

2020

An Exploration of the Lived Experience of Transgender Individuals in Prison

Allison Radice
Walden University

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Walden University

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Allison Radice

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Walden University
2020

Abstract

An Exploration of the Lived Experience of Transgender Individuals in Prison

by

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MS, Walden University, 2012

BA, University of Illinois, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

August 2020

Abstract

This phenomenological study explored the lived experiences and challenges of transgender inmates through a Department of Corrections (DOC) in the Midwestern United States. These individuals are at a higher risk for self-harm actions and assault by other inmates. There are a unique set of issues and needs that current policies and procedures fail to address for transgender inmates. Participants were invited to tell their experiences of incarceration which provided a description of their transgender identity and their lived experience through DOC. The 11 participants described their lived experiences in DOC along with their thoughts, feelings, and themes as they related to the phenomena being studied. This unique experience of transgender inmates addressed challenges they faced along their journey in prison as well as the challenges of corrections to provide effective security and care. This specific lived experiences provided information on areas that need readjusting or modification within DOC. Transgender inmates have a specific set of medical and mental health needs. Understanding transgender inmates experiences with the DOC may contribute to positive social by assisting to enhance a proper method for transgender incarceration as well as assist practitioners and policy makers with developing guidelines.

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Acknowledgments

I would like to Thank Dr. Hampe and Dr. Conrad in this amazing journey through my academic career. I thought this would never come to an end but they keep pushing me until the very end. I can't thank them enough for everything.

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Chapter 1: Introduction to the Study

Introduction

There would appear to be a presumption in which incarcerated individuals fall neatly into the categories of male and female; men are in men's prisons and women are in women's prisons. Individuals such as queer, gender-nonconforming, and trans-people are incarcerated throughout the United States in-state prisons. This can range from feminine at one end to masculine on the other. Some prison systems operate without transgender policies and procedures. Guidelines have been put in place with procedures as how to manage the safety, security, housing, and medical needs of transgender inmates (Peterson & Panfil, 2014).

Transgender inmate presences foster a significant problem in sex-segregated prisons, jails, and detention facilities with operational challenges, human rights issues, and policy issues (Arkles, 2009). For transgender individuals, there is a conflict between gender identity and biological sex. Gender expectations imposed by individuals create conflict in transgender self-perception of their gender identity (Goodrich, 2015). Defining transgender can have many variations of gender identity and expression. Transgender can include “those who transition from one sex to another, those who may not, including gender queer, cross dressers, gender non-conformity, androgynous, pre-operative, post-operative, and anyone whose gender identity or expression differs from their birth sex” (Brotheim, 2013, p. 28). However, a medical definition can narrow the understanding of the term transgender.

According to Mosby's Medical Dictionary (2009), transgender is defined as:

Identifying as or having undergone medical treatment to become a member of the opposite sex or individuals who do not fit within rigid gender norms and incorporate one or more aspects, traits, social roles or characteristics of the opposite gender. (p. 167)

Many correctional departments use medical definitions in policies to define individuals who are transgender. Correctional policy considerations of transgender inmates are dominated by medical concerns (Peterson, 2014). According to (Peterson & Panfil (2014):

The term transgender is an adjective that has been widely adopted to describe people whose gender identity, gender expression, or behavior does not conform to what is sociocultural accepted as, and typically associated with, the legal and medical sex to which they were assigned at birth. (p. 62)

Background of the Problem

Classification and Housing

Transgender inmates are only allowed to identify as male or female based on their genital anatomy (Peterson & Panfil, 2014). As this is unsatisfactory to many transgender inmates, many corrections departments send transgender inmates to administrative segregation, a restricted housing unit that limits inmates' privileges and houses vulnerable inmates for their own safety and security once processed into the prison (Arkles, 2009). As transgender inmates clash between their birth sex (genitalia based) and gender (identity based), processing transgender individuals into prisons creates issues for

the safety and secure of these inmates (Shah, 2010). While incarcerated, the safety and security of transgender inmates is very challenging for prisons to insure (Faithful, 2009).

Tarzwel (2006) studied U.S. prisons to determine which prisons had specific transgender policies and procedures. In general housing, Tarzwel (2006) found a higher risk of abuse and this leaves the transgender population “open to violence and harassment” by staff and inmates (Tarzwel, 2006, p.190). Second, depending on the jurisdiction, staff have “unfettered discretion” when placing transgender inmates (Tarzwel, 2006, p. 195). Because the staff decides where the transgender inmates are placed, this often ultimately continues to “contribute to their systematic victimization” (Tarzwel, 2006, p. 195). Tarzwel (2006) concluded that “anecdotal evidence of prison practice in those states without policies demonstrates that without written policies in place, transgender prisoners will continue to face insensitive and dangerous placements” (p. 192).

Transgender inmates, Male to Female, portray many female characteristics. These individuals may have long hair, high pitched voices, and even breasts. The Human Rights Watch (year) conducted a study about male rape in United States prisons and found that inmates who portray feminine characteristics are targeted more and are at a higher risk for sexual abuse. MtF transgender inmates are more vulnerable to sexual victimization, with a rate 13.4% higher than the general population (Jenness, 2011). Transgender inmates, who are sexually abused, suffer from emotional and psychological trauma because of their abuse (Arkles, 2009).

Medical and Mental Health Access and Issues

The transgender population has unique medical and mental health needs. Transgender inmates may seek sex reassignment surgery as well as hormone therapy while incarcerated (Shah, 2010). The evolution of transgender medical treatment while incarcerated in recent years has become a polarized topic (Mintz, 2013). According to the National Commission on Correctional Health Care (2009), “the health risks of overlooking the particular needs of transgender inmates are so severe that acknowledgment of the problem and policies that assure appropriate and responsible provision of health care are needed” (p. 1). To receive any type of benefits, legal or medical, transgender individuals must expose their status to society and forever be branded with a mental disorder (Colopy, 2012).

