



JUVENILE FACILITIES CHECKLIST FOR DEFENDERS

ADVOCATING FOR THE SAFETY AND WELL-BEING
OF TRANSGENDER, GENDER NONCONFORMING,
AND INTERSEX YOUNG PEOPLE

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INTRODUCTION

In April 2019, the National Juvenile Defender Center (NJDC) produced a publication entitled “Juvenile Facilities Checklist for Defenders” to assist defenders in monitoring conditions and practices in detention and correctional facilities and other types of secure and non-secure facilities.¹ The checklist provides defenders with the necessary tools to advocate for their clients in these facilities to prevent unnecessary or inappropriate placement, reduce the period of confinement, or intervene to challenge harmful conditions or practices on the young person’s behalf.

This document, developed by the National Center for Lesbian Rights (NCLR) and NJDC, is a supplement to the original checklist and is focused specifically on advocating for the safety and well-being of transgender, gender nonconforming, and intersex (TGNCI) young people housed in secure and non-secure facilities. TGNCI young people are vulnerable to the same harms as all young people housed in juvenile facilities and NJDC’s original checklist is equally relevant to their safety, health and well-being. In addition, pervasive bias subjects TGNCI youth to increased risk of harm in facilities. Defenders must be aware of these risks and the specific operational practices necessary to ensure the health and safety of TGNCI youth, which is the purpose of this checklist.

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THE NEED FOR THIS CHECKLIST

The vulnerability of TGNC youth is well-documented. In a 2018 survey of 5,600 transgender and gender expansive youth,² 84% of youth experienced verbal threats,³ 53% experienced bullying at school,⁴ 57% had been mocked or taunted by their families,⁵ and 16% had been sexually attacked or raped – all based on their actual or perceived gender identity.⁶ Because of pervasive stigma and discrimination, TGNC youth experience disproportionately high rates of psychological distress,⁷ homelessness,⁸ and bullying.⁹ TGNC youth of color, who experience discrimination at the intersections of race and gender identity, experience extraordinarily high rates of violence and mistreatment.¹⁰

While there are fewer data on intersex youth, the available research estimates that up to 1.7% of people are born with intersex traits.¹¹ Although transgender and intersex identities are distinct, both groups encounter discrimination based on gender identity or gender expression and both groups lack access to competent medical care.¹² Some intersex children undergo unnecessary, irreversible, and involuntary surgeries, and transgender youth are often denied medically necessary, gender affirming treatment.¹³

Pervasive rejection and discrimination in their homes, schools, and communities contribute to the overrepresentation of TGNC youth in juvenile facilities. According to recent national data 20% of youth in juvenile facilities identify as transgender or gender nonconforming, and 85% of LGBTQ and GNC youth in confinement are of color.¹⁴ These youth experience higher levels of sexual abuse and other mistreatment in secure and non-secure facilities, particularly when facilities lack clear, enforceable guidance on how to protect their safety and promote their well-being.¹⁵

The extreme vulnerability of TGNCI youth in facilities has led many local and state jurisdictions to adopt nondiscrimination policies.¹⁶ In the first published opinion addressing the treatment of LGBT youth in juvenile facilities, a federal district court found that the staff’s failure to protect LGBT and those youth perceived to be LGBT from relentless verbal harassment and abuse, as well subjecting them to prolonged “protective” solitary confinement, violated the U.S. Constitution.¹⁷ In 2012, the Department of Justice adopted standards to implement the Prison Rape Elimination Act of 2003 (PREA), which contain several provisions intended to keep TGNCI youth safe from sexual misconduct.¹⁸ The PREA standards represent a critical acknowledgment of the unique vulnerability of TGNCI youth in confinement settings and contain the first explicit federal protections of this population. Numerous professional organizations have issued standards, guidelines and recommendations to address the specific harms to which TGNCI youth are vulnerable. They include:

- National Commission on Correctional Health Care: Position Statement on Transgender, Transsexual and Gender Nonconforming Healthcare in Correctional Settings <https://bit.ly/2SnFVnN>
- World Professional Association for Transgender Health (WPATH): Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People <https://bit.ly/2HxNjXU>
- Annie E. Casey Juvenile Detention Alternatives Initiative Juvenile Detention Facility Assessment Standards <https://bit.ly/2JkI54u>

