only 1% described themselves as “very conservative.”

Figure 18.8: Consider themselves a Republican, Democrat, or Independent

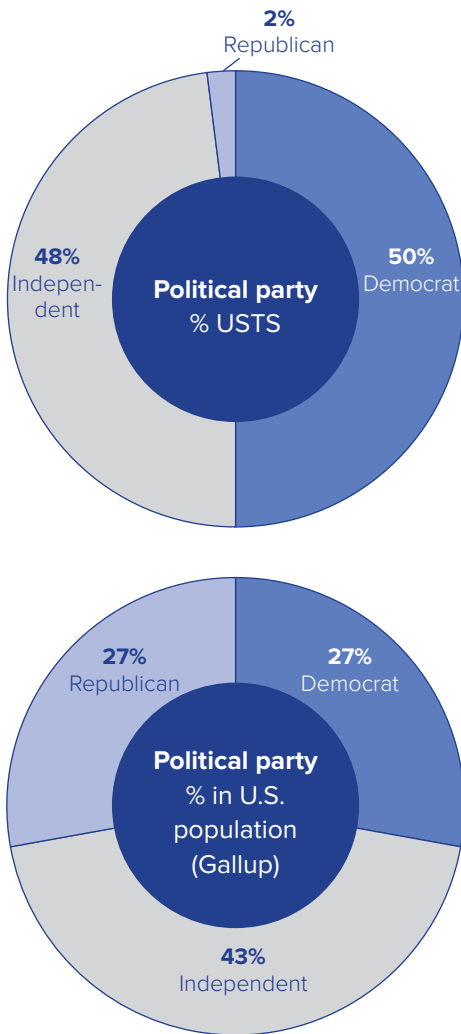
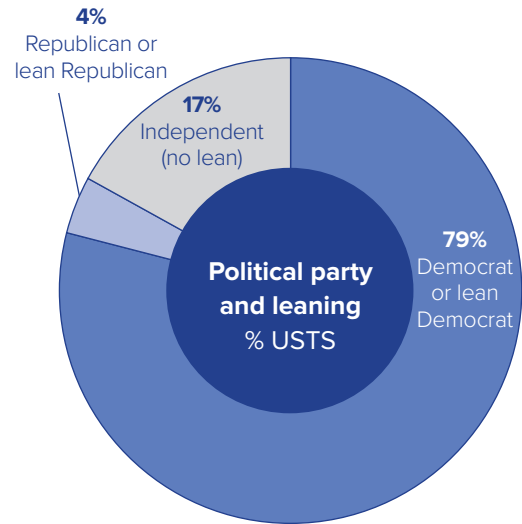


Figure 18.9: Democratic or Republican party affiliation and leaning



III. Policy Priorities

The survey explored respondents’ opinions on the most important policy priorities for transgender people in the U.S. and asked for those issues to be ranked from “very important” to “not very important.” Violence against transgender people was most widely selected as being a very important issue (94%). Insurance coverage for transgender-related health care (90%), police mistreatment of transgender people (88%), and

employment (87%) were also commonly selected as very important priorities (Table 18.3).

Table 18.3: Respondents' policy priorities

Issue	Very important	Important	Not very important
Violence against transgender people	94%	5%	1%
Insurance coverage for transgender-related health care	90%	9%	1%
Police mistreatment of transgender people	88%	11%	1%
Employment	87%	13%	1%
Training health care providers about transgender health	86%	13%	1%
Housing and homelessness	85%	14%	1%
Poverty	84%	15%	1%
Bullying and discrimination in schools	84%	15%	1%
Racism	83%	15%	3%
Mistreatment in prisons or jails	82%	16%	2%
Identity documents	79%	20%	1%
HIV/AIDS	68%	29%	3%
Parenting and adoption rights	68%	28%	4%
Conversion therapy	68%	22%	10%
Immigration reform	60%	30%	10%
Marriage recognition	55%	32%	13%
Military (open service for transgender people)	49%	33%	18%

Respondents were also asked for their top three policy priorities. One-quarter (25%) reported that violence against transgender people was the top policy priority for them, and more than half (54%) reported that it was one of their top three priorities. Fifteen percent (15%) reported that health insurance coverage was the most important priority for them, and 11% reported that racism was the most important policy priority for them (Table 18.4).

Table 18.4: Top policy priorities

Respondents' most important priority	% of respondents
Violence against transgender people	25%
Insurance coverage for transgender-related health care	15%
Racism	11%
Employment	7%
Identity documents	7%
Poverty	6%
Bullying and discrimination in schools	5%
Training health care providers about transgender health	5%
Police mistreatment of transgender people	5%
Housing and homelessness	4%
Mistreatment in prisons or jails	2%
HIV/AIDS	1%
Conversion therapy	1%
Military (open service for transgender people)	1%
Immigration reform	1%
Parenting and adoption rights	1%
Marriage recognition	1%

Conclusion

Participation in the political process through activities such as voting is a vital component of influencing policies that impact lives and communities at the local, state, and national levels throughout the U.S. However, the process may be inaccessible at times or may otherwise present a difficult avenue through which policy priorities and day-to-day needs can be expressed. The results indicate that while a majority of eligible respondents had registered to vote in the most recent national election, only half had engaged in the process by voting, providing reasons such as not believing their vote would make a difference or

wanting to avoid potential harassment by election officials as a transgender person. Respondents were substantially more likely to identify with the Democratic Party or lean towards the Democratic Party than other political parties. Policy priorities that respondents identified as most important are

those directly related to the safety and wellbeing of transgender people, including violence against transgender people, health insurance and health care, police treatment of transgender people, racism, employment, and housing.

ENDNOTES | CHAPTER 18: CIVIC PARTICIPATION AND POLICY PRIORITIES

- 1 Questions referred to the midterm elections held on Tuesday, November 4, 2014, and respondents received the explanation that “[t]his was the election in November 2014 to elect members of the U.S. Congress and state-level offices.” See Q. 29.1 and 29.2.
- 2 Voter registration and voting results reported in this chapter are based on the responses of U.S. citizens in the sample who were aged 18 or older at the time of the election to provide the most appropriate comparison to Current Population Survey data on registration and voting in the U.S. population.
- 3 Reported voter registration in the U.S. is among U.S. citizens aged 18 and over. U.S. Census Bureau, (2014, November). *Current Population Survey: Reported Voting and Registration, by Sex and Single Years of Age: November 2014*. Available at: <https://www.census.gov/data/tables/time-series/demo/voting-and-registration/p20-577.html>.
- 4 TANF (the Temporary Assistance for Needy Families program) is a federal cash assistance program.
- 5 Although the Current Population Survey asked about the main reason for not registering to vote on November 4, 2014, U.S. population data for that question was not available at the time of this report.
- 6 The number of USTS respondents who voted represents 70% of those in the sample who were registered to vote in the election. According to the CPS, 42% of citizen voters aged 18 and older voted in the 2014 election, which represents 65% of registered voters. U.S. Census Bureau. (2014, November). *Current Population Survey. Reported Voting and Registration, by Sex and Single Years of Age: November 2014*. Available at: <https://www.census.gov/data/tables/time-series/demo/voting-and-registration/p20-577.html>.
- 7 Respondents who are “living in poverty” represent those who are living at or near the poverty line. See the *Income and Employment Status* chapter for more information about the poverty line calculation.
- 8 U.S. Census Bureau. (2014, November). *Current Population Survey. Voting and Registration in the Election of November 2014*. Available at: <https://www.census.gov/data/tables/time-series/demo/voting-and-registration/p20-577.html>.
- 9 This data is based on Gallup Poll results from September 9–13, 2015, the poll in closest proximity to when the survey was in the field. Gallup Poll. (2015, September 9–13). *Party Affiliation*. Available at: <http://www.gallup.com/poll/15370/party-affiliation.aspx>.
- 10 Gallup Poll. (2015, September 9–13). *Party Affiliation*. Available at: <http://www.gallup.com/poll/15370/party-affiliation.aspx>.

About the Authors

Sandy E. James

As Survey Project Manager at the National Center for Transgender Equality, Sandy led the research team in developing, fielding, analyzing, and presenting the 2015 U.S. Transgender Survey. After a decade-long career as a forensic toxicologist, Sandy launched a new career as a civil rights advocate focused on law, research, and policy to advance transgender rights. He has worked on numerous projects involving trans-related legislation, policy, and research, including extensive work with data from the 2008–09 National Transgender Discrimination Survey. Sandy has been published in *The Georgetown Journal of Gender and the Law* and the *LGBTQ Policy Journal at the Harvard Kennedy School*. Sandy received a J.D and M.A in American Government from Georgetown University, where he is also currently pursuing his Ph.D.

Jody L. Herman

Jody L. Herman is a Scholar of Public Policy at the Williams Institute at the UCLA School of Law. She holds a Ph.D. in Public Policy and Public Administration in the field of Gender and Social Policy from the George Washington University, where she also earned her M.A. in Public Policy with a concentration in Women's Studies. Her doctoral dissertation focused on the problems transgender and gender non-conforming people face when using public restrooms and the development of anti-discrimination protections in public accommodations based on gender identity and expression. She has worked on issues of poverty, women's rights, voting rights, and anti-discrimination policy development with non-profit research, advocacy, and direct-service organizations in the United States and Mexico. She served as a co-author on the groundbreaking report *Injustice at Every Turn*, based on the National Transgender Discrimination Survey conducted by the National Gay and Lesbian Task Force and the National Center for Transgender Equality. Her research at the Williams Institute focuses on the prevalence and impact of interpersonal and structural discrimination based on gender identity or expression.

Sue Rankin

Sue Rankin is the principal of Rankin & Associates Consulting. She retired from the Pennsylvania State University in 2013 after 36 years, where she most recently served as an Associate Professor of Education, and Associate in the Center for the Study of Higher Education. Sue earned her B.S. from Montclair State University in 1978, and an M.S. and Ph.D. from the Pennsylvania State University. She has presented and published widely on the impact of sexism, racism, and heterosexism in the academy and in intercollegiate athletics. Her current research focuses on the assessment of institutional climate and providing program planners and policymakers with recommended strategies to improve the campus climate for under-served communities. Her recent publications include *The State of Higher Education for LGBT People* and *The Lives of Transgender People* in 2010 and an *NCAA Student-Athlete Climate Study* in 2011. In addition to serving as a consultant for the National Transgender Discrimination Survey in 2011, she has collaborated with over 170 institutions in implementing assessments and developing strategic plans regarding social justice issues.

Mara Keisling

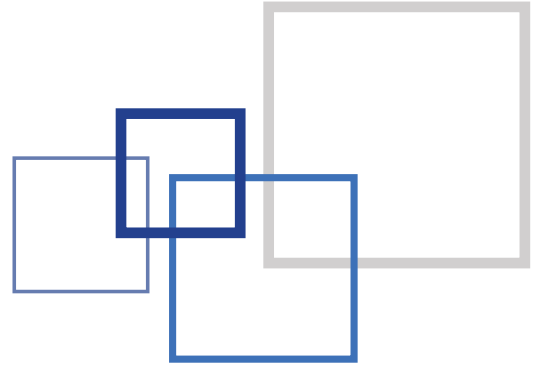
Mara Keisling is the founding Executive Director of the National Center for Transgender Equality, one of the nation's leading social justice organizations winning life-saving change for transgender people. After a 25-year career in survey research, Mara helped found NCTE and quickly became one of the nation's foremost authorities on transgender issues. Mara has led organizational and coalition efforts that have won significant advances in transgender equality throughout the country, especially in federal law and policy. Under her leadership, NCTE has won well over 100 federal policy changes that have improved the lives of transgender people. Mara was a co-author of *Injustice at Every Turn: The Report of the National Transgender Discrimination Survey*. A native of Pennsylvania and a transgender woman, Mara holds a B.A. from Pennsylvania State University and conducted her graduate studies in American Government at Harvard University.

Lisa Mottet

Lisa Mottet joined the National Center for Transgender Equality as the Deputy Executive Director in 2013, helping to grow NCTE from 5 staff to now 15 staff. She helps guide the organization's local, state, and federal policy advocacy, while also helping to oversee communications and development. In her previous position as Director of the Transgender Civil Rights Project at the National LGBTQ Task Force (formerly the National Gay and Lesbian Task Force), where she served for 12 years, she was a member of the research team for the National Transgender Discrimination Survey, and co-authored the report of its findings, *Injustice at Every Turn* (2011). As a long-time ally to the transgender community, Lisa was a major figure in promoting trans-inclusion in the LGBT movement and, while at the Task Force, she helped engineer the addition of "gender identity" to the Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act, which became law in 2009, and to the Employment Non-Discrimination Act. Her thoughts and guidance on trans-inclusion were recorded in the 2008 publication, *Opening the Door to Transgender Inclusion: The Nine Keys to Making LGBT Organizations Fully Transgender-Inclusive*. Also while at the Task Force, Lisa co-authored *Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People*. Lisa graduated from the University of Washington in 1998 and received her J.D. from the Georgetown University Law Center in 2001.

Ma'ayan Anafi

Ma'ayan Anafi is a Policy Counsel at the National Center for Transgender Equality. As part of the NCTE team, Ma'ayan has worked to strengthen and preserve nondiscrimination protections for transgender communities, with a focus on efforts to defeat anti-transgender state legislation and the implementation of federal nondiscrimination laws in health care, employment, education, and housing. Ma'ayan obtained a J.D. from Harvard Law School and a B.A. from the University of Toronto. An Autistic and non-binary transgender person, Ma'ayan is the co-leader of the DC chapter of the Autistic Self-Advocacy Network.



Appendix A

Demographic Description and Other Characteristics of the Sample

Throughout the report, findings were presented with the standard or supplemental survey weight applied. These weights adjusted the sample to reflect the U.S. population in regard to age, race, and educational attainment and also adjusted for disproportionate representation of 18-year-olds in the sample. In this appendix, unweighted tabulations of selected demographic and other variables are presented to provide a description of the sample before weights were applied. This includes recoded variables, which are indicated as such. See the *Methodology* chapter and *Appendix C: Detailed Methodology* for a description of the weights used in this report.

Q1.4. What U.S. state or territory do you currently live in?	Unweighted frequency	Unweighted %
U.S. military base outside of the U.S.	32	0.1%
Alabama	228	0.8%
Alaska	84	0.3%
American Samoa	2	0.0%
Arizona	537	1.9%
Arkansas	222	0.8%
California	3453	12.5%
Colorado	669	2.4%
Connecticut	319	1.2%
Delaware	84	0.3%
District of Columbia	214	0.8%
Florida	1099	4.0%
Georgia	614	2.2%
Guam	2	0.0%
Hawai'i	69	0.3%
Idaho	155	0.6%
Illinois	1082	3.9%
Indiana	452	1.6%
Iowa	219	0.8%
Kansas	197	0.7%
Kentucky	274	1.0%
Louisiana	274	1.0%
Maine	182	0.7%
Maryland	662	2.4%
Massachusetts	1195	4.3%
Michigan	894	3.2%
Minnesota	670	2.4%
Mississippi	82	0.3%
Missouri	509	1.8%
Montana	72	0.3%
Nebraska	165	0.6%
Nevada	206	0.7%
New Hampshire	225	0.8%
New Jersey	550	2.0%
New Mexico	213	0.8%
New York	1779	6.4%
North Carolina	686	2.5%
North Dakota	46	0.2%
Ohio	941	3.4%
Oklahoma	215	0.8%

Q1.4. What U.S. state or territory do you currently live in? (continued)	Unweighted frequency	Unweighted %
Oregon	1152	4.2%
Pennsylvania	1171	4.2%
Puerto Rico	27	0.1%
Rhode Island	119	0.4%
South Carolina	233	0.8%
South Dakota	43	0.2%
Tennessee	416	1.5%
Texas	1490	5.4%
Utah	270	1.0%
Vermont	163	0.6%
Virginia	723	2.6%
Washington	1667	6.0%
West Virginia	83	0.3%
Wisconsin	541	2.0%
Wyoming	44	0.2%
Total	27715	100%

Q1.4. U.S. region of current residence (recode based on Census regions)	Unweighted frequency	Unweighted %
Northeast	5703	21%
Midwest	5759	21%
South	7599	27%
West	8591	31%
Total	27652	100%

Q1.10. Do you think of yourself as transgender?	Unweighted frequency	Unweighted %
No	3270	12%
Yes	24445	88%
Total	27715	100%

Q1.11. Do you identify as more than one gender or as no gender?	Unweighted frequency	Unweighted %
No	14362	52%
Yes	13353	48%
Total	27715	100%

Q1.12. Do you currently live full-time in a gender that is different from the one assigned to you at birth?	Unweighted frequency	Unweighted %
No	11135	40%
Yes	16580	60%
Total	27715	100%

Q1.14. Someday do you want to live full time in a gender that is different from the one assigned to you at birth?*	Unweighted frequency	Unweighted %
No	770	7%
Yes	6497	58%
Not sure	3862	35%
Total	11129	100%

*Asked of those who responded "No" to Q1.12.

Q1.16. Have you seriously thought about living in a gender that is different from the one assigned to you at birth (transitioning gender)?*	Unweighted frequency	Unweighted %
No	251	33%
Yes	519	67%
Total	770	100%

*Asked of those who responded "No" to Q1.12 and Q1.14.

Q1.17. Do you consider yourself to be a cross-dresser?	Unweighted frequency	Unweighted %
No	25225	91%
Yes	2490	9%
Total	27715	100%

Q1.18. Do you live part of the time in one gender and part of the time in another gender?	Unweighted frequency	Unweighted %
No	19063	69%
Yes	8652	31%
Total	27715	100%

Q2.1. What sex were you assigned at birth, on your original birth certificate?	Unweighted frequency	Unweighted %
Female	15858	57%
Male	11857	43%
Total	27715	100%

Q2.1 & Q2.3. Gender categories used for analysis (recode)	Unweighted frequency	Unweighted %
Crossdressers	758	3%
Transgender women	9238	33%
Transgender men	7950	29%
Non-binary people, assigned female at birth	7844	28%
Non-binary people, assigned male at birth	1925	7%
Total	27715	100%

Q2.1 & Q2.3. Gender categories (collapsed recode)	Unweighted frequency	Unweighted %
Transgender men and women	17188	64%
Non-binary people	9769	36%
Total	26957	100%

Q2.4. How comfortable are you with the word "transgender" being used to describe you?	Unweighted frequency	Unweighted %
Very comfortable	12189	44%
Somewhat comfortable	7413	27%
Neutral	4129	15%
Somewhat uncomfortable	3116	11%
Very uncomfortable	830	3%
Total	27677	100%

Q2.5. What gender pronouns do you ask people to use to refer to you?	Unweighted frequency	Unweighted %*
He, his	9981	36%
She, hers	10138	37%
They, their	8026	29%
Ze, hir	466	2%
No pronouns. I ask people only to use my name.	1095	4%
I don't ask people to use specific pronouns.	5619	20%
Pronouns not listed above	1162	4%

*Multiple choices were allowed, so percentages do not add to 100%.

Q2.6. What gender do you currently live in on a day-to-day basis?	Unweighted frequency	Unweighted %
Man	9418	34%
Woman	8271	30%
Neither man nor woman/ Genderqueer/Non-binary	5721	21%
Part time one gender/part time another gender	4305	16%
Total	27715	100%

Q2.7. People can tell I am trans even if I don't tell them.	Unweighted frequency	Unweighted %
Always	549	2%
Most of the time	2629	10%
Sometimes	9139	33%
Rarely	8986	33%
Never	6346	23%
Total	27649	100%

Q2.8. What best describes your current sexual orientation?	Unweighted frequency	Unweighted %
Asexual	2984	11%
Bisexual	4129	15%
Gay	1316	5%
Heterosexual/Straight	3363	12%
Lesbian	3037	11%
Same-gender loving	264	1%
Pansexual	5056	18%
Queer	5706	21%
Demisexual*	287	1%
A sexual orientation not listed above	1573	6%
Total	27715	100%

*Added to the response list from write-in responses.

Q2.9-Q2.11. Race/ethnicity (recode)	Unweighted frequency	Unweighted %
Alaska Native alone	17	0.1%
American Indian alone	302	1.1%
Asian/Asian American alone	721	2.6%
Biracial/Multiracial	1513	5.5%
Black/African American alone	796	2.9%
Latino/a/Hispanic alone	1473	5.3%
Middle Eastern/North African alone	132	0.5%
Native Hawaiian/Pacific Islander alone	62	0.2%
White/European American alone	22658	81.8%
A racial/ethnic identity not listed above	41	0.2%
Total	27715	100%

Q2.12. Religious/spiritual identity (recode)	Unweighted frequency	Unweighted %
Not religious/spiritual	10460	38%
Religious/spiritual	17195	62%
Total	27655	100%

Q2.13. Age ranges (recode)	Unweighted frequency	Unweighted %
18 to 24	11840	43%
25 to 44	10987	40%
45 to 64	4085	15%
65 and over	803	3%
Total	27715	100%

Q2.15. What is your current relationship status?	Unweighted frequency	Unweighted %
Partnered, living together	8762	31.6%
Partnered, not living together	4630	16.7%
Single	13219	47.7%
Not listed above	404	1.5%
Aromantic/not active/platonic*	67	0.2%
Open relationship*	53	0.2%
Poly*	535	1.9%
Single, divorced*	11	0.0%
Single, widowed*	28	0.1%
Total	27709	100%

*Added to the response list from write-in responses.

Q2.16. What is your current legal marital status?	Unweighted frequency	Unweighted %
Married	4671	16.9%
Legally recognized civil union	67	0.2%
Registered domestic partnership	238	0.9%
Widowed	216	0.8%
Divorced	2538	9.2%
Separated	456	1.7%
Single, never married	19463	70.4%
Total	27649	100%

Q2.17. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?	Unweighted frequency	Unweighted %
Never served in the military	25263	91.3%
Only active duty for training in the Reserves or National Guard	298	1.1%
Now on active duty	129	0.5%
On active duty in the past, but not now	1976	7.1%
Total	27666	100%

Q2.18. What is your citizenship or immigration status in the U.S.?	Unweighted frequency	Unweighted %
U.S. citizen, birth	26684	96.3%
U.S. citizen, naturalized	555	2.0%
Permanent Resident	249	0.9%
A visa holder (such as F-1, J-1, H1-B, and U)	115	0.4%
DACA (Deferred Action for Childhood Arrival)	16	0.1%
DAPA (Deferred Action for Parental Accountability)	1	0.0%
Refugee status	6	0.0%
Other documented status not mentioned above	40	0.1%
Currently under a withholding of removal status	3	0.0%
Undocumented resident	46	0.2%
Total	27715	100%

Q2.20. Disability (questions based on American Community Survey, with the exception of the last question)	Unweighted frequency	Unweighted %*
Are you deaf or have serious difficulty hearing?	1072	4%
Are you blind or have serious difficulty seeing even when wearing glasses?	679	2%
Because of a physical mental or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	8471	31%
Do you have serious difficulty walking or climbing stairs?	1729	6%
Do you have difficulty dressing or bathing?	924	3%
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?	6200	23%
Do YOU identify as a person with a disability?	7764	28%

*Multiple choices were allowed, so percentages do not add to 100%.

Q2.20. Any disability (recode) (based on American Community Survey questions only, not including self-identification)	Unweighted frequency	Unweighted %
No	16305	60%
Yes	10913	40%
Total	27218	100

Q2.21. What is the main language that people speak in your home?	Unweighted frequency	Unweighted %
English only	24958	90.1%
Language(s) other than English	285	1.0%
English and other language(s)	2461	8.9%
Total	27704	100%

Q2.22. What is the highest level of school or degree you have completed?	Unweighted frequency	Unweighted %
Less than 8th grade	48	0.2%
8th grade	54	0.2%
Some high school, no diploma or GED	804	2.9%
GED	661	2.4%
High school graduate	2806	10.1%
Some college, no degree (including currently in college)	10486	37.8%
Associate degree in college—Occupational/vocational program	858	3.1%
Associate degree in college—Academic program	1475	5.3%
Bachelor's degree	5291	19.1%
Some graduate work, no graduate degree	1652	6.0%
Master's degree (M.A, M.S., MBA)	2562	9.2%
Doctoral degree (e.g., Ph.D., Ed.D.)	504	1.8%
Professional degree (e.g., MD, JD)	514	1.9%
Total	27715	100%

Q2.23. What are your current living arrangements?	Unweighted frequency	Unweighted %
Living in house/apartment/condo I OWN alone or with others (with a mortgage or that you own free and clear)	4697	17.0%
Living in house/apartment/condo I RENT alone or with others	11507	41.5%
Living with a partner, spouse, or other person who pays for the housing	1443	5.2%
Living temporarily with friends or family because I can't afford my own housing	2229	8.0%
Living with parents or family I grew up with because I have not yet left home	5149	18.6%
Living in a foster group home or other foster care	10	0.0%
Living in campus/university housing	1821	6.65%
Living in a nursing home or other adult care facility	9	0.0%
Living in a hospital	2	0.0%
Living in military barracks	31	0.1%
Living in a hotel or motel that I pay for myself	37	0.1%
Living in a hotel or motel with an emergency shelter voucher	6	0.0%

Q2.23. What are your current living arrangements? (continued)	Unweighted frequency	Unweighted %
Living in transitional housing/halfway house	48	0.2%
Living on the street, in a car, in an abandoned building, in a park, or a place that is NOT a house, apartment, shelter, or other housing	91	0.3%
Living in a homeless shelter	36	0.1%
Living in a domestic violence shelter	6	0.0%
Living in a shelter that is not a homeless shelter or domestic violence shelter	3	0.0%
A living arrangement not listed above	126	0.5%
Mobile housing (RV, camper, etc.)*	40	0.1%
A place owned/rented by someone else*	176	0.6%
A group home or treatment facility*	13	0.1%
At home/with family for other reasons*	186	0.7%
Nomadic*	16	0.1%
Commune/co-op/collective*	28	0.1%
Total	27710	100%

*Added to the response list from write-in responses.

Q2.24. Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?	Unweighted frequency	Unweighted %
No	18255	66%
Yes	9313	34%
Total	27568	100%

Q2.24. Do you have a cell phone?	Unweighted frequency	Unweighted %
No	882	3%
Yes	26744	97%
Total	27626	100%

Q14.1 & Q14.2 HIV status (recode)	Unweighted frequency	Unweighted %
HIV positive	179	0.7%
HIV negative	13869	50.2%
Don't know/not tested	13606	49.2%
Total	27654	100%

Q7.7 Employment status	Unweighted frequency	Unweighted %*
Work for pay from sex work, selling drugs, or other work that is currently considered illegal	516	1.9%
Work full-time for an employer	9560	34.5%
Work part-time for an employer	6735	24.3%
Self-employed in your own business, profession or trade, or operate a farm (not including sex work, selling drugs, or other work that is currently considered illegal)	3868	14.0%
Unemployed but looking for work	3991	14.4%
Unemployed and have stopped looking for work	1247	4.5%
Not employed due to disability	2255	8.1%
Student	8639	31.2%
Retired	1107	4.0%
Homemaker or full-time parent	549	2.0%
Not listed above	1240	4.5%
Seasonal work/odd jobs/other part-time work*	136	0.5%
Volunteer*	76	0.3%
Internship*	66	0.2%

*Multiple choices were allowed, so percentages do not add to 100%.

Q7.8. Respondent is member of a union (recode)	Unweighted frequency	Unweighted %
No	25997	94%
Yes	1691	6%
Total	27688	100%

Q7.8 & Q7.9. Respondent is a union member or under a union contract (recode)	Unweighted frequency	Unweighted %
No	25623	92%
Yes	2082	8%
Total	27705	100%

Q7.10. Do you currently receive assistance from food stamps (SNAP) or WIC?	Unweighted frequency	Unweighted %
No	25060	91%
Yes	2606	9%
Total	27666	100%

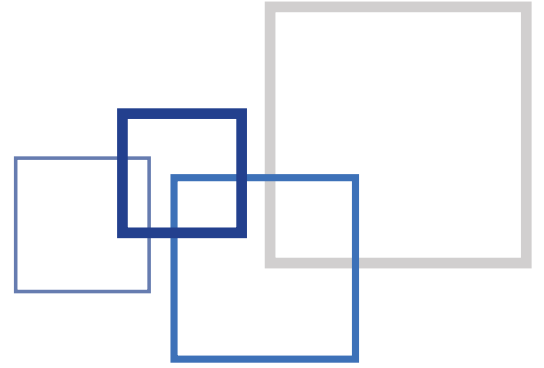
Q7.11. Current sources of income (recode)	Unweighted frequency	Unweighted %
Pay from sex work, selling drugs, or other work that is currently considered illegal only	143	0.6%
Pay from employment only	10519	40.4%
Pay from pension or retirement only	227	0.9%
SSI or disability income only	903	3.5%
Unemployment benefits or cash assistance only	207	0.8%
Other income source only	1165	4.5%
Multiple income sources	12183	46.8%
No income	664	2.6%
Total	26011	100%

Q7.12. Individual income in 2014 (includes all income sources except food stamps (SNAP) or WIC)	Unweighted frequency	Unweighted %
No income	3913	14.4%
\$1 to \$5,000	4647	17.1%
\$5,000 to \$7,499	1665	6.1%
\$7,500 to \$9,999	1444	5.3%
\$10,000 to \$12,499	1743	6.4%
\$12,500 to \$14,999	1184	4.4%
\$15,000 to \$17,499	843	3.1%
\$17,500 to \$19,999	772	2.9%
\$20,000 to \$24,999	1568	5.8%
\$25,000 to \$29,999	1071	4.0%
\$30,000 to \$34,999	1163	4.3%
\$35,000 to \$39,999	888	3.3%
\$40,000 to \$49,999	1355	5.0%
\$50,000 to \$59,999	1049	3.9%
\$60,000 to \$74,999	1070	3.9%
\$75,000 to \$99,999	1118	4.1%
\$100,000 to \$149,999	998	3.7%
\$150,000 or more	636	2.3%
Total	27127	100%

Q7.12 - Q7.14 Household income in 2014 (recode)	Unweighted frequency	Unweighted %
No income	996	3.9%
\$1 to \$5,000	1433	5.7%
\$5,000 to \$7,499	811	3.2%
\$7,500 to \$9,999	869	3.4%
\$10,000 to \$12,499	1109	4.4%
\$12,500 to \$14,999	897	3.6%
\$15,000 to \$17,499	725	2.9%
\$17,500 to \$19,999	725	2.9%
\$20,000 to \$24,999	1571	6.2%
\$25,000 to \$29,999	1220	4.8%
\$30,000 to \$34,999	1367	5.4%
\$35,000 to \$39,999	1224	4.8%
\$40,000 to \$49,999	1872	7.4%
\$50,000 to \$59,999	1806	7.1%
\$60,000 to \$74,999	2096	8.3%
\$75,000 to \$99,999	2360	9.3%
\$100,000 to \$149,999	2418	9.6%
\$150,000 or more	1797	7.1%
Total	25296	100%

Q29.1 & Q29.2 Registered to vote on November 4, 2014 (recode)	Unweighted frequency	Unweighted %
No	8468	31%
Yes	19215	69%
Total	27683	100%

Q29.1. Did you vote in the election held on Tuesday, November 4, 2014?	Unweighted frequency	Unweighted %
No	13846	50%
Yes	13805	50%
Total	27651	100%



Appendix B

Survey Instrument (Questionnaire)

The survey was offered online only. The questionnaire has been reproduced here to best reflect what respondents saw when completing the survey. Programming notes are indicated in italics.

QUESTIONNAIRE:

The National Center for Transgender Equality welcomes you to the 2015 U.S. Trans Survey, the follow up to the National Transgender Discrimination Survey: Injustice At Every Turn. We thank you for participating in this survey. Every voice counts in documenting and better understanding the lives and experiences of trans people in the United States, and we appreciate yours.

Sincerely,

The National Center for Transgender Equality Survey Team



UNIVERSITY OF CALIFORNIA LOS ANGELES

Study information sheet

2015 U.S. Trans Survey

This study has been commissioned by the National Center for Transgender Equality (NCTE). A research team made up of Jody L. Herman, Ph.D. and Susan Rankin, Ph.D. are conducting this study. Your participation in this study is voluntary.

WHY IS THIS STUDY BEING DONE?

This study is being conducted to better understand the demographics, health, and experiences of trans people in the United States. The findings of this study will be used for the benefit of the trans community and the research community.

WHAT WILL HAPPEN IF I TAKE PART IN THIS RESEARCH STUDY?

If you volunteer to participate in this study, the researchers ask that you participate in an online survey. The purpose of the survey is to gather information about you and your experiences as a trans person in the United States. You will be one of over 700,000 possible participants who may take part in this survey, which is the current best estimate of the total number of trans-identified adults in the United States.

HOW LONG WILL I BE IN THE RESEARCH STUDY?

Participation in the study will take between 30 and 60 minutes.

ARE THERE ANY RISKS OR DISCOMFORTS THAT I CAN EXPECT FROM THIS STUDY?

Participating in this study poses no risks that are not ordinarily encountered in daily life. Any information you provide in the survey will be confidential. Some of the questions asked of you as part of this survey may make you feel uncomfortable. You may refuse to answer questions posed to you by skipping the question. You may stop your participation in this study at any time by exiting the survey. Should you need them, there will be a list of resources, including hotlines, provided at the end of the survey.

ARE THERE ANY BENEFITS IF I PARTICIPATE?