Without the proper medical treatment, transgender inmates are forced to conform to gender roles based on their birth sex (Peek, 2003-2004). According to Peek (2003-2004), transgender inmates are going as far as castrating themselves to get proper medical treatment. Peek found that providing clinical guidance to medical and prison officials to achieve effective pathways can maximize access to health care in all housing. Peek found a lack of access to trained medical professionals with proper medical training for transgender individuals was an issue within housing policies that needed to be re-evaluated. New procedures, training, and management policies are currently being discussed to ensure the transgender populations will be provided with appropriate medical and mental health care (Mintz, 2013).

Lack of Research

Throughout correctional departments there are many instances of transgender inmates not being properly protected (Alexander & Meshelemiah, 2010, Brotheim, 2013, Sylvia Rivera Law Project [SRLP], 2007). The development of evidence for equality and adequate healthcare comes from research, experience working with transgender population, and from the transgender inmates themselves. The research (see Agbemenu, 2015, Alexander, 2010, Broadus, 2009, Corliss, 2006, Mintz, 2013) focused on the medical care; continuation of medical care; and the medical services provided to transgender individuals. My research may provide answers to the risks of safety and security while incarcerated; this will include medical and mental health treatment access and availability for transgender individuals.

Problem Statement

Transgender inmates pose a challenge to the prison system. These individuals are at a higher risk for self-harm actions and assault by other inmates (Blight, 2000). The Human Rights Watch (2013) conducted a study about male rape in United States prisons and found inmates who portray feminine characteristics were targeted more and were at a higher risk for sexual abuse. Male to female (MtF) transgender inmates were more vulnerable to sexual victimization, with a rate 13.4% higher than the general population (Jenness, 2011).

Jenness, Sexton, and Summer (2009) interviewed 315 transgender inmates face to face, at 27 different prisons across California. Fifty-nine percent of these inmates reported they had been sexually assaulted (Jenness et al., 2009). There are a unique set of

issues and needs that current policies and procedures fail to address for transgender inmates (Blight, 2000). Brown (2014) reviewed 129 letters from transgender inmates in a state Departments of Corrections (DOC) or the Federal Bureau of Prisons (FBOP). Forty-two percent of the inmates reported abuse, 23% was physical and harassment; the other 19% was sexual abuse by other inmates, correctional staff, or both (Brown, 2014). While incarcerated, 5% of these inmates either attempted (2%) or completed (3%) auto castration. Also, 8% of these inmates reported past and current attempts to harm themselves.

Purpose and Nature of the Study

The purpose of this study was to explore the lived experiences of transgender inmates and gender identity through the prison system. The sample came from a DOC in the Midwestern United States. Participants were invited to tell their stories of incarceration and their lived experience through DOC. Their specific lived experiences highlighted areas that need readjusting or modification within the DOC. Transgender inmates have a unique set of needs. The following three research questions guided this study:

1. How do transgender individuals experience the prison intake process?
2. How do transgender individuals feel about their treatment needs being met in prison?
3. How do transgender inmates experience daily life in prison?

When talking about the individual's experience, it was defined as the process or fact of personally observing, encountering, or undergoing something as well as feeling,

observing, encountering, or undergoing things as they occur in the course of time (see Mosby Dictionary, 2009). When talking about the survival of the experience while in prison, it was defined as to remain or continue in existence or use, to get along or remain healthy, happy, unaffected despite some occurrence, and to endure or live through (see Mosby Dictionary, 2009).

This study had a qualitative focus and explored a known phenomenon. Using a qualitative methodology with a phenomenological approach, I invited transgender individuals to share their story and experience they lived through DOC. Qualitative methods are best suited when trying to understand why the phenomena occur (Barbour, 2000). The participants' stories provided information about their lived experience through DOC. The detailed interview questions allowed the participants to respond and guide the researcher through their prison experience.

I invited participants who meet the criteria to describe their lived experience and use this information to create common themes, ideas, and feelings as they related to the phenomena of interest. The openness of the interview questions allowed the participants to expand and reflect on their experiences. These interviews provided a rich, more detailed description of their unique lived experiences and needs throughout the DOC.

Framework

The theory chosen to conduct in this research was the symbolic interaction theory. This theory allowed me to view the phenomena of interest with the lived experience of incarcerated transgendered individuals who have been incarcerated within DOC. This

theory assisted me to understand interactions, with said population and how the policies, affected them (see Blumer, 2002).

Mead (1934) laid the groundwork for symbolic interaction with his discussion about the self, which he defines as a dynamic organism. According to Mead (1934), the self-breaks down into two processes or phases that take place in any human interaction:

- “The I is described as the unorganized response of the self to the attitudes of others the spontaneous disposition or impulse to act” (Mead, 1934, p. 35).
- “The me is a set of organized attitudes of others that the individual assumes in response, those perspectives on the self that the individual has interpreted from others” (Mead, 1934, p. 36).

This theory explored human develop with a complex set of symbols that gives meaning to the world in perspective (van Manen, 1997). Interactions are subjectively interpreted and suit the meaning in accordance with the existing symbols (van Manen, 1997). To understand the behavioral patterns of the society one needs to understand the existing symbols (Blumer, 2002). The interactions which molded the symbols also create a social structure. The symbolic interactionism also articulates that the individuals build a sense of self identity through these interactions with the society (van Manen, 1997).