- Annie E. Casey Juvenile Detention Alternatives Initiative Practice Guide: Lesbian, Gay, Bisexual and Transgender Youth in the Juvenile Justice System <https://bit.ly/2PWkWa4>
- OJJDP Federal Advisory Federal Advisory Committee on Juvenile Justice, Recommendations of the LGBT Subcommittee <https://bit.ly/2AuawZZ>
- American Academy of Child and Adolescent Psychiatry (AACAP): Position Statement on Transgender Youth in Juvenile Justice and other Correctional Systems <https://bit.ly/2AwHNUj>
- Substance Abuse and Mental Health Services Administration: Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth <https://bit.ly/2CJAvOk>
- American Psychological Association: Guidelines for Psychological Practice with Transgender and Gender Nonconforming People <https://bit.ly/26urYWJ>
- American Medical Association: Policy on Appropriate Placement of Transgender Prisoners <https://bit.ly/2Rp95Ih>
- American Academy of Pediatrics: Policy Statement: Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents <https://bit.ly/2JbiJow>
- Endocrine Society: Endocrine Treatment of Gender Dysphoric/Gender Incongruent Persons: An Endocrine Society Clinical Practice Guideline <https://bit.ly/2D9pdnG>
- National Association of Social Workers (NASW) Position Statement: Sexual Orientation Change Efforts (SOCE) and Conversion Therapy with Lesbians, Gay Men, Bisexuals and Transgender Persons <https://bit.ly/2D9djE>
- Intersex Society of North America: Clinical Guidelines for the Management of Disorders of Sex Development in Childhood <https://bit.ly/1CptvzA>

The following checklist is based on federal statutes and regulations, federal caselaw, and relevant professional standards. The conditions and practices identified in this checklist are also discussed in a recent publication issued by the PREA Resource Center entitled “Model Policy: Transgender, Gender Nonconforming, and Intersex Youth in Confinement Facilities.”¹⁹ The checklist is followed by a glossary of relevant terms.

Juvenile defenders will be able to investigate many of the policies and practices in the checklist through informal investigation and interviews. When these efforts are unsuccessful, defenders can resort to formal or informal public records requests.



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NONDISCRIMINATION

Adoption and implementation of a nondiscrimination policy is the cornerstone of the facility’s obligation to ensure the physical and emotional safety of TGNCI youth. To ensure that the policy is implemented, staff must receive training on the policy’s rationale and operational requirements, staff must be held accountable for compliance with the policy, and youth must be informed of their rights and obligations under the policy. A facility’s failure to adopt and implement a nondiscrimination policy should prompt defenders to investigate the awareness and attitudes of unit staff, and the treatment received by TGNCI youth housed in the facility.

Does the facility have a policy that prohibits discrimination against young people on the basis of gender identity, gender expression or sex characteristics?

- > Do staff subject TGNCI youth to different behavioral standards than other youth?
- > Do TGNCI youth have equal access to all available services, care and treatment?
- > Do staff attempt to censor, suppress or change any youth’s gender identity or expression?
- > Do staff punish or prohibit behavior that they deem to defy gender norms?
- > Do staff intervene promptly and effectively when any adult or youth bullies, harasses, demeans, mistreats, or abuses a youth based on that youth’s gender identity or gender expression?
- > Do staff choose to address mistreatment of TGNCI youth by addressing the offending behavior of those targeting TGNCI youth rather than changing how the TGNCI interacts with the general population?

Do staff ensure that youth understand their rights and obligations under the nondiscrimination policy?

- > Do staff provide to youth a written or verbal explanation of the nondiscrimination policy in a language the youth can understand?

Does facility administration ensure that all contractors and volunteers who have contact with youth receive information and training about the nondiscrimination policy?



INTAKE AND CONFIDENTIALITY

The PREA standards require facilities to conduct an intake and risk assessment within 72 hours of a youth's arrival at the facility.²⁰ Among other relevant information about each youth's history and characteristics, the standards require intake staff to ascertain information about "[a]ny gendernonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender or intersex, and whether the resident may therefore be vulnerable to sexual abuse."²¹ While personnel may observe whether the youth's gender expression appears nonconforming, the staff's perception is not a substitute for the youth's own self-identification. The only reliable means of determining the youth's gender identity is to ask the youth directly. However, staff may not compel youth to provide this information, nor may they punish the youth for declining to answer.

The standards also require facilities to implement appropriate controls to ensure that sensitive information disclosed by youth during intake is not exploited to the youth's detriment by staff or other residents.²² Unwarranted disclosure of a youth's gender identity may subject the youth to rejection, ridicule, harassment, or abuse. Facility personnel should be thoughtful and cautious about sharing this information and should only do so when necessary to advance the youth's well-being or to comply with state or federal law, and after consulting with the youth and securing the youth's consent.

Does the intake staff confidentially and respectfully ask youth about their gender identity as part of the initial intake and screening process?