The results of the research will be used for the benefit of the trans community in the United States and the research community. You will not directly benefit from your participation in the research.

WILL I BE PAID FOR MY PARTICIPATION?

You will receive no payment for your participation. You will have the option to voluntarily enter a drawing to win one of three cash prizes: one prize of \$500 and two prizes of \$250.

HOW WILL INFORMATION ABOUT ME AND MY PARTICIPATION BE KEPT CONFIDENTIAL?

Your survey response will be anonymous, so no information that can be used to identify you will be collected unless you voluntarily provide it. Any information that is obtained in connection with this study and that can identify you will remain confidential. If you do voluntarily provide any information that could be used to identify you, the research team will maintain your confidentiality by taking precautions to minimize any risk to your privacy from participating in this survey.

You will be given the option at the end of the survey to be directed to a separate page on a secure website if you wish to provide your contact information to receive survey results from NCTE, be entered into the drawing for one of three cash prizes, or share your personal story with NCTE. NCTE will NOT be provided with any responses from your survey in connection with your contact information. NCTE will only know that you have participated in the survey. NCTE will not provide to the research team any information that could be used to identify you, such as your name. Therefore, you will remain anonymous to the research team.

Results of this research study that are reported in published form will not name you or identify you as a participant. If you choose to self-identify anywhere on the survey and provide a written response, a different name will be created and used instead of your name if quoting you directly in any publication and any content of quotes that could be used to identify you will be removed.

CAN THE RESEARCHERS REMOVE ME FROM THIS STUDY?

The researchers will not remove you from the study. You may remove yourself from the study by exiting the survey. If you exit the survey, your responses will not be recorded or used in the study.

WHAT ARE MY RIGHTS IF I TAKE PART IN THIS STUDY?

Taking part in this study is your choice. You can choose whether or not you want to participate. Whatever decision you make, there will be no penalty to you.

- You have a right to have all of your questions answered before deciding whether to take part in the study.
- If you decide to take part in the study, you have the right to exit the study at anytime by exiting the survey.
- If you decide at any point to stop participating in this study, you have the right to exit the study at any time by exiting the survey.

WHO CAN I CONTACT IF I HAVE QUESTIONS ABOUT THIS STUDY?

The Research Team:

You may contact Jody L. Herman at (310) 267-4382 or Susan Rankin at (814) 625-2780 with any questions or concerns about the research or your participation in this study.

UCLA Office of the Human Research Protection Program (OHRPP):

If you have questions about your rights while taking part in this study, or you have concerns or suggestions and you want to talk to someone other than the researchers about the study, you may contact the UCLA OHRPP by phone: (310) 825-7122 or U.S. mail: UCLA OHRPP, 11000 Kinross Ave., Suite 102, Box 951694, Los Angeles, CA 90095-1694.

If you agree to take part in this study, as described in detail above, please click on the **"I AGREE"** button below. By clicking on the **"I AGREE"** button, you will indicate your consent to participate in this study.

If you do not agree to take part in this study, as described above, please click on the **"I DO NOT AGREE"** button below.

I AGREE

I agree and give my consent to participate in this study.

I DO NOT AGREE

I do not agree to participate in this study.

Respondents who selected "do not agree" were sent a disqualification page #2.¹

Survey Instructions

Please read and answer each question carefully. For each answer, click on the appropriate oval and/or fill in the appropriate blank. If you want to change an answer, click on the oval of your new answer and/or edit the appropriate blank, and your previous response will be erased.

You may decline to answer specific questions. The survey will take between 30-60 minutes to complete.

There will be several places in the survey where you will see a word or phrase that is underlined and bolded. You can click on those words or phrases and a definition or additional information will be offered.

In order to clear a response choice, please use the back button on your browser.

WARNING: If you use the back button on your browser to return to a previous question, the responses you have entered for each page you clicked back on will be erased. For instance, if you click back three pages in the survey, your answers on those three pages will be erased. Responses before those three pages would stay the same.

In the survey, please do not provide any information that could be used to identify you, such as your name or contact information. All of your answers are confidential and cannot be used against you.

You must hit the "submit" button on the last page of the survey for your responses to be included in the final analyses.

Section 1

1.1 Please make an ID in question 1.1. The research team will use the ID for their analysis. It will not be used to identify you.

Enter the first and last letter of your preferred first name. For example, if your first name is "Robert", enter "RT".

[Text box]

Enter the first letter of your preferred last name. For example, if your last name is "Smith", enter "S".

[Text box]

1.2 It is important that people only complete this survey one time so that we can gather accurate information. You will only be entered into the prize drawing once, even if you complete this survey more than once. Have you already completed this survey before? [Must answer to continue.]

No

Yes [Sent to disqualification page #1]²

1.3 Are you 18 years of age or older? [Must answer to continue.]

No [Sent to disqualification page #2]³

Yes

1.4 What U.S. state or territory do you currently live in? *[Must answer to continue.]*

[Drop-down list of all U.S. states and territories.]

I do not live in a U.S. state or territory. *[Sent to disqualification page #1]⁴*

1.5 How did you hear about this survey? **(Mark all that apply.)**

Email from an organization (listserv, e-newsletter)

Social networking site (such as Facebook)

Organization website (such as NCTE)

I was told about it in person (at an organization, event, or support group)

Flier or print advertisement

Word of mouth (e-mail from a friend, a friend told you about it)

Not listed above (please specify) _____

1.6 Are you taking this survey at a survey event or meeting, such as one hosted by an LGBTQ or Trans organization or meeting?

No

Yes

1.7 How are you taking this survey?

On my home computer/laptop

On my work computer

On a public computer (such as in a computer lab or library)

On my mobile phone or tablet

On a friend's or family member's mobile phone, tablet, or computer

Not listed above (please specify) _____

1.8 Not including for this survey, do you use the internet or email, at least occasionally? **(Mark all that apply.)**

No *[Respondents could not select "No" in combination with any other option.]*

Yes, the internet

Yes, email

1.9 If a national survey company, like Gallup, asked you the following question: "We are asking only for statistical purposes: Do you, personally, identify as lesbian, gay, bisexual, or transgender?" How would you answer?

I would answer No

I would answer Yes

I would not answer the question

PLEASE READ AND RESPOND CAREFULLY TO THE FOLLOWING QUESTIONS.

This is a survey for people who are transgender, trans, or non-binary. It doesn't matter if you have transitioned gender or if you plan to. To see if this survey is for you, please answer the following questions.

1.10 Do you think of yourself as transgender? *[Must answer to continue.]*

No

Yes

1.11 Do you identify as more than one gender or as no gender (such as genderqueer or non-binary)? *[Must answer to continue.]*

No

Yes

1.12 Do you currently live full-time in a gender that is different from the one assigned to you at birth? *[Must answer to continue.]*

No *[Skip to 1.14]*

Yes

1.13 How old were you when you started to live full-time in a gender that is different from the one assigned to you at birth? *[Only respondents who selected "Yes" in response to 1.12 received this question.]*

[Drop-down list of all ages from "1" through "99," and "100 and above" as final response choice]

1.14 Someday do you want to live full-time in a gender that is different from the one assigned to you at birth? *[Respondents who selected "No" in response to 1.12 must answer to continue.]*

No *[Skip to 1.16]*

Yes

Not sure

1.15 What are the main reasons that you don't live full-time in a gender that is different from the one assigned to you at birth? **(Mark all that apply.)** *[Only respondents who selected "Yes" or "Not sure" in response to 1.14 received this question.]*

My spouse and/or kids might reject me.

My parents might reject me.

I might lose my job or not be able to get a job.

I might face mistreatment at school.

My friends might reject me.

I might not get the medical care I need.

I might be hurt financially.

I might become homeless.

My church or faith community might reject me.

I might face violence.

I am not ready to transition.

A reason not listed above
(please specify) _____

1.16 Have you seriously thought about living in a gender that is different from the one assigned to you at birth (transitioning gender)? *[Respondents who selected “No” in response to 1.13 must answer to continue.]*

No

Yes

1.17 Do you consider yourself to be a cross-dresser? *[Must answer to continue.]*

No

Yes

1.18 Do you live part of the time in one gender and part of the time in another gender? *[Must answer to continue.]*

No

Yes

[Respondents who answered “No” to 1.10, 1.11, 1.12, 1.14, 1.16, 1.17, and 1.18 were sent to disqualification page #1.]⁵

Section 2

2.1 What sex were you assigned at birth, on your original birth certificate? *[Must answer to continue.]*

Female

Male

2.2 Which of these terms do you identify with? **(Mark all that apply.)**

A.G. or aggressive

Agender

Androgynous

Bi-gender

Butch

Bulldagger

Cross dresser

Drag performer (king/queen)

Fa’afafine

Gender non-conforming or gender variant

Genderqueer

Gender fluid/fluid

Intersex

Mahu

Multi-gender

Non-binary

Third gender

Stud

Transgender

Trans

Trans man (FTM, female to male)

Transsexual

Trans woman (MTF, male to female)

Travesti

Two-spirit

A gender not listed above
(please specify) _____

2.3 If you had to choose only one of the following terms, which best describes your current gender identity? **(Please choose only one answer.)**

Cross-dresser

Woman

Man

Trans woman (MTF)

Trans man (FTM)

Non-binary/Genderqueer *[Respondents who selected this answer received questions 2.3_1, 2.3_2, and 2.3_3.]*

2.3_1 For people in your life who don’t know that you’re non-binary/genderqueer, what gender do they usually think you are? *[Only respondents who selected “Non-binary/Genderqueer” in response to 2.3 received this question.]*

Man

Woman

Trans Man

Trans Woman

Non-Binary/Genderqueer

They can’t tell

It varies

2.3_2 When people in your life assume you are something other than non-binary/genderqueer (such as a man or a woman), how do you respond? *[Only respondents who selected “Non-binary/Genderqueer” in response to 2.3 received this question.]*

I **usually** let them assume I am a man or a woman

I **sometimes** tell them I identify as non-binary/genderqueer (or whatever words I use)

I **always** tell them I identify as non-binary/genderqueer (or whatever words I use) *[Skip to 2.4.]*

2.3_3 What are the main reasons that you don't tell people you identify as non-binary/genderqueer? **(Mark all that apply).**
[Only respondents who selected "Non-binary/Genderqueer" in response to 2.3 and either selected "I usually let them assume I am a man or a woman" or "I sometimes tell them I identify as non-binary/genderqueer" in response to 2.3_2 received this question.]

Most people don't understand so I don't try to explain it.

Most people dismiss it as not being a real identity or a "phase."

It is just easier not to say anything.

I am not ready to tell people I identify as non-binary/genderqueer.

I might lose my job or not be able to get a job.

I might face mistreatment at school.

My friends might reject me.

I might not get the medical care I need.

I might be hurt financially.

I might become homeless.

My church or faith community might reject me.

I might face violence.

A reason not listed above
 (please specify) _____

2.4 How comfortable are you with the word "transgender" being used to describe you?

Very comfortable

Somewhat comfortable

Neutral

Somewhat uncomfortable

Very uncomfortable

[All respondents received the following message.] **We know that not everyone is comfortable with the word "transgender," but for this survey, we must use one word to refer to all trans and non-binary identities. Because of this we will use the word "trans" in this survey to refer to all trans and non-binary identities.**

2.5 What gender pronouns do you ask people to use to refer to you? *[Respondents could mark all answers that applied.]*

He, his

She, hers

They, their

Ze, hir

No pronouns. I ask people only to use my name.

I don't ask people to use specific pronouns.

Pronouns not listed above (please specify) _____

2.6 What gender do you currently live in on a day-to-day basis?

Man

Woman

Neither man nor woman/Genderqueer/Non-binary

Part time one gender/part time another gender

2.7 People can tell I am trans even if I don't tell them.

Always

Most of the time

Sometimes

Rarely

Never

2.8 What best describes your current sexual orientation?

Asexual

Bisexual

Gay

Heterosexual/Straight

Lesbian

Same-gender loving

Pansexual

Queer

A sexual orientation not listed above (please specify)_____

2.9 Although the choices listed below may not represent your full identity or use the language you prefer, for this survey please select the choice that most accurately describes your racial/ethnic identity. **(Please choose only one answer.)**

Alaska Native

Enter your enrolled or principal corporation:
 _____ *[required]*

American Indian

Enter your enrolled or principal tribe:
 _____ *[required]*

Asian/Asian American

Biracial/Multiracial *[respondents received follow-up question 2.10]*

Black/African American

Latino/a/Hispanic

Middle Eastern/North African

Native Hawaiian/Pacific Islander

White/European American

A racial/ethnic identity not listed above (please specify)
 _____ *[respondents received follow-up question 2.11]*

2.10 You said that you are biracial or multiracial. Please choose the racial/ethnic identities that best describe you. **(Mark all that apply.)**

[Only respondents who selected "Biracial/Multiracial" in 2.9 received this question.]

Alaska Native

Enter your enrolled or principal corporation:
_____ *[required]*

American Indian

Enter your enrolled or principal tribe:
_____ *[required]*

Asian/Asian American

Black/African American

Latino/a/Hispanic

Middle Eastern/North African

Native Hawaiian/ Pacific Islander

White/European American

A racial/ethnic identity not listed above
(please specify) _____

2.11 You said that you had a racial/ethnic identity that was not listed above. Please choose the racial/ethnic identities that best describe you. **(Mark all that apply.)**

[Only respondents who selected "A racial/ethnic identity not listed above" in 2.9 received this question.]

Alaska Native

Enter your enrolled or principal corporation:
_____ *[required]*

American Indian

Enter your enrolled or principal tribe:
_____ *[required]*

Asian/Asian American

Black/African American

Latino/a/Hispanic

Middle Eastern/North African

Native Hawaiian/ Pacific Islander

White/European American

2.12 What is your current religious or spiritual identity? **(Mark all that apply.)**

Agnostic

Atheist

Baha'i

Buddhist

Christian (Please click here to specify) *[Respondents received the following drop-down list.]*

African Methodist Episcopal

African Methodist Episcopal Zion

Assembly of God

Baptist

Catholic/Roman Catholic

Church of Christ

Church of God in Christ

Christian Orthodox

Christian Methodist Episcopal

Christian Reformed Church (CRC)

Episcopalian

Evangelical

Greek Orthodox

Lutheran

Mennonite

Moravian

Nondenominational Christian

Pentecostal

Presbyterian

Protestant

Protestant Reformed Church (PR)

Quaker

Reformed Church of America (RCA)

Russian Orthodox

Seventh Day Adventist

The Church of Jesus Christ of Latter-day Saints

United Methodist

Unitarian Universalist

United Church of Christ

A Christian affiliation not listed above
(please specify) _____

Confucianist

Druid

Hindu

Jain

Jehovah's Witness

Jewish (Please click here to specify) *[Respondents received the following drop-down list.]*

Conservative

Orthodox

Reform

Muslim (Please click here to specify) *[Respondents received the following drop-down list.]*

Ahmadi

Shi'ite

Sufi

Sunni

Native American Traditional Practitioner or Ceremonial

Pagan

- Rastafarian
- Scientologist
- Secular Humanist
- Shinto
- Sikh
- Taoist
- Tenrikyo
- Wiccan
- Spiritual, but no religious affiliation
- No affiliation
- A religious affiliation or spiritual identity not listed above (please specify) _____

2.13 What is your current age?

[Drop-down list of all ages from “18” through “99,” and “100 and above” as final response choice]

2.14 What month and year were you born?

Month *[Drop-down list of all months]*

Year *[Drop-down list with years 1997–1915, and earlier as final response choice]*

2.15 What is your current relationship status?

- Partnered, living together
- Partnered, not living together
- Single
- Not listed above (please specify) _____

2.16 What is your current legal marital status?

- Married
- Legally recognized civil union
- Registered domestic partnership
- Widowed
- Divorced
- Separated
- Single, never married

2.17 Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? **As a reminder, your answers are confidential and cannot be used against you.**

- Never served in the military
- Only on active duty for training in the Reserves or National Guard
- Now on active duty⁶
- On active duty in the past, but not now

2.18 What is your citizenship or immigration status in the U.S.? **As a reminder, your answers are confidential and cannot be used against you.**

- U.S. citizen, birth *[Respondents directed to 2.19]*
- U.S. citizen, naturalized
- Permanent Resident
- A visa holder (such as F-1, J-1, H1-B, and U)
- DACA (Deferred Action for Childhood Arrival)
- DAPA (Deferred Action for Parental Accountability)
- Refugee status
- Other documented status not mentioned above
- Currently under a withholding of removal status
- Undocumented resident

2.19 In what U.S. state or territory were you born? *[Only respondents who selected “U.S. citizen, birth” in 2.18 received this question.]*

- I was not born in a U.S. state or territory.
- [Drop-down list for all U.S. states and territories for other response choices. Respondents who selected “New York” received an additional drop-down choice for “New York City.”]*

2.20 Please answer each question below. **(Please provide an answer in each row.)**

	No	Yes
Are you deaf or have serious difficulty hearing?	<input type="radio"/>	<input type="radio"/>
Are you blind or have serious difficulty seeing even when wearing glasses?	<input type="radio"/>	<input type="radio"/>
Because of a physical mental or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	<input type="radio"/>	<input type="radio"/>
Do you have serious difficulty walking or climbing stairs?	<input type="radio"/>	<input type="radio"/>
Do you have difficulty dressing or bathing?	<input type="radio"/>	<input type="radio"/>
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor’s office or shopping?	<input type="radio"/>	<input type="radio"/>
Do YOU identify as a person with a disability?	<input type="radio"/>	<input type="radio"/>

2.21 What is the main language that people speak in your home?

- English only
- Language(s) other than English
 - Armenian
 - Chinese
 - French
 - German
 - Greek

- Italian
- Japanese
- Korean
- Persian
- Polish
- Portuguese or Portuguese Creole
- Russian
- Serbo-Croatian
- Spanish or Spanish Creole
- Tagalog
- Vietnamese
- Yiddish
- A language not listed above
(_____)
- English and other language(s)
 - Armenian
 - Chinese
 - French
 - German
 - Greek
 - Italian
 - Japanese
 - Korean
 - Persian
 - Polish
 - Portuguese or Portuguese Creole
 - Russian
 - Serbo-Croatian
 - Spanish or Spanish Creole
 - Tagalog
 - Vietnamese
 - Yiddish
 - A language not listed above
(_____)

2.22 What is the highest level of school or degree you have completed?

- Less than 8th grade
- 8th grade
- Some high school, no diploma or GED
- GED
- High school graduate
- Some college, no degree (including currently in college)
- Associate degree in college – Occupational/vocational program
- Associate degree in college – Academic program
- Bachelor's degree

- Some graduate work, no graduate degree
- Master's degree (M.A, M.S., MBA)
- Doctoral degree (e.g., Ph.D., Ed.D.)
- Professional degree (e.g., MD, JD)

2.23 What are your current living arrangements?

- Living in house/apartment/condo I OWN alone or with others (with a mortgage or that you own free and clear)
- Living in house/apartment/condo I RENT alone or with others
- Living with a partner, spouse, or other person who pays for the housing
- Living temporarily with friends or family because I can't afford my own housing
- Living with parents or family I grew up with because I have not yet left home
- Living in a foster group home or other foster care
- Living in campus/university housing
- Living in a nursing home or other adult care facility
- Living in a hospital
- Living in military barracks
- Living in a hotel or motel that I pay for myself
- Living in a hotel or motel with an emergency shelter voucher
- Living in transitional housing/halfway house
- Living on the street, in a car, in an abandoned building, in a park, or a place that is NOT a house, apartment, shelter, or other housing [Skip to 2.25]
- Living in a homeless shelter [Skip to 2.25]
- Living in a domestic violence shelter [Skip to 2.25]
- Living in a shelter that is not a homeless shelter or domestic violence shelter [Skip to 2.25]
- A living arrangement not listed above
(please specify) _____

2.24 Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?

- No
- Yes

2.25 Do you have a cell phone?

- No
- Yes

2.26 What is the zip code where you currently live? _____

Section 3

3.1 At about what age did you begin to feel that your gender was “different” from your assigned birth sex?

[Drop-down list of ages]

3.2 At about what age did you start to think you were trans (even if you did not know the word for it)?

[Drop-down list of ages]

3.3 At about what age did you first start to tell others that you were trans (even if you did not use that word)?

I have not told others that I am trans.

[Drop-down list of ages for other responses]

3.4 How do you socialize with other trans people? **(Mark all that apply.)**

In political activism

Socializing in person

Socializing on-line (such as Facebook or Twitter)

In support groups

I don't socialize with other trans people *[Respondents could not select this answer in combination with any other option.]*

Not listed above (please specify) _____

Section 4

These are questions about the people in your life and whether they know you are trans.

4.1 Have any of your spouses/partners known that you are trans during your relationship with them? **(Mark all that apply.)**

I have never had a spouse/partner *[Respondents could not select this answer in combination with any other option. Skip to 4.3 if selected.]*

No *[Respondents could not select this answer in combination with any other option. Skip to 4.3 if selected.]*

Yes, my current spouse/partner knows I am trans

Yes, at least one of my former spouses or partners knew I was trans

4.2 Have any of your spouses/partners ended your relationship because you are trans? *[Only respondents who indicated that at least one of their past or current spouses knew they were trans in 4.1 received this question.]*

No

Yes, only because I was trans.

Yes, because I was trans and other reasons.

4.3 Do any of your children know you are trans?

I do not have any children *[Skip to 4.5]*

No *[Skip to 4.5]*

Yes

4.4 Have any of your children ever stopped speaking to you or spending time with you because you are trans?

No

Yes

4.5 How many people in each group below currently know you are trans? **(Please provide an answer in each row.)**

	I currently have no people like this in my life	All know that I am trans	Most know that I am trans	Some know that I am trans	None know that I am trans
Immediate family you grew up with (mother, father, sisters, brothers, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended family (aunts, uncles, cousins, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesbian, gay, bisexual, or trans (LGBT) friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Straight, non-trans (non-LGBT) friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current boss/manager/supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current coworkers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current classmates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.6 You said some or all of your immediate family you grew up with (mother, father, sisters, brothers, etc.) know that you are trans. On average, how supportive are they of you being trans? *[Only respondents who said in response to 4.5 that some, most, or all of their immediate family members knew they were trans received this question.]*

Very supportive

Supportive

Neither supportive nor unsupportive

Unsupportive

Very unsupportive

4.7 Did any of your immediate family members you grew up with (mother, father, sisters, brothers, etc.) do any of these things to you because you are trans? **(Mark all that apply.)** *[Only respondents who said in response to 4.5 that some, most, or all of their immediate family members knew they were trans received this question.]*

Stopped speaking to you for a long time or ended your relationship

Were violent towards you

Kicked you out of the house

Did not allow you to wear the clothes that matched your gender

Sent you to a therapist, counselor, or religious advisor to stop you from being trans

None of the above *[Respondents could not select this answer in combination with any other option.]*

4.8 Did any of your immediate family members you grew up with (mother, father, sisters, brothers, etc.) do any of these things to **support** you? **(Mark all that apply.)** *[Only respondents who said in response to 4.5 that some, most, or all of their immediate family members knew they were trans received this question.]*

Told you that they respect and/or support you

Used your preferred name

Used your correct pronouns (such as he/she/they)

Gave you money to help with any part of your gender transition

Helped you change your name and/or gender on your identity documents (ID), like your driver's license (such as doing things like filling out papers or going with you to court)

Did research to learn how to best support you (such as reading books, using online information, or attending a conference)

Stood up for me with family, friends, or others

Supported you in another way not listed above (please specify)_____

None of the above *[Respondents could not select this answer in combination with any other option.]*

4.9 Did you ever run away from home because you are trans? *[Only respondents who said in response to 4.5 that some, most, or all of their immediate family members knew they were trans received this question.]*

No *[Skip to 4.11]*

Yes

4.10 At what age did you run away from home because you are trans? *[Only respondents who selected "Yes" in 4.9 received this question.]*

[Drop-down list of ages]

4.11 On average, how supportive are your co-workers with you being trans? *[Only respondents who said in response to 4.5 that some, most, or all of their coworkers knew they were trans received this question.]*

Very supportive

Supportive

Neither supportive nor unsupportive

Unsupportive

Very unsupportive

4.12 On average, how supportive are your classmates with you being trans? *[Only respondents who said in response to 4.5 that some, most, or all of their classmates knew they were trans received this question.]*

Very supportive

Supportive

Neither supportive nor unsupportive

Unsupportive

Very unsupportive

Section 5

These questions are about your experiences with your church, synagogue, mosque, or other faith community.

5.1 Have you ever been part of a spiritual/religious community (such as a church, synagogue, mosque, or other faith community)?

No *[Skip to 6.1]*

Yes

5.2 Have you ever left your spiritual/religious community because you **were afraid** they might reject you because you are a trans person?

No

Yes

5.3 Have you ever left your spiritual/religious community because they **did reject** you because you are a trans person?

No *[Skip to 5.5]*

Yes

5.4 After you stopped attending, did you find a spiritual/religious community that welcomed you as a trans person? *[Only respondents who selected "Yes" in 5.4 received this question.]*

No

Yes

5.5 **Now just thinking about the past year**, have you been part of a spiritual/religious community?

No *[Skip to 6.1]*

Yes

5.6 **In the past year**, did any leaders or other members of your spiritual/religious community think or know you were trans?

No *[Skip to 6.1]*

Yes

5.7 In the past year, how often did leaders or other members of your spiritual/religious community... **(Please provide an answer in each row.)**

In the past year...	Never	Once or twice	A few times	Many times
Make you feel welcome as a trans person attending services/faith community functions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accept you for who you are as a trans person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tell you that your religion/faith accepts you as a trans person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tell you that your being trans is a sin or that your religion does not approve of your being trans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask you to meet with spiritual/religious leaders to stop you from being trans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask you to seek medical/psychological help to stop you from being trans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask you to stop coming to services or faith community functions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 6

These are questions about work for pay in the sex industry and sex work. As a reminder, your answers are confidential and cannot be used against you.

6.1 Have you ever engaged in sex or sexual activity **for money** (sex work) or worked in the sex industry (such as erotic dancing, webcam work, or porn films)?

No *[Skip to 6.4]*

Yes

6.2 Now just thinking about the past year, have you engaged in sex or sexual activity for money (sex work) or worked in the sex industry (such as erotic dancing, webcam work, or porn films) in the past year? *[Only respondents who selected “Yes” in 6.1 received this question.]*

No

Yes

6.3 What type of sex work or work in the sex industry have you **ever** done? **(Mark all that apply).** *[Only respondents who selected “Yes” in 6.1 received this question.]*

Street-based sex work

Sex work advertised online

Sex work advertised in magazines or newspapers

Informal sex work through word of mouth, occasional hook ups with dates in my networks, or things like that

Escort/call girl/rent boy with an agency

Pornography/picture or video

Phone sex

Webcam work

Erotic dancer/stripper

Fetish work (Domme, sub, switch)

Not listed above (please specify) _____

6.4 Have you engaged in sex or sexual activity for any of the following? **(Please mark all that apply in each row.)** *[Respondents could not select “No” in combination with any other option.]*

	No	Yes, within the past year	Yes, but more than a year ago
I engaged in sex or sexual activity for food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I engaged in sex or sexual activity for a place to sleep in someone's bed, at their home, or in their hotel room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I engaged in sex or sexual activity for drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For something not listed above (please specify) _____			
<i>[Response recorded as “No” if text left blank.]</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6.5 Did you ever interact with the police while doing sex work or **when police thought** you were doing sex work? *[Respondents could select multiple answer choices, but could not select “No” in combination with any other option.]*

No *[Skip to 6.11]*

Yes, while I was doing sex work.

Yes, when police thought I was doing sex work.

6.6 When you interacted with police while doing sex work or when police thought you were doing sex work, did you experience any of the following? **(Please provide an answer in each row.)**

	No	Yes
Officers kept calling me by the wrong gender pronouns (such as he/him or she/her) or the wrong title (such as Mr. or Ms.).	<input type="radio"/>	<input type="radio"/>
Officers asked me questions about my gender transition (such as hormones and surgical status).	<input type="radio"/>	<input type="radio"/>
Officers verbally harassed me.	<input type="radio"/>	<input type="radio"/>
Officers physically attacked me.	<input type="radio"/>	<input type="radio"/>
Officers forced me to have sex or sexual activity to avoid arrest.	<input type="radio"/>	<input type="radio"/>
I experienced unwanted sexual contact from an officer (such as fondling, sexual assault, or rape).	<input type="radio"/>	<input type="radio"/>
I was arrested for drugs in my possession when police stopped me for doing sex work.	<input type="radio"/>	<input type="radio"/>

6.7 Have you ever been arrested for doing sex work or **when police thought** you were doing sex work? *[Only respondents who selected “Yes, while I was doing sex work” and/or “Yes, when police thought I was doing sex work” in 6.5 received this*

question. Respondents could select multiple answer choices but could not select “No” in combination with any other option.]

No [Skip to 6.11]

Yes, while I was doing sex work

Yes, when the police thought I was doing sex work

6.8 How many times have you been arrested for doing sex work or when police thought you were doing sex work?

[Drop-down list of 1–10 and “11 or more”]

6.9 When police arrested you, did they consider things in your possession such as condoms or sex toys as “evidence of prostitution”? [Respondents could select multiple answer choices.]

No

Yes, condoms

Yes, sex toys

Yes, items not listed above (please specify)

I don’t know

6.10 Did any of these things happen when you were arrested? (Mark all that apply.)

The charges were dropped.

I pled guilty.

I went to trial and was found not guilty.

I went to trial and was found guilty.

Something not listed above (please specify) _____

6.11 Have you ever been paid for selling drugs or other work that is currently considered illegal? (Mark all that apply.) [Respondents could not select “No” in combination with any other option.]

No [Skip to 7.1]

Yes, selling drugs

Yes, other work (please specify) _____

6.12 Now just thinking about the past year, were you paid for selling drugs or other work that is currently considered illegal in the past year? (Mark all that apply.) [Only respondents who selected an answer choice other than “No” received this question. Respondents could not select “No” in combination with any other option.]

No

Yes, selling drugs

Yes, other work (please specify) _____

Section 7

These questions are about your household, your income, and your current job. As a reminder, your answers are confidential and cannot be used against you. These questions are based on national surveys that we will use to compare with the U.S. population.

7.1 How many adults (age 18 or older) live in your household,⁷ including yourself? (Do not include neighbors or others who do not live with you in your house, apartment, or single housing unit.) For more information, click on **household** above.

1 [Skip to 7.5]

2

3

4

5

6

7

8

9 or more

7.2 How are the other adults (age 18 or older) who live in your household related to you? (Mark all that apply.)

Spouse (legally married)

Partner (not legally married)

Child or children

Grandchild or grandchildren

Parent(s) (Mother/Father/Step-Parent(s))

Brother(s)/Sister(s)/Step-Brother(s)/Step-Sister(s)

Other relative(s) (Aunt, Cousin, Nephew, Mother-in-law, etc.)

Foster child or foster children

Housemate(s)/Roommate(s)

Roomer(s)/Boarder(s)

Other non-relative(s)

Not listed above (please specify) _____

7.3 How many adults in your household are related to you⁸ by birth (blood relatives), adoption, or legal marriage? Don’t include partners who aren’t legally married to you or adults who aren’t related to you. We will ask about them later.

0 [Skip to 7.5]

1

2

3

4

5

6

7

8

9 or more

7.4 Is any person aged 65 or older named on the lease, mortgage, or deed⁹ for your household?

- No
- Yes

7.5 How many babies and other children under age 18 live in your household?

0 *[Skip to 7.7]*

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 or more

7.6 How many of the children under age 18 who live in your household are related to you¹⁰ by birth (blood relatives) or adoption? Don't include children who aren't related to you by birth or legal adoption. We will ask about them later.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 or more

7.7 What is your current employment status? **(Mark all that apply.)**

Work for pay from sex work, selling drugs, or other work that is currently considered illegal

[Respondents who selected this answer choice received the following question.] Are you actively looking for legal work outside sex work, selling drugs, or other work that is currently considered illegal

- No
- Yes

Work full-time for an employer

[Respondents who selected this answer choice received the following question.] Do you have more than one full-time job?

- No
- Yes

Work part-time for an employer

[Respondents who selected this answer choice received the following question.] Do you have more than one part-time job?