Gender identity can take on different meanings when dialogue is engaged with one another (Blumer, 2002). Faithful (2009) believed that gender, sex, gender identity, and sexual orientation can all hold different values and meanings that differ from one

society to another. With symbolic interaction theory, gender identity is the symbol within the framework that the inmates and I explored regarding classification, housing, medical care, and policy (see Blumer, 1969). The symbol of gender can change from individual to individual as they engage in thought, self-talk, and even dialogue with others (Blumer, 2002). Individuals chose their symbol of gender through their own life experience. Symbolic interaction theory focused on language, thought, and interpretation with understanding a situation which focuses on how individuals experience or understand events in their lives (van Manen, 1997). Understanding occurred through dialogue in which meaning becomes attached to the gender symbol (Blumer, 1969).

Males and females are given different symbols through which verbal and nonverbal conversations arise (Blumer, 2002). These differences can be as simple as a blue shirt for a boy or a pink teddy bear for a girl (Blumer, 2002). These symbols become the meaning to which dialogue arises and the meaning of the gender symbol surfaces (Blumer, 2002). Over time, individuals create a meaning for these symbols and they become more defined, more personal. The individual's behavior soon starts to conform to these symbolic meanings (Blumer, 1969). Individuals start to show gender specific behaviors as well as experiencing their own perception of gender and how their environment influences this (Blumer, 2002).

Blumer (2002) suggests that there are three core principles of this theory.

1. Meaning - people act and behave towards the other people and things based upon the meaning that they have given to them (Blumer, 2002). According to Blumer

(2002) “the principle of meaning is central to the theory of symbolic interactionism” (p. 20).

2. Language - helps in formulating assumptions (Blumer, 2002). According to Blumer (2002), “the naming assigned through the language, the naming creates meanings to everything because everything has its own name” (p. 35). To name a thing, the knowledge about the thing is important and thus the name indicates some feature or any other kind of knowledge about the things (Blumer, 2002). This knowledge is converted into names through languages.
3. Thought - implies the interpretations that we have assigned to the symbols. The basis of thought is language. It is a process of mentally conversing about the meanings, names and symbols (Blumer, 2002). According to Blumer (2002), the thought includes the imagination, which has the power to provide an idea even about an unknown thing based on known knowledge" (p. 50).

Cooley (1998) helped originate symbolic interaction theory with the concept of the looking glass self. Individuals define how they perceive themselves by how they think they are perceived.

Transgender individuals create a gender identity that differs from their birth sex (Mann, 2006). Their sex assigned to them at birth has no meaning as to how they feel inside (Summer, 2010). Over time, transgender individuals begin to question their meaning of gender and how they have come to perceive that symbol (Mann, 2006). The symbol for gender becomes personal to the individual; a possession they claim as their own (Summer, 2010). The use of symbolic interaction theory defined symbols and

themes in which transgender inmates used to cope with life behind prison walls in DOC (Summer, 2010). To interpret the narratives, transgender individuals define symbols and the meanings attached (Blumer, 1969). This study expressed the lived experiences of transgender inmates and gender identity within DOC and how the meaning attached to gender identity was influenced. These symbols and themes helped individuals outside of these prison walls understand the unique issues surrounding transgender inmates, gender identity, and their survival within prison.

Operational Definitions

These following definitions provide a foundation for this work and describe the set of symbols used to describe transgender individuals.

Gender Dysphoria: Those with gender dysphoria perceive and believe they are a different sex than their designated gender (American Psychiatric Association, 2013).

Gender expression: Gender identity that manifests through dress, demeanor, and language (Brotheim, 2013). An individual may identify as a gender and express that gender in various ways through physical characteristics such as specific genitalia, breast, and body hair (Brotheim, 2013).

Gender identity: A person's internally felt sense of his or her own gender (sex), without regards to physical traits present at birth (World Professional Association for Transgender , 2012).

Intersex: People who develop with a genetic disorder of sex representation/differentiation before birth (Brotheim, 2013). They are born with

indeterminate genital structures that are not entirely male or female and may show a combination of both male and female features (Brotheim, 2013).

Sex Reassignment Surgery (SRS): A surgical procedure to change the appearance of the sex organs to that of the opposite sex (WPATH, 2012). This can involve either *phalloplasty* (construction of a penis) for female to male (FtM) or *vaginoplasty* (Construction of a vagina) for male to female (MtF)

Sexual orientation: Direction of sexual thoughts, feelings, and behaviors towards members of the opposite sex, the same sex, or both (WPATH, 2012).

Transgender: A person who is born with traits and physical characteristics of one sex (male or female) but self-identifies as another gender (feminine or masculine; citation). A transgender individual can be preoperative, postoperative, or nonoperative (WPATH, 2012).

Assumptions and Limitations

Throughout this study, I assumed transgender individuals differ from lesbian, gay, and bisexual individuals enough to warrant special needs and attention (see Lu, 2011). This assumption was based upon the belief the transgender identity comes from within the individual and was not the same as sexual orientation or sexual behavior (see Lu, 2011). Gender identity was viewed as a spectrum ranging from feminine at one end, to masculine at the other end. Where these individuals place themselves on the spectrum will reflect their choice of gender identity. The expression of gender identity in all its forms is healthy.

This study was limited to transgender individuals who have been to prison, so the findings are not to be intended to apply to any other population. In addition, since the geographical scope of this study was limited to the major United States city, the experience of the participant in this study and the narratives used to describe these experiences may not be applicable to other regions. The social and economic opportunities offered to transgender individuals in one major United States city will likely differ from those in other parts of the United States.

Transgender inmates presented challenges throughout the prison industry. The primary source of information came directly from the participants who chose to take part in this study. The intention was to interview transgender individuals who were recently incarcerated within DOC, to explore their experience and gain information.