- > Does intake occur in a place and manner that maximizes privacy and fosters open communication?
- > Do intake staff receive training on how to obtain information about youths' gender identity and gender expression or status as TGNCI in an effective, supportive and professional manner?
- > Do staff respond supportively to youth who disclose their identity as TGNCI, and ask youth about any related concerns or needs?
- > Does facility policy require staff to treat any information about a youth's identification as TGNCI as private and confidential?
- > Where is gender identity and expression information recorded, and who has access to it?
- > Do staff explain to youth the extent and limits of their ability to keep confidential information about the youth's status as TGNCI?
- > Do staff consult with youth before they disclose information related to the youth's status as TGNCI?
- > Do staff obtain the youth's consent prior to disclosing the youth's status as TGNCI to the youth's parents or guardians?

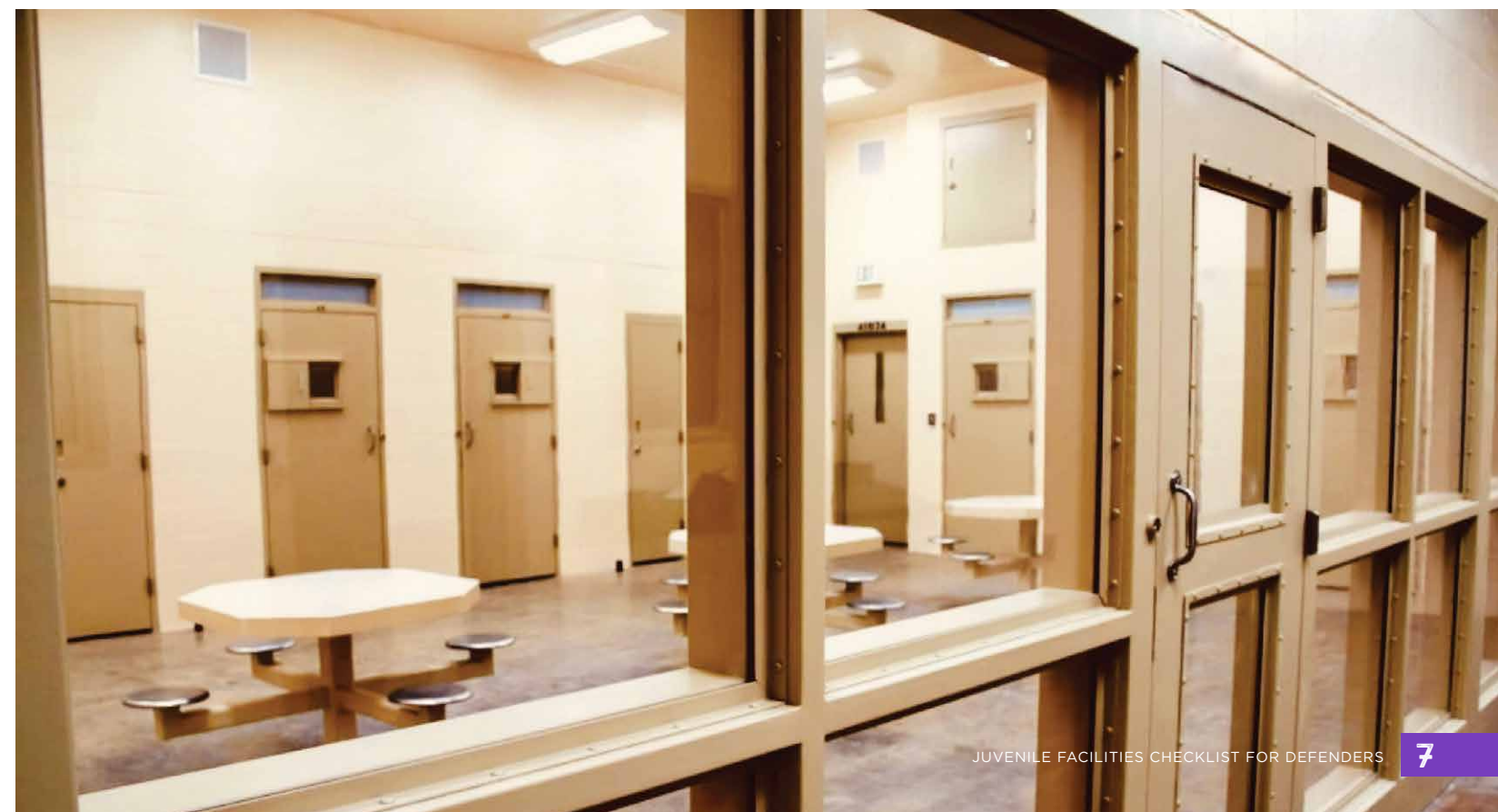
HOUSING ASSIGNMENTS

The PREA standards require facility staff to make individualized housing assignments for transgender and intersex youth that prioritize the youth's health and safety and give serious consideration to the youth's view of their own safety.²³ The standards prohibit housing policies that are based on biased assumptions about transgender or intersex individuals or that prescribe specific housing for every transgender or intersex youth based solely on their status or identity as transgender or intersex.²⁴ Assignments that fail to respect and affirm a youth's gender identity and expression, ignore the heightened vulnerability of TGNCI youth, or require youth to hide or suppress their authentic gender are harmful and unsafe. Courts should prohibit placement of TGNCI youth in facilities whose policies or practices subject these youth to harm.

