# I. POLICY:

The Department of Juvenile Justice ensures that youth under the care of the Department who identify as lesbian, gay, bisexual, transgender, or intersex receive fair, equal, and non-discriminatory treatment and medical care, and that staff provide the highest quality of services to all youth regardless of sexual orientation, gender identity, or gender expression. DJJ will establish operational practices that reinforce the commitment to respect the dignity of all youth, including transgender and gender non-conforming youth, create a safe environment for all youth, and ensure that all youth have equal access to all available services, care, and treatment.

All youth placed in the custody of the Department have a right to be safe from emotional, physical, or sexual abuse and harassment which includes derogatory language or any other language that further stereotypes LGBTI youth.

# II. DEFINITIONS:

**Asexual**: A person who is not romantically or sexually attracted to any gender.

**Bisexual**: A person who is romantically or sexually attracted to more than one gender or sexual category.

**Contractors**: Non-DJJ employees contracted to provide services for DJJ.

**Facility Leadership Team**: For the purposes of this policy, the team will include the facility Director, Assistant/Associate Director(s), security supervisor, medical staff, and mental health staff.

**Gay**: Commonly refers to men typically attracted to other men.

**Gender**: A social concept classifying behavior as either “masculine” or “feminine,” unrelated to one’s external genitalia.
Gender Expression: A person’s expression of their gender identity, including appearance, dress, mannerisms, speech, and social interactions.

Gender Identity: Distinct from sexual orientation, and refers to a person’s internal, deeply felt sense of being male or female.

Gender Non-Conforming: Gender characteristics and/or behaviors that do not conform to those typically associated with a person’s biological sex.

Gender “Norms”: The expectations associated with “masculine” or “feminine” conduct, based on how society commonly believes males and females should behave.

Gender Variant Behavior: Conduct that is not normatively associated with an individual’s biological sex.

Heterosexual: Sexual, emotional, and/or romantic attraction to a sex differing from one’s own.

Homosexual: Sexual, emotional, and/or romantic attraction to persons of the same sex.

Intersex: A condition in which a person is born with external genitalia, internal reproductive organs, chromosome patterns, and/or an endocrine system that does not fit typical definitions of male or female.

LGBTI: Acronym for a group of sexual minorities including lesbian, gay, bisexual, transgender, and intersex individuals.

Lesbian: Commonly refers to women typically attracted to other women.

Managing Team: The team that manages a youth’s treatment and service provision in conjunction with the Facility Leadership Team. This may be the facility multidisciplinary team, behavioral health treatment team, or in YDCs, the sexually harmful behaviors intervention treatment team.

Non-Secure Residential Facility: Community residential locations operated by, or on behalf of, DJJ and may include group homes, emergency shelters, or other facilities that provide 24-hour care in a residential setting. This is usually a RBWO placement.

Sex: One’s anatomical make-up, including external genitalia, chromosomes, and reproductive system.

Sexual Identity: The sex that a person sees themselves as, which can include refusing to label oneself with a sex.

Sexual Orientation: Romantic and/or physical attraction to members of the same or different sex.

Transgender: A person whose gender identity differs from their birth sex.

Transgender Boy: A person whose birth sex was female but who understands himself to be, and desires to live his life as, a male.
Transgender Girl: A person whose birth sex was male but who understands herself to be, and desires to live her life as, a female.

III. GENERAL PROCEDURES

A. Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) youth will receive fair and equal treatment, without bias, and in a professional and confidential manner.

B. Staff, visitors, contractors, volunteers, and interns will not discriminate against or harass any youth in their care based on the youth’s actual or perceived sexual orientation or gender identity. All new staff, contractors, volunteers, and interns will be trained in appropriate policies and procedures in accordance with DJJ 4.2, New Employee on the Job Training.

C. Staff, visitors, contractors, volunteers, and interns will protect youth from discrimination, physical and sexual harassment, bullying or assault, and verbal harassment by other youth, based on a youth’s actual or perceived sexual orientation or gender identity.

D. Any staff, visitor, contractor, volunteer, or intern involved in, who witnesses, or otherwise becomes aware of, abuse or harassment of an LGBTI youth must report the conduct to his/her immediate supervisor and facility Director or designee.