Significance of the Study

This research described the unique experiences of transgender inmates, by exploring their lived experiences, transgender identity, and examining their stories through common themes. The research addressed the many challenges transgender inmates face along their journey while incarcerated. Challenges such as the ability to provide effective security and care were also be addressed. The development of evidence for equality and adequate healthcare should come from research, as well as the experience of working with the transgender population and the transgender inmates themselves. The evidence has been lacking; this research contributed and helped build proper methods and guidelines to practitioners as well as policy makers. Transgender individuals were defined as individuals born with male biological primary sex

characteristics who identified as female (MtF), female individuals born with female biological primary sex characteristics who identified as male (FtM), transsexual, or cross-gender. The gender identity reflects where individuals place themselves on the gender spectrum. This can range from feminine at one end to masculine on the other.

Summary

While incarcerated, transgender individuals went through genitalia-based classification and housing (Jenness, 2014). Many transgender prisoners were offered only gender-based clothing and were often not addressed in terms of their preferred gender-based pronoun. According to Jenness (2014, p. 36), “transgender policy maintains a correctional commitment to sex segregation, despite political and legal challenges as well as recent research reveals that current policy and practice have not kept transgender inmates safe.” The goal of this study was to explore the lived experience of transgender individuals in prison, gender identity, the risk to their safety and security while incarcerated and medical and mental health treatment provided.

Transgender individuals differ from gay men, bisexual men/women, and lesbian women. Sex and gender are two separate constructs conveyed differently when talking about gender identity and sexual orientation. Detailed narrative descriptions of the experience of transgender individuals in prison were collected, this research contributed and helped build proper methods and guidelines to practitioners as well as policy makers.

This study discussed the unique needs of transgender individuals. Many treatment providers and medical providers, in correctional settings, may not understand or appreciate the challenges transgender individuals faced while incarcerated. The purpose

of this study was to add to the body of research and knowledge of transgender individuals, who are incarcerated, and what needs were not met.

Chapter 2: Literature Review

Introduction

A review of the literature was focused on the safety and security of transgender individuals in prison, including the challenges they have encountered during their incarceration, to provide a foundation for this phenomenological study. First, the formation of the transgender gender identity, male to female, female to male, biological sex, and sexual orientation is explored. Next, a discussion of the transgender medical needs, mental health needs, safety and security provided a foundation for the examination of challenges corrections face daily, while having an incarcerated transgender individual. The review then concludes with an examination of the literature on current treatment for transgender individuals, attitudes toward transgender individuals, and recommendation for improving the sensitivity to the needs of transgender individuals.

Literature Search Strategy

Journal articles, literature reviews, and law reviews, were collected from online Walden library, through sources including PsycARTICLES, Sage journals online, SocINDEX database, PsychEXTRA database, doctoral dissertations, and Thoreau Multi-Database. U.S. government publications were collected from sources such as the National Commission on Correctional Health Care, WPATH, Prison Rape Elimination Act (PREA), LGBT Prisoner Safety Act, and National Center for Lesbian Rights.

Several literature searches were conducted using different terms in each search. The terms used to search for literature related to transgender identity were (51 studies): *transgender, transgender identity, gender identity, transphobia, queer, intersex,*

transgenderist, and *transgenderism*. The terms used to conduct the search on corrections were (48 studies): *prisons*, *transgender prisoners*, *transgender inmates*, *correctional institutions*, *mental health treatment in prison*, *medical treatment in prison*, *correctional staffing responsibilities*, *prisoners' needs*, *correctional health care*, *transgender policies*, *transsexual inmates*, *safety and security*, *housing*, and *classification*. The term used to conduct the search on transgender being incarcerated was (52 studies) *transgender inmates*.

Biological Sex and Gender

The concept of biological sex is based on the binary roles that males and females play in reproduction. Transgender individuals identify as a gender that does not correspond to their biological sex (Alexander, 2010). According to the American Psychological Association (2008), “sex is assigned at birth, refers to one’s biological status as either male or female, and is associated primarily with physical attributes such as chromosomes, hormone prevalence, and external and internal anatomy” (p. 1).

Iyama (2012) found that gender is understood as a sense of self and does not go hand in hand with one’s biological sex. Gender is one’s self-expression and can be exhibited by clothing wears, cosmetics use, hairstyle, and even body language. Transgender individuals live in a society where there are strict gender roles and two distinct genders (Iyama, 2012). Transgender individuals simply do not fit into society’s gender norms. The classification of transgender people in prison in the United Kingdom is governed by the 2004 Gender Recognition Act, which “allows for people to alter their

legally recognized gender by applying for a gender recognition certificate”. The act employs the terminology of gender, not sex.

According to the Gender Recognition Act (2004), “transgender people who receive a gender recognition certificate to be placed in an institution with prisoners of that sex/gender; a male-to-female transgender person would be placed in a women’s prison, and a female-to-male person in a men’s prison” (p. 28). According to Mann (2006), “transgender individuals take extreme measures to transform their biological sex to match their self-identified gender” (p. 95). For most of their lives, transgender individuals spend time transforming themselves into the gender they desire to be. Prison is a place that requires compliance with gender-normative behaviors and in the way, one expresses themselves (Iyama, 2012).

Transgender Identity and Gender Identity

Brown and McDuffie (2009) estimated that in 2007 there were at least 750 transgender prisoners in America, of whom the vast majority were transgender women placed in men’s prisons. A transgender’s identity is the gender in which the individual chooses to identify with (male or female). This also includes clothing, behaviors, roles that these individuals identify with, which is ongoing. For transgender individuals, biological sex and their gender identity are in direct conflict with one another.

Bockting (2014) found that their gender identity varies significantly from their sex assigned at birth and who crosses culturally defined categories of gender. There are specific challenges to the development of transgender identity. Some transgender individuals strongly identify as the other sex and will pursue every option to achieve

physical congruence (Bockting, 2014). Many transgender individuals pursue various changes in the gender role or expression or may go to the extent to have medical interventions to feminize or masculinize their own body (Alexander, 2010). Bockting (2014) found that new theories of transgender identity development are being reconsidered based on an increased understanding of lived experiences and new scientific knowledge.