Do staff make individualized housing assignments for TGNCI youth that prioritize the youth's health and safety and consider the youth's own views?

- > Does the facility rely on isolation as a means of protecting the safety of TGNCI youth?
- > Do staff automatically house youth according to their sex assigned at birth?
- > Does the staff house youth consistent with their gender identity upon the youth's request and when consistent with the youth's health and safety?
- > Do staff house TGNCI youth in specific units based solely on their status as TGNCI?
- > Do staff consider TGNCI status as an indicator that the youth is more likely to be sexually abusive?
- > Do staff make housing assignments based on the actual or anticipated complaints of other youth or staff?

Do unit staff monitor the housing assignments of TGNCI youth through regular observation and communication with the youth and other staff?



STAFF TRAINING

Staff training should be designed to teach the skills and knowledge needed to promote positive developmental outcomes for all youth, not simply the techniques of custody and control. The training should include the knowledge and skills necessary to promote the safety, health and well-being of TGNCI youth. This training is necessary to convey the foundational social science related to gender so that personnel share a common vocabulary and understanding of relevant concepts. Training is also necessary to apply the facility’s nondiscrimination policy to the questions that arise in daily practice and to ensure that participants understand their role in creating a safe and affirming system for all youth, irrespective of their gender identity or expression. Failure to provide this specialized training may lead unit staff to make decisions that are harmful to TGNCI youth or compromise their health and safety. The facility should ensure that all new employees receive the training, and provide periodic “refresher” training to all staff.

Do staff receive training on how to promote the health, safety and well-being of TGNCI youth?

- > Do staff receive training on basic terms and concepts related to gender identity, gender expression, and intersex traits, including information about adolescent identity development and myths and misconceptions about TGNCI individuals?
- > Do staff receive training on the unique health and safety risks faced by TGNCI youth including increased risk of sexual assault?
- > Do staff receive training in how to communicate effectively with youth about gender identity and expression?
- > Do staff receive training on the content and rationale of the facility’s nondiscrimination policy, and how to implement it in their respective positions?
- > Does the facility provide training to new staff and ongoing training to existing staff?



RESOURCES AND PROGRAMMING

Facilities must provide a safe and nondiscriminatory environment where youth can learn and grow. This includes promoting the positive adolescent development of all youth, including youth who are exploring their gender identity or who identify as TGNCI. Practices that accomplish this goal reinforce respect for differences amongst youth, encourage the development of healthy self-esteem in youth, help youth manage the stigma associated with difference, and connect youth with supports in the community.

Facilitating visitation between youth and their families is key to promoting their adjustment and rehabilitation, their health and well-being, and their successful reintegration when they return to their communities. Some TGNCI youth are estranged from their families of origin,²⁵ and family conflict may have contributed to their involvement in the justice system. Many of these youth have formed “chosen” families who provide essential connection and support.²⁶ Facilities should view these individuals as important resources for TGNCI youth who may have experienced rejection in their families, schools, and communities. Whenever possible, facilities should encourage connection with supportive adults and add them to the approved list of visitors.

It is critical that TGNCI youth see themselves and their communities reflected in the images and resources made available to them. Because the majority of TGNCI youth in the justice system are youth of color,²⁷ facilities should review books, magazines and other media to ensure that they include images and perspectives of TGNCI youth of color. Facilities should also ensure that any programming provided by community-based organizations is inclusive of youth and communities of color.

Does the educational curriculum include positive portrayals of TGNCI individuals?

Does the facility provide sexual health education, including affirming materials about gender identity/expression, and intersex traits?

Does the facility provide books, magazines and other reading materials to youth that include positive images of TGNCI individuals? Are these materials inclusive of youth and communities of color?

Does the facility or agency partner with community-based organizations or individuals who can provide information and programming to youth about gender identity/expression?

Does the facility screen religious programming for anti-LGBTQ content?

Does the facility have a process for approving visitation by mentors and other affirming adults, in addition to family members?

YOUTH HEALTH AND SAFETY

Professional standards for transgender health are aimed at permitting TGNCI individuals to live congruently with their gender identity.²⁸ Affirming the gender identity of TGNCI youth and supporting them to be themselves promotes their health and well-being. Conversely, policies and practices that force TGNCI youth to hide or suppress their gender identity, deny them access to medically necessary gender-affirming care, or exclude them from facilities and programs that correspond to their gender identity subject these youth to serious negative health outcomes. Courts should not approve placement of TGNCI youth in facilities that do not or cannot protect their health, safety and well-being.