E. The facility Director is responsible for establishing and maintaining a culture where the dignity of every youth is respected and all youth feel safe. Staff will model positive behavior when interacting with LGBTI youth, and will remind all youth that anti-LGBTI threats of violence, actual violence, or disrespectful or suggestive comments or gestures, are not tolerated.

F. All staff, visitors, contractors, volunteers, and interns will use respectful language and terminology that does not further stereotype LGBTI youth or staff.

G. In the course of their work, no staff, contractors, volunteers, or interns will refer to youth by using derogatory language in a manner that conveys bias or hatred of LGBTI youth. In particular, staff will not imply or tell LGBTI youth that they are abnormal, deviant, or that they can or should change their sexual orientation or gender identity.

H. The youth counselor’s office will include LGBTI affirming approved books and other materials. Facility Directors will display materials, such as “PREA” posters that convey to youth that the facility maintains an LGBTI-friendly environment. All youth will have access to these materials when requested.

I. Confidentiality:

1. Staff, visitors, contractors, volunteers, and interns will not disclose a youth’s sexual orientation or gender identity to other youth, friends, family members, or to outside individuals or agencies without a release of Protected Health Information (see DJJ 5.5, Health Records).
2. Confidentiality restrictions do not prevent staff from discussing a youth’s needs or services with other staff members on a need to know basis.

3. Information regarding a youth’s sexual orientation and/or gender identity may be shared with a specialized residential placement that meets the youth’s unique needs for the purposes of transition planning.

IV. INTAKE/CLASSIFICATION/PREA SCREENING/HOUSING

A. Intake and Screening

1. Youth will be informed of their rights and the process for reporting sexual abuse and/or harassment.

2. Staff should be aware that LGBTI youth are in various stages of awareness and comfort with their sexual orientation and gender identity.

3. If a youth discloses his/her sexual orientation and/or gender identity, the staff, contractors, volunteers, and interns will talk with the youth about it in an open and non-judgmental manner to determine if the youth has particular concerns or needs related to being LGBTI.

4. The youth vulnerability assessments will be conducted and documented by generating the PREA Screening Report (PSR) in accordance with DJJ 17.1, Admission to a Secure Facility, and DJJ 17.3, Custody and Housing Assessment.

5. If a youth identifies as a LGBTI youth, the Sexual Orientation, Gender Identity and Expression (SOGIE) Assessment (Attachment B) will be completed within 2 hours to assist with a custody and housing assessment.

6. When a transgender or intersex has been identified, the youth will complete the Transgender/Intersex Declaration of Preference Statement (Attachment A) which will be used to guide housing decisions and the gender of the staff member that is permitted to search youth under normal conditions. The completed form will be filed in the youth’s health record.

7. When a transgender or intersex youth is detained, the facility Director or Administrative Duty Officer (ADO) will be notified by the shift supervisor within 2 hours of youth’s arrival.

8. The facility Director or ADO will contact the Director of Victim Services, DJJ PREA Compliance Coordinator, or on-call mental health staff to assist in making an initial housing decision taking into consideration the PREA Screening form, SOGIE (Attachment B), Medical Screening and the Transgender and Intersex Declaration Form (Attachment A).
9. LGBTI youth will not be treated or classified as sex offenders unless there are documented court charges, an order, or as identified by the Sexually Harmful Behavior Review Panel for treatment purposes.

B. Housing:

1. The following business day the Facility Leadership Team will review the initial housing decision and make a housing assignment as follows:

   a. The Facility Leadership Team, in coordination with the youth’s Managing Team, will review the housing decisions for transgender youth and the review will be based on the youth’s individualized needs and will prioritize the youth’s emotional and physical safety, taking into account the youth’s perception of where he or she will be most secure, as well as any recommendation by the health care staff. To ensure their privacy and safety, transgender or intersex youth will be provided a single room. (See DJJ 17.3, Custody and Housing Assessment.)

   b. When considering a housing placement, the Facility Leadership Team will consider whether a transgender or intersex youth would prefer to be placed with males or females and the reason for that preference. If the youth’s preference is to be placed according to their gender identity, the Facility Leadership Team will seek additional assistance from the Director of Victim Services, central office classification committee, and/or Deputy Commissioners to make a final decision.

      i. LGBTI youth will not be placed in isolation or segregation except in accordance with DJJ 8.7, Protective Custody.

      ii. All housing decision reviews will be documented in JTS.