- No
- Yes

Self-employed in your own business, profession or trade, or operate a farm (not including sex work, selling drugs, or other work that is currently considered illegal)

- Unemployed but looking for work
- Unemployed and have stopped looking for work
- Not employed due to disability
- Student
- Retired
- Homemaker or full-time parent
- Not listed above (please specify) _____

7.8 On any of your full-time or part-time jobs, are you a member of a labor union or of an employee association similar to a union? *[Only respondents who selected "Work full-time for an employer" and/or "Work part-time for an employer" in 7.7 received this question. Respondents could select multiple answer choices but could not select "No" in combination with any other option.]*

- No
- Yes in a part-time job *[Skip to 7.10]*
- Yes in a full-time job *[Skip to 7.10]*

7.9 On any of your full-time or part-time jobs, are you covered by a union or employee association contract? *[Only respondents who selected "Work full-time for an employer" and/or "Work part-time for an employer" in 7.7 AND selected "No" in 7.8 received this question. Respondents could select multiple answer choices but could not select "No" in combination with any other option.]*

- No
- Yes in a part-time job
- Yes in a full-time job

7.10 Do you currently receive assistance from FOOD STAMPS (SNAP)¹¹ or WIC¹²? **(Mark all that apply.)** *[Respondents could not select "No" in combination with any other option.]*

- No
- Yes, assistance from food stamps (SNAP)¹³
- Yes, assistance from WIC^{14,15}

7.11 What are your current sources of income? **(Mark all that apply.)**

- Pay from sex work, selling drugs, or other work that is currently considered illegal
- Pay from your full-time or part-time job
- Pay from your partner's/spouse's full-time or part-time job

Self-employment income from your own business, profession or trade, or farm (not including underground economy)

Income from dividends, estates or trusts, royalties, or rental income

Interest income (on savings or bonds)

Cash assistance from welfare (such as TANF) or other public cash assistance program (DO NOT include food stamps (SNAP) or WIC)

Unemployment benefits

Child support or alimony

Social security retirement or railroad retirement income

Private pension or government employee pension

Other retirement income

Social security disability benefits (SSDI)

Supplemental security income (SSI)

Workers' comp or other disability

Veteran's disability benefits and other Veteran's benefits

Regular contributions from people who don't live in the household

Income not listed above,
(please specify) _____

7.12 What was your total combined **Individual Income**¹⁶ (before taxes) in 2014? This includes all income sources **except** food stamps (SNAP) or WIC.

No income

1 to 5,000

5,000 to 7,499

7,500 to 9,999

10,000 to 12,499

12,500 to 14,999

15,000 to 17,499

17,500 to 19,999

20,000 to 24,999

25,000 to 29,999

30,000 to 34,999

35,000 to 39,999

40,000 to 49,999

50,000 to 59,999

60,000 to 74,999

75,000 to 99,999

100,000 to 149,999

150,000 or more

7.13 What was your total combined **Family Income**¹⁷ (before taxes) in 2014? This includes all income from all family members who are related to you by legal marriage, birth, or adoption and who have lived with you during the last 12

months. **Don't include** food stamps (SNAP) or WIC. *[Only respondents who selected an answer choice other than "0" in 7.3 (related adults in household) and/or selected an answer choice other than "0" in 7.6 (related children in household) received this question.]*

No income

1 to 5,000

5,000 to 7,499

7,500 to 9,999

10,000 to 12,499

12,500 to 14,999

15,000 to 17,499

17,500 to 19,999

20,000 to 24,999

25,000 to 29,999

30,000 to 34,999

35,000 to 39,999

40,000 to 49,999

50,000 to 59,999

60,000 to 74,999

75,000 to 99,999

100,000 to 149,999

150,000 or more

7.14 How much was your total combined **HOUSEHOLD INCOME**¹⁸ (before taxes) in 2014? This includes income from all members of your household from all sources **except** food stamps (SNAP) or WIC. *[Only respondents with non-related adults and/or non-related children in their household received this question. Respondents received this question if they indicated that they had non-related adults in their household (they selected "2" or more in 7.1 and selected a higher number in response to 7.3 than in response to 7.1) and/or they indicated that they had non-related children in the household (they selected "1" or more in 7.5 and selected a higher number in response to 7.6 than in response to 7.5).]*

No income

1 to 5,000

5,000 to 7,499

7,500 to 9,999

10,000 to 12,499

12,500 to 14,999

15,000 to 17,499

17,500 to 19,999

20,000 to 24,999

25,000 to 29,999

30,000 to 34,999

35,000 to 39,999

40,000 to 49,999

50,000 to 59,999

60,000 to 74,999
 75,000 to 99,999
 100,000 to 149,999
 150,000 or more

Section 8

[Only respondents who selected an answer choice other than “never served in the military” in 2.17 received question in this section.]

You said earlier that you currently serve or have served on active duty in U.S. Armed Forces, Reserves, or National Guard. These are questions about your military service. As a reminder, your answers are confidential and cannot be used against you.

8.1 What is your current or most recent branch of service?

Air Force
 Air Force Reserve
 Air National Guard
 Army
 Army Reserve
 Army National Guard
 Coast Guard
 Coast Guard Reserve
 Marine Corps
 Marine Corps Reserve
 Navy
 Navy Reserve

8.2 Are you still serving in the military? *[Only respondents who selected “on active duty in the past, but not now” in 2.17 received this question.]*

No
 Yes *[Skip to 8.4]*

8.3 Did you separate from military service within the last 10 years? *[Only respondents who selected “on active duty in the past, but not now” in 2.17 received this question.]*

Yes
 No *[Skip to 8.12]*

8.4 While serving in the military, have you ever received **mental health** treatment related to a gender transition from a military provider (do not include VA)? *[Only respondents who selected “Yes” in 8.2 or selected “Yes” in 8.3 received this question.]*

No
 Yes

8.5 While serving in the military, have you ever received **medical** treatment related to a gender transition from a military provider (do not include VA)? *[Only respondents who selected “Yes” in 8.2 or selected “Yes” in 8.3 received this question.]*

No
 Yes

8.6 Has any military medical or mental health provider reported to your commanding officer that you are trans or recommended you for discharge? **(Mark all that apply.)** *[Only respondents who selected “Yes” in 8.2 received this question. Respondents could not select “No” in combination with any other option.]*

No
 Yes, reported that I was trans
 Yes, recommended me for discharge
 Does not apply to me, none of these providers knew that I was trans

8.7 If trans people were allowed to serve openly, which of these would apply to you? *[Only respondents who selected “Yes” in 8.2 received this question.]*

I would start to transition while still serving
 I would finish the transition that I have already started while still serving
 I would not finish the transition that I have already started while still serving
 I would leave military service so that I could transition, and not return.
 I would leave military service so that I could transition, then return to service after transition
 I do not want to transition
 I have already transitioned
 None of the options listed above

8.8 If trans people were allowed to serve openly, I would return to service: *[Only respondents who selected “Yes” in 8.3 received this question.]*

Yes
 No
 Maybe

8.9 How many people in the military (who aren’t trans) believe you are trans? *[Only respondents would selected “Yes” in 8.2 received this question.]*

None *[Skip to 9.1]*
 A few
 Some
 Most
 All

8.10 Does your leadership or commanding officer (or both) think or know you are trans? *[Only respondents who selected “Yes” in 8.2 and an answer choice other than “None” in 8.9 received this question.]*

No *[Skip to 9.1]*

Yes

8.11 How has your leadership or commanding officer (or both) reacted to you being trans? **(Mark all that apply.)** *[Only respondents who selected “Yes” in 8.10 received this question.]*

Supported my name change

Supported my medical treatment

Ignored it or looked the other way

Took actions to discharge me

Not listed above (please specify) _____

[Only respondents who selected “No” in 8.2 and “No” in 8.3 received questions 8.12–8.21]

8.12 What was your character of discharge?

Entry Level Separation

Honorable

General

Medical

Other-than-honorable

Bad Conduct

Dishonorable

None of the options listed above
(please specify) _____

8.13 Do you believe your discharge was related to being trans?

No

Yes, partially

Yes, completely

8.14 Did you leave the service in order to transition?

No

Yes

8.15 Did you leave the service to avoid mistreatment/harassment?

No

Yes

8.16 Did any military medical or mental health provider tell your commander that you are trans or recommend you for discharge? **(Mark all that apply.)** *[Respondents could not select “No” in combination with any other option.]*

No

Yes, reported that I was trans.

Yes, recommended me for discharge.

Does not apply to me, none of these providers knew that I was trans.

8.17 Did you ever get any type of health care through the VA?

No *[Skip to 8.21]*

Yes

8.18 Did you ever get health care related to a gender transition through the VA?

No

Yes

8.19 Do you currently get any type of health care through the VA?

No

Yes

8.20 As a trans person, have you received respectful care at the VA?

Never

Sometimes

Mostly

Always

Does not apply to me, the VA staff do not know I’m trans

8.21 Have you changed your name on your DD214 military discharge papers?

Yes, I received an updated DD214 with new name.

Yes, I received a DD215 (amended) with new name.

No, I was denied.

No, I never tried.

Section 9

[Only respondents who selected any answer choice other than “U.S. citizen, birth” in 2.18 received questions in this section.]

You said earlier that you are not a U.S. citizen by birth. These are questions about immigration experiences you may have had. As a reminder, your answers are confidential and cannot be used against you.

9.1 Have you ever been held in immigration detention (such as being held in an Immigration and Customs Enforcement (ICE) detention center or local jail just for immigration court proceedings)?

No *[Skip to 9.6]*

Yes

9.2 While you were in immigration detention, do you believe staff, guards, or others thought or knew you were trans or lesbian, gay, or bisexual (LGB)?

No

Yes

9.3 When you were in immigration detention, separated from others who were also in detention? **(Mark all that apply.)**

[Respondents could not choose “No” in combination with any other option.]

No *[Skip to 9.5]*

Yes, in solitary confinement

Yes, in a separate area for trans or LGB people (such as a pod, unit, tank, or other housing area) *[Skip to 9.5]*

Not listed above (please specify) _____ *[Skip to 9.5]*

9.4 In total, how long were you held in solitary confinement?

[Only respondents who selected “Yes, in solitary confinement” received this question.]

Up to 14 days (up to two weeks)

15 days to 30 days (three or four weeks)

31 days to 90 days (1-3 months)

91 days to 180 days (3-6 months)

181 days to one year (more than 6 months up to a year)

More than 1 year

9.5 When you were in immigration detention, did any of these things happen to you? **(Mark all that apply.)** *[Respondents could not select “None of these things happened to me” in combination with any other option.]*

I was physically assaulted.

[Respondents who selected this answer choice received the following question.] Were you physically assaulted by:

Staff or detention officers

Other detainees or inmates

I was sexually assaulted.

[Respondents who selected this answer choice received the following question.] Were you sexually assaulted by:

Staff or detention officers

Other detainees or inmates

I was threatened with sexual assault

[Respondents who selected this answer choice received the following question.] Were you threatened with sexual assault by:

Staff or detention officers

Other detainees or inmates

I was denied access to hormones that I use.

I was denied gender-appropriate clothing.

None of these things happened to me.

9.6 Have you ever applied for asylum in the United States?

[Respondents could select multiple answer choices but could not select “No” in combination with any other answer choice.]

No *[Skip to 9.8]*

Yes, because I am trans or LGB

Yes, for another reason

9.7 Did you receive asylum in the United States? *[Only respondents who selected “Yes, because I am trans or LGB” or “Yes, for another reason” received this question.]*

Yes *[Skip to 10.1]*

No *[Skip to 9.9]*

No, but I received a “withholding of removal” status. *[Skip to 10.1]*

9.8 Why didn’t you apply for asylum? *[Only respondents who selected “No” in 9.6 received this question.]*

I didn’t know how to apply.

I have access to other legal statuses.

I didn’t want to apply.

I was afraid to apply.

I believed I was past the 1 year deadline.

A reason not listed above

(please specify) _____

9.9 Why didn’t you receive asylum? *[Only respondents who selected “No” in 9.7 received this question.]*

I was past the 1 year deadline.

The immigration official decided that I didn’t face danger in my country.

A reason not listed above

(please specify) _____

Section 10

These are questions about legal name change and your current identification documents, such as your birth certificate or driver’s license.

10.1 Did you ever try **OR** complete the process to get a legal name change to match your gender identity?

No *[Skip to 10.12]*

Yes

10.2 How did you try to change your name?

With a court order

During the immigration/naturalization process *[Skip to 10.13]*

By another method (Please tell us what method)

_____ *[Skip to 10.13]*

10.3 For your legal name change, did you interact with judges or court staff? *[Only respondents who selected "With a court order" in 10.2 received this question.]*

No *[Skip to 10.7]*

Yes

10.4 Do you believe the judges or court staff you interacted with thought or knew you were trans? *[Only respondents who selected "Yes" in 10.3 received this question.]*

No *[Skip to 10.7]*

Yes

10.5 When you interacted with judges or court staff, were you treated with respect? *[Only respondents who selected "Yes" in 10.4 received this question.]*

I was never treated with respect

I was sometimes treated with respect

I was always treated with respect

10.6 When you interacted with judges or court staff, did you experience any of the following? **(Please provide an answer in each row.)** *[Only respondents who selected "Yes" in 10.4 received this question.]*

	No	Yes
I was verbally harassed.	<input type="radio"/>	<input type="radio"/>
I received unequal treatment/service.	<input type="radio"/>	<input type="radio"/>
They kept calling me by the wrong gender pronouns (such as he/him or she/her) or a wrong title (Mr. or Ms.).	<input type="radio"/>	<input type="radio"/>
I was asked questions about my gender transition (such as hormones and surgical status).	<input type="radio"/>	<input type="radio"/>

10.7 Did the court grant your name change? *[Only respondents who selected "With a court order" in 10.2 received this question.]*

Yes, the court granted my name change. *[Skip to 10.9]*

No, the court denied my name change.

No, I ran out of money to complete the process. *[Skip to 10.9]*

No, I gave up. *[Skip to 10.9]*

Not sure yet. I am still in the process of getting my court ordered name change. *[Skip to 10.9]*

Not listed above (please specify) _____ *[Skip to 10.9]*

10.8 Why did the court deny your name change? *[Only respondents who selected "No, the court denied my name change" in 10.7 received this question.]*

[Text box]

10.9 How old were you when you went to court to get your legal name change? *[Only respondents who selected "With a court order" in 10.2 received this question.]*

[Drop-down list of ages]

10.10 Did you get legal help to change your name? *[Only respondents who selected "With a court order" in 10.2 received this question.]*

No

Yes, I got legal help from a paid attorney.

Yes, I got help for free from a legal clinic or non-profit organization.

Yes, I got help from a friend.

Yes, I got help from some other source.

10.11 How much did your legal name change cost? Please include the cost of legal help, court fees, newspaper publication, etc. *[Only respondents who selected "Yes, the court granted my name change" in 10.7 received this question.]*

\$0

\$1 - \$99

\$100 - \$249

\$250 - \$499

\$500 - \$749

\$750 - \$999

\$1,000 - \$2,000

More than \$2,000

I do not remember the cost of my legal name change.

10.12 Why you have not tried to legally change your name? **(Mark all that apply.)** *[Only those who selected "No" in 10.1 received this question.]*

I feel like my name doesn't conflict with my gender identity or expression.

I am not ready.

I cannot afford it.

I don't know how.

I believe I am not allowed (for example, because of my criminal record, immigration status, or residency).

I am worried that changing my name would out me.

A reason not listed above (please specify) _____

10.13 Thinking about how your **NAME** is listed on all of your IDs and records that list your name, such as your birth certificate, driver's license, passport, etc. Which of the statements below is most true? *[All respondents received this question.]*

All of my IDs and records list the name I prefer.

Some of my IDs and records list the name I prefer.

None of my IDs and records list the name I prefer. *[Skip to 10.15]*

10.14 Which of these IDs/records have you changed to list your preferred **NAME**? **(Please provide an answer in each row.)** *[Only respondents who selected "All of my IDs and records list the name I prefer" or "Some of my IDs and records list the name I prefer" in 10.13 received this question.]*

	I do not have this ID/record	I changed my NAME on this ID/record	I was denied a NAME change on this ID/record	I am in the process of changing my NAME on this ID/record	I have not tried to change my NAME on this ID/record but I want to	I do not want to change my NAME on this ID/record
Birth certificate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driver's license and/or state issued non-driver ID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Security records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Passport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student records (current or last school attended)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work ID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.15 Thinking about how your **GENDER** is listed on all of your IDs and records that list your gender, such as your birth certificate, driver's license, passport, etc. Which of the statements below is most true? *[All respondents received this question.]*

All of my IDs and records list the gender I prefer.

Some of my IDs and records list the gender I prefer.

None of my IDs and records list the gender I prefer. *[Skip to 10.17]*

10.16 Which of these IDs/records have you changed to list your preferred **GENDER**? **(Please provide an answer in each row.)** *[Only respondents who selected "All of my IDs and records list the gender I prefer" or "Some of my IDs and records list the gender I prefer" in 10.15 received this question.]*

	I do not have this ID/record	I changed my GENDER on this ID/record	I was denied a GENDER change on this ID/record	I am in the process of changing my GENDER on this ID/record	I have not tried to change my GENDER on this ID/record but I want to	I do not want to change my GENDER on this ID/record
Birth certificate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driver's license and/or state issued non-driver ID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Security records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Passport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student records (current or last school attended)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.17 You said that none of your IDs or records list the gender you prefer. Why haven't you changed your gender on your IDs or records? **(Mark all that apply.)** *[Only respondents who selected "None of my IDs and records list the gender I prefer" in 10.15 received this question.]*

The gender options that are available (male or female) do not fit my gender identity.

I have not tried yet.

My request was denied.

I am not ready.

I cannot afford it.

I do not know how.

I believe I am not allowed. (For example, I have not had the medical treatment needed to change my gender on ID. Or I can't get a doctor's letter or other letter that is needed to update the gender.)

I am worried that if I change my gender, I might not be able to get some benefits or services. These might include medical, insurance, employment, etc.

I am worried that changing my gender would out me.

A reason not listed above (please specify) _____

10.18 When I have shown IDs with my name or gender that do not match the gender I present as... **(Mark all that apply.)** *[All respondents received this question. Respondents could not select "I have had none of the above problems" or "This does not apply to me. I have only shown IDs that match" in combination with any other option.]*

I have been verbally harassed.

I have been assaulted/attacked.

I have been asked to leave.

I have been denied services or benefits.

I have had none of the above problems.

This does not apply to me. I have only shown IDs that match.

Section 11

These are questions about your current health insurance coverage, your health care providers, and the health insurance marketplace (such as healthcare.gov).

11.1 Are you currently covered by any health insurance or health coverage plan?

No *[Skip to 11.4]*

Yes

11.2 What type of health insurance or health coverage plan do you have? **(Mark all that apply.)**

Insurance through my current or former employer or union

Insurance through someone else's current or former employer or union

Insurance I or someone else purchased through

- HealthCare.Gov or a Health Insurance Marketplace (sometimes called “Obamacare”)
- Insurance I or someone else purchased directly from an insurance company
- Medicare (for people 65 and older, or people with certain disabilities)
- Medicaid (government-assistance plan for those with low incomes or a disability)
- TRICARE or other military health care
- VA (including those who have ever used or enrolled for VA health care)
- Indian Health Service
- Any other type of health insurance or health coverage plan (please specify) _____

11.3 In the past year, did any of these things happen with your health insurance company? (**Please provide an answer in each row**. If you didn’t try to get the kind of care listed or if you never tried to change your records, choose “I have not asked for this.”)

In the past year...	Yes	No	I have not asked for this
My health insurance company wouldn’t change my records to list my current name or gender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health insurance company denied me hormone therapy for transition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health insurance company denied me surgery for transition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health insurance company covers only some of the surgical care I need for my transition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health insurance company covers surgery for transition, but has no surgery providers in their network.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health insurance company denied me gender-specific health care (such as Pap smears, prostate exams, mammogram, etc.) because I am trans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health insurance company denied me other routine health care because I am trans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11.4 Thinking about the doctor or provider you go to for your **trans-related** health care (such as hormone treatment), how much do they know about providing health care for trans people?

- I don’t have a trans-related doctor or health care provider right now *[Skip to 11.7]*
- They know almost everything about trans healthcare
- They know most things about trans healthcare
- They know some things about trans healthcare
- They know almost nothing about trans healthcare
- I am not sure

11.5 How far do you travel to see your trans-related health care provider?

- Less than 10 miles
- 10-25 miles
- 25-50 miles
- 50-75 miles
- 75-100 miles
- Over 100 miles

11.6 Do you also go to your **trans-related** health care provider for your routine health care, like physicals, flu, diabetes, etc.?

- Yes, I see my trans health care provider for my routine health care *[Skip to 11.9]*
- No, I see a different doctor or health care provider for my routine healthcare
- No, I do not get any routine health care *[Skip to 11.9]*

11.7 How much does your *routine health care* provider (who you see for physicals, flu, diabetes, etc.) know about health care for trans people? *[Only respondents who selected “No, I see a different doctor or health care provider for my routine healthcare” received this question.]*

- I don’t have a routine health care provider *[Skip to 11.9]*
- They know almost everything about trans health care
- They know most things
- They know some things
- They know almost nothing
- I am not sure

11.8 How far do you travel to see your routine health care provider? *[Only respondents who selected “No, I see a different doctor or health care provider for my routine healthcare” received this question.]*

- Less than 10 miles
- 10-25 miles
- 25-50 miles
- 50-75 miles
- 75-100 miles
- Over 100 miles

11.9 In the past year, did you look for health insurance from a state or federal health insurance marketplace? (Health insurance marketplaces are part of the new health care law, sometimes called “Obamacare” or the “Affordable Care Act,” where people can get insurance online, such as through healthcare.gov, over the phone, or in person.)

- No *[Skip to 12.1]*
- Yes

11.10 Did you buy insurance or enroll in a state Medicaid program through a health insurance marketplace? *[Only respondents who selected “Yes” in 11.9 received this question.]*

- No *[Skip to 12.1]*
- Yes

11.11 What type of insurance coverage did you buy? *[Only respondents who selected “Yes” in 11.10 received this question.]*

- Coverage through a state Medicaid program
- Coverage through a private plan with a subsidy, so I pay a lower price because of my income
- Coverage through a private plan without a subsidy
- Not listed above (please specify) _____

Section 12

These are questions about your health, experiences with doctors or health care providers, and health care.

12.1 Would you say that in general your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

12.2 The following questions ask about how you have been feeling **during the past 30 days**. For each row, please select the column that best describes how often you had this feeling. **(Please provide an answer in each row.)**

During the past 30 days, how often did you feel...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
...so sad that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12.3 We just asked about a number of feelings you had **during the past 30 days**. Altogether, how MUCH did these feelings interfere with your life or activities? *[Only respondents who selected an answer choice other than “None of the time” in 12.2 received this question.]*

- A lot
- Some
- A little
- Not at all

12.4 Was there a time **in the past 12 months** when you needed to see a doctor but could not because of cost?

- No
- Yes

12.5 Was there a time in the **past 12 months** when you needed to see a doctor but did not because you thought you would be disrespected or mistreated as a trans person?

- No
- Yes

12.6 **In the past year**, have you seen a doctor or health care provider?

- No *[Skip to 12.8]*
- Yes

12.7 **In the past year**, did you have any of these things happen to you, as a trans person, when you went to see a doctor or health care provider? **(Please provide an answer in each row.)** *[Only respondents who selected “Yes” in 12.6 received this question.]*

In the past year...	No	Yes
My doctor knew I was trans and treated me with respect.	<input type="radio"/>	<input type="radio"/>
I had to teach my doctor or other health care provider about trans people so that I could get appropriate care.	<input type="radio"/>	<input type="radio"/>
A doctor or other health care provider refused to give me trans-related care.	<input type="radio"/>	<input type="radio"/>
A doctor or other health care provider refused to give me other health care (such as for like physicals, flu, diabetes).	<input type="radio"/>	<input type="radio"/>
My doctor asked me unnecessary/invasive questions about my trans status that were not related to the reason for my visit.	<input type="radio"/>	<input type="radio"/>
A doctor or other health care provider used harsh or abusive language when treating me.	<input type="radio"/>	<input type="radio"/>
A doctor or other health care provider was physically rough or abusive when treating me.	<input type="radio"/>	<input type="radio"/>
I was verbally harassed in a health care setting (such as a hospital, office, clinic).	<input type="radio"/>	<input type="radio"/>
I was physically attacked by someone during my visit in a health care setting (such as a hospital, office, clinic).	<input type="radio"/>	<input type="radio"/>
I experienced unwanted sexual contact (such as fondling, sexual assault, or rape) in a health care setting (such as a hospital, office, clinic).	<input type="radio"/>	<input type="radio"/>

12.8 Have you **ever wanted** any of the health care listed below for your gender identity or gender transition? **(Mark all that apply.)** *[Respondents could not select “None of the above” in combination with any other option.]*

- Counseling/Therapy
- Hormone Treatment/HRT
- Puberty Blocking Hormones (usually used by youth ages 9-16)
- None of the above

12.9 Have you **ever had** any of the health care listed below for your gender identity or gender transition? **(Mark all that apply.)** *[Respondents could not select “None of the above” in combination with any other option.]*

- Counseling/Therapy
- Hormone Treatment/HRT
- Puberty Blocking Hormones (usually used by youth ages 9-16)
- None of the above

12.10 At what age did you begin hormone treatment/HRT treatment? *[Only respondents who selected "Hormone Therapy/HRT" in 12.9 received this question.]*

[Drop-down list of ages]

12.11 At what age did you begin taking Puberty Blocking Hormones? *[Only respondents who selected "Puberty Blocking Hormones" in 12.9 received this question.]*

[Drop-down list of ages]

12.12 Are you currently taking hormones for your gender identity or gender transition?

No *[Skip to 12.15]*

Yes

12.13 Where do you currently get your hormones? *[Only respondents who selected "Yes" in 12.12 and did not select "Now on active duty" in 2.17 received this question.]*

I only go to licensed professionals (like a doctor) for hormones

In addition to licensed professionals, I also get hormones from friends, online, or other non-licensed sources

I ONLY get hormones from friends, online, or other non-licensed sources

12.14 Where do you currently get your hormones? **(Mark all that apply.)** *[Only respondents who selected "Yes" in 12.12 and selected "Now on active duty" in 2.17 received this question.]*

On-post medical doctor

Off-post medical doctor

On-post pharmacy

Off-post pharmacy

Through friends, online, or other non-licensed sources (not through a doctor or medical provider)

Another source not listed above
(please specify) _____

12.15 Have you had or do you want any of the health care listed below for gender transition? **(Please give an answer in each row.)** *[Only respondents who selected "Female" in 2.1 received this question.]*

	Have had it	Want it some day	Not sure if I want this	Do not want this
Top/chest surgery reduction or reconstruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hysterectomy/"hysto" (removal of the uterus, ovaries, fallopian tubes, and/or cervix)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clitoral release/metoidioplasty/centurion procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phalloplasty (creation of a penis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other procedure not listed: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12.16 You said that you had at least one procedure for your gender transition. At what age did you have your first procedure (other than hormones)? *[Only respondents who selected "Have had it" at least once in 12.15 received this question.]*

[Drop-down list of ages]

12.17 Have you had a Pap smear or Pap test in the past year? *[Only respondents who selected "Female" in 2.1 received this question.]*

No

Yes

12.18 Have you had or do you want any of the health care listed below for gender transition? **(Please provide an answer in each row.)** *[Only respondents who selected "Male" in 2.1 received this question.]*

	Have had it	Want it some day	Not sure if I want this	Do not want this
Hair removal/electrolysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast augmentation / top surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Silicone injections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orchidectomy / "orchy" / removal of testes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginoplasty/labiaplasty/SRS/GRS/GCS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trachea shave (Adam's apple or thyroid cartilage reduction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial feminization surgery (such as nose, brow, chin, cheek)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice therapy (non-surgical)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other procedure not listed: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12.19 You said that you had at least one procedure for your gender transition. At what age did you have your first procedure (other than hormones)? *[Only respondents who selected "Have had it" at least once for a procedure other than "voice therapy (non-surgical)" in 12.15 received this question.]*

[Drop-down list of ages]

12.20 Have you ever de-transitioned? In other words, have you ever gone back to living as your sex assigned at birth, at least for a while?

I have never transitioned. *[Skip to 13.1]*

No *[Skip to 13.1]*

Yes

12.21 Why did you de-transition? In other words, why did you go back to living as your sex assigned at birth? **(Mark all that apply.)**

Pressure from spouse or partner

Pressure from a parent

Pressure from other family members
 Pressure from friends
 Pressure from my employer
 Pressure from a religious counselor
 Pressure from a mental health professional
 I had trouble getting a job.
 I realized that gender transition was not for me.
 I faced too much harassment/discrimination.
 It was just too hard for me.
 Not listed above (please specify)_____

Section 13

These are questions about experiences you may have had with some professionals, such as psychologists, counselors, religious advisors.

13.1 Did you ever discuss your gender identity or trans identity with a professional (such as a psychologist, counselor, religious advisor)?

No [Skip to 13.5]

Yes

13.2 Did any professional (such as a psychologist, counselor, religious advisor) try to make you identify only with your sex assigned at birth (in other words, try to stop you being trans)?

No [Skip to 13.5]

Yes

13.3 How old were you the first time a professional tried to make you identify only with your sex assigned at birth (in other words, try to stop you being trans)? [Only respondents who selected "Yes" in 13.2 received this question.]

[Drop-down list of ages]

13.4 Was this person a religious or spiritual counselor/advisor? [Only respondents who selected "Yes" in 13.2 received this question.]

No

Yes

13.5 Did you ever discuss your **sexual orientation** with any professional (such as a psychologist, counselor, religious advisor)?

No [Skip to 14.1]

Yes

13.6 Did any professional (such as a psychologist, counselor, religious advisor) ever try to change your **sexual orientation**

or who you are attracted to (such as try to make you straight/heterosexual)? [Only respondents who selected "Yes" in 13.5 received this question.]

No

Yes

Section 14

These are questions about HIV testing and care.

14.1 This question is about the test for HIV, the virus that causes AIDS. Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

No [Skip to 14.3]

Yes

14.2 What was the result of your most recent HIV test? [Only those who selected "Yes" in 14.1 received this question.]

HIV positive or reactive, meaning I have HIV. [Skip to 14.4]

HIV negative, meaning I do not have HIV. [Skip to 14.4]

HIV test results were unclear, meaning the test could not determine if I have HIV. [Skip to 14.4]

I don't know. I never received the results. [Skip to 14.4]

14.3 Here is a list of reasons why some people have not been tested for HIV (the virus that causes AIDS). Which one of these would you say is the MAIN reason why you have not been tested? [Only respondents who selected "No" in 14.1 received this question.]

It's unlikely I've been exposed to HIV.

I was afraid to find out if I was HIV positive (that you had HIV).

I didn't want to think about HIV or about being HIV positive.

I was worried my name would be sent to the government if I tested positive.

I didn't know where to get tested.

I don't like needles.

I was afraid of losing my job, insurance, home, friends, or family if people knew I was tested for AIDS infection.

My doctor/health care provider never mentioned getting an HIV test.

Some other reason

No particular reason

14.4_1 Where were you last tested? [Only respondents who selected "Yes" in 14.1 received this question.]

Private doctor or HMO office

Counseling and testing site

Emergency room

Hospital inpatient

Clinic
 Jail or prison (or other correctional facility)
 Drug treatment facility
 At home
 Somewhere else
 A place not listed above
 (please specify) _____

14.4_2 Not including blood donations, in what month and year was your last HIV test? *[Only respondents who selected “Yes” in 14.1 received this question.]*

Month *[Drop-down list of all months]*

Year *[Drop-down list with years 2015–1984 and “before 1984” as a final option]*

[Only respondents who selected “HIV positive or reactive, meaning I have HIV” in 14.2 received questions 14.5–14.13.]

14.5 In the past 12 MONTHS, have you seen a doctor or health care provider for HIV care? Don't include care you received during emergency room visits or while staying in the hospital.

No

Yes *[Skip to 14.7]*

14.6 What is the main reason you haven't seen a doctor or health care provider for HIV care in the past 12 months? *[Only respondents who selected “No” in 14.5 received this question.]*

I couldn't afford it.

I have no health insurance.

I only recently found out I have HIV.

I have needed other types of medical or mental health care.

I didn't know where to go for HIV care.

I wasn't ready to look for health care for HIV.

I didn't feel sick enough to look for health care.

My family or partner would find out I have HIV.

I believed that I would be mistreated because I am trans.

I rely on a higher power/God to help my HIV.

A reason not listed above
 (please specify) _____

14.7 In the past 6 MONTHS, have you seen a doctor or health care provider for HIV care? Don't include care you received during emergency room visits or while staying in the hospital. *[Only respondents who selected “Yes” in 14.5 received this question.]*

No

Yes *[Skip to 14.9]*

14.8 What is the main reason that you haven't seen a doctor or health care provider for HIV care in the past 6 months? *[Only*

respondents who selected “No” in 14.7 received this question.]

I couldn't afford it.

I have no health insurance.

I have needed other types of medical or mental health care.

I didn't know where to go for HIV care.

I wasn't ready to look for health care for HIV.

I didn't feel sick enough to look for health care.

My family or partner would find out I have HIV.

I believed that I would be mistreated because I am trans.

I rely on a higher power/God to help my HIV.

A reason not listed above
 (please specify) _____

14.9 When was your last blood test to determine your viral load and CD4 counts?

Within the past 6 months

Within the past year

More than a year ago

I have never had a blood test for my viral load and CD4 count.

14.10 Have you ever been prescribed anti-retroviral therapy, which are the pills that reduce the amount of HIV in your body (often called ART)?

No

Yes

14.11 Are you currently taking anti-retroviral therapy (ART)?

No *[Skip to 14.13]*

Yes

14.12 Do you take your anti-retroviral therapy (ART) like you're supposed to (regularly and as prescribed)?

Never

Rarely

Most of the time

All of the time *[Skip to 15.1]*

14.13 What is the main reason that are you not taking or not regularly taking anti-retroviral therapy (ART) all of the time? *[Only respondents who selected “No” in 14.11 or “Never,” “Rarely,” or “Most of the time” in 14.12 received this question.]*

I can't afford it.

I have no health insurance.

I only recently found out I have HIV.

My doctor or health care provider said I didn't need it.

I am afraid it would conflict with my hormones.