Does facility policy require staff to affirm the gender identity and expression of all youth?

- > Do staff use the name and pronoun currently used by TGNCI youth even if it differs from the youth's legal name or the name and gender marker listed on the youth's identity documents or court records?
- > Do staff provide youth with clothing, undergarments, and personal hygiene and grooming products consistent with their gender identity/expression irrespective of the youth's housing assignment?
- > Are youth allowed to express their gender through clothing, hairstyle, personal items and accessories, absent consistently applied and reasonable safety policies?
- > Are TGNCI youth allowed to use bathrooms and other facilities that correspond with their gender identity? Are accommodations for increased privacy made if requested?
- > If showers are communal, are TGNCI youth given the opportunity to shower separately if they prefer to do so?

Do TGNCI youth have access to gender affirming health care services?

- > Do TGNCI youth receive a timely medical assessment that includes any needs related to their status as TGNCI?
- > Do TGNCI youth have access to culturally and professionally competent medical staff who are familiar with the World Professional Association for Transgender Health (WPATH) Standards of Care?
- > In facilities where the medical staff is not trained in transgender health care, has management taken steps to ensure that TGNCI youth have timely access to other providers with the requisite expertise?
- > Do medical staff assure continuity of gender affirming care for transgender youth who were receiving treatment prior to admission?
- > For youth who were receiving hormone therapy before confinement (with or without a prescription), do medical personnel continue that therapy without interruption pending evaluation by a specialist, absent urgent medical reasons to the contrary?
- > Do medical personnel refrain from administering any medical procedure or treatment related to an intersex trait or condition unless: 1) the procedure is urgent and medically necessary, or 2) the youth desires the procedure and is capable of meaningfully consenting to it with complete understanding of the risks and alternatives?
- > If the parents or other adults with the legal authority to consent are unwilling or unable to consent to treatment recommended by medical personnel and requested by the youth, does the agency seek a court order on the youth's behalf to proceed with the recommended treatment?

Do TGNCI youth have access to gender affirming mental health care services?

- > Do all youth receive a standardized mental health screening when they arrive at the facility to identify whether they need further care/screening? Is this screening inclusive of gender exploration and psychological distress that may be related to gender identity or expression?
- > Are the standardized mental health screenings conducted by personnel who are trained in how to conduct interviews with youth about gender identity and reviewed by staff who can assess the need for additional mental health services?
- > Can youth submit confidential requests for consultation or counseling related to gender identity, gender expression, intersex status, or gender transition?
- > Are mental health staff qualified to provide gender affirming mental health services consistent with the guidelines and standards promulgated by the American Psychological Association and the World Professional Association for Transgender Health?
- > In the event that mental health personnel are not trained to provide gender affirming care, does the facility ensure that TGNCI youth have timely access to other mental healthcare providers with the requisite expertise?
- > Do mental health and medical personnel work collaboratively to develop and implement treatment plans for TGNCI youth?
- > Does the facility have a policy that prohibits "conversion" or "reparative" therapy, or all other attempts to suppress or change the gender identity or expression of youth?



SEARCHES

The PREA standards prohibit staff from searching a transgender or intersex youth for the sole purpose of determining the youth’s genital status.²⁹ Staff must receive training in how to search transgender and intersex youth in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.³⁰ The standards also limit the circumstances under which personnel are permitted to conduct cross-gender searches of youth. Staff may not conduct cross-gender strip searches or visual body cavity searches, except in exigent circumstances or when performed by medical practitioners.³¹ Staff may not conduct cross-gender pat down searches, except in exigent circumstances.³² Staff must document and justify any cross-gender searches.³³ The preferred way to meet this standard for TGNCI youth is by asking the youth to identify the gender of the personnel with whom they would feel most comfortable conducting the search and accommodating the youth’s request.