Transgender prisoners may be reported for disciplinary violations for wearing banned clothing or for hairstyles that conflict with the gendered rules and norms of the institution (Sylvia Rivera Law Project, 2007). In a study conducted by Esinam Agbemenu (2015), it was found that “prisons fail to cover the full spectrum of gender identity and thus serve to marginalize and oppress those who do not fit neatly within the biological and gendered categories of male or female” (p. 11). PREA (2003) standards require that an agency to collect information on several issues, including sexual orientation and gender identity.

Maguen, Shipherd, Harris, and Welch (2007) examined the prevalence and predictors of disclosure of transgender identity by examining the experiences of 157 transgender individuals. Transgender individuals typically disclosed to spouses and friends first, then mother and siblings. More disclosures were reported by transgender individuals who had greater differences in their gender identity than the one assigned to them at birth. Higher rates of disclosure were reported with transgender individuals who had access to the internet, where they were able to get more support from other

transgender individuals. Individuals who had more support were more likely to disclose rather the individuals with less support tended to feel more isolated.

Gender Dysphoria

The Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V) describes the condition of gender dysphoria as being characterized by “the distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender,” noting that “many are distressed if the desired physical interventions by means of hormones and/or surgery are not available” (p. 190). WPATH (2012) have found that treatment for those with gender dysphoria (GD) differs based on severity of the symptoms and the desires of the patient and treating mental health professional. Outlined in the Standard of Care are ways in which the GD should be treated. One method is psychotherapy. According to WPATH (2012) Standard of Care,

This technique provides an educational and various coping mechanism for the patient to use to cope with anxieties and distress that result from GD. The goal of psychotherapy is to help the patient learn to cope with GD in a healthy manner as to not to cure this disorder. Psychotherapy can help some individuals integrate their trans- or cross-gender feelings into the gender role they were assigned at birth and do not feel the need to feminize or masculinize their body. (p. 17)

Another recommended method is gender expression. According to WPATH (2012) Standard of Care, this includes the

Use of clothing, grooming, or living full- or part-time in the gender identity with which the individual identifies. Many transgender individuals who do not fit the

diagnosis of GD may express their gender identity through the means of clothing and grooming as well. (p. 18)

Another treatment option is hormone therapy. WPATH (2012) stated that

hormones are often medically necessary for successful living in the new gender. Hormone therapy has been found to be medically necessary to alleviate gender dysphoria in many people. When physicians administer estrogens, progesterone, and testosterone-blocking agents to biologic males, patients feel and appear more like members of their preferred gender. Hormone therapy in male-to-female patients, the changes include breast growth (variable), decreased erectile function, decreased testicular size, and increased percentage of body fat compared to muscle mass. The use of hormone therapy also indicates whether SRS may be appropriate. (p. 23)

WPATH (2012) also suggested surgical procedures as a treatment option, stating that

“surgery to modify primary or secondary sex characteristics. Surgery to change secondary sex characteristics may include breast implantation or removal and other procedures designed to enhance or create the secondary sex characteristics of the individual’s gender identity. Sex reassignment surgery to alter the genitalia. (p. 25)

Transgender individuals may suffer from a range of mental health concerns, including anxiety, depression, self-harm, a history of abuse and neglect, compulsivity, substance abuse, sexual concerns, personality disorders, eating disorders, psychotic disorders, and autistic spectrum disorders (WPATH, 2012). These guidelines state that transgender

individuals currently in treatment should be allowed to continue “medically necessary treatment to prevent or limit emotional liability, undesired regression of hormonally-induced physical effects and the sense of desperation that may lead to depression, anxiety and suicide” (WPATH, 2012, p. 32).

In 2007, a survey was conducted throughout the United States DOC. These surveys inquired about current policies and procedures regarding transgender inmates. In the findings, 19 states reported they had no official policies regarding transgender inmates, six states did not respond, and several responded that they were in the process of developing these policies and procedures (Dresnre et al., 2013). Many of the states who had policies regarding transgender inmates used the freeze-frame treatment approach. This allows transgender individuals who arrive to the correctional institution to be allowed to continue treatment (Dresnre et al., 2013). New treatments and diagnoses were not offered. Twenty-two states allowed for the transgender inmates to continue hormone treatment and 11 states allowed transgender individuals to start on hormone treatment (Dresnre et al., 2013).

Incarceration Among Transgender Individuals

Limited research has been conducted on transgender individuals who are incarcerated. In 2013, Dresnre, Underwood, Suarez, and Franklin published a study focused on current methods of treatment and policies used by correctional faculties for transgender inmates. Fifty questionnaires were sent out, with only 18 being able to be used. Only 10 states reported to have special housing for transsexual inmates, while only six states reported having general guidelines to the assessment, classification, treatment,

and management of transgender inmates (Dresnre et al., 2013). A report from the National Gay and Lesbian Task Force (2011) found that 37% of transgender individuals reported being harassed by correctional officers, 35% reported harassment from peers, and transgender individuals of color were vulnerable to violence and discrimination while incarcerated. Kirkham (2013) found evidence that transgender individuals are at a higher risk for assault, suicide, and discrimination.

In 2009, a survey was conducted of 44 states, District of Columbia, and the U.S. Bureau of Prisons, and found 19 states did not have any policies regarding the treatment of transgender inmates and how to accommodate their needs (Brown, 2009). Even though transgender individuals comprise only a small percent of prison population, they pose a significant challenge for the correctional system. These challenges include:

- Intake/Classification
- Appropriate Housing
- Sexual assault and Self-harm
- Access to medical and mental health treatment
- Gender expression.