I am afraid it would conflict with my other medications.

I would gain weight.

- I don't know where to get it.
- I don't want to take anti-retroviral therapy (ART).
- I don't feel sick enough to take anti-retroviral therapy (ART).
- My family, partner, or friends would find out I have HIV.
- I rely on a higher power/God to help my HIV.
- A reason not listed above
(please specify) _____

Section 15

These are questions about your use of alcohol, tobacco, marijuana, or other drugs.

15.1 Have you **ever had a drink**¹⁹ of any type of alcoholic beverage, smoked part or all of a cigarette, or used any of the other following substances? **(Please provide an answer in each row.)**

	No	Yes
Alcohol ²⁰ (such as beer, wine, or hard liquor)	<input type="radio"/>	<input type="radio"/>
Cigarettes ²¹ (tobacco only)	<input type="radio"/>	<input type="radio"/>
E-Cigarettes or vaping products ²²	<input type="radio"/>	<input type="radio"/>
Marijuana or hashish ²³ (such as weed, joints, hash, hash oil)	<input type="radio"/>	<input type="radio"/>
Illegal or illicit drugs ²⁴ (such as cocaine, crack, heroin, LSD, meth, inhalants like poppers or whippits)	<input type="radio"/>	<input type="radio"/>
Prescription drugs ²⁵ (such as Oxycontin, Xanax, Adderall, Ambien) that weren't prescribed to you, or that you didn't take as prescribed.	<input type="radio"/>	<input type="radio"/>

[Only respondents who selected "Yes" under "Alcohol (such as beer, wine, or hard liquor)" in 15.1 received questions 15.2–15.4]

15.2 How long has it been since you **last drank an alcoholic beverage**²⁶?

- Within the past 30 days
- More than 30 days ago but within the past 12 months
- More than 12 months ago

15.3 During the past 30 days, on how many days did you **drink one or more drinks**²⁷ of an alcoholic beverage? *[Only respondents who selected "Within the past 30 days" in 15.2 received this question.]*

[Drop-down list of numbers 1–30]

15.4 During the past 30 days, on how many days did you have 5 or more **drinks**²⁸ on the same occasion? By 'occasion,' we mean at the same time or within a couple of hours of each other. *[Only respondents who selected "Within the past 30 days" in 15.2 received this question.]*

[Drop-down list of numbers 1–30]

[Only respondents who selected "Yes" under "Cigarettes (tobacco only)" in 15.1 received questions 15.5–15.7]

15.5 How long has it been since you last smoked part or all of a cigarette?

- Within the past 30 days
- More than 30 days ago but within the past 12 months
- More than 12 months ago

15.6 During the past 30 days, on how many days did you smoke part or all of a cigarette? *[Only respondents who selected "Within the past 30 days" in 15.5 received this question.]*

[Drop-down list of numbers 1–30]

15.7 On the days you smoked cigarettes during the past 30 days, how many cigarettes did you smoke per day, on average? *[Only respondents who selected "Within the past 30 days" in 15.5 received this question.]*

- Less than one cigarette per day
- 1 cigarette per day
- 2 to 5 cigarettes per day
- 6 to 15 cigarettes per day (about ½ pack)
- 16 to 25 cigarettes per day (about 1 pack)
- 26 to 35 cigarettes per day (about 1 ½ packs)
- More than 35 cigarettes per day (about 2 packs or more)

15.8 How long has it been since you last used E-Cigarettes or vaping products? *[Only respondents who selected "Yes" under "E-cigarettes or vaping products" in 15.1 received this question.]*

- Within the past 30 days
- More than 30 days ago but within the past 12 months
- More than 12 months ago

15.9 How long has it been since you **last** used marijuana or hashish? *[Only respondents who selected "Yes" under "Marijuana or hashish (such as weed, joints, hash, hash oil)" in 15.1 received this question.]*

- Within the past 30 days
- More than 30 days ago but within the past 12 months
- More than 12 months ago

15.10 During the past 30 days, on how many days did you use marijuana or hashish? *[Only respondents who selected "Within the past 30 days" in 15.9 received this question.]*

[Drop-down list of numbers 1–30]

15.11 How long has it been since you last used any illegal/illicit drug (such as cocaine, crack, heroin, LSD, meth, inhalants like poppers or whippits)? *[Only respondents who selected "Yes" under "Illegal or illicit drugs (such as cocaine, crack, heroin, LSD, meth, inhalants like poppers or whippits)" in 15.1 received this question.]*

- Within the past 30 days
- More than 30 days ago but within the past 12 months
- More than 12 months ago

15.12 How long has it been since you last used any prescription drugs not as prescribed or not prescribed to you? *[Only respondents who selected “Yes” under “Prescription drugs (such as Oxycontin, Xanax, Adderall, Ambien) that weren’t prescribed to you, or that you didn’t take as prescribed” in 15.1 received this question.]*

Within the past 30 days

More than 30 days ago but within the past 12 months

More than 12 months ago

Section 16

These are questions about suicidal thoughts and behaviors. Talking about suicidal thoughts or behaviors sometimes brings up difficult emotions. If you experience any difficult emotions because of these questions we encourage you to get help from someone you trust or call one of the anonymous helplines listed at the end of the section.

16.1 The next few questions are about thoughts of suicide. **At any time in the past 12 months** did you **seriously think about trying to kill yourself**?

No *[Skip to 16.6]*

Yes

16.2 During the past 12 months, did you **make any plans** to kill yourself? *[Only respondents who selected “Yes” in 16.1 received this question.]*

No

Yes

16.3 During the past 12 months, did you **try** to kill yourself? *[Only respondents who selected “Yes” in 16.1 received this question.]*

No *[Skip to 16.8]*

Yes

16.4 During the past 12 months, did you get medical attention from a doctor or other health professional as a result of an attempt to kill yourself? *[Only respondents who selected “Yes” in 16.3 received this question.]*

No *[Skip to 16.9]*

Yes

16.5 Did you stay in a hospital overnight or longer because you tried to kill yourself? *[Only respondents who selected “Yes” in 16.4 received this question.]*

No *[Skip to 16.9]*

Yes *[Skip to 16.9]*

16.6 **At any time in your life**, have you **seriously thought** about trying to kill yourself? *[Only respondents who selected “No” in 16.1 received this question.]*

No *[Skip to 17.1]*

Yes

16.7 At any time in your life, did you **make any plans** to kill yourself? *[Only respondents who selected “Yes” in 16.6 received this question.]*

No

Yes

16.8 At any time in your life, did you **try** to kill yourself? *[Only respondents who said “Yes” in 16.6 received this question.]*

No *[Skip to 17.1]*

Yes

16.9 How many times have you tried to kill yourself in your lifetime? *[Only respondents who selected “Yes” in 16.3 “or “Yes” to 16.8 received this question.]*

[Drop-down list of numbers 1–25 and “more than 25” as last option]

16.10 How old were you when you tried to kill yourself? *[Only respondents who selected “1” in 16.9 received this question.]*

[Drop-down list of ages]

16.11 How old were you the **first time** you tried to kill yourself? *[Only respondents who selected a value other than “1” in 16.9 received this question.]*

[Drop-down list of ages]

16.12 How old were you the **last time** you tried to kill yourself?

[Drop-down list of ages]

If you are experiencing any difficult emotions after answering these questions and would like to talk to someone, please contact one of the anonymous resources below:

National Suicide Prevention Helpline

1-800-273-8255

<http://www.suicidepreventionlifeline.org/>

Veterans Crisis Line (for veterans, military personnel, and their families)

1-800-273-8255 and Press 1

<http://veteranscrisisline.net/>

The Trevor Project

The Trevor Project is a phone and internet chat hotline for LGBTQ people. For those participating in this survey, The Trevor Project will speak or chat with people of all ages.

1-866-488-7386

<http://www.thetrevorproject.org/section/get-help>

Section 17

These are questions about being treated unequally, harassed, or physically attacked.

17.1 In the past year, have you been denied equal treatment or service, such as at a place of business, government agency, or public place for any reason?

- No
- Yes

17.2 In the past year, did anyone verbally harass you for any reason?

- No
- Yes

17.3 In the past year, did anyone physically attack you (such as grab you, throw something at you, punch you, use a weapon) for any reason?

- No
- Yes

17.4 You said that you were denied equal treatment or service **in the past year**. Do you believe any of those experiences were because of your... **(Mark all that apply.)** *[Only respondents who selected “Yes” in 17.1 received this question. Respondents could not select “None of the above” in combination with any other option.]*

- Age
- Disability
- Income level or education
- Trans status/gender identity
- Gender expression/appearance
- Race/ethnicity
- Religion/spirituality
- Sexual orientation
- None of the above

17.5 You said that you have been verbally harassed **in the past year**. Do you believe any of those experiences were because of your... **(Mark all that apply.)** *[Only respondents who selected “Yes” in 17.2 received this question. Respondents could not select “None of the above” in combination with any other option.]*

- Age
- Disability
- Income level or education
- Trans status/gender identity
- Gender expression/appearance
- Race/ethnicity
- Religion/spirituality

- Sexual orientation
- None of the above

17.6 In the past year, did strangers verbally harass you in public because of your trans status, gender identity, or gender expression? *[Only respondents who selected “Trans status/gender identity” or “Gender expression/appearance” in 17.5 received this question.]*

- No
- Yes

[Only respondents who selected “Yes” in 17.3 received questions 17.7–17.10.]

17.7 In the past year, how many times were you physically attacked? _____

[Drop-down list of numbers]

17.8 How were you physically attacked? **(Mark all that apply.)**

- With a gun
- With a knife
- With another weapon (like a baseball bat, frying pan, scissors, or stick)
- By something thrown (such as a rock or bottle)
- By someone grabbing, punching, or choking you
- Unwanted sexual contact (such as rape, attempted rape, being forced to penetrate)
- Not listed above

17.9 When you were physically attacked **in the past year**, do you believe any of those experiences were because of your... **(Mark all that apply.)** *[Respondents could not select “None of the above” in combination with any other option.]*

- Age
- Disability
- Income level or education
- Trans status/gender identity
- Gender expression/appearance
- Race/ethnicity
- Religion/spirituality
- Sexual orientation
- None of the above

17.10 In the past year, did strangers physically attack you in public because of your trans status, gender identity, or gender expression? *[Only respondents who selected “Trans status/gender identity” or “Gender expression/appearance” in 17.9 received this question.]*

- No
- Yes

Section 18

These are questions about unwanted sexual contact. Some people get sexual attention that they don't want and don't ask for. It could come from someone they know well - a romantic or sexual partner, a friend, a teacher, a coworker, a supervisor, or a family member. These questions are based on national surveys that we will use to compare with the U.S. population. If you experience any difficult emotions because of these questions we encourage you to get help from someone you trust or call one of the anonymous helplines listed at the end of the section.

18.1 Have you ever experienced unwanted sexual contact (such as oral, genital, or anal contact or penetration, forced fondling, rape)?

No *[Skip to 19.1]*

Yes

18.2 Who did this to you? (Mark all that apply.)

A partner/ex-partner

A relative

A friend/acquaintance

A law enforcement officer

A health care provider/doctor

A stranger

A boss or supervisor

A co-worker

A teacher or school staff member

A person not listed above

18.3 Now just thinking about **the past year**, have you experienced unwanted sexual contact (such as oral, genital, or anal contact or penetration, forced fondling, rape)?

No

Yes

If you are experiencing any difficult emotions after answering these questions and would like to talk to someone, please contact one of the anonymous resources below:

Veterans Crisis Line (for veterans, military personnel, and their families)

1-800-273-8255 and Press 1

<http://veteranscrisisline.net/>

FORGE Transgender Sexual Violence Project

414-559-2123

<http://forge-forward.org/anti-violence/for-survivors/> to list of resources

National Sexual Assault Hotline

800-656-HOPE (4673)

<https://ohl.rainn.org/online/>

Section 19

These are questions about any harm caused by a current or former romantic or sexual partner. This could include physical, emotional, or financial harm.

19.1 Have you ever had a romantic or sexual partner?

No *[Skip to 20.1]*

Yes

19.2 Have any of your romantic or sexual partners ever...? (Please provide an answer in each row.)

	No	Yes
Tried to keep you from seeing or talking to your family or friends	<input type="radio"/>	<input type="radio"/>
Kept you from having money for your own use	<input type="radio"/>	<input type="radio"/>
Kept you from leaving the house when you wanted to go	<input type="radio"/>	<input type="radio"/>
Hurt someone you love	<input type="radio"/>	<input type="radio"/>
Threatened to hurt a pet or threatened to take a pet away from you	<input type="radio"/>	<input type="radio"/>
Wouldn't let you have your hormones	<input type="radio"/>	<input type="radio"/>
Wouldn't let you have other medications	<input type="radio"/>	<input type="radio"/>
Threatened to call the police on you	<input type="radio"/>	<input type="radio"/>
Threatened to "out" you	<input type="radio"/>	<input type="radio"/>
Told you that you weren't a "real" woman or man	<input type="radio"/>	<input type="radio"/>
Stalked you	<input type="radio"/>	<input type="radio"/>
Threatened to use your immigration status against you	<input type="radio"/>	<input type="radio"/>

19.3 Have any of your romantic or sexual partners ever...? (Please provide an answer in each row.)

	No	Yes
Made threats to physically harm you	<input type="radio"/>	<input type="radio"/>
Slapped you	<input type="radio"/>	<input type="radio"/>
Pushed or shoved you	<input type="radio"/>	<input type="radio"/>
Hit you with a fist or something hard	<input type="radio"/>	<input type="radio"/>
Kicked you	<input type="radio"/>	<input type="radio"/>
Hurt you by pulling your hair	<input type="radio"/>	<input type="radio"/>
Slammed you against something	<input type="radio"/>	<input type="radio"/>
Forced you to engage in sexual activity	<input type="radio"/>	<input type="radio"/>
Tried to hurt you by choking or suffocating you	<input type="radio"/>	<input type="radio"/>
Beaten you	<input type="radio"/>	<input type="radio"/>
Burned you on purpose	<input type="radio"/>	<input type="radio"/>
Used a knife or gun on you	<input type="radio"/>	<input type="radio"/>

Section 20

These are questions about your experiences with bathrooms while in public places, at work, or at school.

20.1 In the past year, did anyone tell or ask you if you were using the wrong bathroom?

- No
- Yes

20.2 In the past year, did anyone stop you from entering or deny you access to a bathroom?

- No
- Yes

20.3 In the past year, were you verbally harassed, physically attacked, or experience unwanted sexual contact when accessing or while using a bathroom? **(Mark all that apply.)** *[Respondents could not select “No” in combination with any other option.]*

- No *[Skip to 20.7]*
- Yes, verbally harassed
- Yes, physically attacked
- Yes, experienced unwanted sexual contact

20.4 You said that you were **verbally harassed** in a bathroom in the past year. Where did this happen? **(Mark all that apply.)** *[Only respondents who selected “Yes, verbally harassed” in 20.3 received this question.]*

- A bathroom in a public place (such as a restaurant, shopping mall, movie theater, etc.)
- A bathroom at my workplace
- A bathroom at my school
- A bathroom at another location (please specify) _____

20.5 You said that you were **physically attacked** in a bathroom in the past year. Where did this happen? **(Mark all that apply.)** *[Only respondents who selected “Yes, physically attacked” in 20.3 received this question.]*

- A bathroom in a public place (such as a restaurant, shopping mall, movie theater, etc.)
- A bathroom at my workplace
- A bathroom at my school
- A bathroom at another location (please specify) _____

20.6 You said that you **experienced unwanted sexual contact** in a bathroom in the past year. Where did this happen? **(Mark all that apply.)** *[Only respondents who selected “Yes, experienced unwanted sexual contact” in 20.3 received this question.]*

A bathroom in a public place (such as a restaurant, shopping mall, movie theater, etc.)

A bathroom at my workplace

A bathroom at my school

A bathroom at another location (please specify) _____

20.7 In the past year, did you avoid going to the bathroom because you were afraid of having problems using them? This would include bathrooms in public, at work, or at school.

- I have never avoided them *[Skip to 21.1]*
- I have sometimes avoided them
- I have always avoided them
- Not listed above (please specify) _____

20.8 Did you experience any of the following because you avoided using bathrooms in public places, at work, or at school? **(Mark all that apply.)** *[Only respondents who selected an answer choice other than “I have never avoided them” in 20.8 received this question.]*

- Not going when needed (“holding it”)
- I avoided drinking or eating
- Urinary tract infection
- Kidney infection
- Other kidney-related problems
- I have never had physical problems from avoiding bathrooms
- Not listed above (please specify) _____

Section 21

These are questions about things that might have happened to you at your job or business, or while you were looking for work.

21.1 Have you ever worked at a job or business? Do not include sex work, selling drugs, or other work that is currently considered illegal.

- No *[Skip to 21.6]*
- Yes

21.2 Have you ever lost a job or been laid off?

- No *[Skip to 21.4]*
- Yes

21.3 Do you believe that you were ever laid off or lost a job because of your... **(Mark all that apply.)** *[Only respondents who selected “Yes” in 21.2 received this question. Respondents could not select “None of the above” in combination with any other option.]*

- Age
- Disability
- Income level or education
- Trans status/gender identity
- Gender expression/appearance
- Race/ethnicity
- Religion/spirituality
- Sexual orientation
- None of the above

21.4 Have you ever been fired or forced to resign from a job?

- No *[Skip to 21.6]*
- Yes

21.5 Do you believe that you were ever fired or forced to resign because of your... **(Mark all that apply.)** *[Only respondents who selected "Yes" in 21.4 received this question. Respondents could not select "None of the above" in combination with any other option.]*

- Age
- Disability
- Income level or education
- Trans status/gender identity
- Gender expression/appearance
- Race/ethnicity
- Religion/spirituality
- Sexual orientation
- None of the above

21.6 Now just thinking about the past year, did you apply for a job and/or work at a job or business? Do not include sex work, selling drugs, or other work that is currently considered illegal. **(Mark all that apply.)** *[Respondents could not select "No" in combination with any other option.]*

- No *[Skip to 22.1]*
- Yes, I applied for a job
- Yes, I worked at job or business

21.7 In the past year, how many times have you been... **(Please provide an answer in each row.)**

In the past year...	0 times	1 time	2 times	3 times	4 times	5 or more times
Denied a promotion at a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not hired for a job you applied for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fired or forced to resign from a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21.8_1 Do you believe that any of the times that you were **denied a promotion at a job** in the past year were because of your... **(Mark all that apply.)** *[Only respondents who selected a value other than "0" under "Denied a promotion at a job" in 21.7 received this question. Respondents could not select "None of the above" in combination with any other option.]*

- Age
- Disability
- Income level or education
- Trans status/gender identity
- Gender expression/appearance
- Race/ethnicity
- Religion/spirituality
- Sexual orientation
- None of the above

21.8_2 Do you believe that any of the times that you were **not hired for a job you applied for** in the past year were because of your... **(Mark all that apply.)** *[Only respondents who selected a value other than "0" under "Not hired for a job you applied for" in 21.7 received this question. Respondents could not select "None of the above" in combination with any other option.]*

- Age
- Disability
- Income level or education
- Trans status/gender identity
- Gender expression/appearance
- Race/ethnicity
- Religion/spirituality
- Sexual orientation
- None of the above

21.8_3 Do you believe that any of the times that you were **fired or forced to resign from a job** in the past year were because of your... **(Mark all that apply.)** *[Only respondents who selected a value other than "0" under "Fired or forced to resign from a job" in 21.7 received this question. Respondents could not select "None of the above" in combination with any other option.]*

- Age
- Disability
- Income level or education
- Trans status/gender identity
- Gender expression/appearance
- Race/ethnicity
- Religion/spirituality
- Sexual orientation
- None of the above

[Only respondents who selected "Trans status/gender identity" or "gender expression/appearance" in 21.8_3 received questions 21.9–21.11.]

21.9 Now just thinking about when you were **fired or forced to resign from a job** because of your gender identity, trans status, and/or gender expression in the past year, please describe your response. **(Mark all that apply.)**

I did nothing [Skip to 22.1]

I contacted a lawyer.

I contacted a trans, LGBT, or other non-profit group. [Skip to 22.1]

I contacted my union representative. [Skip to 22.1]

I made an official complaint.

Not listed above (please specify) _____
[Skip to 22.1]

21.10 You said that you contacted a lawyer in response to being **fired or forced to resign from a job** in the past year. What did the lawyer do to help you? [Only respondents who selected "I contacted a lawyer" in 21.9 received this question.]

I was not able to hire the lawyer.

The lawyer called or wrote a letter to my employer.

The lawyer helped me file an official complaint.

The lawyer filed a lawsuit for me.

Not listed above (please specify) _____

21.11 You said that you made an official complaint in response to being **fired or forced to resign from a job** in the past year. Where did you make the official complaint? **(Mark all that apply.)** [Only respondents who selected "I made an official complaint" in 21.9 received this question.]

EEOC (Equal Employment Opportunity Commission)

Local/State Human Rights Commission

The Human Resources or Personnel department of the employer

Equal Employment Opportunity (EEO) office of the employer

Not listed above (please specify) _____

Section 22

[Only respondents who selected "Yes, I worked at a job or business" in 21.6 received questions 22.1–22.3.]

22.1 In the past year, to **avoid** trans discrimination at work... **(Please provide an answer in each row.)**

	No	Yes
I asked for a transfer to a different position/department at my job in the past year	<input type="radio"/>	<input type="radio"/>
I stayed in a job I'd prefer to leave in the past year	<input type="radio"/>	<input type="radio"/>
I didn't seek a promotion or a raise in the past year	<input type="radio"/>	<input type="radio"/>
I quit my job in the past year	<input type="radio"/>	<input type="radio"/>
I had/have a job for which I am over-qualified (in the past year)	<input type="radio"/>	<input type="radio"/>
I had to be in the closet about my gender identity in the past year	<input type="radio"/>	<input type="radio"/>
I delayed my gender transition in the past year	<input type="radio"/>	<input type="radio"/>
I did not ask my employer to use the pronouns I prefer in the past year (such as he, she, or they)	<input type="radio"/>	<input type="radio"/>
I hid the fact that I have transitioned gender already in the past year	<input type="radio"/>	<input type="radio"/>

22.2 In the past year, did any of these things happen to you because of trans discrimination at work? **(Please provide an answer in each row.)**

	No	Yes
My employer/boss forced me to resign in the past year.	<input type="radio"/>	<input type="radio"/>
My employer/boss forced me to transfer to a different position/department at my job in the past year.	<input type="radio"/>	<input type="radio"/>
My employer/boss removed me from direct contact with clients, customers, or patients in the past year.	<input type="radio"/>	<input type="radio"/>
My employer/boss told me to present in the wrong gender in order to keep my job in the past year.	<input type="radio"/>	<input type="radio"/>
My employer/boss gave me a negative job review in the past year.	<input type="radio"/>	<input type="radio"/>
My employer/boss and I could not work out an acceptable bathroom situation in the past year.	<input type="radio"/>	<input type="radio"/>
My employer/boss did not let me use the bathroom I should be using based on my gender identity in the past year.	<input type="radio"/>	<input type="radio"/>
My employer/boss or coworkers shared information about me that they should not have in the past year.	<input type="radio"/>	<input type="radio"/>

22.3 In the past year, did any of these things happen to you at work because you are trans? **(Mark all that apply.)** [Respondents could not select "None of the above" in combination with any other option.]

I was verbally harassed

I was physically attacked

I experienced unwanted sexual contact (such as fondling, sexual assault, or rape)

None of the above

Section 23

These are questions about experiences you may have had with housing.

23.1 Have you ever experienced homelessness? Experiencing homelessness includes such things as staying in a shelter, living on the street, living out of a car, or staying temporarily with family or friends because you can't afford housing.

No

Yes

23.2 Now just thinking about the past year, have you had any of these housing situations because you are trans? (Please provide an answer in each row.)

Please choose "Does not apply to me" if you could not have had that housing situation in the past year. For example, if you didn't rent a home in the past year, you would answer "Does not apply to me" to the first question because you could not have been evicted.

In the past year...	Yes	No	Does not apply to me
I was evicted from my home/apartment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was denied a home/apartment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced homelessness. ²⁹	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had to move back in with family members or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had to move into a less expensive home/apartment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I slept in different places for short periods of time, such as on a friend's couch.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 24

[Only respondents who selected "I experienced homelessness" in 23.2 received questions 24.1–24.4.]

24.1 When you experienced homelessness this past year, did you seek shelter in a homeless shelter? (Mark all that apply.)

[Respondents could not select a "No" answer in combination with a "Yes" answer.]

Yes, and I stayed at one or more shelters. *[Skip to 24.3]*

Yes, but I was denied access to one or more shelters.

No, because I feared I would be mistreated as a trans person *[Skip to 25.1]*

No, for other reasons *[Skip to 25.2]*

24.2 Do you believe that you were denied access to a homeless shelter in the past year because of your ... (Mark all that apply.) *[Only respondents who selected "Yes, but I was denied access to one or more shelters" in 24.1 received this question. Respondents could not select "None of the above" in combination with any other option.]*

Age

Disability

Income level or education

Trans status/gender identity

Gender expression/appearance

Race/ethnicity

Religion/spirituality

Sexual orientation

None of the above

24.3 In the past year, did any of these things happen to you in the homeless shelter? (Please provide an answer in each row.) *[Only respondents who selected "Yes, and I stayed at one or more shelters" in 24.1 received this question.]*

	No	Yes
I was thrown out after they learned I was trans.	<input type="radio"/>	<input type="radio"/>
I decided to dress/present as the wrong gender to feel safe in a shelter.	<input type="radio"/>	<input type="radio"/>
They required me to dress/present as the wrong gender in the shelter.	<input type="radio"/>	<input type="radio"/>
I decided to leave a shelter because of poor treatment or unsafe conditions, even though I had no place to go.	<input type="radio"/>	<input type="radio"/>

24.4 In the past year, did any of these things happen to you in a homeless shelter because you are trans? (Mark all that apply.) *[Only respondents who selected "Yes, and I stayed at one or more shelters" in 24.1 received this question. Respondents could not select "None of the above" in combination with any other option.]*

I was verbally harassed

I was physically attacked

I experienced unwanted sexual contact (such as fondling, sexual assault, or rape)

None of the above

Section 25

These are questions about your experiences in places of public accommodations, such as hotels, restaurants, or government agencies.

25.1 In the past year, have you visited or used services in any of these places? (Mark all that apply.) *[Respondents could not select "I have not visited or used services in any of these places" in combination with any other option.]*

Domestic violence shelter/DV program/Rape crisis center

Drug/alcohol treatment program

DMV or RMV (Department or Registry of Motor Vehicles)

Social Security office (such as for name or gender change, Social Security card, public benefits)

- Public assistance/government benefits office (such as SNAP, WIC)
- Gym/health club
- Legal services from an attorney, clinic, or legal professional
- Court/court house
- Nursing home/extended care facility
- Public transportation (such as bus, train, subway, taxi)
- Retail store, restaurant, hotel, theater
- I have not visited or used services in any of these places.

25.2 In the past year, did you NOT visit or use services at these places because you thought you would be mistreated as a trans person? (Please give an answer for each place.) [Respondents received this question for each of the locations that they did not select in 25.1.]

	No	Yes (I did NOT visit because I thought I would be mistreated)
[Location not selected in 25.1]	<input type="radio"/>	<input type="radio"/>

25.3 In the past year, when you visited or used services at these places, do you think the staff or employees knew or thought you were trans? (Please give an answer for each place.) [Respondents received this question for each of the locations that they selected in 25.1.]

	No	Yes
[Location selected in 25.1]	<input type="radio"/>	<input type="radio"/>

25.4 In the past year, when you visited or used services at these places, did any of these things happen to you because you are trans? (Please provide an answer for each location.) [Respondents received this question for each of the locations that they selected in 25.1.]

	Denied equal treatment or service	Verbally harassed	Physically attacked	None of these things happened to me at this place
[Location selected in 25.1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 26

These are questions about experiences you may have had in school.

26.1 Were you out as trans in school at any time between Kindergarten and 12th grade?

- No
- Yes [Skip to 26.3]

26.2 Do you believe that any of your classmates, teachers, or school staff in Kindergarten through 12th grade (K-12) **thought** you were trans? [Only respondents who selected “No” in 26.1 received this question.]

- No
- Yes

26.3 Do you believe that any of your classmates, teachers or school staff in K-12 thought or knew you were lesbian, gay, bisexual, or queer (LGBQ)?

- No
- Yes

26.4 Did any of these happen to you while in K-12? (If any of these things were done to you in K-12 by classmates, teachers, or school staff, please answer “yes.”) **(Please provide an answer in each row.)** [Only respondents who selected “Yes” in 26.1 or “Yes” in 26.2 received this question.]

	NO	YES
I was verbally harassed because people thought I was trans.	<input type="radio"/>	<input type="radio"/>
I was physically attacked because people thought I was trans.	<input type="radio"/>	<input type="radio"/>
I experienced unwanted sexual contact because people thought I was trans.	<input type="radio"/>	<input type="radio"/>
I wasn't allowed to dress in the way that fit my gender identity/expression.	<input type="radio"/>	<input type="radio"/>
I was disciplined for fighting back against bullies.	<input type="radio"/>	<input type="radio"/>
I believe I was disciplined more harshly because teachers/staff thought I was trans.	<input type="radio"/>	<input type="radio"/>
I left a school because the mistreatment was so bad.	<input type="radio"/>	<input type="radio"/>
I was expelled from school.	<input type="radio"/>	<input type="radio"/>

26.5 Did any of these happen to you while in K-12? (If any of these things were done to you in K-12 by classmates, teachers, or school staff, please answer “yes.”) **(Please provide an answer in each row.)** [Only respondents who selected “No” in 26.1, AND “No” in 26.2, AND “Yes” in 26.3 received this question.]

	YES	NO
I was verbally harassed because people thought I was LGBQ.	<input type="radio"/>	<input type="radio"/>
I was physically attacked because people thought I was LGBQ.	<input type="radio"/>	<input type="radio"/>
I experienced unwanted sexual contact because people thought I was LGBQ.	<input type="radio"/>	<input type="radio"/>
I wasn't allowed to dress in a way that fit my gender identity/expression.	<input type="radio"/>	<input type="radio"/>
I was disciplined for fighting back against bullies.	<input type="radio"/>	<input type="radio"/>
I left a school because the mistreatment was so bad.	<input type="radio"/>	<input type="radio"/>
I was expelled from school.	<input type="radio"/>	<input type="radio"/>

[Only respondents who selected a level of educational attainment higher than “high school graduate” in 2.22 received questions 26.6–26.9.]

26.6 Now just thinking about classmates, professors, or staff at your college or vocational school, did they think or know you were trans?

No *[Skip to 26.9]*

Yes

26.7 Were you harassed (verbally, physically, or sexually) at college or vocational school because people thought or knew you were trans? *[Only respondents who selected "Yes" in 26.6 received this question.]*

No *[Skip to 26.9]*

Yes

26.8 Did you have to leave your college or vocational school because the harassment was so bad? *[Only respondents who selected "Yes" in 26.7 received this question.]*

No

Yes

26.9 Did you leave or were you forced to leave a college or vocational school because you are trans? **(Mark all that apply.)** *[Respondents could not select "No" in combination with any other option.]*

No

Yes, I left school because the mistreatment was so bad.

Yes, I was expelled or forced out.

Yes, I left for other trans-related reasons.

Section 27

These are questions about things that may have happened to you when going through airport security.

27.1 In the past year, have you gone through airport security in the United States?

No *[Skip to 28.1]*

Yes

27.2 When you went through airport security in the past year, did a TSA officer do any of these things to you? **(Mark all that apply.)** *[List was randomized for each respondent. Respondents could not select "None of the above" in combination with any other option.]*

They questioned the name or gender on my ID.

They used the wrong pronouns with me (he/him or she/her) or wrong title (Mr. or Ms.)

They patted me down due to gender-related clothing or items (such as a binder, packer).

I was patted down by a TSA officer of the wrong gender.

They searched my bag due to a gender-related item (such as binder, packer).

They asked me to remove or lift clothing to show a binder, undergarment, or other sensitive area.

They took me to a separate room for questioning/examination.

They announced or questioned loudly my gender, body parts, or sensitive items (such as a binder, packer).

They called the police about me.

I missed my flight due to screening.

I was not allowed to fly.

They detained me for over an hour.

They verbally harassed me.

They physically attacked me.

I experienced unwanted sexual contact (beyond a typical pat down by a TSA officer)

None of the above

Section 28

These are questions about things that happened to you with police, in jail, in prison, or in a juvenile detention center.

28.1 If you needed help from the police, how comfortable would you feel asking them for help?

Very comfortable

Somewhat comfortable

Neutral

Somewhat uncomfortable

Very uncomfortable

28.2 In the past year, did you interact with the police or other law enforcement officers?

No *[Skip to 28.8]*

Yes

28.3 In the past year, do you believe the police or other law enforcement officers you interacted with thought or knew you were trans?

None of the officers thought or knew I was trans. *[Skip to 28.6]*

Some officers thought or knew I was trans, some did not.

All officers thought or knew I was trans.

28.4 In the past year, when you interacted with police or other law enforcement officers, were you treated with respect?

I was never treated with respect.

I was sometimes treated with respect.

I was always treated with respect.