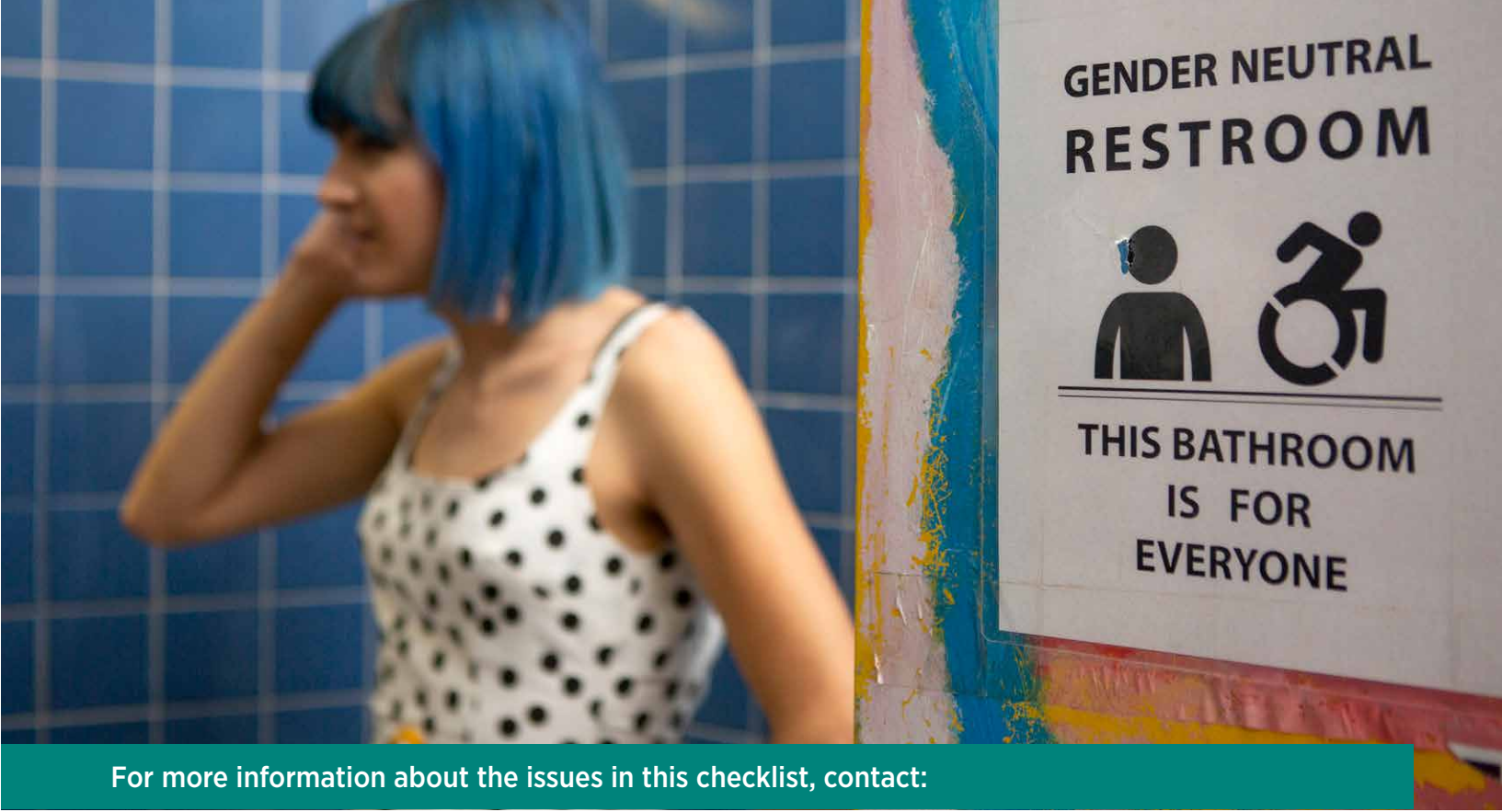
Do all staff who conduct searches receive training in how to conduct professional and respectful searches of all youth, including TGNCI youth, in the least intrusive manner possible, consistent with security needs?

Does the administration ensure that all staff and personnel who conduct searches of youth receive training to do so in a professional and respectful manner? Are they trained to conduct searches in the least intrusive manner possible consistent with security needs? Does this training specifically cover searches of TGNCI youth?

Do staff and personnel carry out searches in a manner that is not humiliating or degrading? Are there policies in place to prohibit inspection of TGNCI youth to determine their physical anatomy or genital status?

Do staff permit youth to identify the gender of the staff member they prefer to conduct searches of them? Are these requests documented and accommodated?

Do personnel document any search that deviates from the youth’s request, including recording the specific exigent circumstance that prevented the facility from accommodating the youth’s request? Are these reports reviewed by an appropriate supervisor?



For more information about the issues in this checklist, contact:

Shannan Wilber, Youth Policy Director at the National Center for Lesbian Rights (swilber@nclrights.org) or visit NCLR’s website <http://www.nclrights.org/>

Bernadette Brown, President, B. Brown Consulting, LLC (bbrown@bbrownconsulting.com) or visit B. Brown Consulting’s website at www.bbrownconsulting.com

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Jason Szanyi, Deputy Director at the Center for Children’s Law and Policy (jszanyi@cclp.org) or visit CCLP’s website <https://www.cclp.org/>



Contact other organizations with expertise in promoting the health, safety and well-being of TGNCI youth:

- National Center for Transgender Equality
- Lambda Legal
- Ceres Policy Research
- GLSEN
- Gender & Sexualities Alliance Network
- Movement Advancement Project
- True Colors Fund
- National LGBTQ Task Force
- Black & Pink, Inc.
- interACT
- Gender Spectrum

GLOSSARY

Affirm: To acknowledge, validate and support the identities and autonomy of TGNCI people.

