

May 5, 2025

Senator Carney, Representative Carney, and honorable members of the Judiciary Committee:

My name is Jan Collins, I am Assistant Director of Maine Prisoner Advocacy Coalition (MPAC) an organization committed to ethical, positive, and humane changes in Maine's prison system. I am here in opposition to LD 233,1134,868,1704,and 1002. Acts Prohibiting Certain Females from Their Civic Rights.

First, I am here because trans individuals are overrepresented in the criminal legal system. Studies have found that transgender individuals who had received a diagnosis of gender incongruence were:

- six times more likely to have a mood or anxiety disorder than the general population.
- three times as likely to be prescribed antidepressants and antianxiety medications.
- more than six times as likely to attempt suicide resulting in hospitalization.

Scholars have proposed that interlocking forces of oppression can inform, maintain, and exacerbate pathways to incarceration, contributing to the over-representation of trans people in custodial populations.

Indeed, internationally, trans people are disproportionately incarcerated with studies reporting 16%–19% lifetime incarceration compared to 2.5% of the general United States (US) population.

Once incarcerated, many trans people suffer from daily discrimination, psychological distress, physical and sexual violence, risk of sexually transmissible infections, including HIV, and typically face acute

intersectional disadvantage given the over-representation of racialized, poor, and aging people in incarcerated populations.

Sexual assault is 13 times more prevalent among trans people in US prisons, with 59% reporting sexual assault compared to 4.4% of a randomly selected control group. Many trans women in men's prisons are housed in administrative segregation and face prolonged isolation for reasons of purported 'safety'.

UK and US studies have also demonstrated that trans populations face multilevel barriers to gender-affirming and psychological care in prison, including absent or restrictive policies, **discriminatory staff attitudes**, and a lack of cultural and clinical competency.

Second, As a Biology teacher for many years, I object to the reference to trans women as biological males. Anyone who has had even a basic genetics course knows that there are a slew of genes not found on the x and y chromosomes that determine the expression of physical characteristics and gender identity. You may be born with particular genitalia, but the genes coding for gender identity do not match the genitalia you were gifted. We do not currently have the ability to assess someone's gender identity at birth, simply because we cannot look at their genetic makeup. As a result, we routinely make mistakes. It is not the trans individual who is mistaken. It is the individual making the assessment.

Third, as someone who was in high school when Title IX was passed, I remember a cross country meet where the opposing team refused to compete with us because we had girls on our team and" imagine the shame if one of the girls beat one or more of his male runners". He would only run his team against us if the girls ran separately.

I would not visit the conditions I experienced as a woman in a then male sport on anyone else. Sports are an opportunity for each of us to be the best we can be. It should not be about who we beat. Sports should be welcoming of everyone, exclusive of no one and an opportunity for inclusivity, as is also true of schools in general.

Thank-you, Jan Jan M. Collins Assistant Director Maine Prisoner Advocacy Coalition PO Box 360, E. Wilton, ME 04234 207.578.8419

1Pachankis, John, PhD. Transgender Individuals at Greater Risk of Mental Health Problems. Yale School of Public Health. https://ysph.yale.edu/news-article/transgender-individuals-at-greater-risk-of-mental-health-problems/

2Brömdal, A., Winter, C., Sanders, T., Leslie Simpson, P., Maycock, M., & Clark, K. A. (2024). Transformative trans incarceration research: now and into the future. *International Journal of Transgender Health*, *25*(2), 123–129. https://doi.org/10.1080/26895269.2024.2334499