C. Programming:

1. All programming and required services will be determined on a case by case basis when transitioning youth are classified to a facility.

2. Youth may be provided the opportunity to receive programming and services within the parameters of their gender identity even when a housing reassignment is not determined to be in the youth’s best interests.

3. Staff may provide youth with facility clothing, including undergarments, appropriate with youth’s gender identity consistent with safety and security procedures.

4. The youth will be provided with culturally sensitive and gender specific hair care products in accordance with DJJ 18.12, Hair and Nail Hygiene.
D. Review:

1. Placement and programming assignments for transgender or intersex youth will be reassessed at least every 30 days, or as needed, based on safety and well-being of youth, by the PREA Compliance manager and the Facility Leadership Team in consultation with the youth’s Managing Team to review any threats to safety experienced by the youth.

2. Changes in youth’s housing decision should not be based solely on youth’s gender identity, but based on youth’s safety and well-being.

3. All housing decision reviews will be documented in JTS.

E. Searches and Supervision:

1. DJJ staff responsible for searches will be trained in conducting cross-gender pat down searches. Searches of transgender and intersex youth should be conducted in a professional, respectful manner and in the least intrusive manner possible, consistent with security needs. In circumstances where a youth requests to be searched by a staff of different biological gender, DJJ will consider: the gender of the staff member searching a transgender or intersex resident will depend on the specific needs of the individual youth, the operational concerns of the facility, and in consideration with the gender expression of the resident, in accordance with DJJ 23.1, PREA.

2. LGBTI youth will not be physically searched for the purpose of determining the youth’s physical anatomy.

3. Staff will provide transgender youth with safety and privacy, in accordance with policy, when using the shower and bathroom and when dressing and undressing. Transgender or intersex youth will not shower or undress in front of other youth. The facility will include in the LOP the process, required staff gender to conduct the showers, and shower times. The process must include cases of cross gender showering in accordance with DJJ 23.1, PREA.

F. Compliance and Quality Assurance:

1. The facility will control the dissemination of the youth’s information by complying with all applicable disclosure requirements and through the Facility PREA Compliance Manager. The dissemination of information ensures that sensitive information is not exploited to the youth’s detriment by staff or other youths.

2. The Facility PREA Compliance Manager will disseminate results on a need to know basis from the PREA Screening Report (PSR) to the facility management team, to include whether the youth identifies as LGBTI.
3. The Facility PREA Compliance Manager will implement a system that ensures that staff members working directly with the youth are advised of the status of a youth identified at risk. The Facility Leadership Team, youth’s managing team, program staff members, and supervising staff members will continually review the youth’s adjustment with in the facility as well as monitor and document any retaliation/bullying in the youth treatment notes. (See DJJ 23.1, PREA.)

V. HEALTH CARE

A. If, prior to arriving at the facility, a transgender youth was receiving transgender-related medical care, such as hormone therapy, medical services staff will consult with the youth’s medical providers and will continue to provide the youth with all transition related treatments that are medically necessary according to the youth’s provider and accepted professional standards and best practices.

B. If the youth is under age 18, parental consent is necessary for hormone therapy regardless of whether the youth was receiving hormone therapy prior to commitment.

C. Medical services staff will be knowledgeable about the health care needs of LGBTI youth.

VI. MENTAL HEALTH CARE

A. Youth who identify as transgender will be seen for a psychodiagnostic evaluation in accordance with DJJ 12.12, Psychodiagnostic Evaluation. The evaluating clinician will determine whether the youth requires supportive counseling regarding their sexual and/or gender identify and will refer them to the mental health caseload as appropriate.

VII. LOCAL OPERATING PROCEDURES REQUIRED: YES

- LOP should address shower procedures for LGBTI, to include the gender of the staff conducting showers and specify separate shower times for youth.

- Specify Facility Leadership Team members.