28.5 In the past year, when you interacted with police or other law enforcement officers, did any of these things happen to you? **(Please give an answer in each row.)**

In the past year...	No	Yes
Officers kept called me by the wrong gender pronouns (such as he/him or she/her) or wrong title (Mr. or Ms.)	<input type="radio"/>	<input type="radio"/>
Officers asked me questions about my gender transition (such as hormones and surgical status).	<input type="radio"/>	<input type="radio"/>
Officers assumed I was a sex worker.	<input type="radio"/>	<input type="radio"/>
Officers verbally harassed me.	<input type="radio"/>	<input type="radio"/>
Officers physically attacked me.	<input type="radio"/>	<input type="radio"/>
Officers forced me to engage in sexual activity to avoid arrest	<input type="radio"/>	<input type="radio"/>
I experienced unwanted sexual contact from an officer (such as fondling, sexual assault, or rape)	<input type="radio"/>	<input type="radio"/>

28.6 In the past year, were you arrested for any reason?

No *[Skip to 28.8]*

Yes

28.7 In the past year, do you believe that you were arrested because you were trans?

No

Yes

28.8 In the past year, at any time were you held in jail, prison, or juvenile detention?

No *[Skip to 29.1]*

Yes

[Only respondents who selected "Yes" in 28.8 received questions 28.9–28.20.]

28.9 In the past year, what types of jail, prison or juvenile detention facility were you in? **(Mark all that apply.)**

Federal prison

State prison

Local jail

Holding cell

State juvenile system

Locally or privately-operated juvenile facilities

Other correctional facility

(please specify) _____

28.10 In the past year, during your time in jail, prison or juvenile detention facility were you physically forced, pressured, or made to feel that you had to have sex or sexual contact with any **facility staff**?

No *[Skip to 28.12]*

Yes

28.11 In the past year, how many times did this happen to you? *[Only respondents who selected "Yes" in 28.10 received this question.]*

[Drop-down list of numbers 1–10 and "11 or more"]

28.12 In the past year, during your time in jail, prison or juvenile detention facility, were you physically forced, pressured, or made to feel that you had to have sex or sexual contact with **another inmate**?

No *[Skip to 28.14]*

Yes

28.13 In the past year, how many times did this happen to you? *[Only respondents who selected "Yes" in 28.12 received this question.]*

[Drop-down list of numbers 1–10 and "11 or more"]

28.14 In the past year, during your time in jail, prison or juvenile detention facility were you **physically** assaulted or attacked by **facility staff**?

No *[Skip to 28.16]*

Yes

28.15 In the past year, how many times did this happen to you? *[Only respondents who selected "Yes" in 28.14 received this question.]*

[Drop-down list of numbers 1–10 and "11 or more"]

28.16 In the past year, during your time in jail, prison or juvenile detention facility were you **physically** assaulted or attacked by **another inmate**?

No *[Skip to 28.18]*

Yes

28.17 In the past year, how many times did this happen to you? *[Only respondents who selected "Yes" in 28.16 received this question.]*

[Drop-down list of numbers 1–10 and "11 or more"]

28.18 Before your time in jail, prison, or juvenile detention, were you taking hormones?

No *[Skip to 29.1]*

Yes

28.19 Did you have a prescription for the hormones you were taking?

No

Yes

28.20 In the past year, during your time in jail, prison, or juvenile detention, were you not allowed to take your hormones?

- No
- Yes

Section 29

Now we have some questions about voting and registration.

29.1 In any election, some people are not able to vote because they are sick or busy or have some other reason, and others do not want to vote. Did you vote in the election held on Tuesday, November 4, 2014^{30?}

- No
- Yes *[Skip to 30.1]*

29.2 Were you registered to vote in the November 4, 2014 election^{31?} *[Only respondents who selected "No" in 29.1 received this question.]*

- No
- Yes *[Skip to 29.4]*

29.3 Which of the following was the MAIN reason you were not registered to vote? **(Please choose only one response.)** *[Only respondents who selected "No" in 29.2 received this question.]*

- Not eligible to vote because I am not a U.S. citizen.
- I wanted to avoid being harassed by election officials because I am trans.
- My current name does not match social security card.
- I thought my state's voter ID law could stop me from voting.
- I don't have ID and thought I would need one to register.
- Did not meet registration deadlines.
- Did not know where or how to register
- Did not live here long enough/did not meet residency requirements.
- Permanent illness or disability
- Difficulty with English
- Not interested in the election or not involved in politics.
- My vote would not make a difference.
- Not eligible to vote because of a criminal/felony conviction.
- Not eligible to vote for a reason other than a criminal/felony conviction.
- A reason not listed above
(please specify) _____

29.4 What was the MAIN reason you did not vote? **(Please choose only one response.)** *[Only respondents who selected "Yes" in 29.2 received this question.]*

- I wanted to avoid being harassed by election officials because I am trans.
- Illness or disability (own or family's)
- Out of town or away from home
- Forgot to vote (or send in absentee ballot)
- Not interested, felt my vote wouldn't make a difference
- Too busy, conflicting work or school schedule
- Transportation problems
- Didn't like candidates or campaign issues.
- Registration problems (for example, I didn't receive an absentee ballot or wasn't registered in current location)
- Bad weather conditions
- Inconvenient hours, polling place, or hours or lines too long
- I didn't have the identification documents (ID) I needed to vote.
- My identification documents (ID) do not match my current name, gender, or have an old photo.
- My gender/name on my identification document (ID) does not match my voter registration.
- I was not allowed to vote by a poll worker or election official because I am trans.
- A reason not listed above
(please specify) _____

Section 30

These are questions about civic and political activities.

30.1 Do you agree or disagree with the following statement about political affairs in this country?

Someone like me can't really influence government decisions.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

30.2 People may be involved in civic and political activities. In the last Presidential election in 2012³² did you... **(Please provide an answer in each row.)** *[Response choices were randomized, keeping the first two and last two grouped together in the following order.]*

In the last Presidential election in 2012 did you ...	No	Yes
Volunteer or work for a Presidential campaign		
Volunteer or work for another political candidate, issue, or cause		
Give money to a Presidential campaign		
Give money to another political candidate, issue, or cause		

30.3 In the past 12 months have you... (Please provide an answer in each row.) [Response choices were randomized.]

In the past 12 months, have you...	No	Yes
Attended a political protest or rally		
Contacted a government official		
Worked with others in your community to solve a problem		
Served on a community board		
Written a "letter to the editor"		
Commented about politics on a message board or Internet site		
Held a publicly elected office		

30.4 In politics, as of today, do you consider yourself a Republican, a Democrat, or an Independent?

Republican [Skip to 30.6]

Democrat [Skip to 30.6]

Independent

Other party (please specify) _____

30.5 As of today, do you lean more to the Democratic Party or the Republican Party? [Only respondents who selected "Independent" or "Other party" in 30.4 received this question.]

Democratic

Republican

Neither/Other

30.6 How would you describe your political views?

Very conservative

Conservative

Moderate

Liberal

Very liberal

Section 31

This question asks for your opinion on the most important policy priorities for trans people in the United States.

This is a two-part question:

31.1 For each issue below that affects trans people in the U.S., please mark how important it is. (Please provide an answer in each row.) [Response choices were randomized. Respondents could select up to 3 response choices in the last column.]

	Very important	Important	Not very important
HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identity documents (ID) (updating name and gender)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying/discrimination in schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police mistreatment of trans people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mistreatment in prisons/jails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigration reform	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military (ability to be openly trans)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training health care providers about trans health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance coverage for trans-related health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing and homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence against trans people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting and adoption rights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marriage recognition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conversion Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31.2 Of these issues, please select your top 3 most important issues.

Issue#1 [Drop-down list of issues listed in 31.1]

Issue#2 [Drop-down list of issues listed in 31.1]

Issue#3 [Drop-down list of issues listed in 31.1]

Section 32

32.1 Is there anything else that you would like to tell us about your experiences of acceptance or discrimination so we can better understand your experiences?

No [Responses were submitted and respondents were directed to the Thank You Page hosted by NCTE.]

Yes

32.2 Please tell us anything else that you would like to tell us about your experiences of acceptance or discrimination so we can better understand your experiences. Please do not provide any information that could be used to identify you, such as your name or contact information. Your response will be anonymous. [Only respondents who selected "Yes" in 32.1 received this question.]

[Text box]

Please enter your survey responses by clicking on the submit button below:

SUBMIT

[Once completed, responses were submitted and respondents were directed to the Thank You Page hosted by NCTE.]

Thank You Page

THANK YOU FOR MAKING YOUR VOICE HEARD

YOUR SURVEY HAS BEEN SUBMITTED

Want to be one of the first to get the survey results?

Want to win one of the cash prizes?

Give us your info here.

This information will not be connected to your survey responses.

Preferred name

Email address

Zip Code (required)

Phone (optional)

Send me the results of the survey when you release them!

Enter me in the drawing for one of three cash prizes: one prize of \$500 and two prizes of \$250!

SUBMIT

RESOURCES

We recognize that answering some of the questions on this survey may have been hard. If you are experiencing any difficult emotions after answering the questions and would like to talk to someone, please contact one of the anonymous resources below:

National Suicide Prevention Helpline

1-800-273-8255

<http://www.suicidepreventionlifeline.org/>

FORGE Transgender Sexual Violence Project

414-559-2123

<http://forge-forward.org/anti-violence/for-survivors/> to list of resources

Veterans Crisis Line (for veterans, military personnel, and their families)

1-800-273-8255 and Press 1

<http://veteranscrisisline.net/>

The Trevor Project

The Trevor Project is a phone and internet chat hotline for LGBTQ people. For those participating in this survey, The Trevor Project will speak or chat with people of all ages.

1-866-488-7386

<http://www.thetrevorproject.org/section/get-help>

National Sexual Assault Hotline

800-656-HOPE (4673)

<https://ohl.rainn.org/online/>

ENDNOTES | APPENDIX B

- 1 Respondents who were sent to disqualification page #2 received the following message: "Based on your answers, you are not eligible to complete this survey. Thank you for your interest in participating in this study. For more information about this project please visit the NCTE website: <http://www.ustranssurvey.org>."
- 2 Respondents who were sent to disqualification page #1 received the following message: "Thank you for your survey responses. We're interested to learn more about your identity and experiences. If you would like to tell us more, please respond to the following questions. Please **do not** provide any information that could be used to identify you, such as your name or contact information.

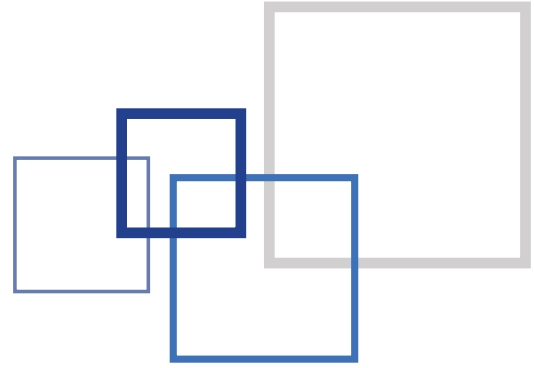
Tell us about your gender identity or expression. *[Text box.]*

Tell us about your experiences related to your gender identity or expression. *[Text box.]*
- 3 See note 1.
- 4 See note 2.
- 5 See note 2.
- 6 Respondents received the following hyperlinked definition for "active duty": "Active duty means full-time service, other than active duty for training as a member of the Army, Navy, Air Force, Marine Corps, Coast Guard, or as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration, or its predecessors, the Coast and Geodetic Survey or Environmental Science Service Administration. Active duty also applies to a person who is a cadet attending one of the five United States Military Service Academies. For a person with service in the military Reserves or National Guard, mark the "Only on active duty for training in the Reserves or National Guard" box if the person has never been called up for active duty, mobilized, or deployed. For

- a person whose only service was as a civilian employee or civilian volunteer for the Red Cross, USO, Public Health Service, or War or Defense Department, mark the 'Never served in the military' box. For Merchant Marine service, count only the service during World War II as active duty and no other period of service."
- 7 Respondents received the following hyperlinked definition for "household": "A household includes all the adults who live with you in the same house, apartment, group of rooms, or room that is used as one home. If you live in group housing, such as a dormitory, only include yourself and your adult family members who live with you.
- 8 Respondents received the following hyperlinked note regarding the term "related to you": "Include only adults you're related to by blood, legal adoption, or legal marriage that is recognized by the U.S. government. Do not include your unmarried partner or unrelated adults. Later we will ask about the people not included here."
- 9 Respondents received the following hyperlinked note regarding the term "named on the lease, mortgage, or deed": "This includes people who are listed on the lease, mortgage, or deed for your home. If your home is not owned or rented by anyone who lives with you, include any adult in the home except roomers, boarders, or paid employees."
- 10 Respondents received the following hyperlinked note regarding the term "related to you": "Do not include children that are not related to you by birth or by legal adoption. For instance, your unmarried partner's children would not be included here unless you have legally adopted them. We ask about these members of your household elsewhere in the survey."
- 11 Respondents received the following hyperlinked definition for "SNAP": "The Supplemental Nutrition Assistance Program (SNAP) is sometimes called the Food Stamp program. It helps people who have low or no income to buy food, usually with an EBT card."
- 12 Respondents received the following hyperlinked definition for "WIC": "'WIC' stands for 'Women, Infants, and Children.' It's the short name for the Special Supplemental Nutrition Program for Women, Infants, and Children. WIC is a federal program to help women who are pregnant or breastfeeding and children less than five years old get health care and healthy food."
- 13 Respondents who selected this answer choice received the message and clicked "OK" to proceed: "Please note that for upcoming questions about income, don't include food stamps (SNAP) as income."
- 14 Respondents who selected this answer choice received the message and clicked "OK" to proceed: "For upcoming questions about income, don't include assistance from WIC as income."
- 15 Respondents who selected multiple answer choices in this question received the following message and clicked "OK" to proceed: "Please note that for upcoming questions about income, don't include assistance from food stamps (SNAP) or WIC as income."
- 16 Respondents received the following hyperlinked definition for "Individual Income": "Individual income" includes money from jobs, employment, net income from business, income from farms or rentals, income from self-employment, pensions, dividends, interest, social security payments, and other money income that you personally received in 2014. Do not include assistance from food stamps (SNAP) or WIC as income."
- 17 Respondents received the following hyperlinked definition for "Family Income": "'Family income' includes you and members of your family related by legally-recognized marriage, by birth, or by adoption who have lived with you during the last 12 months and includes money from jobs, employment, net income from business, income from farms or rentals, income from self-employment, pensions, dividends, interest, social security payments, and any other money income received by you and family members in your household who are 15 years of age or older in 2014. Do not include assistance from food stamps (SNAP) or WIC as income."
- 18 Respondents received the following hyperlinked definition for "Household Income": "'Household income' includes you and all members of your household who have lived with you during the past 12 months and includes money from jobs, employment, net income from business, income from farms or rentals, income from self-employment, pensions, dividends, interest, social security payments, and any other money income received by you and members of your household who are 15 years of age or older in 2014. Do not include assistance from food stamps (SNAP) or WIC as income."
- 19 Respondents received the following hyperlinked note regarding the term "had a drink": "Please do not include any time when you only had a sip or two from a drink."
- 20 Respondents received the following hyperlinked definition for "alcohol": "Alcoholic beverages, such as beer, wine, brandy, and mixed drinks."
- 21 Respondents received the following hyperlinked definition for "cigarettes": "Cigarettes made of tobacco. Do not include electronic cigarettes (E-cigs)."
- 22 Respondents received the following hyperlinked definition for "e-cigarettes or vaping products": "This includes electronic cigarettes (e-cigs or e-cigarettes), personal vaporizer (PV), or electronic nicotine delivery system (ENDS), all of which are battery-powered vaporizers that feel similar to tobacco smoking."
- 23 Respondents received the following hyperlinked definition for "marijuana or hashish": "Marijuana is also called pot or grass. Marijuana is usually smoked, either in cigarettes, called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called 'hash.' It is usually smoked in a pipe. Another form of hashish is hash oil."

Appendix P

- 24 Respondents received the following hyperlinked definition for “illegal or illicit drugs”: “Drugs like cocaine, crack, heroin, LSD, and meth that are considered to be illegal. Inhalants are liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good, like poppers or whippits. We are not interested in times when you inhaled a substance accidentally— such as when painting, cleaning an oven, or filling a car with gasoline.”
- 25 Respondents received the following hyperlinked definition for “prescription drugs”: “Use of prescription drugs in any way a doctor did not direct you to use them. When you answer this question, please think only about your use of the prescription drug in any way a doctor did not direct you to use it, including:
- Using it without a prescription of your own
 - Using it in greater amounts, more often, or longer than you were told to take it
 - Using it in any other way a doctor did not direct you to use it”
- 29 Respondents received the following hyperlinked definition for “homelessness”: “Experiencing homelessness includes such things as staying in a shelter, living on the street, living out of a car, or staying temporarily with family or friends because you can’t afford housing.”
- 26 Respondents received the following note regarding the term “drank an alcoholic beverage”: “A can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. We are not asking about times when you only had a sip or two from a drink.”
- 27 Respondents received the following note regarding the term “drink one or more drinks”: “A can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. We are not asking about times when you only had a sip or two from a drink.”
- 28 Respondents received the following note regarding the term “drinks”: “A can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. We are not asking about times when you only had a sip or two from a drink.”
- 30 Respondents received the following hyperlinked note: “This was the election in November 2014 to elect members of the U.S. Congress and state-level offices.”
- 31 Respondents received the following hyperlinked note: “This was the election in November 2014 to elect members of the U.S. Congress and state-level offices.”
- 32 Respondents received the following hyperlinked note regarding this term: “This was the presidential election in 2012 between Mitt Romney and Barack Obama.”



Appendix C

Detailed Methodology

Survey Sources

When developing the survey instrument, the research team focused on creating a questionnaire that could provide data to address both current and emerging needs of transgender people while gathering information about disparities that often exist between transgender people and non-transgender people throughout the United States. To achieve this, questions were included that would allow comparisons between the U.S. Transgender Survey (USTS) sample and known benchmarks for the U.S. population as a whole or populations within the U.S. Consequently, questions were selected to best match those previously asked in federal government or other national surveys on a number of measures, such as measures related to income and health. Questions in the USTS survey instrument were drawn from federally administered national population-based surveys, either exactly as they appeared in the source survey or with modifications, as follows:

USTS Questions	Source Survey
2.16–2.22; 11.1 & 11.2	American Community Survey (ACS)
2.24 & 2.25; 15.1–15.12; 16.1–16.5	National Survey on Drug Use and Health (NSDUH)
7.1–7.14	Current Population Survey (CPS)
12.1; 12.4; 12.6; 12.17; 14.4	CDC’s Behavioral Risk Factor Surveillance System (BRFSS)
12.2 & 12.3; 14.1; 14.3	National Health Interview Survey (NHIS)
16.6–16.12	National Comorbidity Survey Replication (NCS-R)
17.7 & 17.8	National Crime Victimization Survey (NCVS)
18.1–18.3; 19.2 & 19.3	National Intimate Partner and Sexual Violence Survey (NISVS)
28.10–28.17	National Inmate Survey (NIS)
29.1–29.4	Current Population Survey (CPS) 2014 November Supplement
30.4–30.6	Gallup Daily Tracking Poll (U.S. Political and Economic Daily Tracking)

Data Cleaning

Data cleaning is the process of detecting and removing some survey responses (e.g., duplicate responses, incomplete responses, illogical responses) in order to improve the quality of the sample. Cleaning of the USTS data proceeded in the following steps: (1) flagging and removal of respondents not eligible to take the survey, (2) flagging and removal of incomplete responses, (3) flagging and removal of duplicate responses, and (4) flagging and removal of illogical responses.

The first step was to remove survey responses from individuals who did not meet basic eligibility criteria for the survey. Respondents had to consent to take the survey, be at least 18 years of age, and reside in the U.S., a U.S. territory, or on a U.S. military base. Additionally, respondents needed to identify as transgender—including non-binary identities—or meet other criteria related to their

gender identity or expression. Additionally, respondents were asked if they had already completed this survey before. Respondents who indicated that they had completed the survey before were also ineligible to take the survey. Skip logic was added to the survey to send respondents who did not meet these basic eligibility criteria to a disqualification page, but their responses were included in the initial dataset and had to be removed. Additional analyses of the dataset were completed to remove ineligible respondents. Respondents who provided a month and year of birth that indicated they were under 18 at the time they took the survey were flagged and removed from the dataset. Additional analyses of responses related to gender identity and transition status in Sections 1 and 2 of the survey were completed to flag additional ineligible respondents, which included those who did not identify as transgender or with a range of other gender-related experiences associated with transgender communities. Please see the “Variable Recoding Process” section below for a more detailed description of this process. In all, 10,304 responses were removed from the initial dataset due to being ineligible to take the survey.

Incomplete responses were then removed from the sample based on a requirement that respondents minimally complete Section 1 and specific demographic questions in Section 2 of the questionnaire. Missing data was otherwise allowed provided respondents completed these questions. The required Section 2 questions were as follows: 2.1, 2.3, 2.6, 2.8, 2.9, either 2.13 or 2.14, 2.15, 2.18, 2.19, 2.22, 2.23, and 2.26. It was determined that these questions would provide key information about respondents, including questions used to determine eligibility, and these questions were used to set a minimal level of survey “completeness” the research team was willing to accept for a respondent to remain in the dataset. In all 515 respondents were removed for incomplete survey responses.

Duplicate survey responses were then flagged and removed. Duplicates were determined based on all quantitative responses in the survey. Qualitative (“write-in”) responses were not considered when determining whether a response was a duplicate. In all, 329 responses were considered duplicates and were removed from the final dataset.

Finally, respondents who provided more than one illogical response were flagged and removed from the final dataset. An illogical response is one that provides information that contradicts other information provided by a respondent. For instance, the USTS survey included 16 questions related to respondents’ age, including current age, age they first disclosed to others they are transgender, age of suicide attempts, and ages of other milestones or experiences. An example of an illogical response would be a respondent who reported they attempted suicide at an age older than their current age. An illogical response could be due to an accidental miscode on the part of the respondent, meaning they accidentally filled out a question incorrectly, or could be evidence that a respondent is not taking the survey in earnest. The research team considered a respondent having more than one illogical response as evidence that the respondent may not have been taking the survey in earnest. In all, 53 respondents had more than one illogical response and were removed from the final dataset.¹

Total initial sample:	38,916
Total cases removed:	11,201
Did not consent to take survey	223
Not eligible: under 18 years of age	6,168
Not eligible: had already taken survey	1,072
Not eligible: did not live in U.S., territory, or military base	1,052
Not eligible: gender identity or expression did not meet minimum criteria	1,789
Duplicate responses	329
Incomplete responses	515
Illogical responses	53
Final sample:	27,715

Missing Data and Imputation

When a dataset has substantial amounts of missing data, such as over 5% missing data, researchers should consider techniques to impute the missing data.² The research team conducted an analysis to determine whether missing data should be imputed in the USTS dataset. The percentage of missing data due to item non-response (not including intentionally missing data due to skip logic) on any original quantitative variable (not including recoded variables or “write-in” variables) was less than 5%, with the exception of two variables. Question 14.4 regarding the month of respondents’ last HIV test had 5.9% missing data (Q. 14.4: “Not including blood donations, in what month was your last HIV test?”). This item may have had relatively higher item non-response because respondents may have been more likely to recall the year of their last HIV test, which was also requested in Q. 14.4, than the month. Question 7.11 regarding respondents’ sources of income had 6.2% missing data (Q. 7.11: “What are your current sources of income?”). This may reflect a general reluctance to provide financial information that is routinely found in item non-response to income-related questions in population-based surveys. The research team determined that due to the low amount of missing data, including minimal missing data on questions that routinely have high item non-response in population-based surveys (e.g., individual and household income), missing data imputation was not necessary for this report. Future researchers are encouraged to investigate the impact of data imputation when using this dataset.

Variable Recoding Process

The initial final dataset contained 1,140 unique variables based on 324 items respondents could have received in the survey. Most of these variables required quantitative or qualitative recoding for use in the study. Quantitative recodes, such as for creating variables to reflect how “out” a respondent was about their transgender identity, were completed by one primary researcher and the syntax for that recode was reviewed by another researcher. Any errors in the syntax that were found in the review were submitted to the primary researcher in order to make corrections. The primary researcher completed any corrections and the variable was then considered a final recode. In all, the research team produced over 2,000 recodes used to generate the findings presented in this report.

Respondents to the survey had many opportunities to write in responses to questions by selecting an answer such as “none of the above” and writing in a unique response or responding to an open-ended question. The research team reviewed approximately 80,000 write-in responses for recoding. The recoding process included two coding teams that conducted initial coding, which was reviewed by another coding team and areas of disagreement were flagged. A simple percent agreement score was calculated to assess inter-rater reliability. For nearly all variables that were recoded, the coding team and the review team had 90% or higher agreement, two variables had agreement between 80% and 90%, and three fell below 80% agreement (Q. 1.7 (79%), Q. 9.3 (67%), and Q. 21.11 (70%)).

In the case of a question with write-in responses where only one answer option was allowed, write-in responses were reviewed to see if they could be recoded into existing answer options. If

substantial numbers of respondents wrote in the same response, a new answer option could be added to the question to reflect those responses. If it was not feasible for a response to be recoded into an existing answer option or to be combined with others to create a new answer option, the response remained in the “none of the above” category as a unique response. In the case of a question that allowed multiple choices, a similar process took place. However, if a substantial number of responses could be grouped into a new answer option and a new variable was created to describe those responses, those respondents also remained in the “none of the above” category. Therefore, new answer options based on write-in questions that allowed multiple answer choices should be viewed as a subset of the “none of the above” category.

A different recoding process was established in order to recode respondents into four gender identity categories: transgender women, transgender men, non-binary people, and crossdressers. To categorize respondents based on gender identity, the research team relied on respondents’ self-selected gender category in Q. 2.3, which was cross-tabulated with Q. 2.1 to identify transgender men and transgender women. For instance, the researchers would categorize someone assigned female at birth in Q. 2.1 who identifies as a man in Q. 2.3 as a transgender man and would categorize someone assigned male at birth in Q. 2.1 who identifies as a woman in Q. 2.3 as a transgender woman. In a few cases (n=439), a respondent selected female in Q. 2.1 and woman in Q. 2.3 or selected male in Q. 2.1 and man in Q. 2.3. These respondents required additional analysis of their survey responses in order to determine if they met the eligibility criteria for the survey, and if so, to categorize them as transgender men, transgender women, non-binary people, or crossdressers. The research team relied on questions in Sections 1, 2, and 12 to help make these determinations. Members

of the research team completed initial recoding of these respondents to indicate whether they were eligible for the survey, and if so, in which of these categories they should be included. These initial recodes were reviewed by other members of the research team. When initial recoders and reviewers were not in agreement on a recode, the team met to discuss the disagreements and made a final decision on the recode as a group. In all, 250 respondents were determined to be ineligible for the survey based on this recoding and review process and were removed from the final dataset.

Weights

The USTS sample was a purposive sample that was created using direct outreach, modified venue-based sampling, and “snowball” sampling. As a non-probability sample, generalizability is limited, meaning it is unclear whether the findings presented in this report would hold true for the transgender population of the U.S. as a whole. In addition, prior research has found that online surveys have a known bias, particularly in regard to demographic representation. Online samples tend to over-represent those who are white, young, more highly educated, and with higher incomes.³ In order to address these biases, at least in part, the research team created and utilized weights to adjust the USTS sample in certain ways in order to better represent what is believed to be the actual population characteristics of transgender people in the U.S. and in order to make more accurate comparisons with population-based samples of the U.S. population.

Prior research using probability samples of transgender adults have found that transgender adults differ from the general population in regard to race and ethnicity and age, with those that identify as transgender being more likely to be people of color and younger than the general

population.⁴ Studies have found no difference in educational attainment or lower educational attainment and have found lower incomes among transgender people as compared to non-transgender people.⁵ The USTS sample has a higher percentage of white, young, and more highly educated respondents than the U.S. general population, which may be due, at least in part, to internet survey bias. However, the younger age is also likely due to the transgender population being younger overall. The USTS sample also has higher incidence of low incomes as compared to the U.S. population, which goes against the typical internet survey bias. Based on the existing research about the transgender population, there is not adequate information available to attempt to correct for bias in the sample based on age, educational attainment, or income. However, there is sufficient evidence to indicate that the race and ethnicity of the USTS sample does not reflect the racial and ethnic makeup of the U.S. transgender population as a whole.

“Weighting” is a common statistical technique used to adjust data drawn from a sample of a population to be more representative of the population from which the sample was drawn. For example, in a survey sample of the U.S. population, the proportion of respondents aged 18–24 may differ from the proportion of that age group in the U.S. population as a whole, in which case weights are commonly applied to adjust the sample to be more representative of the U.S. population. To help correct for sampling bias in the USTS sample in regard to race and ethnicity, U.S. population weights based on the American Community Survey for race and ethnicity were created as part of the standard weight applied to all findings in this report. While this may still over-represent white respondents relative to the makeup of the transgender adult population, this weighting procedure brings the sample closer to what is believed to be the true population distribution for race and ethnicity for

transgender people in the U.S. The standard weight also includes an adjustment to the 18-year-old category, described in more detail below. Additional survey weights were created for the purposes of comparability with federal government and national data sources, including weights for age and educational attainment.⁶ These weights were applied in addition to the standard weight when comparing the USTS sample to the U.S. population for items that are sensitive to age and educational attainment, such as individual and household income, and are noted accordingly as the “supplemental weight.” Weighted percentages for these and other variables can be found in the *Portrait of USTS Respondents* chapter. Unweighted frequencies and percentages for these and other variables can be found in *Appendix A (Characteristics of the Sample)*.

In addition to the potential biases described above, the USTS had a high volume of respondents who indicated that their age was 18 years old, and respondents who, based on their birth date, were 17 years old.⁷ It was suspected that the increased binning of 18-year-olds may be attributable to multiple factors, including a higher prevalence of respondents who were younger than 18 at the time of the survey. This resulted in 18-year-olds comprising 9% of the sample, compared to 19-year-olds comprising 6% of the sample. It is impossible to determine the source of this binning entirely, but in order to correct for it, the research team created a weight to adjust the 18-year-olds in the sample so that respondents reporting that age appeared more like the 19-year-old respondents in both sample size and other demographics. The rationale behind this adjustment is that a person’s year of birth is likely randomly distributed around the date in which they took the survey. This would imply that the composition of 18-year-olds should strongly match the composition of 19-year-olds.

A sample matching and weighting procedure was used to balance the composition of 18-year-old respondents to 19-year-old respondents. This process is done by using the Covariate Balance Propensity Score (CBPS), which treats the 18-year-olds as a “treatment group” and 19-year-olds as a baseline “control group.”⁸ The estimation procedure then tries to achieve balance on covariates used in the model while simultaneously accounting for the conditional probability of being in one group over the other. The former process reduces observable differences among 18-year-olds to make their demographic composition reflect 19-year-olds.⁹ The latter process weights the data such that the two groups are of equivalent size. After weighting, the size of the 18-year-old sample comprises 6%, which is the same as the 19-year-old sample. Any observed demographic differences between 18- and 19-year-olds were minimized, and many failed to reach statistical significance.

The goal of this weighting process is to up-weight respondents who are most likely 18 years old by making them observationally equivalent to the age cohort closest to them (i.e., 19-year-olds) and to down-weight respondents who are less likely to actually be 18 years old. This way, if respondents who were binned at 18 years of age are really younger than 18 years of age, it would be expected that their responses would diverge from 19-year-olds as that age gap increases.¹⁰ The weighting process down-weights 18-year-old respondents as they diverge from 19-year-olds, minimizing the influence of that group on findings. This adjustment for 18-year-olds was included in the standard survey weight applied to all findings in this report.