Intake/Classification

When individuals are brought to prison, they are taken to intake (Shah, 2010). Here, the prisoner is given an assessment, which then is classified for appropriate placement within the prison system. Placement within the prison is a high safety concern for transgender inmates (Shah, 2010). The most important tools available to prison staff are in the classification system, which can determine several risk factors of each inmate

on a case by case basis (Shah, 2010). In a 2003, survey of 150 transgender individuals, the Transgender Law Center and National Center for Lesbian Rights (2003) determined that 14% of the transgender respondents reported experiencing discrimination during the intake process into prison. Transgender inmates are classified in prison according to the external genitalia (Brotheim, 2013). These inmates are forced to conform to the gender roles of the birth sex. Current appearance and self-expressed gender identity are not taken into consideration (Mintz, 2013). MtF transgender inmates are placed into male facilities if they have not had sex reassignment surgery.

Scott (2013) provided a description of a MtF transgender inmate's experience during the classification process:

During this process, multiple correctional staff addressed the inmate as "titty man" and made derogatory references about her breasts. Also, this inmate was left undressed in front of the other inmates going through the intake and classification process, some of whom made similar remarks. (p. 61)

Sometimes in classification transgender inmates are referred to as postoperative and preoperative (Faithful, 2009). Postoperative transgender inmates are individuals who have had the sex reassignment surgery. This surgery changes the individuals' external anatomy and cause the change from one sex to another (Faithful, 2009). Preoperative transgender inmates, or nonoperative transgender inmates, may have male or female features, yet, have not completely changed over to the other sex. Faithful (2009)

discovered that postoperative transgender inmates are classified by their gender identity, whereas preoperative transgender inmates, or nonoperative transgender inmates, are not.

Gender determination is a routine procedure in all prisons. In 2009, D.C Trans-Coalition had campaigned to change the District of Columbia's DOC's policy regarding transgender inmates; this included the classification process. Due to the campaign, the DOCs revised the classification policy within its daily operations. The DOCs wanted to implement a policy that is appropriate for transgender, transsexual, inter-sex and gender variant people. This new policy included directive definitions for gender expression, inter-sex, sexual orientation, transsexual, gender variant, as well as proper intake procedure and protocol for gender determination.

According to Prison Rape Elimination Act (PREA) Standards (2003), "inmates must be screened within the first 72 hours of detention to determine whether they are at high risk of abuse" also "facilities cannot search or physically examine a transgender or intersex inmate during intake solely to determine the inmate's genital status" (p. 72). During the classification process several risk factors should be taken into consideration such as: age, violent/nonviolent offender status, repeat offender status, history of mental illness, gender identification, and history of victimization.

In March 2011, Cook County Jail in Chicago, Illinois, implemented a classification policy based on gender identity rather than birth sex (Stone, 2011). This classification policy, according to Stone (2011), "not only will aim to place transgender individuals based on how they identify, it defers to a gender identity panel of doctors and therapists to make the decision, not just correctional staff" (p. 36). While this gender

identity policy was in place, Lu (2011) discovered 2 out of 60 transgender detainees who identified as female, were housed in a female facility. In New South Wales, Australia, their current prison system presumes “inmates have a right to be placed in the facility of their gender identification unless it is determined on a case by case basis, that they should be placed elsewhere” (Mann, 2006, p. 19). With this classification system, inmates are classified based on gender identity, as opposed to their genitalia. Self-identification policies are not the full answer to address the classification problem among transgender inmates. According to Faithful (2009), “not only do self-identification policies best serve gender variant prisoners but are a reasonable management option” (p. 18).

In 2012, there were significant changes within the Los Angeles Police Department (LAPD) as to how transgender inmates were classified and housed. LAPD created a separate holding facility where transgender individuals would be classified and housed (Miles, 2012). Within this facility, transgender inmates will be able to receive male and female clothing, male and female hygiene products, and special medical treatment (Miles, 2012). The LAPD are no longer allowed to conduct pat down searches in order to determine the anatomic sex of a transgender inmate (Miles, 2012).

Many concerns arise with who can classify transgender inmates. Dresner, Underwood, Suarez, and Franklin (2013) conducted a survey of 50 states’ mental health directors of correctional facilities, concluded that 2 of 50 states (4%), had paid employees, who were to be considered as “transgender specialists”. These specialists conducted the intake assessments and classification for transgender inmates. Another 2 states (11%), used outside psychologists. These psychologists have their own private

practice working with transgender individuals. Fourteen states (28%) reported that they have no qualified staff to conduct intake assessments and classification for transgender inmates. All 18 states who did respond to the survey, denied having a standard assessment tool used in the evaluation and assessment of transgender inmates, whereas 14 states have reported not having transgender specific evaluations.

Appropriate Housing

Just like classification, housing is based on genitalia (Brotheim, 2013). Prisons do not have separate facilities to house transgender inmates due to costs, small population, and space (Mann, 2006). Tarzwell (2006), discovered that of the 44 states she reviewed policies, procedures, and guidelines, seven states have written policies for addressing transgender inmate housing and management. Eleven states have unwritten policies regarding the classification process aligning with transgender inmates. Twenty-six states were either unwilling, or unable, to provide housing policies for transgender inmates. Several of the states, who have unwritten policies and procedures for transgender inmates, have provided several concerns which have been addressed, during the study.

First, in general housing there is a higher risk of abuse and this leaves the transgender population open to violence and harassment by staff and inmates (Tarzwell, 2006). Secondly, depending on the jurisdiction, staff have “unfettered discretion” when placing transgender inmates (Tarzwell, 2006, p. 195). The staff decides where the transgender inmates are placed which ultimately continues to “contribute to their systematic victimization” (Tarzwell, 2006, p. 195). Tarzwell (2006) concluded that “anecdotal evidence of prison practice in those states without policies demonstrates that

without written policies in place, transgender prisoners will continue to face insensitive and dangerous placements” (p. 192).

