

# **EXHIBIT 3**

<b>Illinois</b> Department of <b>Corrections</b>	<b>ADMINISTRATIVE                  DIRECTIVE</b>		Number	04.03.104
			Page	1 of 6
			Effective	5/1/2013
Section	04	Programs and Services		
Subsection	03	Medical and Health Care		
Subject	104	Evaluations of Offenders with Gender Identity Disorders		

**I. POLICY**

**A. Authority**

730 ILCS 5/3-2-2, 5/3-7-2 and 5/3-8-2

**B. Policy Statement**

The Department shall:

- provide appropriate accommodations and treatment for all offenders who are identified as having gender identity issues, or who are diagnosed by the Department as having a gender identity disorder; and
- extensively evaluate offenders at a Reception and Classification Center to ensure appropriate facility placement.

**II. PROCEDURE**

**A. Purpose**

The purpose of this directive is to establish a written procedure for conducting medical and mental health examinations of offenders with gender identity disorders and to address adjustment to the prison environment related to the disorder throughout their incarceration.

**B. Applicability**

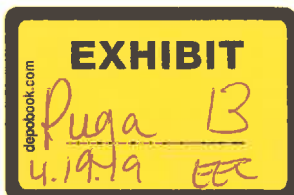
This directive is applicable to facilities within the Department.

**C. Facility Review**

A facility review of this directive shall be conducted at least annually.

**D. Designees**

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.



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**E. Definitions**

Gender identity – a person's internal sense of being male or female regardless of anatomical genitalia at birth or sexual orientation. Gender identity is a result of genetics and environmental influences and may be manifested by appearance, behavior or other aspects of the individual's lifestyle.

Gender identity disorder – a specific mental health disorder characterized by a manifestation of all DSM-IV diagnostic criteria, including, a strong and persistent desire to be a member of the opposite gender; persistent discomfort with his or her gender or a sense of inappropriateness with the gender role; clinically significant distress or impairment in occupational, social or other important areas of functioning; and absence of evidence of intersex (hermaphroditism) whereby a congenital disorder in which the development of chromosomal or anatomical sex is atypical.

**NOTE:** The offender may have had cosmetic or other surgery to enhance appearance, undergone hormonal therapy, and frequently lived as a person of the opposite gender in the free community in spite of genetically being a male or female. A transvestite (cross-dresser) or non-transsexual homosexual is not considered a person with a gender identity disorder for purposes of this directive.

Sexual orientation: a pattern of sexual attraction to a specific gender or genders or lack of sexual attraction to a specific gender or genders.

**NOTE:** Sexual orientation and gender identity are distinct and separate concepts.

**F. General Provisions**

1. In accordance with Administrative Directive 05.07.101, all offenders shall undergo a detailed medical history, physical examination and mental health examination during the reception and classification process. Offenders self-identified as or suspected of having a gender identity disorder shall undergo the above within 24 hours of arrival at Reception and Classification (R&C).
2. The Department shall not perform or allow the performance of any surgery for the specific purpose of gender change, except in extraordinary circumstances as determined by the Director who has consulted with the Agency Medical Director. Offenders who may have gender identity issues shall be informed of this policy by the Facility Medical Director.
3. Hormone therapy shall require prior approval of the Agency Medical Director.

**G. Gender Identity Disorder Committee (GIDC)**

1. The Agency Medical Director shall establish and head a committee for the purpose of reviewing placements, security concerns and overall health-related treatment plans of offenders with gender identity disorders; and to oversee the gender related accommodation needs of these offenders. At a minimum, the committee shall be comprised of the:

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- a. Agency Medical Director (no designee);
  - b. Chief of Mental Health (no designee);
  - c. Transfer Coordinator; and
  - d. Chief of Operations.
2. The committee shall meet within 30 days of the admission of an offender who presents with gender identity issues to his or her parent facility to make final recommendations.
  3. Additional follow-up meetings shall be scheduled on an as needed basis.