ENDNOTES | APPENDIX C

- 1 Respondents sometimes provided responses that seemed unlikely, for instance running away from home at a very young age, such as two years old. These types of responses were only considered to be illogical responses if they contradicted other responses. In the case of responses that were considered unlikely, they were allowed to remain in the dataset. These outliers were negligible in the overall findings in that only a handful of outliers are found in any given variable and, therefore, they do not skew the findings. Findings based on age and other variables are often presented in ranges, which also helps to mitigate any influence of outliers.
- 2 Dong, Y. & Pang, C. Y. J. (2013). Principled missing data methods for researchers. *SpringerPlus*, 2, 222.
- 3 Online survey bias is related to demographic differences in internet access. See e.g., Dillman, D. A., Smyth, J. D., & Christian, L. M. (2014). *Internet, Phone, Mail, and Mixed-Mode Surveys: The Tailored Design Method* (4th ed.). Hoboken, NJ: John Wiley & Sons; Smith, A. (2014). *African Americans and Technology Use: A Demographic Portrait*. DC: The Pew Research Center; Herman, J. L. & Hess, D. R. (2009). *Internet Access and Voter Registration*. DC: Project Vote.
- 4 See e.g., Flores, A. R., Brown, T. N. T., & Herman, J. L. (2016). *Race and Ethnicity of Adults who Identify as Transgender in the United States*. Los Angeles, CA: Williams Institute; Conron, K. J., Scott, G., Stowell, G. S., & Landers, S. J. (2012). Transgender health in Massachusetts: Results from a household probability sample of adults. *American Journal of Public Health*, 102(1), 118–122; Meyer, I. H., Brown, T. N. T., Herman, J. L., Reisner, S. L., & Bockting, W. O. (in press). Demographic characteristics and health outcomes among transgender adults in select regions in the Behavioral Risk Factor Surveillance System. *American Journal of Public Health*. (accepted); Harris, B.C. (2015). *Likely Transgender Individuals in U.S. Federal Administrative Records and the 2010 Census*, Working Paper #2015-03. DC: Center for Administrative Records Research and Applications Working Papers. Available at: https://www.census.gov/srd/carra/15_03_Likely_Transgender_Individuals_in_ARs_and_2010Census.pdf.
- 5 See note 4.
- 6 The weights for race, age, and educational attainment were created based on the Census Bureau's 2014 American Community Survey (ACS).
- 7 Respondents who are younger than 18 were removed from the final dataset and, therefore, are excluded from all reporting because they were not eligible to participate in the study.
- 8 Imai, K. & Ratkovic, M. (2014). Covariate balancing propensity score. *Journal of the Royal Statistical Society, Series B*, 76(1), 243–263.
- 9 Variables used for covariate balance were based on the following questions: Q. 1.4; Q. 1.10; Q. 1.11; Q. 1.12; Q. 1.14; Q. 1.16; Q. 1.17; Q. 1.18; Q. 2.1; Q. 2.3; Q. 2.4; Q. 2.5; Q. 2.6; Q. 2.7; Q. 2.9; Q. 2.16; Q. 2.17; Q. 2.18; Q. 2.19; Q. 2.22; Q. 2.23; Q. 3.1; Q. 3.2; Q. 3.3; Q. 4.1; Q. 4.3; Q. 4.5; Q. 6.1; Q. 7.7; Q. 7.12; Q. 7.13; Q. 7.14; Q. 10.1; Q. 11.1; Q. 11.2; Q. 12.1; Q. 12.8; Q. 12.12; Q. 12.20; Q. 13.1; Q. 14.1; Q. 15.2; Q. 15.9; Q. 16.3; Q. 16.8; Q. 17.1; Q. 17.2; Q. 17.4; Q. 17.5; Q. 17.6; Q. 17.3; Q. 17.9; Q. 18.1; Q. 18.3; Q. 19.1; Q. 20.1; Q. 20.2; Q. 20.7; Q. 21.1; Q. 21.2; Q. 21.7; Q. 23.1; Q. 23.2; Q. 26.1; Q. 26.6; Q. 27.1; Q. 28.1; Q. 28.2; Q. 29.1; Q. 29.2; Q. 30.4; and Q. 30.6.
- 10 Prior to weighing, the demographic characteristics of 18-year-olds were more similar to respondents who were identified as being 17 years of age and had less similarity to 19-year-olds. After weighting, there are many more similarities between 18- and 19-year-olds and far less commonality with 17-year-olds.

Updated December 2017

THE REPORT OF THE

2015 **U.S.**
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U.S. Department of Justice
Federal Bureau of Prisons

PROGRAM STATEMENT

OPI: RSD/FOB
NUMBER: 5200.04
DATE: January 18, 2017

Transgender Offender Manual

/s/

Approved: Thomas R. Kane
Acting Director, Federal Bureau of Prisons

1. PURPOSE AND SCOPE

To ensure the Bureau of Prisons (Bureau) properly identifies, tracks, and provides services to the transgender population.

a. Program Objectives. Expected results of this program are:

- This policy is meant to provide guidance to staff in dealing with the unique issues that arise when working with transgender inmates.
- Institutions ensure transgender inmates can access programs and services that meet their needs as appropriate, and prepare them to return to the community.
- Sufficient resources will be allocated to deliver appropriate services to transgender inmates.
- Staff will be offered training, enabling them to work effectively with transgender inmates.
- To support staff's understanding of the increased risk of suicide, mental health issues and victimization of transgender inmates.

b. Institution Supplement. None required. Should local facilities make any changes outside changes required in national policy or establish any additional local procedures to implement national policy, the local Union may invoke to negotiate procedures or appropriate arrangements.

2. DEFINITIONS

Gender – a construct used to classify a person as male, female, both, or neither. Gender encompasses aspects of social identity, psychological identity, and human behavior.

Gender identity – a person’s sense of their own gender, which is communicated to others by their gender expression.

Gender expression – includes mannerisms, clothing, hair style, and choice of activities.

Gender nonconforming – a person whose appearance or manner does not conform to traditional societal gender expectations.

Transgender – the state of one’s gender identity not matching one’s biological sex. For the purposes of this policy, a transgender inmate is one who has met with a Bureau of Prisons psychologist and signed the form indicating consent to be identified within the agency as transgender. This step allows for accommodations to be considered.

Cisgender – the state of one’s gender identity matching one’s biological sex.

Sexual orientation – the direction of one’s sexual interest towards members of the same, opposite, or both genders (e.g., heterosexual, homosexual, bisexual, asexual). Sexual orientation and gender identity are not related.

Gender Dysphoria (GD) – a mental health diagnosis currently defined by DSM-5 as, “A strong and persistent cross-gender identification. It is manifested by a stated desire to be the opposite sex and persistent discomfort with his or her biologically assigned sex.” Not all transgender inmates will have a diagnosis of GD, and a diagnosis of GD is not required for an individual to be provided services.

Intersex – a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical biological definitions of male or female. Not all intersex people identify as transgender; unless otherwise specified, this policy does not apply to intersex people who do not identify as transgender.

Transition – measures that change one’s gender expression or body to better reflect a person’s gender identity.

3. STAFF RESPONSIBILITIES

The following Bureau components are responsible for ensuring consistent establishment of the programs, services, and resource allocations necessary for transgender offenders.

a. **Central Office**

(1) The **Female Offender Branch** is the agency's primary source and point of contact on classification, management, and intervention programs and practices for transgender inmates in Bureau custody. The Branch is responsible for the following functions as they relate to transgender inmates:

- Engaging stakeholders, including serving as the primary point of contact on issues affecting transgender inmates with judges, political figures, and advocacy groups.
- Ensuring the Bureau offers appropriate services to transgender inmates.
- Preparing budgetary requests to deliver national and pilot programs or services affecting transgender inmates.
- Providing guidance and direction to Regional staff and institution leadership on transgender issues.
- Developing and implementing staff training on transgender issues.
- Building a research-based foundation for the Bureau's work with transgender inmates.
- Presenting at internal and external conferences/events regarding the agency's transgender inmates' practices.
- Developing and monitoring monthly reports on the transgender population and institutional programs.
- Issuing an annual report on the state of transgender offenders in the Bureau that will be made available to all staff and stakeholders.
- Advising agency leadership on transgender inmate needs.
- Conducting an annual survey of transgender inmates in the Bureau and sharing results with internal and external stakeholders.
- Providing national oversight of pilot programs and initiatives serving transgender offenders.

(2) The **Health Services Division** oversees all medical and psychiatric activity as it applies to transgender inmates. Guidance on the most current research-driven clinical medical and psychiatric care of transgender inmates will be provided by the Medical Director.

The Health Services Division also has oversight of a Transgender Clinical Care Team (TCCT). This team will be comprised of Physicians, Pharmacists, and Psychiatrists. Social Workers, Psychologists, and other clinical providers can also be included when appropriate. The TCCT will offer advice and guidance to health services staff on the medical treatment of transgender inmates and/or inmates with GD. Medical staff can raise issues to the TCCT through the Health Services Division.

(3) The **Psychology Services Branch** oversees all psychological mental health programs and services as they apply to transgender inmates, to include providing advice and guidance on

identification and evaluation of transgender inmates, and making recommendations for treatment needs of transgender inmates and/or inmates with GD.

(4) **Central Office Branches/Divisions** of Correctional Services, Psychology Services, Education, Correctional Programs, Reentry Affairs, Residential Reentry Management, Health Services, Health Programs, Social Work, Office of General Counsel, and Trust Fund meet annually with the Female Offender Branch to discuss transgender population needs and evaluate current gender-responsive services. The National Union and the Central Office LGBT Special Emphasis Program Manager will be invited to attend these meetings.

(5) The **Transgender Executive Council (TEC)** will consist of staff members from the Health Services Division, the Female Offender Branch, Psychology Services, the Correctional Programs Division, the Designation and Sentence Computation Center (DSCC), and the Office of General Counsel. The TEC will meet a minimum of quarterly to offer advice and guidance on unique measures related to treatment and management needs of transgender inmates and/or inmates with GD, including designation issues. Institution staff and DSCC staff may raise issues on specific inmates to the TEC through the Female Offender Branch. The National PREA Coordinator is consulted as needed.

b. **Regional Offices**

- Provide oversight to institutions regarding services and other relevant trends managing transgender inmates.
- Assign transgender responsibilities to the Regional Female Offender/Transgender Coordinator Collateral Duty Assignment. This individual meets quarterly with the Female Offender Branch to discuss staffing and programming needs.

c. **Institutions**

The institution CEO will establish a multi-disciplinary approach to the management of transgender inmates; specifically:

- Ensure transgender inmates have access to services.
- Enter tracking information for self-identified transgender inmates by updating SENTRY and other databases (e.g., PDS), as appropriate.
- Provide appropriate reentry resources that may be specific to the population.
- Advise the Local Union of transgender inmate management issues, as appropriate.

4. STAFF TRAINING

Staff will be provided specialized training in working with unique issues when managing transgender inmates, with refresher training at annual training. Institutions housing known transgender inmates should provide additional training, if needed.

The Female Offender Branch will be responsible for developing training materials and current information on the management of transgender inmates. This information will be made available to staff on the Female Offender Branch Sallyport page.

In addition, the Prison Rape Elimination Act (PREA) regulations incorporated into the BOP Program Statement **Sexually Abusive Behavior Prevention and Intervention Program** have training requirements concerning pat searches and communication skills for transgender inmates. See 28 C.F.R. § 115.15(f) and 115.31 (a) (9). Please refer to this Program Statement regarding implementation of those training requirements.

Staff will be provided adequate time to complete these trainings during duty hours.

5. INITIAL DESIGNATIONS

The PREA regulations, incorporated into the Program Statement **Sexually Abusive Behavior Prevention and Intervention Program**, state in section 28 C.F.R. § 115.42 (c):

“In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates...the agency shall consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems.”

Upon receipt of information from a Pre-Sentence Report, court order, U.S. Attorney’s Office, defense counsel, the offender, or other source that an individual entering BOP custody is transgender, designations staff will refer the matter to the TEC for advice and guidance on designation.

Institution staff managing pretrial or holdover offenders may also refer cases to the TEC for review. Any TEC recommendations concerning pretrial inmates will be coordinated with the appropriate United States Marshal’s Office.

The TEC will consider factors including, but not limited to, an inmate’s security level, criminal and disciplinary history, current gender expression, medical and mental health needs/information, vulnerability to sexual victimization, and likelihood of perpetrating abuse. The TEC may also consider facility-specific factors, including inmate populations, staffing

patterns, and physical layouts (e.g., types of showers available). The TEC will recommend housing by gender identity when appropriate.

6. INTAKE SCREENING

The PREA regulations in 28 C.F.R. part 115, Subpart A, incorporated into the Program Statement **Sexually Abusive Behavior Prevention and Intervention Program** and the Program Statement **Intake Screening**, address intake screening. Screening of transgender inmates will be conducted in accordance with these policies and all other applicable policies and procedures.

7. HOUSING AND PROGRAMMING ASSIGNMENTS

During Initial classification and Program Reviews, Unit Management staff will twice-yearly review the inmate(s) current housing unit status and programming available for transgender inmates; this review will be documented by Unit Management.

The reviews will consider on a case-by-case basis that the inmate placement does not jeopardize the inmate's health and safety and does not present management or security concerns.

In making housing unit and programming assignments, a transgender or intersex inmate's own views with respect to his/her own safety must be given serious consideration.

Transgender inmates shall be given the opportunity to shower separate from other inmates.

The agency shall not place transgender or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

In order for an inmate to be considered for transfer to another location, including a facility housing individuals of the inmate's identified gender, the Warden should consult with the TEC prior to submitting a designation request to the DSCC, but this is not required.

8. DOCUMENTATION AND SENTRY ASSIGNMENTS

a. **Medical and Mental Health Information.** Medical and mental health information for transgender inmates will be maintained in the current electronic recordkeeping system in accordance with the Program Statement **Health Information Management**. Medical and mental health information is considered confidential, and may only be released in accordance with appropriate laws, rules, and regulations.

b. **Initial Screening.** For initial designations, designations staff will assign Case Management Activity (CMA) SENTRY assignments if information in the PSR or other documentation indicates a likely transgender identity. The screening codes will be:

SCRN M2F – inmate should be screened for male to female.

SCRN F2M – inmate should be screened for female to male.

Any inmate arriving at the designated institution with a screening code is to be referred to the Chief Psychologist or designee for review within 14 days. If the code was assigned in error, the screening code will be removed by the psychologist. If the inmate identifies as transgender, the psychologist will replace the screening code with an identifying code, as indicated below. Holdover facilities will be exempt from this initial screening requirement, as limited available records and brevity of stay do not allow for a comprehensive screening.

Any inmate who arrives without a screening code but identifies as transgender during intake, or at any time during the incarceration period, is referred to the Chief Psychologist or designee and interviewed within 14 days of the inmate notification. Inmates in pretrial status at Bureau facilities may also receive a SENTRY code.

c. **Notification to Staff and Tracking.** After consultation with Psychology Services, and if the inmate affirms his/her transgender identity, the screening code will be updated to a permanent assignment by a psychologist:

TRN M2F – inmate is male to female transgender (transgender female).

TRN F2M – inmate is a female to male transgender (transgender male).

The inmate must request to Psychology Services staff that the CMA assignment be entered, and the inmate consents that all staff will therefore be notified that the individual is transgender. The inmate's request will be documented on BP-A1110, Case Management Activity (CMA) SENTRY Assignment Consent Form for Transgender Inmates (included as Attachment A to this policy). Psychology Services will maintain the form in the electronic mental health record and forward a copy of the form to the Unit Team. The Unit Team will maintain the form in the FOI Exempt section of the Central File.

Staff should consult the CMA assignment when interacting with the inmate; e.g., use of pronouns, searches, commissary items, etc., as indicated below.

If there are questions about the need to continue a CMA assignment, the Warden should contact the Female Offender Branch. Should the CMA assignment change, staff members will not be disciplined for the continued provision of accommodations or use of pronouns.

9. HORMONE AND MEDICAL TREATMENT

Hormone or other medical treatment may be provided after an individualized assessment of the requested inmate by institution medical staff. Medical staff should request consultation from Psychology Services regarding the mental health benefits of hormone or other medical treatment. If appropriate for the inmate, hormone treatment will be provided in accordance with the Program Statement **Patient Care** and relevant clinical guidance. Questions concerning hormone treatment may be referred to the TCCT.

In the event this treatment changes the inmate's appearance to the extent a new identification card is needed, the inmate will not be charged for the identification card.

10. INSTITUTION PSYCHOLOGY SERVICES

Bureau psychologists are available to provide assessment and treatment services for transgender inmates, if appropriate. Guidance on assessment procedures will be provided by the Psychology Services Branch.

If an inmate identifies as transgender, the psychologist will provide the inmate with information regarding the range of treatment options available in the Bureau and their implications. In addition, based upon the psychologist's preliminary assessment and the inmate's expressed interest, a referral to the Clinical Director and/or Chief Psychiatrist may be generated. While the initial interview must be scheduled within 14 days, an assessment may take longer in some instances.

In addition to a referral to medical services, a transgender inmate may be offered individual psychotherapy. Individual psychotherapy goals might include: (1) helping the inmate to live more comfortably within a gender identity and deal effectively with non-gender issues; (2) emphasizing the need to set realistic life goals related to daily living, work, and relationships, including family of origin; (3) seeking to define and address issues that may have undermined a stable lifestyle, such as substance abuse and/or criminality; and (4) addressing any co-occurring mental health issues. Mood disorders, anxiety disorders, substance use disorders, and personality disorders, etc., may also be present; any effective treatment plan will fully address these symptoms.

If an institution has multiple transgender inmates, a support group facilitated by a mental health provider may also be a component of the treatment plan. Common concerns of transgender inmates, which may be addressed effectively in a group setting, include self-esteem issues and relationship issues.

Psychologists who provide mental health treatment for transgender inmates address all mental health needs, including suicide risk, if present.

Psychologists working with transgender inmates are encouraged to consult the Reentry Services Division in Central Office for additional resources.

11. PRONOUNS AND NAMES

Staff interacting with inmates who have a CMA assignment of transgender can use the authorized gender-neutral communication with inmates (e.g., by the legal last name or “Inmate” last name). Transgender inmates often prefer to be called by pronouns of their identified gender identity. Staff may choose to use these gender-specific pronouns or salutations per the inmate’s request, and will not be disciplined for doing so.

An official committed name change while in BOP custody must be done consistent with the Program Statement **Correctional Systems Manual**, Chapter 4. The name entered on the inmate’s Judgement and Commitment Order will remain the official committed name for all Bureau records (incident reports, progress reviews, sentence calculations, etc.). However, any additional names or aliases can be entered into SENTRY as appropriate.

12. PAT SEARCHES

Pat searches of transgender inmates will be conducted in accordance with the Program Statement **Searches of Housing Units, Inmates, and Inmate Work Areas**. The policy language, included here as a reference, states:

“Transgender Inmates – For purposes of pat searching, inmates will be pat-searched in accordance with the gender of the institution, or housing assignment, in which they are assigned. Transgender inmates may request an exception. The exception must be pre-authorized by the Warden, after consultation with staff from Health Services, Psychology Services, Unit Management, and Correctional Services. Exceptions must be specifically described (e.g., “pat search only by female staff”), clearly communicated to relevant staff through a memorandum, and reflected in SENTRY (or other Bureau database; e.g., posted picture file). Inmates should be provided a personal identifier (e.g., notation on commissary card, etc.) that indicates their individual exception, to be carried at all times and presented to staff prior to pat searches.”

It is recommended the inmate request the exception by submitting an Inmate Request to Staff (BP-A0148) to the Warden. The Warden will consult with the departments listed above, and the memo approving or denying the request will be generated by the Warden's Office.

Inmates who are granted this exception under policy may have it reversed by the Warden if found to have violated institution rules concerning contraband.

In exigent circumstances, any staff member may conduct a pat search of any inmate consistent with the Program Statement **Searches of Housing Units, Inmates, and Inmate Work Areas**.

13. VISUAL SEARCHES

For purposes of a visual search, inmates will be searched in accordance with the gender of the institution, or housing assignment, to which they are assigned. The visual search shall be made in a manner designed to ensure as much privacy to the inmate as practicable. Staff should consider the physical layout of the institution, and the characteristics of an inmate with a transgender CMA assignment, to adjust conditions of the visual search as needed for the inmate's privacy.

Transgender inmates may also request an exception to be visually searched by a staff member of the inmate's identified gender. The exception must be pre-authorized by the Warden, after consultation with staff from Health Services, Psychology Services, Unit Management, and Correctional Services. Exceptions must be specifically described (e.g., "visual search only by female staff"), clearly communicated to relevant staff through a memorandum, and reflected in SENTRY (or other Bureau database; e.g., posted picture file). Inmates should be provided a personal identifier (e.g., notation on commissary card, etc.) that indicates their individual exception, to be carried at all times and presented to staff prior to visual searches.

It is recommended the inmate request the exception by submitting an Inmate Request to Staff (BP-A0148) to the Warden. The Warden will consult with the departments listed above, and the memo approving or denying the request will be generated by the Warden's Office.

Inmates who are granted this exception under policy may have it reversed by the Warden if found to have violated institution rules concerning contraband.

Transgender inmates placed at an institution or in a housing unit that does not correspond with their identified gender, and who are granted an exemption as indicated above, will be searched by: bargaining unit staff of the inmate's identified gender who consent to participate in the search; management staff of the inmate's identified gender who consent to participate in the search; or available Health Services clinical staff.

Transgender inmates placed at an institution or in a housing unit of their identified gender will be searched by bargaining unit staff of the inmate's identified gender who consent to participate in the search; management staff of the inmate's identified gender; or available medical staff.

Institutions should consider using available body scanning technology in lieu of visual searches of transgender inmates.

In exigent circumstances, any staff member may conduct a visual search of any inmate consistent with the Program Statement **Searches of Housing Units, Inmates, and Inmate Work Areas**.

14. **CLOTHING AND COMMISSARY ITEMS**

Consistent with safety and security concerns, inmates with the CMA assignment of transgender will have the opportunity to have undergarments of their identified gender even if they are not housed with inmates of the identified gender. Institutional laundry will have available institutional undergarments that fulfill the needs of transgender inmates. Undergarments will not have metal components.

Standardized lists of Commissary items for transgender inmates are available in accordance with the Program Statement **Trust Fund/Deposit Manual**.

Additional items based on an individualized assessment of the transgender inmate may be approved by the Warden. Additional items may be provided by the institution or purchased by the inmate, as appropriate.

Inmates who purchase and/or are provided items under this section will be subject to disciplinary sanctions, including the removal of these items, if they are found to have violated institution rules relating to the possession of these items.

15. **REENTRY NEEDS**

In accordance with the Program Statement **Release Preparation Program**, institution staff should assist transgender inmates in addressing these issues prior to release or placement in a Residential Reentry Center/Home Confinement.

During initial classifications and Program Reviews, Unit Management will formulate a pre-release plan that will assist transgender inmates in obtaining appropriate identification, finding housing and employment, and providing community resources to reintegrate into the community.

The Reentry Affairs Coordinator may assist staff with identifying these resources. Institution and/or Regional Social Workers should be contacted concerning the continuity of medical care.

The Female Offender Branch and/or Social Workers can be contacted to provide guidance and resources for reentry needs of transgender inmates.

16. ADMINISTRATIVE REMEDIES

Inmates may use the procedures of the Program Statement **Administrative Remedy Program** concerning any issues relating to this policy.

REFERENCES

Program Statements

P1330.18	Administrative Remedy Program (1/6/14)
P4500.11	Trust Fund/Deposit Fund Manual (4/9/15)
P5100.08	Security Designation and Custody Classification Manual (9/12/06)
P5290.15	Intake Screening (3/30/09)
P5310.12	Psychology Services Manual (03/07/95)
P5310.16	Treatment and Care of Inmates with Mental Illness (5/1/14)
P5322.13	Inmate Classification and Program Review (5/16/14)
P5324.08	Suicide Prevention (4/5/07)
P5324.12	Sexually Abusive Behavior Prevention and Intervention Program (6/4/15)
P5325.07	Release Preparation Program (12/31/07)
P5521.06	Searches of Housing Units, Inmates, and Inmate Work Areas (6/4/15)
P5800.15	Correctional Systems Manual (9/23/16)
P6031.04	Patient Care (6/3/14)
P6090.04	Health Information Management (3/2/15)

Federal Regulations

28 CFR part 115

Additional Resources For Clinicians

Diagnostic and Statistical Manual of Mental Disorders (DSM), most current version.

World Professional Association for Transgender Health (WPATH) standards.

BOP Forms

BP-A0148	Inmate Request to Staff
BP-A1110	Case Management Activity (CMA) SENTRY Assignment Consent Form for Transgender Inmates

*ACA Standards (see Program Statement, **Directives Management Manual**, sections 2.5 and 10.3)*

- American Correctional Association Standards for Adult Correctional Institutions, 4th Edition: 4-4056M, 4-4084M, 4-4084.1M, 4-4133M, 4-4180M, 4-4194M, 4-4278M, 4-4281.1M, 4-4281.2M, 4-4281.3M, 4-4281.4M, 4-4281.5M, 4-4281.6M, 4-4281.7M, 4-4281.8M, 4-4362M, 4-4371M, 4-4406M.
- American Correctional Association Performance Based Standards for Adult Local Detention Facilities, 4th Edition: 4-ALDF-2A-29, 4-ALDF-2A-32, 4-ALDF-2A-34, 4-ALDF-6B-03, 4-ALDF-2C-03, 4-ALDF-4C-22M, 4-ALDF-4C-30M, 4-ALDF-4D-22, 4-ALDF-4D-22-1, 4-

ALDF-4D-22-2, 4-ALDF-4D-22-3, 4-ALDF-4D-22-4, 4-ALDF-4D-22-5, 4-ALDF-4D-22-6M, 4-ALDF-4D-22-7, 4-ALDF-4D-22-8, 4-ALDF-7B-08, 4-ALDF-7B-10, 4-ALDF-7B-10-1.

- American Correctional Association Standards for Administration of Correctional Agencies, 2nd Edition: None.
- American Correctional Association Standards for Correctional Training Academies: None.

Records Retention

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on Sallyport.

**Attachment A. Case Management Activity (CMA) SENTRY Assignment
Consent Form for Transgender Inmates (BP-A1110)**

I agree that Bureau of Prisons staff may enter a CMA assignment on SENTRY concerning my gender identity.

I understand that this CMA assignment will identify me as transgender to all staff members.

I understand that the purpose of the CMA assignment is to assist staff members in providing programs and taking measures as described in the Program Statement **Transgender Offender Manual**.

I understand that specific medical and mental health information will not be disclosed to all staff using the CMA assignment; specific medical and mental health information is maintained separately.

Inmate Name:

Register Number:

Signature:

Date:

June 19, 2018

Hugh J. Hurwitz
Acting Director
Federal Bureau of Prisons
320 First St., NW
Washington, DC 20534

Dear Acting Director Hurwitz:

As representatives of civil and human rights organizations, mental health, educational, and religious organizations, we write to request that you affirm your commitment to the Prison Rape Elimination Act (PREA) and reverse the recent policy changes to the Bureau of Prisons' Transgender Offender Manual. The new policy all but mandates housing transgender prisoners based on genital characteristics or sex assigned at birth. The policy changes and resulting practices throughout the Bureau of Prisons ("BOP") clearly contravene the plain language of the PREA regulations and the intent of PREA. Worse, the policy exposes transgender prisoners in your custody to the well-documented, unacceptable and extremely heightened risk of sexual abuse by both staff and other prisoners, which not only violates PREA – it also violates the Constitution.

The BOP Policy Creates a Substantial Risk of Serious Harm and Disregards the Known Vulnerabilities of Transgender Prisoners

The BOP policy openly disregards transgender prisoners' widely known, well-documented heightened vulnerability to custodial sexual abuse. As early as 1994, the Supreme Court recognized this vulnerability – and the adverse effect that improper housing considerations and decisions have on transgender prisoners – in *Farmer v. Brennan*. (511 U.S. 825 (1994)). Dee Farmer had always identified as female, and first started hormone therapy in her teens. By the time she was sentenced to federal prison, she had been living consistently with her gender identity for years. She presented as a woman, had medical treatment to support her gender transition, and wore makeup. And yet she was housed in several BOP facilities for men during her incarceration. When she was transferred to a maximum security men's prison and placed in general population, it should have surprised no one that she had been raped within two weeks. In fact, the BOP had transferred her despite knowing that placing Ms. Farmer, a transgender woman, in that environment would pose a significant threat to her safety. The Supreme Court therefore held that disregarding the known risk of harm to Ms. Farmer because she was a transgender woman would constitute deliberate indifference in violation of the Constitution.

The Supreme Court correctly recognized that transgender prisoners are particularly vulnerable to sexual abuse and sexual harassment, a fact that had been known to corrections professionals for decades. Since the *Farmer v. Brennan* decision, studies and data have further quantified the unacceptable danger that transgender prisoners face in all custodial settings. Official data collected by the Bureau of Justice Statistics confirm that, nationwide, transgender prisoners experience exceptionally high rates of sexual victimization: in a 2011-2012 survey, almost 40 percent of transgender prisoners reported experiencing sexual victimization while incarcerated,

compared to four percent of all prisoners. (Allen J. Beck, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12, Supplemental Tables: Prevalence of Sexual Victimization Among Transgender Adult Inmates* (Dec. 2014)). In California, a study of the state's prisons for men found that the rate of sexual assault for transgender women in those prisons was 13 times higher than for men in the same prisons (58.5 percent as compared to 4.4 percent). (Valerie Jenness, et al., *Center for Evidence-Based Corrections, University of California, Irvine, Violence in California Correctional Facilities: An Empirical Examination of Sexual Assault* (2007)). These staggering rates of abuse still likely represent significant underreporting.

The Prison Rape Elimination Act Requires Prisons to Protect Transgender Prisoners

Rape and sexual abuse should never be part of any prisoner's sentence. Recognizing this, Congress passed the Prison Rape Elimination Act ("PREA") in 2003 to expose and combat the "epidemic character of prison rape and the day-to-day horror experienced by victimized inmates." (34 U.S.C. § 30301(12)). PREA was co-sponsored by then-Senator Jeff Sessions and the late Senator Edward M. Kennedy, and was passed with unanimous support from both parties in Congress. Pursuant to PREA, and after extensive public comment periods and subsequent revisions, the U.S. Department of Justice published the final National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act in the Federal Register on June 20, 2012. The PREA Standards were immediately binding on the BOP. (34 U.S.C. § 30307(b)).

The PREA Standards focus on the various systems necessary to achieve the goal of preventing, detecting, and responding to sexual abuse in confinement settings. A crucial factor in preventing sexual violence is safeguarding vulnerable prisoners from sexual abuse and sexual harassment. The PREA Standards recognize transgender prisoners' "particular vulnerabilities" to sexual abuse (77 C.F.R. 37109), and are designed to protect transgender prisoners from their heightened risk of sexual abuse in several ways. When it comes to placement decisions, the PREA Standards are clear: in determining whether to assign a transgender prisoner to a facility that houses male or female prisoners, "an agency may not simply assign the inmate to a facility based on genital status." (77 C.F.R. 37110). PREA mandates this requirement because a person's genital characteristics alone do not offer an accurate proxy for their lived experience, treatment needs, or relative safety in correctional institutions. Rather than presumptive rules that transgender people be housed based on their genital characteristics or assigned sex at birth, PREA mandates that agencies make decisions on a case by case basis and in deciding whether to house a transgender prisoner in a male or female facility, give "serious consideration to the inmate's own views regarding his or her own safety." (77 C.F.R. 37110; see also Standards 115.41 and 115.42).

PREA clearly requires case-by-case placement decisions, and contemplates placement in facilities that conform to a transgender prisoner's gender identity. This intent is clear in other areas of the PREA Standards as well. For example, in the preamble to PREA, the Department of Justice explained that concerns about cross-gender pat searches of transgender prisoners "can be addressed by properly assigning (or re-assigning) transgender and intersex inmates to facilities or housing units that correspond to their gender identity, and not making housing determinations based solely on genital status." (77 C.F.R. 37135).

The BOP's Transgender Offender Manual Violates PREA's Protections

The new BOP policy exceeds the agency's authority by violating PREA. It does so by, at worst, prohibiting housing prisoners according to gender identity, and at best making such placements extremely unlikely. This is because the new policy in effect requires BOP to house transgender prisoners according to "genital status" or "biological sex". Although the policy claims to require facility assignments to be made on a "case-by-case basis" in an apparent nod to PREA, the attendant restrictions on facility housing reveal that it will be almost impossible for a transgender prisoner to be housed in a facility based on anything other than genital status. Reverse-engineering the outcome of any purported "case-by-case" analysis and proclaiming that any placement consistent with gender identity be made "only in rare cases" flouts the requirements of PREA.

Indeed, the policy mandates all initial facility designations to be made based on "biological sex" – a term undefined in the policy that presumably refers to a prisoner's assigned sex at birth. However, the term "biological sex" has no fixed binary definition in either law or medicine and until recently it appeared nowhere in federal or state law. In practice this undefined term allows "biological sex" to be a moving target; one that opens the door to discrimination and animus as its meaning is allowed to shape-shift to keep transgender prisoners from ever being housed in accordance with their gender identity.

Once the initial facility designation has been mandated, the policy requires the BOP to evaluate the same factors it uses for essentially every other prisoner's facility classification, such as security risks, programming needs, and facility mission. The policy then specifically states that housing based on a prisoner's gender identity "would be appropriate only in rare cases" and "where there has been significant progress towards transition as demonstrated by medical and mental health history." (Transgender Offender Manual at p.6 (May 11, 2018)). The new BOP policy properly requires that a transgender prisoner's views with respect to their safety be taken into consideration for "housing unit and programming assignments," which occur after a facility designation has been made. Noticeably absent is a similar requirement regarding the initial facility placement, as required by the PREA Standards. (Standard 115.42). The plain terms of the policy – and the terms that are omitted – make clear that it is a reversion to potentially unlawful pre-PREA practices.

One glaring omission in the revised policy broadcasts the BOP's intent to completely prohibit housing based on gender identity, disregarding both transgender prisoners' own perceptions of safety and the studies that confirm the overwhelming risk to transgender prisoners housed based on genital characteristics. The revised section on initial housing designations for transgender prisoners adds 17 lines of text, yet deletes just one sentence: "The [Transgender Executive Council] will recommend housing by gender identity when appropriate." (Transgender Offender Manual at p.6).

The reality of the revised Transgender Offender Manual is that transgender prisoners will almost universally be assigned to male or female facilities according to their sex assigned at birth or

genital characteristics, in direct contravention of the PREA Standards, and with blatant disregard to the documented dangers this presents to transgender prisoners in the BOP.¹

Conclusion

Transgender prisoners will unquestionably suffer serious harm if this policy is implemented as written. We ask that you reaffirm the BOP's commitment to the safety of all of the people in its custody. We ask that you reaffirm the BOP's congressionally-mandated obligation to adhere to each of the final National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act. We ask that you follow the requirements of PREA and the U.S. Constitution, not to mention basic human decency, and house transgender prisoners safely, based on their individual needs.