Bias: A personal, generalized preference for or against something that has the tendency to interfere with one’s ability to be impartial or objective.

Cisgender: Describes people whose gender identity aligns with their sex assigned at birth.

Conversion Therapy (also known as “Reparative Therapy”): Discredited, ineffective, and harmful practices aimed at changing an individual’s sexual orientation or gender identity.
Cross-gender: Of or by another gender. For example, a pat down search by a male staff member of a female youth is a cross-gender search.

Exigent Circumstances: Any set of temporary and unforeseen circumstances that require immediate action to combat a threat to the security or institutional order of a facility.

Gender Affirming Health Care: Medical treatment that affirms a youth’s gender identity, as experienced and defined by the youth. Treatment may include, but is not limited to:

- Interventions to suppress the development of endogenous secondary sex characteristics.
- Interventions to align the patient’s appearance or physical body with the patient’s gender identity.
- Interventions to alleviate symptoms of clinically significant distress resulting from gender dysphoria, as defined in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition.

Gender Affirming Mental Health Care: Therapeutic services that affirm a youth’s gender identity, as experienced and defined by the youth. Services may include, but are not limited to, exploration and integration of identity, reduction of distress, adaptive coping, and strategies to increase family acceptance.

Gender Dysphoria: Discomfort or distress caused by a discrepancy between a person’s gender identity and that person’s assigned sex at birth.

Gender Expression: A person’s presentation or communication of their gender to others, through hairstyles, clothing, physical mannerisms, alterations of their body, or name and pronoun.

Gender Identity: An individual’s core and hard-wired sense of their own identity as a boy/man, woman/girl, something in between, or outside the male/female binary. Everyone has a gender identity, which may or may not align with that person’s sex assigned at birth.

Gender Nonconforming: Describes a person whose appearance or manner does not conform to traditional gender stereotypes. For the purposes of this policy, the term “gender nonconforming” includes youth who identify as “non-binary,” meaning that their gender identity is neither man/boy nor woman/girl. The terms “genderqueer,” “bigender,” or “agender” also describe gender identities that fall outside the gender binary.

Gender Norms: A behavior or characteristic that society attributes to a particular gender. Gender norms vary between cultures and often change over time.
Gender Transition: A process by which transgender people align their anatomy (medical transition), identity documents (legal transition), or gender expression (social transition) with their gender identity.

Harassment: Unwanted verbal, physical, visual, or sexual conduct that creates an intimidating, hostile or offensive environment.

LGBTQQI: An acronym that refers to individuals who identify as lesbian, gay, bisexual, transgender, queer, questioning, or intersex.

Lesbian: Describes a woman who is attracted to women.

Gay: Describes a person who is attracted to people of the same gender. While the term is often used to refer to men who are attracted to men, it is also used to refer to women who are attracted to women.

Bisexual: Describes a person who is attracted to more than one gender

Transgender: Describes a person whose gender identity is different from their assigned sex and who lives, or desires to live, in accord with their gender identity.

- **Transgender Boy:** A person who was assigned female at birth, but identifies as, and desires to live as, a boy.
- **Transgender Girl:** A person who was assigned male at birth, but identifies as, and desires to live as, a girl.

Questioning: Describes people who are unsure of, or in the process of discovering, their sexual orientation or gender identity.

Queer: An umbrella term that describes a person who does not identify as straight or cisgender. The term has negative connotations for some people, given its historical use as a pejorative term. Many people have reclaimed the term, often to expand upon limited sexual and gender-based categories.

Intersex: A general term used for variations in sex characteristics in which a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male. Variations may appear in a person’s chromosomes, genitals, or reproductive organs like testes or ovaries. Some intersex traits are discovered at birth, while others may not be discovered until puberty or later in life. Previously, intersex children were subjected to medically unnecessary interventions in infancy, with best practice now counselling that all procedures be delayed until the intersex person can participate in the decision. Just like other people, an intersex person may identify as male, female, or non-binary, and may be lesbian, gay, bisexual, or straight. Being intersex does not mean that a person does not identify as male or female.

Personnel: Facility staff, contractors, and volunteers.

Sex Assigned at Birth: the designation of an infant’s sex at birth, usually by a medical professional, based on the child’s external genitalia. A person’s sex assigned at birth may or may not be congruent with the person’s gender identity.