Many transgender inmates will find that staff will place them into administrative segregation for the purpose of their own protection. Iyama (2012) stated that “transgender prisoners are placed in the general population until a security problem arises, at which point the prisoner may be transferred to administrative segregation” (p. 30). Prison staff uses this practice as a solution to protect the safety of transgender inmates, yet it can have a negative impact on their emotional well-being (Edney, 2004).

Administrative segregation is a restricted housing unit that restricts inmate’s privileges. Arkles (2009) discovered that privileges such as medical access, showers, phone calls, visitation, time out of cell, and religious services can be restricted while in administrative segregation. Also, by transgender inmates being housed in administrative segregation, this can result in loss of good time (Arkles, 2009). Providing safety and security to transgender inmates in administrative segregation is also having a negative effect with impacts of punishment (Arkles, 2009).

In *Farmer v. Moritsugu* (1998), Dee Farmer, a transgender inmate, challenged the use of administrative segregation (protective custody) under the Eighth Amendment’s cruel and unusual punishment clause. While in protective custody, Farmer experienced the psychological trauma of being placed in isolation (Farmer v. Moritsugu, 1998). Despite numerous requests to be removed from isolation, correctional staff ignored these requests and left Farmer in isolation (Farmer v. Moritsugu, 1998). The court held that the

prison's penological interest and duty to maintain order and safety ranked higher than the trauma she experienced while in isolation (Farmer v. Moritsugu, 1998).

Being placed in administrative segregation isolates transgender prisoners and allows very little interaction with other inmates (Arkles, 2009). Arkles (2009), states that this type of isolation can cause "profound psychological damage" and can lead transgender inmates to suicidal behavior and psychotic behavior (p. 538-539). The National Prison Rape Elimination Commission (2009) Federal Standard states, "facilities must not place lesbian, gay, bisexual, transgender, and other gender-nonconforming inmates in particular facilities, unit, or wings solely because of their sexual orientation, genital status, or gender identity" (p. 345). Transgender inmates should be placed into administrative housing as a last resort, until corrections is able to provide these inmates with a safe housing unit (National Prison Rape Elimination Commission, 2009). National Prison Rape Elimination Commission (2009) realizes:

Many corrections officials are particularly perplexed about how to house transgender inmates safely and properly and strongly urge agencies to give careful thought and consideration to the placement of each transgender inmates and not to automatically place transgender individuals in male or female housing based on their birth gender or current genital status (p. 330-331).

In 2002, the city of San Francisco, National Lawyer Guild, and San Francisco Human Rights Commission, developed the Model Protocols on the Treatment of Transgender Persons. This model provides three housing categories: male units, vulnerable male units,

and female units. In this model, “inmates’ gender identity is a primary factor in housing assignment, not genitalia” and “anatomically male inmates, who adopt female gender identities, should be housed in female units for safety” (Scheel & Eustale, 2002, p. 57).

Dresner, Underwood, Suarez, and Franklin (2013) survey of 50 states’ mental health directors of correctional facilities, discovered that the housing of transgender inmates were very limited and mostly were housed in single cells. Nine out of the eighteen states have responded (50%) stating that they offered no housing provisions for inmates diagnosed with gender identity disorder. Seven (39%) states offered single cells for safety reasons with a case by case basis, and two (11%) states offered housing on segregation units (Dresner, 2013). All eighteen states that responded to the survey stated they had no transgender specific or special housing unit for transgendered inmates (Dresner, 2013).

In 2010, Italy established and opened a prison specially for housing transgender inmates. This prison houses only 30 inmates and allows these inmates to serve their time without being persecuted for their sexual identity (Squires, 2010). More recently, in 2015, the US Immigration and Customs Enforcement (ICE) garnered national headlines when it issued a memorandum that provided guidance on the care of transgender detainees. Among other things, this memorandum memorialized the requirement of a Transgender Classification and Care Committee charged with considering the range of possibilities for housing transgender detainees, including placing transgender women in housing units for women. This policy is now being implemented in multiple ICE facilities, including, most recently, Alvarado, Texas (US Immigration and Customs Enforcement, 2015).

Sexual Assault and Self-harm

In 2003, Congress passed federal legislation that addressed prison sexual violence called The Prison Rape Elimination Act (PREA). The main Act of this legislation consisted of four things:

- “Establish a zero-tolerance standard for the incidence of rape in prisons in the United States” (PREA, 2003, p. 223).
- “Make the prevention of prison rape a top priority in each prison system” (PREA, 2003, p. 224).
- “Develop and implement national standards for the detection, prevention, reduction, and punishment of prison rape” (PREA, 2003, p.225).
- “Increase the accountability of prison officials who fail to detect, prevent, reduce, and punish prison rape (PREA, 2003, p. 226).

From this legislation, Congress created a panel, National Prison Rape Elimination Commission (NPREC) to make national standard recommendations and collect statistical information about sexual abuse. All prisoners “have the same fundamental right to safety, dignity and justice as individuals living at liberty in the community” and “tolerance of sexual abuse of prisoners in the government’s custody is totally incompatible with American values” (NPREC, 2009, p. 423).

As regards transgender inmates and detainees, key provisions regulate a variety of situations, including (a) cross-gender viewing and searches (§ 115.158), (b) employee training on effective communication strategies (§ 115.31), (c) screening for victimization

risks and abusiveness (§ 115.41), (d) use of the screening information (§ 115.42), and (e) protective custody (§ 115.43). Specific to cross-gender viewing and searches, facilities may not conduct a physical search of the inmate's genitals for screening. Instead, inmates may be asked to provide their gender. If an inmate refuses to disclose this information, the facility is barred from disciplining the inmate, and must ascertain the inmate's gender via alternative means, such as reviewing medical records or obtaining confirmation from a private medical practitioner who has conducted a general medical examination (PREA, 2003). The importance of this process is to properly screen and classify residents during the intake process evaluating victimization risks and proclivities toward violence (PREA, 2003). Consideration of the inmate's views of risk and gender identification must occur when completing a residential assignment (PREA, 2003).