Sincerely,

ACLU of Colorado
Advocates for Youth
AIDS Action Committee of Massachusetts
AIDS United
American Atheists
American Civil Liberties Union
American Psychological Association
Athlete Ally
Bend the Arc Jewish Action
Black and Pink, Inc.
California Prison Focus
Campaign for Youth Justice
Center for Children's Law and Policy
CenterLink: The Community of LGBT Centers
Civil Rights Education and Enforcement Center
Coalition for Juvenile Justice
Colorado Name Change Project
Columbia Law School
Community Mediation DC
CURE-DC
DC Jail and Advocacy Project
Defending Rights & Dissent
Disability Rights Washington
Drug Policy Alliance
Elizabeth F. Schwartz, PA

¹ Notably, the American Medical Association (AMA) has voted to adopt policy to ameliorate the risks and hazards of sex-based housing for transgender prisoners by promulgating policy to: "Support the ability of transgender prisoners to be placed in facilities, if they so choose, that are reflective of their affirmed gender status, regardless of the prisoner's genitalia, chromosomal make-up, hormonal treatment, or non-,pre-, or postoperative status;" and "Support that the facilities housing transgender prisoners shall not be a form of administrative segregation or solitary confinement." See "AMA Urges Appropriate Placement of Transgender Prisoners," AMA, June 11, 2018, available at <https://www.ama-assn.org/ama-urges-appropriate-placement-transgender-prisoners>.

End Solitary Santa Cruz County, CA
Equality California
Equality North Carolina
Fenway Health
Florida Justice Institute
Florida Legal Services, Institutional Legal Services Project
FORGE, Inc.
Free Minds Book Club & Writing Workshop
Freedom for Immigrants
Gender Spectrum
GLBTQ Legal Advocates & Defenders (GLAD)
GLMA: Health Professionals Advancing LGBT Equality
Gorman & Zuckerman, LLC
Heartwood Meditation Support Program
Human Rights Campaign
Human Rights Pen Pals
Human Rights Watch
Interfaith Action for Human Rights
International Association of Forensic Nurses
International CURE
Justice for Families
Justice Policy Institute
Justice Strategies
Juvenile Law Center
Lambda Legal
Law Office of Milo Primeaux, Esq.
Lewisburg Prison Project
LGBTQ Freedom Fund
Loevy & Loevy
Los Angeles LGBT Center
Maryland Coalition Against Sexual Assault
Mazzoni Center
Movement Advancement Project
NAACP
National Alliance on Mental Illness of Texas
National Association of Social Workers
National Black Justice Coalition
National Center for Lesbian Rights
National Center for Transgender Equality
National Coalition for LGBT Health
National Council of Churches
National Council of Jewish Women
National Equality Action Team (NEAT)
National Juvenile Justice Network
National Latina Institute for Reproductive Health
National LGBTQ Task Force

National Religious Campaign Against Torture
Open City Advocates
Out Alliance
OutServe-SLDN
Pennsylvania Institutional Law Project
PFLAG National
Prisoner Advocacy Network
Rape Victim Advocacy Program
Santa Cruz County Community Coalition to Overcome Racism
Sex Law and Policy Center
Shinn Law Office, LLC
SIECUS
Sin Barras
Solitary Watch
Southern Arizona Gender Alliance
StoptheDrugWar.org
Sturm College of Law
SunServe
T'ruah: The Rabbinic Call for Human Rights
The Criminalization of Poverty Project at IPS
The Decarceration Collective
The Legal Aid Society Prisoners' Rights Project
The LGBT Bar Association of Greater New York
The National Reentry Network for Returning Citizens
The Sentencing Project
The Women's Decarceration Clinic at Cornell Law School
TRANScending Barriers
Transgender Allies Group
Transgender Law Center
Transgender Resource Center of New Mexico
UCLA Prison Law and Policy Program
Union for Reform Judaism
Unitarian Universalist Association
University of Iowa - LGBTQ Clinic
University of Miami Law, Human Rights Clinic
Urban Justice Center
URGE: Unite for Reproductive & Gender Equity
W. Haywood Burns Institute
Washington Lawyers' Committee for Civil Rights and Urban Affairs
Washington Office on Latin America
Whitman-Walker Health
Wilcox & Ogden, P.C.
Witness to Mass Incarceration

cc: Jeff Sessions, Attorney General of the United States

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**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

**Report of the Special Rapporteur on torture and
other cruel, inhuman or degrading treatment or
punishment, Juan E. Méndez***Summary*

The present report focuses on certain forms of abuses in health-care settings that may cross a threshold of mistreatment that is tantamount to torture or cruel, inhuman or degrading treatment or punishment. It identifies the policies that promote these practices and existing protection gaps.

By illustrating some of these abusive practices in health-care settings, the report sheds light on often undetected forms of abusive practices that occur under the auspices of health-care policies, and emphasizes how certain treatments run afoul of the prohibition on torture and ill-treatment. It identifies the scope of State's obligations to regulate, control and supervise health-care practices with a view to preventing mistreatment under any pretext.

The Special Rapporteur examines a number of the abusive practices commonly reported in health-care settings and describes how the torture and ill-treatment framework applies in this context. The examples of torture and ill-treatment in health settings discussed likely represent a small fraction of this global problem.

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I. Introduction

1. The present report is submitted to the Human Rights Council in accordance with Council resolution 16/23.
2. Reports of country visits to Tajikistan and Morocco are contained in documents A/HRC/22/53/Add.1 and Add.2, respectively. A/HRC/22/53/Add.3 contains an update on follow-up measures and A/HRC/22/53/Add.4 contains observations made by the Special Rapporteur on some of the cases reflected in the communication reports A/HRC/20/30, A/HRC/21/49 and A/HRC/22/67.

II. Activities of the Special Rapporteur

A. Upcoming country visits and pending requests

3. The Special Rapporteur plans to visit Bahrain in May 2013 and Guatemala in the second half of 2013 and is engaged with the respective Governments to find mutually agreeable dates. The Special Rapporteur has accepted an invitation to visit Thailand in February 2014. He also notes with appreciation an outstanding invitation to visit Iraq.
4. The Special Rapporteur has reiterated his interest to conduct country visits to a number of States where there are pending requests for invitations: Cuba; Ethiopia; Ghana; Kenya; United States of America; Uzbekistan; Venezuela (Bolivarian Republic of) and Zimbabwe. The Special Rapporteur has also recently requested to visit Chad, Côte d'Ivoire, Dominican Republic, Georgia, Mexico and Viet Nam.

B. Highlights of key presentations and consultations

5. On 10 September 2012, the Special Rapporteur participated in a Chatham House event in London hosted by REDRESS on "Enforcing the absolute prohibition against torture".
6. On 26 September 2012, the Special Rapporteur met the Director General of the National Human Rights Commission of the Republic of Korea, who was visiting Washington D.C.
7. Between 22 and 24 October 2012, the Special Rapporteur presented his interim report (A/67/279) to the General Assembly and participated in two side events: one, held at the Permanent Mission of Denmark to the United Nations in New York, on "Reprisals against victims of torture and other ill-treatment" and the other organized jointly with the World Organisation Against Torture, Penal Reform International, the Centre for Constitutional Rights and Human Rights Watch on "The death penalty and human rights: the way forward". He also met with representatives of the Permanent Missions of Guatemala and Uruguay.
8. On 17 November 2012, the Special Rapporteur participated in a symposium organized by New York University on the practice of solitary confinement, entitled "Solitary: wry fancies and stark realities".
9. From 2 to 6 December 2012, the Special Rapporteur conducted a follow-up visit to Uruguay (A/HRC/22/53/Add.3), at the invitation of the Government, to assess improvements and identify remaining challenges regarding torture and other cruel, inhuman or degrading treatment or punishment.

10. From 13 to 14 December 2012, the Special Rapporteur convened an expert meeting on “Torture and ill-treatment in healthcare settings” at the Center for Human Rights and Humanitarian Law, American University in Washington, DC.

III. Applying the torture and ill-treatment protection framework in health-care settings

11. Mistreatment in health-care settings¹ has received little specific attention by the mandate of the Special Rapporteur, as the denial of health-care has often been understood as essentially interfering with the “right to health”.

12. While different aspects of torture and ill-treatment in health-care settings have been previously explored by the rapporteurship and other United Nations mechanisms, the Special Rapporteur feels that there is a need to highlight the specific dimension and intensity of the problem, which often goes undetected; identify abuses that exceed the scope of violations of the right to health and could amount to torture and ill-treatment; and strengthen accountability and redress mechanisms.

13. The Special Rapporteur recognizes that there are unique challenges to stopping torture and ill-treatment in health-care settings due, among other things, to a perception that, while never justified, certain practices in health-care may be defended by the authorities on grounds of administrative efficiency, behaviour modification or medical necessity. The intention of the present report is to analyse all forms of mistreatment premised on or attempted to be justified on the basis of health-care policies, under the common rubric of their purported justification as “health-care treatment”, and to find cross-cutting issues that apply to all or most of these practices.

A. Evolving interpretation of the definition of torture and ill-treatment

14. Both the European Court of Human Rights (ECHR) and the Inter-American Court of Human Rights have stated that the definition of torture is subject to ongoing reassessment in light of present-day conditions and the changing values of democratic societies.²

15. The conceptualization of abuses in health-care settings as torture or ill-treatment is a relatively recent phenomenon. In the present section, the Special Rapporteur embraces this ongoing paradigm shift, which increasingly encompasses various forms of abuse in health-care settings within the discourse on torture. He demonstrates that, while the prohibition of torture may have originally applied primarily in the context of interrogation, punishment or intimidation of a detainee, the international community has begun to recognize that torture may also occur in other contexts.

16. The analysis of abuse in health-care settings through the lens of torture and ill-treatment is based on the definition of these violations provided by the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and its authoritative interpretations. In order to demonstrate how abusive practices in health-care

¹ Health-care settings refers to hospitals, public and private clinics, hospices and institutions where health-care is delivered.

² World Organization Against Torture (OMCT), *The Prohibition of Torture and Ill-treatment in the Inter-American Human Rights System: A Handbook for Victims and Their Advocates* (2006), p. 107, citing Inter-American Court of Human Rights, *Cantoral-Benavides v. Peru*, Series C, No. 69 (2000) para. 99; ECHR, *Selmouni v. France*, Application No. 25803/94 (1999), para. 101.

settings meet the definition of torture, the following section provides an overview of the main elements of the definition of torture.

B. Applicability of the torture and ill-treatment framework in health-care settings

1. Overview of key elements of the definition of torture and ill-treatment

17. At least four essential elements are reflected in the definition of torture provided in article 1, paragraph 1, of the Convention against Torture: an act inflicting severe pain or suffering, whether physical or mental; the element of intent; the specific purpose; and the involvement of a State official, at least by acquiescence (A/HRC/13/39/Add.5, para. 30). Acts falling short of this definition may constitute cruel, inhuman or degrading treatment or punishment under article 16 of the Convention (A/63/175, para. 46). The previous Special Rapporteurs have covered in great detail the main components of the definition of torture. Nevertheless, there are a few salient points worth elaborating for the purpose of the present report.

18. The jurisprudence and authoritative interpretations of international human rights bodies provide useful guidance on how the four criteria of the definition of torture apply in the context of health-care settings. ECHR has noted that a violation of article 3 may occur where the purpose or intention of the State's action or inaction was not to degrade, humiliate or punish the victim, but where this nevertheless was the result.³

19. The application of the criteria of severe pain or suffering, intent, and involvement of a public official or other person acting in an official capacity, by consent or acquiescence to abuses in health-care settings, is relatively straightforward. The criterion of the specific purpose warrants some analysis.⁴

20. The mandate has stated previously that intent, required in article 1 of the Convention, can be effectively implied where a person has been discriminated against on the basis of disability. This is particularly relevant in the context of medical treatment, where serious violations and discrimination against persons with disabilities may be defended as "well intended" on the part of health-care professionals. Purely negligent conduct lacks the intent required under article 1, but may constitute ill-treatment if it leads to severe pain and suffering (A/63/175, para. 49).

21. Furthermore, article 1 explicitly names several purposes for which torture can be inflicted: extraction of a confession; obtaining information from a victim or a third person; punishment, intimidation and coercion; and discrimination. However, there is a general acceptance that these stated purposes are only of an indicative nature and not exhaustive. At the same time, only purposes which have "something in common with the purposes expressly listed" are sufficient (A/HRC/13/39/Add.5, para. 35).

22. Although it may be challenging to satisfy the required purpose of discrimination in some cases, as most likely it will be claimed that the treatment is intended to benefit the "patient", this may be met in a number of ways.⁵ Specifically, the description of abuses

³ See *Peers v. Greece*, Application No. 28524/95 (2001), paras. 68, 74; *Groni v. Albania*, Application No. 25336/04 (2009), para. 125.

⁴ Open Society Foundations, *Treatment or Torture? Applying International Human Rights Standards to Drug Detention Centers* (2011), p. 10.

⁵ *Ibid.*, p. 12.

outlined below demonstrates that the explicit or implicit aim of inflicting punishment, or the objective of intimidation, often exist alongside ostensibly therapeutic aims.

2. The scope of State core obligations under the prohibition of torture and ill-treatment

23. The Committee against Torture interprets State obligations to prevent torture as indivisible, interrelated, and interdependent with the obligation to prevent cruel, inhuman, or degrading treatment or punishment (ill-treatment) because “conditions that give rise to ill-treatment frequently facilitate torture”.⁶ It has established that “each State party should prohibit, prevent and redress torture and ill-treatment in all contexts of custody or control, for example, in prisons, hospitals, schools, institutions that engage in the care of children, the aged, the mentally ill or disabled, in military service, and other institutions as well as contexts where the failure of the State to intervene encourages and enhances the danger of privately inflicted harm”.⁷

24. Indeed, the State’s obligation to prevent torture applies not only to public officials, such as law enforcement agents, but also to doctors, health-care professionals and social workers, including those working in private hospitals, other institutions and detention centres (A/63/175, para. 51). As underlined by the Committee against Torture, the prohibition of torture must be enforced in all types of institutions and States must exercise due diligence to prevent, investigate, prosecute and punish violations by non-State officials or private actors.⁸

25. In *da Silva Pimentel v. Brazil*, the Committee on the Elimination of Discrimination against Women observed that “the State is directly responsible for the action of private institutions when it outsources its medical services” and “always maintains the duty to regulate and monitor private health-care institutions”.⁹ The Inter-American Court of Human Rights addressed State responsibility for actions of private actors in the context of health-care delivery in *Ximenes Lopes v. Brazil*.¹⁰

26. Ensuring special protection of minority and marginalized groups and individuals is a critical component of the obligation to prevent torture and ill-treatment. Both the Committee against Torture and the Inter-American Court of Human Rights have confirmed that States have a heightened obligation to protect vulnerable and/or marginalized individuals from torture, as such individuals are generally more at risk of experiencing torture and ill-treatment.¹¹

C. Interpretative and guiding principles

1. Legal capacity and informed consent

27. In all legal systems, capacity is a condition assigned to agents that exercise free will and choice and whose actions are attributed legal effects. Capacity is a rebuttable

⁶ General comment No. 2 (2007), para. 3.

⁷ *Ibid.*, para. 15.

⁸ General comment No. 2, paras. 15, 17 and 18. See also Committee against Torture, communication No. 161/2000, *Dzemajl et al. v. Serbia and Montenegro*, para. 9.2; Human Rights Committee, general comment No. 20 (1992), para. 2.

⁹ Communication No. 17/2008, para. 7.5.

¹⁰ Inter-American Court of Human Rights. (Series C) No. 149 (2006), paras. 103, 150; see also Committee on the Elimination of Discrimination against Women, general recommendation No. 19 (1992), para. 9.

¹¹ Committee against Torture, general comment No. 2, para. 21; *Ximenes Lopes v. Brazil*, para. 103.

presumption; therefore, “incapacity” has to be proven before a person can be designated as incapable of making decisions. Once a determination of incapacity is made, the person’s expressed choices cease to be treated meaningfully. One of the core principles of the Convention on the Rights of Persons with Disabilities is “respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons” (art. 3 (a)). The Committee on the Rights of Persons with Disabilities has interpreted the core requirement of article 12 to be the replacement of substituted decision-making regimes by supported decision-making, which respects the person’s autonomy, will and preferences.¹²

28. The Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health observed that informed consent is not mere acceptance of a medical intervention, but a voluntary and sufficiently informed decision. Guaranteeing informed consent is a fundamental feature of respecting an individual’s autonomy, self-determination and human dignity in an appropriate continuum of voluntary health-care services (A/64/272, para. 18).

29. As the Special Rapporteur on the right to health observed, while informed consent is commonly enshrined in the legal framework at the national level, it is frequently compromised in the health-care setting. Structural inequalities, such as the power imbalance between doctors and patients, exacerbated by stigma and discrimination, result in individuals from certain groups being disproportionately vulnerable to having informed consent compromised (*ibid.*, para. 92).

30. The intimate link between forced medical interventions based on discrimination and the deprivation of legal capacity has been emphasized both by the Committee on the Rights of Persons with Disabilities and the previous Special Rapporteur on the question of torture.¹³

2. Powerlessness and the doctrine of “medical necessity”

31. Patients in health-care settings are reliant on health-care workers who provide them services. As the previous Special Rapporteur stated: “Torture, as the most serious violation of the human right to personal integrity and dignity, presupposes a situation of powerlessness, whereby the victim is under the total control of another person.”¹⁴ Deprivation of legal capacity, when a person’s exercise of decision-making is taken away and given to others, is one such circumstance, along with deprivation of liberty in prisons or other places (A/63/175, para. 50).

32. The mandate has recognized that medical treatments of an intrusive and irreversible nature, when lacking a therapeutic purpose, may constitute torture or ill-treatment when enforced or administered without the free and informed consent of the person concerned (*ibid.*, paras. 40, 47). This is particularly the case when intrusive and irreversible, non-consensual treatments are performed on patients from marginalized groups, such as persons with disabilities, notwithstanding claims of good intentions or medical necessity. For example, the mandate has held that the discriminatory character of forced psychiatric interventions, when committed against persons with psychosocial disabilities, satisfies both intent and purpose required under the article 1 of the Convention against Torture, notwithstanding claims of “good intentions” by medical professionals (*ibid.*, paras. 47, 48). In other examples, the administration of non-consensual medication or involuntary

¹² See CRPD/C/ESP/CO/1.

¹³ Convention on the Rights of Persons with Disabilities, art. 25 (d); see also CRPD/C/CHN/CO/1 and Corr.1, para. 38; A/63/175, paras. 47, 74.

¹⁴ A/63/175, para. 50.

sterilization is often claimed as being a necessary treatment for the so-called best interest of the person concerned.

33. However, in response to reports of sterilizations of women in 2011, the International Federation of Gynecology and Obstetrics emphasized that “sterilization for prevention of future pregnancy cannot be ethically justified on grounds of medical emergency. Even if a future pregnancy may endanger a woman’s life or health, she ... must be given the time and support she needs to consider her choice. Her informed decision must be respected, even if it is considered liable to be harmful to her health.”¹⁵

34. In those cases, dubious grounds of medical necessity were used to justify intrusive and irreversible procedures performed on patients without full free and informed consent. In this light, it is therefore appropriate to question the doctrine of “medical necessity” established by the ECHR in the case of *Herczegfalvy v. Austria* (1992),¹⁶ where the Court held that continuously sedating and administering forcible feeding to a patient who was physically restrained by being tied to a bed for a period of two weeks was nonetheless consistent with article 3 of the European Convention for the Protection of Human Rights and Fundamental Freedoms because the treatment in question was medically necessary and in line with accepted psychiatric practice at that time.

35. The doctrine of medical necessity continues to be an obstacle to protection from arbitrary abuses in health-care settings. It is therefore important to clarify that treatment provided in violation of the terms of the Convention on the Rights of Persons with Disabilities – either through coercion or discrimination – cannot be legitimate or justified under the medical necessity doctrine.

3. Stigmatized identities

36. In a 2011 report (A/HRC/19/41), the United Nations High Commissioner for Human Rights examined discriminatory laws and practices and acts of violence against individuals based on sexual orientation and gender identity in health-care settings. She observed that a pattern of human rights violations emerged that demanded a response. With the adoption in June 2011 of resolution 17/19, the Human Rights Council formally expressed its “grave concern” regarding violence and discrimination based on sexual orientation and gender identity.

37. Many policies and practices that lead to abuse in health-care settings are due to discrimination targeted at persons who are marginalized. Discrimination plays a prominent role in an analysis of reproductive rights violations as forms of torture or ill-treatment because sex and gender bias commonly underlie such violations. The mandate has stated, with regard to a gender-sensitive definition of torture, that the purpose element is always fulfilled when it comes to gender-specific violence against women, in that such violence is inherently discriminatory and one of the possible purposes enumerated in the Convention is discrimination (A/HRC/7/3, para. 68).

38. In the context of prioritizing informed consent as a critical element of a voluntary counselling, testing and treatment continuum, the Special Rapporteur on the right to health has also observed that special attention should be paid to vulnerable groups. Principles 17 and 18 of the Yogyakarta Principles, for instance, highlight the importance of safeguarding informed consent of sexual minorities. Health-care providers must be cognizant of, and adapt to, the specific needs of lesbian, gay, bisexual, transgender and intersex persons (A/64/272, para. 46). The Committee on Economic, Social and Cultural Rights has

¹⁵ *Ethical Issues in Obstetrics and Gynecology* (2012), pp. 123–124.

¹⁶ Application No. 10533/83, paras. 27, 83.

indicated that the International Covenant on Economic, Social and Cultural Rights proscribes any discrimination in access to health-care and the underlying determinants of health, as well as to means and entitlements for their procurement, on the grounds of sexual orientation and gender identity.¹⁷

IV. Emerging recognition of different forms of abuses in health-care settings

39. Numerous reports have documented a wide range of abuses against patients and individuals under medical supervision. Health providers allegedly withhold care or perform treatments that intentionally or negligently inflict severe pain or suffering for no legitimate medical purpose. Medical care that causes severe suffering for no justifiable reason can be considered cruel, inhuman or degrading treatment or punishment, and if there is State involvement and specific intent, it is torture.

A. Compulsory detention for medical conditions

40. Compulsory detention for drug users is common in so-called rehabilitation centres. Sometimes referred to as drug treatment centres or “reeducation through labor” centres or camps, these are institutions commonly run by military or paramilitary, police or security forces, or private companies. Persons who use, or are suspected of using, drugs and who do not voluntarily opt for drug treatment and rehabilitation are confined in such centres and compelled to undergo diverse interventions.¹⁸ In some countries, a wide range of other marginalized groups, including street children, persons with psychosocial disabilities, sex workers, homeless individuals and tuberculosis patients, are reportedly detained in these centres.¹⁹

41. Numerous reports document that users of illicit drugs who are detained in such centres undergo painful withdrawal from drug dependence without medical assistance, administration of unknown or experimental medications, State-sanctioned beatings, caning or whipping, forced labour, sexual abuse and intentional humiliation.²⁰ Other reported abuses included “flogging therapy”, “bread and water therapy”, and electroshock resulting in seizures, all in the guise of rehabilitation. In such settings, medical professionals trained to manage drug dependence disorders as medical illnesses²¹ are often unavailable.

42. Compulsory treatment programmes that consist primarily of physical disciplinary exercises, often including military-style drills, disregard medical evidence (A/65/255, paras. 31, 34). According to the World Health Organization (WHO) and the United Nations Office on Drugs and Crime (UNODC), “neither detention nor forced labour have been recognized by science as treatment for drug use disorders”.²² Such detention – frequently

¹⁷ General comment No. 14 (2000), para. 18.

¹⁸ See World Health Organization (WHO), *Assessment of Compulsory Treatment of People Who Use Drugs in Cambodia, China, Malaysia and Viet Nam* (2009).

¹⁹ Human Rights Watch (HRW), *Torture in the Name of Treatment: Human Rights Abuses in Vietnam, China, Cambodia, and LAO PDR* (2012), p. 4.

²⁰ See Daniel Wolfe and Roxanne Saucier, “In rehabilitation’s name? Ending institutionalized cruelty and degrading treatment of people who use drugs”, *International Journal of Drug Policy*, vol. 21, No. 3 (2010), pp. 145-148.

²¹ United Nations Office on Drugs and Crime (UNODC) and WHO, “Principles of drug dependence treatment”, discussion paper, 2008.

²² *Ibid.*, p. 15.

without medical evaluation, judicial review or right of appeal – offers no evidence-based²³ or effective treatment. Detention and forced labour programmes therefore violate international human rights law and are illegitimate substitutes for evidence-based measures, such as substitution therapy, psychological interventions and other forms of treatment given with full, informed consent (A/65/255, para. 31). The evidence shows that this arbitrary and unjustified detention is frequently accompanied by – and is the setting for – egregious physical and mental abuse.

Overview of developments to date

43. The numerous calls by various international and regional organizations to close compulsory drug detention centres,²⁴ as well as the numerous injunctions and recommendations contained in the recently released guidelines by WHO on pharmacotherapy for opiate dependence,²⁵ the UNODC policy guidance on the organization's human rights responsibilities in drug detention centres,²⁶ and resolutions by the Commission on Narcotic Drugs,²⁷ are routinely ignored.²⁸ These centres continue to operate often with direct or indirect support and assistance from international donors without any adequate human rights oversight.²⁹

44. Notwithstanding the commitment to scale-up methadone treatment and evidence-based treatment as opposed to punitive approaches, those remanded to compulsory treatment in the punitive drug-free centres continue to exceed, exponentially, the number receiving evidence-based treatment for drug dependence.³⁰

B. Reproductive rights violations

45. The Special Rapporteur has, on numerous occasions, responded to various initiatives in the area of gender mainstreaming and combating violence against women, by, inter alia, examining gender-specific forms of torture with a view to ensure that the torture protection framework is applied in a gender-inclusive manner.³¹ The Special Rapporteur seeks to complement these efforts by identifying the reproductive rights practices in health-care settings that he believes amount to torture or ill-treatment.

46. International and regional human rights bodies have begun to recognize that abuse and mistreatment of women seeking reproductive health services can cause tremendous and lasting physical and emotional suffering, inflicted on the basis of gender.³² Examples of such violations include abusive treatment and humiliation in institutional settings;³³

²³ See for example WHO, UNODC, UNAIDS, *Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users* (WHO, 2009).

²⁴ World Medical Association, "Call for compulsory drug Detention centers to be closed", press statement, 17 May 2011; United Nations entities, "Compulsory drug detention and rehabilitation centres", joint statement, March 2012.

²⁵ See Wolfe and Saucier, "In rehabilitation's name".

²⁶ "UNODC and the promotion and protection of human rights", position paper, 2012, p. 8.

²⁷ Such as resolutions 55/12 (2012); 55/2 (2012) and 55/10 (2012).

²⁸ See Wolfe and Saucier, "In rehabilitation's name".

²⁹ HRW, submission to the Special Rapporteur on the question of torture, 2012.

³⁰ See Wolfe and Saucier, "In rehabilitation's name".

³¹ See A/54/426, A/55/290.

³² CAT/CR/32/5, para. 7 (m); Human Rights Committee general comment No. 28 (2000), para. 11.

³³ See Center for Reproductive Rights, *Reproductive Rights Violations as Torture and Cruel, Inhuman, or Degrading Treatment or Punishment: A Critical Human Rights Analysis* (2011).

involuntary sterilization; denial of legally available health services³⁴ such as abortion and post-abortion care; forced abortions and sterilizations;³⁵ female genital mutilation;³⁶ violations of medical secrecy and confidentiality in health-care settings, such as denunciations of women by medical personnel when evidence of illegal abortion is found; and the practice of attempting to obtain confessions as a condition of potentially life-saving medical treatment after abortion.³⁷

47. In the case of *R.R. v. Poland*, for instance, ECHR found a violation of article 3 in the case of a woman who was denied access to prenatal genetic testing when an ultrasound revealed a potential foetal abnormality. The Court recognized “that the applicant was in a situation of great vulnerability”³⁸ and that R.R.’s access to genetic testing was “marred by procrastination, confusion and lack of proper counselling and information given to the applicant”.³⁹ Access to information about reproductive health is imperative to a woman’s ability to exercise reproductive autonomy, and the rights to health and to physical integrity.

48. Some women may experience multiple forms of discrimination on the basis of their sex and other status or identity. Targeting ethnic and racial minorities, women from marginalized communities⁴⁰ and women with disabilities⁴¹ for involuntary sterilization⁴² because of discriminatory notions that they are “unfit” to bear children⁴³ is an increasingly global problem. Forced sterilization is an act of violence,⁴⁴ a form of social control, and a violation of the right to be free from torture and other cruel, inhuman, or degrading treatment or punishment.⁴⁵ The mandate has asserted that “forced abortions or sterilizations carried out by State officials in accordance with coercive family planning laws or policies may amount to torture”.⁴⁶

49. For many rape survivors, access to a safe abortion procedure is made virtually impossible by a maze of administrative hurdles, and by official negligence and obstruction. In the landmark decision of *K.N.L.H. v. Peru*, the Human Rights Committee deemed the denial of a therapeutic abortion a violation of the individual’s right to be free from ill-treatment.⁴⁷ In the case of *P. and S. v. Poland*, ECHR stated that “the general stigma attached to abortion and to sexual violence ..., caus[ed] much distress and suffering, both physically and mentally”.⁴⁸

50. The Committee against Torture has repeatedly expressed concerns about restrictions on access to abortion and about absolute bans on abortion as violating the prohibition of torture and ill-treatment.⁴⁹ On numerous occasions United Nations bodies have expressed

³⁴ See CAT/C/PER/CO/4, para. 23.

³⁵ E/CN.4/2005/51, paras. 9, 12.

³⁶ A/HRC/7/3, paras. 50, 51, 53; CAT/C/IDN/CO/2, para. 16.

³⁷ CAT/C/CR/32/5, para. 6 (j).

³⁸ ECHR, *R.R. v. Poland*, Application No. 27617/04 (2011), para. 159.

³⁹ *Ibid.*, para. 153.

⁴⁰ See ECHR, *V.C. v. Slovakia*, Application No. 18968/07 (2011).

⁴¹ A/67/227, para. 28; A/HRC/7/3, para. 38.

⁴² A/64/272, para. 55.

⁴³ See Open Society Foundations, *Against Her Will: Forced and Coerced Sterilization of Women Worldwide* (2011).

⁴⁴ See Committee on the Elimination of Discrimination against Women, general recommendation No. 19, para. 22; Human Rights Committee, general comment No. 28, paras. 11, 20.

⁴⁵ A/HRC/7/3, paras. 38, 39.

⁴⁶ *Ibid.*, para. 69.

⁴⁷ Communication No. 1153/2003 (2005), para. 6.3.

⁴⁸ ECHR, Application No. 57375/08 (2012), para. 76.

⁴⁹ See CAT/C/PER/CO/4, para. 23.

concern about the denial of or conditional access to post-abortion care.⁵⁰ often for the impermissible purposes of punishment or to elicit confession.⁵¹ The Human Rights Committee explicitly stated that breaches of article 7 of the International Covenant on Civil and Political Rights include forced abortion, as well as denial of access to safe abortions to women who have become pregnant as a result of rape⁵² and raised concerns about obstacles to abortion where it is legal.

C. Denial of pain treatment

51. In 2012, WHO estimated that 5.5 billion people live in countries with low or no access to controlled medicines and have no or insufficient access to treatment for moderate to severe pain.⁵³ Despite the repeated reminders made by the Commission on Narcotic Drugs to States of their obligations,⁵⁴ 83 per cent of the world population has either no or inadequate access to treatment for moderate to severe pain. Tens of millions of people, including around 5.5 million terminal cancer patients and 1 million end-stage HIV/AIDS patients, suffer from moderate to severe pain each year without treatment.⁵⁵

52. Many countries fail to make adequate arrangements for the supply of these medications.⁵⁶ Low- and middle-income countries account for 6 per cent of morphine use worldwide while having about half of all cancer patients and 95 per cent of all new HIV infections.⁵⁷ Thirty-two countries in Africa have almost no morphine available at all.⁵⁸ In the United States, over a third of patients are not adequately treated for pain.⁵⁹ In France, a study found that doctors underestimated pain in over half of their AIDS patients.⁶⁰ In India, more than half of the country's regional cancer centres do not have morphine or doctors trained in using it. This is despite the fact that 70 per cent or more of their patients have advanced cancer and are likely to require pain treatment.⁶¹

53. Although relatively inexpensive and highly effective medications such as morphine and other narcotic drugs have proven essential "for the relief of pain and suffering"⁶², these types of medications are virtually unavailable in more than 150 countries.⁶³ Obstacles that unnecessarily impede access to morphine and adversely affect its availability include overly restrictive drug control regulations⁶⁴ and, more frequently, misinterpretation of otherwise appropriate regulations;⁶⁵ deficiency in drug supply management; inadequate infrastructure;⁶⁶ lack of prioritization of palliative care⁶⁷; ingrained prejudices about using

⁵⁰ See CAT/C/CR/32/5, para. 7 (m); A/66/254, para. 30.

⁵¹ CAT/C/CR/32/5, para. 7 (m).