Sexual Orientation: An attraction to others that ranges from attraction to only men or only women, to varying degrees of attraction to both men and women, to attraction to neither men nor women.

SOGIE: An acronym for sexual orientation, gender identity, and gender expression.

Staff: Employees of the agency or facility.

Stereotype: A preconceived, generalized and oversimplified opinion, belief, or judgment applied to an entire group of people.

ENDNOTES

1 NAT’L JUVENILE DEF. CTR., JUVENILE FACILITIES CHECKLIST FOR DEFENDERS: ADVOCATING FOR THE SAFETY AND WELL-BEING OF YOUNG PEOPLE (2019), <https://njdc.info/wp-content/uploads/Juvenile-Facilities-Checklist-compressed.pdf>.

2 HUMAN RIGHTS CAMPAIGN, GENDER-EXPANSIVE YOUTH REPORT (2018), https://assets2.hrc.org/files/assets/resources/Gereport1.pdf?_ga=2.141572914.1014306613.1549668752-1162343738.1542747628.

3 *Id.* at 19.

4 *Id.*

5 *Id.* at 11.

6 *Id.* at 17.

7 Tracy A. Becerra-Culqui et al., *Mental Health of Transgender and Gender Nonconforming Youth Compared with their Peers*, 141 PEDIATRICS 5 (2018), <https://pediatrics.aappublications.org/content/141/5/e20173845>.

8 See TRUE COLORS UNITED & THE NAT’L LGBTQ TASK FORCE, AT THE INTERSECTIONS: A COLLABORATIVE RESOURCE ON LGBTQ YOUTH HOMELESSNESS (2019), <https://truecolorsunited.org/wp-content/uploads/2019/04/2019-At-the-Intersections-True-Colors-United.pdf>.

9 JOSEPH G. KOSCIW ET AL., GLSEN, THE 2017 NATIONAL SCHOOL CLIMATE SURVEY (2018), <https://www.glsen.org/sites/default/files/GLSEN-2017-National-School-Climate-Survey-NSCS-Full-Report.pdf>.

10 See HUMAN RIGHTS CAMPAIGN, *supra* note 2, at 30-33.

11 See Hida, *What is Intersex?*, INTERSEX CAMPAIGN FOR EQUALITY (Apr. 6, 2013), <https://www.intersexequality.com/intersex/>.

12 See INTERACT, INTERSEX 101 (2017), <https://interactadvocates.org/wp-content/uploads/2017/03/INTERSEX101.pdf>.

13 *Id.*

14 Angela Irvine & Aisha Canfield, *Reflections on New National Data on LGBQ/GNCT Youth in the Juvenile Justice System*, 7 LGBTQ POL’Y J. AT THE JOHN F. KENNEDY SCHOOL OF GOV’T AT HARV. U. 27 (2017).

15 *Id.*

16 See *Policies*, THE EQUITY PROJECT, <http://www.equityproject.org/type/policy/index.html> (last visited Sept. 9, 2019).

17 R.G. v. Koller, 415 F.Supp.2d 1129 (D. Haw. 2006).

18 See, e.g. 28 C.F.R. § 115.315 (2012); 28 CFR § 115.341 (2012); 28 CFR § 115.342 (2012).

19 SHANNAN WILBER & JASON SZANYI, MODEL POLICY: TRANSGENDER, GENDER NONCONFORMING AND INTERSEX YOUTH IN CONFINEMENT FACILITIES (2019), <https://www.prearesourcecenter.org/sites/default/files/library/TGNCI%20Model%20Policy.pdf>.

20 28 C.F.R. § 115.341(a) (2012).

21 28 C.F.R. § 115.341(c)(2) (2012).

22 28 C.F.R. § 115.341(e) (2012).

23 28 C.F.R. § 115.342(f) (2012).

24 28 C.F.R. § 115.342(c) (2012).

25 Wilber & Szanyi, *supra* note 19, at 22.

26 *Id.*

27 *Id.*

28 WORLD PROF’L ASS’N FOR TRANSGENDER HEALTH, STANDARDS OF CARE FOR THE HEALTH OF TRANSEXUAL, TRANSGENDER, AND GENDER NONCONFORMING PEOPLE (2012), https://www.wpath.org/media/cms/Documents/SOC%20v7/Standards%20of%20Care_V7%20Full%20Book_English.pdf.

29 28 C.F.R. § 115.315(e) (2012).

30 28 C.F.R. § 115.315(f) (2012).

31 28 C.F.R. § 115.315(a) (2012).

32 28 C.F.R. § 115.315(a) (2012).

33 28 C.F.R. § 115.315(a) (2012).



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