In Reply

Editor:

We thank Dr. Kaliebe for his thoughtful response to our article, "The Present State of Housing and Treatment of Transgender Incarcerated Persons."[1] We value his comments and the opportunity to clarify and expand on several topics raised.

Dr. Kaliebe raised concerns about our endorsement of the World Professional Association for Transgender Health Standards of Care (SOC) in the context of incarcerated individuals. Our position is rooted in the need for consistent, evidence-based guidelines recognized by professional associations, such as the American Psychiatric Association and the National Commission on Correctional Health Care.[1] Although data on correctional settings are limited, these standards provide a framework for humane and ethical treatment, which is crucial, given that transgender individuals are incarcerated at higher rates and are more likely to be sexually victimized.[1]

We acknowledge that the evidence base for hormonal and surgical interventions in carceral settings remains limited and that significant challenges exist, including the variability of state-level policies and access.[1] Despite these challenges, our advocacy for access to gender-affirming treatments is informed by the positive effects on mental health and well being demonstrated in the lterature.[2–5] We agree that further research is needed to assess the specific outcomes of these treatments in prisons.

Regarding housing, we agree that the safety of both transgender and cisgender incarcerated women is paramount. Our article highlights the bidirectional nature of safety concerns and the importance of individualized assessments based on factors such as history of violence and victimization risk, consistent with the Prison Rape Elimination Act (PREA) standards.[1] We utilize an Illinois case to demonstrate potential harm to the cisgender population.[1]

Dr. Kaliebe's concerns about the reliability of WPATH's guidance in light of recent controversies surrounding providing gender-affirming care to minors are noted. Our recommendation for using the SOC in adult correctional settings is based on its comprehensiveness. We agree on the need for ongoing scrutiny of these guidelines, particularly in unique environments like prisons. Our focus remains on minimizing harm and respecting the rights of incarcerated individuals.

Housing and treatment for transgender individuals in correctional settings must be approached from an ethics perspective of equity and harm reduction. We call for increased federal enforcement and consistency to reduce disparities in treatment and improve outcomes for this vulnerable population. We support policies that balance safety, respect rights, and enhance the wellbeing of all incarcerated individuals.

Further empirical research is essential to understand different treatment approaches and housing policies for transgender inmates, as well as their broader social implications. Our article highlights other gaps in current research, such as the incidence of violence perpetuated by transgender incarcerated persons and the rates of malingering, which also underscores the need for a more data-driven approach to policy making in this area.[1]

Again, we thank Dr. Kaliebe for his engagement in this dialogue. We hope this response clarifies our positions and contributes to the ongoing discourse.

References

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