**H. Requirements**

1. The Chief Administrative Officer shall establish and maintain a written procedure for detailed medical and mental health examinations to be conducted during the reception and classification process for any offender who is self-identified or diagnosed with a gender identity disorder. The procedure shall provide for the following:
  - a. Medical History
    - (1) As part of the detailed medical history obtained from the offender by a physician, including information about past illnesses and family medical history, the physician shall also elicit information about:
      - (a) Sexual activity, specifically homosexual, heterosexual or bisexual activity;
      - (b) Previous operative procedures; and
      - (c) Hormone therapy.
    - (2) The physician shall also ask the offender questions that would:
      - (a) Illuminate the offender's own sense of gender identity;
      - (b) Reveal any plans the offender may have with regard to future surgery and life style; and
      - (c) Reflect whether the offender has amended or plans to amend the original birth certificate.
  - b. Physical Examination
    - (1) As part of the detailed physical examination, specific attention shall be given to the genitalia.

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- (a) Offenders shall be examined in the standing position as well as on an examining table.
- (b) The physical examination report shall include a concise description of the present genitalia.
- (2) If possible, the physician shall contact the physician who was managing the offender's gender related treatment prior to incarceration for verification of the course of treatment and to obtain relevant medical records.
- (3) The Facility Medical Director shall inform the offender of the Department's policy regarding gender reassignment surgery. Hormone therapy shall only be provided after consultation with and approval by the Agency Medical Director.
- c. **Mental Health Examination**
  - (1) As part of the mental health examination, a psychiatrist shall evaluate the offender using the DSM-IV criteria to determine if he or she has a gender identity disorder and determine:
    - (a) The offender's competency;
    - (b) The offender's sexual activity, sexual preference and current gender identification;
    - (c) The regularity and history of legitimate prescribed hormone therapy; and
    - (d) The presence or absence of any counseling activities and goals prior to incarceration.
  - (2) A vulnerability or predatory risk assessment shall be completed.
- 2. Upon conclusion of the medical history and physical examination:
  - a. The R&C Facility Medical Director shall telephone to the Agency Medical Director the results of the history and physical examination including:
    - (1) Anatomical description;
    - (2) Preference for sexual partners; and
    - (3) History of any medical or surgical treatment received for the gender identity disorder, including hormone therapy or gender reassignment surgery.

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- b. The Agency Medical Director shall make his or her preliminary determination of gender and recommendations, including, but not limited to, housing, showering restrictions and hormone therapy.
- c. Upon receipt, the R & C Facility Medical Director shall:
  - (1) Document the determination of gender and the any recommendations of the Agency Medical Director in the progress notes of the medical record; and
  - (2) Notify the Health Care Unit Administrator and Mental Health Administrator of the offender's gender and the preliminary recommendations of the Agency Medical Director.
- 3. The Health Care Unit Administrator shall notify the Supervisor or Administrator of the R & C of the determination of the offender's gender.
- 4. The Supervisor or Administrator of the R & C shall ensure the offender is housed in accordance with the offender's gender-related needs.
- 5. Within 30 days of an offender arriving at his or her assigned parent facility:
  - a. A mental health professional shall complete a social history interview and review any relevant documentation regarding real-life experience the offender may have had in the gender role of the opposite gender. The history shall include, but may not be limited to, the offender's experiences in social situations such as employment, efforts to legally change his or her name, hormone therapy and gender reassignment surgery or procedures for preparation for surgery, and experiences during any previous incarcerations, if applicable.
  - b. The GIDC shall review the case and make the final recommendation for housing and any additional matters that may be of issue such as, but not limited to, hormone therapy, clothing, showers, searches, etc. The review and recommendations shall be documented on the Gender Identity Disorder Committee Recommendation, DOC 0400.
- 6. The GIDC shall conduct follow-up reviews on an as needed basis.

Authorized by:

  
 S.A. Godinez  
 Director

Supersedes:

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