⁵² General comment No. 28, para. 11; see also CCPR/CO.70/ARG, para. 14.

⁵³ WHO, "Access to Controlled Medicines Programme", briefing note (2012), p. 1.

⁵⁴ Resolutions 53/4 (2010) and 54/6 (2011).

⁵⁵ WHO, "Access", p. 1.

⁵⁶ See HRW, "Please Do Not Make Us Suffer Any More...": Access to Pain Treatment as a Human Right (2009).

⁵⁷ Open Society Foundations, "Palliative care as a human right", Public Health Fact Sheet, 2012.

⁵⁸ Ibid.

⁵⁹ Ibid.

⁶⁰ Ibid.

⁶¹ HRW, *Unbearable Pain: India's Obligation to Ensure Palliative Care* (2009), p. 3.

⁶² Single Convention on Narcotic Drugs, 1961, preamble.

⁶³ Joseph Amon and Diederik Lohman, "Denial of pain treatment and the prohibition of torture, cruel, inhuman or degrading treatment or punishment", *INTERIGHTS Bulletin*, vol. 16, No. 4 (2011), p. 172.

⁶⁴ See HRW, "Please Do Not Make Us Suffer".

⁶⁵ E/INCB/1999/1, p. 7.

⁶⁶ A/65/255, para. 40.

opioids for medical purposes;⁶⁸ and the absence of pain management policies or guidelines for practitioners.⁶⁹

Applicability of torture and ill-treatment framework

54. Generally, denial of pain treatment involves acts of omission rather than commission,⁷⁰ and results from neglect and poor Government policies, rather than from an intention to inflict suffering. However, not every case where a person suffers from severe pain but has no access to appropriate treatment will constitute cruel, inhuman, or degrading treatment or punishment. This will only be the case when the suffering is severe and meets the minimum threshold under the prohibition against torture and ill-treatment; when the State is, or should be, aware of the suffering, including when no appropriate treatment was offered; and when the Government failed to take all reasonable steps⁷¹ to protect individuals' physical and mental integrity.⁷²

55. Ensuring the availability and accessibility of medications included in the WHO Model List of Essential Medicines is not just a reasonable step but a legal obligation under the Single Convention on Narcotic Drugs, 1961. When the failure of States to take positive steps, or to refrain from interfering with health-care services, condemns patients to unnecessary suffering from pain, States not only fall foul of the right to health but may also violate an affirmative obligation under the prohibition of torture and ill-treatment (A/HRC/10/44 and Corr.1, para. 72).

56. In a statement issued jointly with the Special Rapporteur on the right to health, the Special Rapporteur on the question of torture reaffirmed that the failure to ensure access to controlled medicines for the relief of pain and suffering threatens fundamental rights to health and to protection against cruel, inhuman and degrading treatment. Governments must guarantee essential medicines – which include, among others, opioid analgesics – as part of their minimum core obligations under the right to health, and take measures to protect people under their jurisdiction from inhuman and degrading treatment.⁷³

D. Persons with psychosocial disabilities

57. Under article 1 of the Convention on the Rights of Persons with Disabilities, persons with disabilities include those who have long-term intellectual or sensory impairments, which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. These are individuals who have been either neglected or detained in psychiatric and social care institutions, psychiatric wards, prayer

⁶⁷ Palliative care is an approach that seeks to improve the quality of life of patients diagnosed with life-threatening illnesses, through prevention and relief of suffering. WHO Definition of Palliative Care (see www.who.int/cancer/palliative/definition/en/).

⁶⁸ E/INCB/1999/1, p. 7.

⁶⁹ HRW, *"Please Do Not Make Us Suffer"*, p. 2.

⁷⁰ Amon and Lohman, "Denial", p. 172.

⁷¹ See for example ECHR, *Osman v. United Kingdom*, Application No. 23452/94 (1998), paras. 115-122; Committee on Economic, Social and Cultural Rights, general comment No. 14.

⁷² Amon and Lohman, "Denial", p. 172.

⁷³ Joint letter to the Chairperson of the fifty-second session of the Commission on Narcotic Drugs, 2008, p. 4.

camps, secular and religious-based therapeutic boarding schools, boot camps, private residential treatment centres or traditional healing centres.⁷⁴

58. In 2008 the mandate made significant strides in the development of norms for the abolition of forced psychiatric interventions on the basis of disability alone as a form of torture and ill-treatment (see A/63/175). The Convention on the Rights of Persons with Disabilities also provides authoritative guidance on the rights of persons with disabilities and prohibits involuntary treatment and involuntary confinement on the grounds of disability, superseding earlier standards such as the 1991 Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care (1991 Principles).

59. Severe abuses, such as neglect, mental and physical abuse and sexual violence, continue to be committed against people with psychosocial disabilities and people with intellectual disabilities in health-care settings.⁷⁵

60. There are several areas in which the Special Rapporteur would like to suggest steps beyond what has already been proposed by the mandate in its efforts to promote the Convention on the Rights of Persons with Disabilities as the new normative paradigm and call for measures to combat impunity.

1. A new normative paradigm

61. Numerous calls by the mandate to review the anti-torture framework in relation to persons with disabilities⁷⁶ remain to be addressed. It is therefore necessary to reaffirm that the Convention on the Rights of Persons with Disabilities offers the most comprehensive set of standards on the rights of persons with disabilities, inter alia, in the context of health care, where choices by people with disabilities are often overridden based on their supposed “best interests”, and where serious violations and discrimination against persons with disabilities may be masked as “good intentions” of health professionals (A/63/175, para. 49).

62. It is necessary to highlight additional measures needed to prevent torture and ill-treatment against people with disabilities, by synthesizing standards and coordinating actions in line with the Convention on the Rights of Persons with Disabilities.⁷⁷

2. Absolute ban on restraints and seclusion

63. The mandate has previously declared that there can be no therapeutic justification for the use of solitary confinement and prolonged restraint of persons with disabilities in psychiatric institutions; both prolonged seclusion and restraint may constitute torture and ill-treatment (A/63/175, paras. 55-56). The Special Rapporteur has addressed the issue of solitary confinement and stated that its imposition, of any duration, on persons with mental disabilities is cruel, inhuman or degrading treatment (A/66/268, paras. 67-68, 78). Moreover, any restraint on people with mental disabilities for even a short period of time

⁷⁴ See HRW, “*Like a Death Sentence*”: *Abuses against Persons with Mental Disabilities in Ghana* (2012).

⁷⁵ In November 2012, the Inter-American Commission on Human Rights approved precautionary measures to protect 300 individuals in Guatemala City’s psychiatric facility, where unspeakable forms of abuses were documented.

⁷⁶ See A/58/120; A/63/175, para. 41.

⁷⁷ See for example Organization of American States, Committee for the Elimination of all Forms of Discrimination against Persons with Disabilities, resolution CEDDIS/RES.1 (I-E/11) (2011), annex.

may constitute torture and ill-treatment.⁷⁸ It is essential that an absolute ban on all coercive and non-consensual measures, including restraint and solitary confinement of people with psychological or intellectual disabilities, should apply in all places of deprivation of liberty, including in psychiatric and social care institutions. The environment of patient powerlessness and abusive treatment of persons with disabilities in which restraint and seclusion is used can lead to other non-consensual treatment, such as forced medication and electroshock procedures.

3. Domestic legislation allowing forced interventions

64. The mandate continues to receive reports of the systematic use of forced interventions worldwide. Both this mandate and United Nations treaty bodies have established that involuntary treatment and other psychiatric interventions in health-care facilities are forms of torture and ill-treatment.⁷⁹ Forced interventions, often wrongfully justified by theories of incapacity and therapeutic necessity inconsistent with the Convention on the Rights of Persons with Disabilities, are legitimized under national laws, and may enjoy wide public support as being in the alleged “best interest” of the person concerned. Nevertheless, to the extent that they inflict severe pain and suffering, they violate the absolute prohibition of torture and cruel, inhuman and degrading treatment (A/63/175, paras. 38, 40, 41). Concern for the autonomy and dignity of persons with disabilities leads the Special Rapporteur to urge revision of domestic legislation allowing for forced interventions.

4. Fully respecting each person’s legal capacity is a first step in the prevention of torture and ill-treatment

65. Millions of people with disabilities are stripped of their legal capacity worldwide, due to stigma and discrimination, through judicial declaration of incompetency or merely by a doctor’s decision that the person “lacks capacity” to make a decision. Deprived of legal capacity, people are assigned a guardian or other substitute decision maker, whose consent will be deemed sufficient to justify forced treatment (E/CN.4/2005/51, para. 79).

66. As earlier stated by the mandate, criteria that determine the grounds upon which treatment can be administered in the absence of free and informed consent should be clarified in the law, and no distinction between persons with or without disabilities should be made.⁸⁰ Only in a life-threatening emergency in which there is no disagreement regarding absence of legal capacity may a health-care provider proceed without informed consent to perform a life-saving procedure.⁸¹ From this perspective, several of the 1991 Principles may require reconsideration as running counter to the provisions of the Convention on the Rights of Persons with Disabilities (A/63/175, para. 44).

5. Involuntary commitment in psychiatric institutions

67. In many countries where mental health policies and laws do exist, they focus on confinement of people with mental disabilities in psychiatric institutions but fail to effectively safeguard their human rights.⁸²

⁷⁸ See CAT/C/CAN/CO/6, para. 19 (d); ECHR, *Bures v. Czech Republic*, Application No. 37679/08 (2012), para. 132.

⁷⁹ A/63/175, paras. 44, 47, 61, 63; Human Rights Committee, communication No. 110/1981, *Viana Acosta v. Uruguay*, paras. 2.7, 14, 15.

⁸⁰ See also A/64/272, para. 74.

⁸¹ *Ibid.*, para. 12.

⁸² WHO, “Mental health legislation and human rights – denied citizens: including the excluded”, p. 1.

68. Involuntary commitment to psychiatric institutions has been well documented.⁸³ There are well-documented examples of people living their whole lives in such psychiatric or social care institutions.⁸⁴ The Committee on the Rights of Persons with Disabilities has been very explicit in calling for the prohibition of disability-based detention, i.e. civil commitment and compulsory institutionalization or confinement based on disability.⁸⁵ It establishes that community living, with support, is no longer a favourable policy development but an internationally recognized right.⁸⁶ The Convention radically departs from this approach by forbidding deprivation of liberty based on the existence of any disability, including mental or intellectual, as discriminatory. Article 14, paragraph 1 (b), of the Convention unambiguously states that “the existence of a disability shall in no case justify a deprivation of liberty”. Legislation authorizing the institutionalization of persons with disabilities on the grounds of their disability without their free and informed consent must be abolished. This must include the repeal of provisions authorizing institutionalization of persons with disabilities for their care and treatment without their free and informed consent, as well as provisions authorizing the preventive detention of persons with disabilities on grounds such as the likelihood of them posing a danger to themselves or others, in all cases in which such grounds of care, treatment and public security are linked in legislation to an apparent or diagnosed mental illness (A/HRC/10/48, paras. 48, 49).

69. Deprivation of liberty on grounds of mental illness is unjustified if its basis is discrimination or prejudice against persons with disabilities. Under the European Convention on Human Rights, mental disorder must be of a certain severity in order to justify detention.⁸⁷ The Special Rapporteur believes that the severity of the mental illness is not by itself sufficient to justify detention; the State must also show that detention is necessary to protect the safety of the person or of others. Except in emergency cases, the individual concerned should not be deprived of his liberty unless he has been reliably shown to be of “unsound mind”.⁸⁸ As detention in a psychiatric context may lead to non-consensual psychiatric treatment,⁸⁹ the mandate has stated that deprivation of liberty that is based on the grounds of a disability and that inflicts severe pain or suffering could fall under the scope of the Convention against Torture (A/63/175, para. 65). In making such an assessment, factors such as fear and anxiety produced by indefinite detention, the infliction of forced medication or electroshock, the use of restraints and seclusion, the segregation from family and community, etc., should be taken into account.⁹⁰

70. Moreover, the effects of institutionalization of individuals who do not meet appropriate admission criteria, as is the case in most institutions which are off the monitoring radar and lack appropriate admission oversight,⁹¹ raise particular questions under prohibition of torture and ill-treatment. Inappropriate or unnecessary non-consensual

⁸³ See Thomas Hammarberg, “Inhuman treatment of persons with disabilities in institutions”, Human Rights Comment (2010).

⁸⁴ See Dorottya Karsay and Oliver Lewis, “Disability, torture and ill-treatment: taking stock and ending abuses”, *The International Journal of Human Rights*, vol. 16, No. 6 (2012), pp. 816-830.

⁸⁵ See also CRPD/C/HUN/CO/1, paras. 27-28.

⁸⁶ See CRPD/C/CHN/CO/1 and Corr.1, paras. 92-93.

⁸⁷ See Peter Bartlett, “A mental disorder of a kind or degree warranting confinement: examining justifications for psychiatric detention”, *The International Journal of Human Rights*, vol. 16, No. 6 (2012), pp. 831-844.

⁸⁸ See ECHR, *Winterwerp v. The Netherlands*, Application No. 6301/73 (1979) and ECHR, *E v. Norway*, Application No. 11701/85 (1990).

⁸⁹ See Bartlett, “A mental disorder”.

⁹⁰ Stop Torture in Healthcare, “Torture and ill-treatment of people with disabilities in healthcare settings”, Campaign Briefing, 2012.

⁹¹ See CAT/C/JPN/CO/1, para. 26.

institutionalization of individuals may amount to torture or ill-treatment as use of force beyond that which is strictly necessary.⁹²

E. Marginalized groups

1. Persons living with HIV/AIDS

71. Numerous reports have documented mistreatment of or denial of treatment to people living with HIV/AIDS by health providers.⁹³ They are reportedly turned away from hospitals, summarily discharged, denied access to medical services unless they consent to sterilization,⁹⁴ and provided poor quality care that is both dehumanizing and damaging to their already fragile health status.⁹⁵ Forced or compulsory HIV testing is also a common abuse that may constitute degrading treatment if it is “done on a discriminatory basis without respecting consent and necessity requirements” (A/HRC/10/44 and Corr.1, para. 65). Unauthorized disclosure of HIV status to sexual partners, family members, employers and other health workers is a frequent abuse against people living with HIV that may lead to physical violence.

2. Persons who use drugs

72. People who use drugs are a highly stigmatized and criminalized population whose experience of health-care is often one of humiliation, punishment and cruelty. Drug users living with HIV are often denied emergency medical treatment.⁹⁶ In some cases the laws specifically single out the status of a drug user as a stand-alone basis for depriving someone of custody or other parental rights. Use of drug registries – where people who use drugs are identified and listed by police and health-care workers, and their civil rights curtailed – are violations of patient confidentiality⁹⁷ that lead to further ill-treatment by health providers.

73. A particular form of ill-treatment and possibly torture of drug users is the denial of opiate substitution treatment, including as a way of eliciting criminal confessions through inducing painful withdrawal symptoms (A/HRC/10/44 and Corr.1, para. 57). The denial of methadone treatment in custodial settings has been declared to be a violation of the right to be free from torture and ill-treatment in certain circumstances (*ibid.*, para. 71). Similar reasoning should apply to the non-custodial context, particularly in instances where Governments impose a complete ban on substitution treatment and harm reduction measures.⁹⁸ The common practice of withholding anti-retroviral treatment from HIV-positive people who use drugs, on the assumption that they will not be capable of adhering to treatment, amounts to cruel and inhuman treatment, given the physical and psychological suffering as the disease progresses; it also constitutes abusive treatment based on unjustified discrimination solely related to health status.

⁹² ECHR, *Mouisel v. France*, Application No. 67263/01 (2002), para. 48; see also Nell Monroe, “Define acceptable: how can we ensure that treatment for mental disorder in detention is consistent with the UN Convention on the Rights of Persons with Disabilities?”, *The International Journal of Human Rights*, vol. 16, No. 6 (2012).

⁹³ Campaign to Stop Torture in Health Care, “Torture and ill-treatment in health settings: a failure of accountability”, *Interights Bulletin*, vol. 16, No. 4 (2011), p. 162.

⁹⁴ Open Society Foundations, *Against Her Will* (footnote 43 above).

⁹⁵ See HRW, *Rhetoric and Risk: Human Rights Abuses Impeding Ukraine’s Fight against HIV/AIDS* (2006).

⁹⁶ *Ibid.*, p. 44.

⁹⁷ A/65/255, para. 20.

⁹⁸ See HRW, *Lessons Not Learned: Human Rights Abuses and HIV/AIDS in the Russian Federation* (2004).

74. By denying effective drug treatment, State drug policies intentionally subject a large group of people to severe physical pain, suffering and humiliation, effectively punishing them for using drugs and trying to coerce them into abstinence, in complete disregard of the chronic nature of dependency and of the scientific evidence pointing to the ineffectiveness of punitive measures.

3. Sex workers

75. A report on sex workers documented negative and obstructive attitudes on the part of medical workers, including denial of necessary health-care services.⁹⁹ Public health rationales have in some instances led to mandatory HIV testing and exposure of their HIV status, accompanied by punitive measures.¹⁰⁰ Breaches of privacy and confidentiality are a further indignity experienced by sex workers in health settings.¹⁰¹ Most recently, the Committee against Torture noted “reports of alleged lack of privacy and humiliating circumstances amounting to degrading treatment during medical examinations”.¹⁰² The mandate has observed that acts aimed at humiliating the victim, regardless of whether severe pain has been inflicted, may constitute degrading treatment or punishment because of the incumbent mental suffering (E/CN.4/2006/6, para. 35).

4. Lesbian, gay, bisexual, transgender and intersex persons

76. The Pan American Health Organization (PAHO) has concluded that homophobic ill-treatment on the part of health professionals is unacceptable and should be proscribed and denounced.¹⁰³ There is an abundance of accounts and testimonies of persons being denied medical treatment, subjected to verbal abuse and public humiliation, psychiatric evaluation, a variety of forced procedures such as sterilization, State-sponsored forcible anal examinations for the prosecution of suspected homosexual activities, and invasive virginity examinations conducted by health-care providers,¹⁰⁴ hormone therapy and genital-normalizing surgeries under the guise of so called “reparative therapies”.¹⁰⁵ These procedures are rarely medically necessary,¹⁰⁶ can cause scarring, loss of sexual sensation, pain, incontinence and lifelong depression and have also been criticized as being unscientific, potentially harmful and contributing to stigma (A/HRC/14/20, para. 23). The Committee on the Elimination of Discrimination against Women expressed concern about lesbian, bisexual, transgender and intersex women as “victims of abuses and mistreatment by health service providers” (A/HRC/19/41, para. 56).

77. Children who are born with atypical sex characteristics are often subject to irreversible sex assignment, involuntary sterilization, involuntary genital normalizing surgery, performed without their informed consent, or that of their parents, “in an attempt to

⁹⁹ Campaign to Stop Torture in Health Care, “Torture”, p. 163; see also A/64/272, para. 85.

¹⁰⁰ WHO and the Global Coalition on Women and AIDS, “Violence against sex workers and HIV prevention” (WHO, 2005), p. 2.

¹⁰¹ Campaign to Stop Torture in Health Care, “Torture”, p. 163.

¹⁰² CAT/C/AUT/CO/4-5, para. 22.

¹⁰³ PAHO, “‘Cures’ for an illness that does not exist” (2012), p. 3.

¹⁰⁴ See HRW, *In a Time of Torture: The Assault on Justice in Egypt’s Crackdown on Homosexual Conduct* (2003).

¹⁰⁵ PAHO/WHO, “‘Therapies’ to change sexual orientation lack medical justification and threaten health”, news statement, 17 May 2012; and submission by Advocates for Informed Choice to the Special Rapporteur on the question of torture, 2012.

¹⁰⁶ PAHO/WHO, “‘Therapies’”.

fix their sex”,¹⁰⁷ leaving them with permanent, irreversible infertility and causing severe mental suffering.

78. In many countries transgender persons are required to undergo often unwanted sterilization surgeries as a prerequisite to enjoy legal recognition of their preferred gender. In Europe, 29 States require sterilization procedures to recognize the legal gender of transgender persons. In 11 States where there is no legislation regulating legal recognition of gender,¹⁰⁸ enforced sterilization is still practised. As at 2008, in the United States of America, 20 states required a transgender person to undergo “gender-confirming surgery” or “gender reassignment surgery” before being able to change their legal sex.¹⁰⁹ In Canada, only the province of Ontario does not enforce “transsexual surgery” in order to rectify the recorded sex on birth certificates.¹¹⁰ Some domestic courts have found that not only does enforced surgery result in permanent sterility and irreversible changes to the body, and interfere in family and reproductive life, it also amounts to a severe and irreversible intrusion into a person’s physical integrity. In 2012, the Swedish Administrative Court of Appeals ruled that a forced sterilization requirement to intrude into someone’s physical integrity could not be seen as voluntary.¹¹¹ In 2011, the Constitutional Court in Germany ruled that the requirement of gender reassignment surgery violated the right to physical integrity and self-determination.¹¹² In 2009, the Austrian Administrative High Court also held that mandatory gender reassignment, as a condition for legal recognition of gender identity, was unlawful.¹¹³ In 2009, the former Commissioner for Human Rights of the Council of Europe observed that “[the involuntary sterilization] requirements clearly run counter to the respect for the physical integrity of the person”.¹¹⁴

79. The mandate has noted that “members of sexual minorities are disproportionately subjected to torture and other forms of ill-treatment because they fail to conform to socially constructed gender expectations. Indeed, discrimination on grounds of sexual orientation or gender identity may often contribute to the process of the dehumanization of the victim, which is often a necessary condition for torture and ill-treatment to take place.”¹¹⁵ “Medically worthless” practices of subjecting men suspected of homosexual conduct to non-consensual anal examinations to “prove” their homosexuality¹¹⁶ have been condemned by the Committee against Torture, the Special Rapporteur on the question of torture and the Working Group on Arbitrary Detention, which have held that the practice contravenes the prohibition of torture and ill-treatment (A/HRC/19/41, para. 37).

5. Persons with disabilities

80. Persons with disabilities are particularly affected by forced medical interventions, and continue to be exposed to non-consensual medical practices (A/63/175, para. 40). In the case of children in health-care settings, an actual or perceived disability may diminish the

¹⁰⁷ A/HRC/19/41, para. 57.

¹⁰⁸ Commissioner for Human Rights of the Council of Europe, *Discrimination on Grounds of Sexual Orientation and Gender Identity in Europe* (2011), pp. 86-87.

¹⁰⁹ D. Spade, “Documenting gender”, *Hastings Law Journal*, vol. 59, No. 1 (2008), pp. 830-831.

¹¹⁰ *XY v. Ontario*, 2012 HRTO 726 (CanLII), judgement of 11 April 2012.

¹¹¹ Mål nr 1968-12, Kammarrätten i Stockholm, Avdelning 03, http://du2.pentagonvillan.se/images/stories/Kammarrtens_dom_-_121219.pdf, p. 4.

¹¹² Federal Constitutional Court, *1 BvR 3295/07*. Available from www.bundesverfassungsgericht.de/entscheidungen/rs20110111_1bvr329507.html.

¹¹³ Administrative High Court, No. 2008/17/0054, judgement of 27 February 2009.

¹¹⁴ “Human rights and gender identity”, issue paper (2009), p. 19.

¹¹⁵ A/56/156, para. 19. See also E/CN.4/2001/66/Add.2, para. 199.

¹¹⁶ Working Group on Arbitrary Detention, opinion No. 25/2009 (2009), para. 29.

weight given to the child's views¹¹⁷ in determining their best interests, or may be taken as the basis of substitution of determination and decision-making by parents, guardians, carers or public authorities.¹¹⁸ Women living with disabilities, with psychiatric labels in particular, are at risk of multiple forms of discrimination and abuse in health-care settings. Forced sterilization of girls and women with disabilities has been widely documented.¹¹⁹ National law in Spain, among other countries,¹²⁰ allows for the sterilization of minors who are found to have severe intellectual disabilities. The Egyptian Parliament failed to include a provision banning the use of sterilization as a "treatment" for mental illness in its patient protection law. In the United States, 15 states have laws that fail to protect women with disabilities from involuntary sterilization.¹²¹

V. Conclusions and recommendations

A. Significance of categorizing abuses in health-care settings as torture and ill-treatment

81. The preceding examples of torture and ill-treatment in health-care settings likely represent a small fraction of this global problem. Such interventions always amount at least to inhuman and degrading treatment, often they arguably meet the criteria for torture, and they are always prohibited by international law.

82. The prohibition of torture is one of the few absolute and non-derogable human rights,¹²² a matter of *jus cogens*,¹²³ a peremptory norm of customary international law. Examining abuses in health-care settings from a torture protection framework provides the opportunity to solidify an understanding of these violations and to highlight the positive obligations that States have to prevent, prosecute and redress such violations.

83. The right to an adequate standard of health care ("right to health") determines the States' obligations towards persons suffering from illness. In turn, the absolute and non-derogable nature of the right to protection from torture and ill-treatment establishes objective restrictions on certain therapies. In the context of health-related abuses, the focus on the prohibition of torture strengthens the call for accountability and strikes a proper balance between individual freedom and dignity and public health concerns. In that fashion, attention to the torture framework ensures that system inadequacies, lack of resources or services will not justify ill-treatment. Although resource constraints may justify only partial fulfilment of some aspects of the right to health, a State cannot justify its non-compliance with core obligations, such as the absolute prohibition of torture, under any circumstances.¹²⁴

84. By reframing violence and abuses in health-care settings as prohibited ill-treatment, victims and advocates are afforded stronger legal protection and redress

¹¹⁷ Committee on the Rights of the Child, general comment No. 12 (2009), para. 21.

¹¹⁸ See A/HRC/20/5, para. 53 (d); A/63/175, para. 59.

¹¹⁹ See Independent Expert for the Secretary-General's Study on Violence against Children, *World Report on Violence against Children* (2009).

¹²⁰ Open Society Foundations, *Against Her Will* (footnote 43 above), p. 6, A/64/272, para. 71.

¹²¹ Open Society Foundations, *Against Her Will*, p. 6.

¹²² Convention against Torture, art. 2, para. 2, International Covenant on Civil and Political Rights, art. 7.

¹²³ See International Criminal Tribunal for the Former Yugoslavia, *Prosecutor v. Furundzija*, case No. IT-95-17/1-T, judgement (1998).

¹²⁴ See Committee on Economic, Social and Cultural Rights, general comment No. 14.

for violations of human rights. In this respect, the recent general comment No. 3 (2012) of the Committee against Torture on the right to a remedy and reparation offers valuable guidance regarding proactive measures required to prevent forced interventions. Notably, the Committee considers that the duty to provide remedy and reparation extends to all acts of ill-treatment,¹²⁵ so that it is immaterial for this purpose whether abuses in health-care settings meet the criteria for torture per se. This framework opens new possibilities for holistic social processes that foster appreciation of the lived experiences of persons, including measures of satisfaction and guarantees of non-repetition, and the repeal of inconsistent legal provisions.

B. Recommendations

85. The Special Rapporteur calls upon all States to:

(a) Enforce the prohibition of torture in all health-care institutions, both public and private, by, *inter alia*, declaring that abuses committed in the context of health-care can amount to torture or cruel, inhuman or degrading treatment or punishment; regulating health-care practices with a view to preventing mistreatment under any pretext; and integrating the provisions of prevention of torture and ill-treatment into health-care policies;

(b) Promote accountability for torture and ill-treatment in health-care settings by identifying laws, policies and practices that lead to abuse; and enable national preventive mechanisms to systematically monitor, receive complaints and initiate prosecutions;

(c) Conduct prompt, impartial and thorough investigations into all allegations of torture and ill-treatment in health-care settings; where the evidence warrants it, prosecute and take action against perpetrators; and provide victims with effective remedy and redress, including measures of reparation, satisfaction and guarantees of non-repetition as well as restitution, compensation and rehabilitation;

(d) Provide appropriate human rights education and information to health-care personnel on the prohibition of torture and ill-treatment and the existence, extent, severity and consequences of various situations amounting to torture and cruel, inhuman or degrading treatment or punishment; and promote a culture of respect for human integrity and dignity, respect for diversity and the elimination of attitudes of pathologization and homophobia. Train doctors, judges, prosecutors and police on the standards regarding free and informed consent;

(e) Safeguard free and informed consent on an equal basis for all individuals without any exception, through legal framework and judicial and administrative mechanisms, including through policies and practices to protect against abuses. Any legal provisions to the contrary, such as provisions allowing confinement or compulsory treatment in mental health settings, including through guardianship and other substituted decision-making, must be revised. Adopt policies and protocols that uphold autonomy, self-determination and human dignity. Ensure that information on health is fully available, acceptable, accessible and of good quality; and that it is imparted and comprehended by means of supportive and protective measures such as a wide range of community-based services and supports (A/64/272, para. 93). Instances of treatment without informed consent should be investigated; redress to victims of such treatment should be provided;

¹²⁵ General comment No. 3, para. 1.

(f) Ensure special protection of minority and marginalized groups and individuals as a critical component of the obligation to prevent torture and ill-treatment¹²⁶ by, inter alia, investing in and offering marginalized individuals a wide range of voluntary supports that enable them to exercise their legal capacity and that fully respect their individual autonomy, will and preferences.

1. Denial of pain relief

86. The Special Rapporteur calls upon all States to:

(a) Adopt a human rights-based approach to drug control as a matter of priority to prevent the continuing violations of rights stemming from the current approaches to curtailing supply and demand (A/65/255, para. 48). Ensure that national drug control laws recognize the indispensable nature of narcotic and psychotropic drugs for the relief of pain and suffering; review national legislation and administrative procedures to guarantee adequate availability of those medicines for legitimate medical uses;

(b) Ensure full access to palliative care and overcome current regulatory, educational and attitudinal obstacles that restrict availability to essential palliative care medications, especially oral morphine. States should devise and implement policies that promote widespread understanding about the therapeutic usefulness of controlled substances and their rational use;

(c) Develop and integrate palliative care into the public health system by including it in all national health plans and policies, curricula and training programmes and developing the necessary standards, guidelines and clinical protocols.

2. Compulsory detention for medical reasons

87. The Special Rapporteur calls upon all States to:

(a) Close compulsory drug detention and “rehabilitation” centres without delay and implement voluntary, evidence-based and rights-based health and social services in the community. Undertake investigations to ensure that abuses, including torture or cruel, inhuman and degrading treatment, are not taking place in privately-run centres for the treatment of drug dependence;

(b) Cease support for the operation of existing drug detention centres or the creation of new centres. Any decision to provide funding should be made only following careful risk assessment. If provided, any such funds should be clearly time-limited and provided only on the conditions that the authorities (a) commit to a rapid process for closing drug detention centres and reallocating said resources to scaling up voluntary, community-based, evidence-based services for treatment of drug dependence; and (b) replace punitive approaches and compulsory elements to drug treatment with other, evidence-based efforts to prevent HIV and other drug-related harms. Such centres, while still operating as the authorities move to close them, are subject to fully independent monitoring;

(c) Establish an effective mechanism for monitoring dependence treatment practices and compliance with international norms;

¹²⁶ See Committee on Economic, Social and Cultural Rights, general comment No. 14, para. 43 (a)-(f).

(d) Ensure that all harm-reduction measures and drug-dependence treatment services, particularly opioid substitution therapy, are available to people who use drugs, in particular those among incarcerated populations (A/65/255, para. 76).

3. Lesbian, gay, bisexual, transgender and intersex persons

88. The Special Rapporteur calls upon all States to repeal any law allowing intrusive and irreversible treatments, including forced genital-normalizing surgery, involuntary sterilization, unethical experimentation, medical display, “reparative therapies” or “conversion therapies”, when enforced or administered without the free and informed consent of the person concerned. He also calls upon them to outlaw forced or coerced sterilization in all circumstances and provide special protection to individuals belonging to marginalized groups.

4. Persons with psychosocial disabilities

89. The Special Rapporteur calls upon all States to:

(a) Review the anti-torture framework in relation to persons with disabilities in line with the Convention on the Rights of Persons with Disabilities as authoritative guidance regarding their rights in the context of health-care;

(b) Impose an absolute ban on all forced and non-consensual medical interventions against persons with disabilities, including the non-consensual administration of psychosurgery, electroshock and mind-altering drugs such as neuroleptics, the use of restraint and solitary confinement, for both long- and short-term application. The obligation to end forced psychiatric interventions based solely on grounds of disability is of immediate application and scarce financial resources cannot justify postponement of its implementation;¹²⁷

(c) Replace forced treatment and commitment by services in the community. Such services must meet needs expressed by persons with disabilities and respect the autonomy, choices, dignity and privacy of the person concerned, with an emphasis on alternatives to the medical model of mental health, including peer support, awareness-raising and training of mental health-care and law enforcement personnel and others;

(d) Revise the legal provisions that allow detention on mental health grounds or in mental health facilities, and any coercive interventions or treatments in the mental health setting without the free and informed consent by the person concerned. Legislation authorizing the institutionalization of persons with disabilities on the grounds of their disability without their free and informed consent must be abolished.

5. Reproductive rights

90. The Special Rapporteur calls upon all States to ensure that women have access to emergency medical care, including post-abortion care, without fear of criminal penalties or reprisals. States whose domestic law authorizes abortions under various circumstances should ensure that services are effectively available without adverse consequences to the woman or the health professional.

¹²⁷ Convention on the Rights of Persons with Disabilities, art. 4, para. 2.