The Bureau of Justice Statistics (BJS) conducted a survey under PREA that directly surveyed prisoners about sexual abuse in prison. BJS concluded several findings that were specific to transgender inmates:

- Protecting transgender prisoners from sexual abuse remains a challenge to correctional facilities.
- Transgender inmates are more at risk for sexual abuse.
- Many transgender inmates cannot safely or easily report the sexual abuse.

Transgender inmates, MtF, portray many female characteristics. These individuals may have long hair, high pitched voices, and even breasts. The Human Rights Watch

conducted a study about male rape in U.S prisons and found that inmates who portray feminine characteristics are targeted more and are at a higher risk for sexual abuse. MtF transgender inmates are more vulnerable to sexual victimization, with a rate of 13.4% higher than the general population (Jenness, 2011). Transgender inmates, who are sexually abused, suffer from emotional and psychological trauma as a result of their abuse (Arkles, 2009).

Because of their feminine gender expression and identity, and female physical appearance, transgender inmates are classified as “queens” and are beaten, raped, and made to be subservient to other inmates much more than other inmates (Mazza, 2012). Transgender female inmates experience this abuse because the prison system does not consider gender expression and identity during housing placement (Okamura, 2011).

A 2009 study conducted by Jenness, Sexton, & Summer, interviewed 315 transgender inmates face to face, at 27 different prisons across California. Fifty-nine percent of these inmates reported they had been sexually assaulted while 48% engaged in sexual activities that were not against their will (Jenness, 2009). This study revealed that transgender inmates are at a significantly higher rate of sexual assault.

Not only are transgender inmates sexually abused by fellow inmates, but they also become victims of prison staff (Iyama, 2012). Brown (2014) reviewed 129 letters from transgender inmates in state Departments of Corrections (DOC) or the Federal Bureau of Prisons (FBOP). Forty-two percent of the inmates reported abuse, 23% of that was physical and harassment and the other 19% was sexual abuse by other inmates, correctional staff, or both (Brown, 2014). While incarcerated, 5% of these inmates either

attempt (2%) or completed (3%) auto castration. Also, 8% of these inmates reported past and current attempt to self-harm themselves.

Eigenberg (2000) conducted a survey of correctional officer, working within the DOCs, throughout the Midwest states. Eigenberg discovered that many correction officers define rape as physical force. Correctional officers had a hard time determining if sexual assault was a result of coercion or physical force. The survey concluded that 95% of correctional officers defined physical force as rape and 64% defined sexual acts in exchange for protection was considered rape (Eigenberg, 2000). There were correctional officers found who blamed the victims for getting raped. 16% of correctional officers stated, homosexual inmates deserved to be raped, while 12% stated victims deserved to be raped based on how they act (Eigenberg, 2000). The personal view of the correctional officers that 23% of inmates deserved to be raped if they had previously engaged in consensual sex acts while 24% “deserved to be raped if they took money prior to the sexual acts” (Eigenberg, 2000).

Access to Medical and Mental Health Treatment

With some transgender inmates being housed in Administrative Segregation, this limits the movement and access to medical and mental health care (Arkles, 2009). Lack of access to medical and mental health care in prison can cause transgender inmates to have serious negative health outcomes such as depression, suicidal thinking, suicidal behavior, exacerbation of other mental illnesses, and auto castration (Brown, 2010). Correctional staff and other mental health staff are not properly trained and unaware of the needs of transgender inmates (Brown, 2009). If the prison system does not have

properly trained staff to provide treatment to transgender inmates, other challenges can arise when specific psychological services are needed as well as medical services.

According to the World Professional Association for Transgender Health (WPATH) individuals who self-identify as transgender or experience intense, gender related distress should be seen by a qualified medical practitioner to diagnose, establish a treatment plan, and prescribe appropriate medications. Many correctional facilities do not have qualified mental health staff to properly treat transgender inmates with gender dysphoria (Dresner, 2013). The training of mental health professionals competent to work with gender dysphoric adults' rests upon basic general clinical competence in the assessment, diagnosis, and treatment of mental health concerns (WPATH, 2012).

Mental health staff can provide psychotherapy to transgender individuals.

Psychotherapy can help in:

Exploring gender identity, role, and expression; addressing the negative impact of gender dysphoria and stigma on mental health; alleviating internalized transphobia; enhancing social and peer support; improving body image; or promoting resilience; psychotherapeutic assistance to explore gender identity and expression or to facilitate a coming out process; assessment and referral for feminizing/masculinizing medical interventions; psychological support for family members (partners, children, extended family); or psychotherapy unrelated to gender concerns or other professional services. (WPATH, 2012, p. 183).

Correctional policies and procedures rely heavily on the medical definition and medical guidance to understand the transgender population of prisoners (Peterson & Panfil, 2014). Hormones can be provided to transgender inmates, as a continuation of care, where hormones will be maintained at the same level they were being provided prior to incarceration (Peterson & Panfil, 2014). The National Center for Lesbian Rights (2011) reported the Federal Bureau of Prisons (BOP) changed their policy to consider hormone treatment of a case-by-case basis. Transgender inmates did not have to prove they were getting hormone treatment on the outside and could initiate treatment once incarcerated in the BOP.

In the 1970s, Harry Benjamin pioneered transgender care by creating two instruments: the Gender Disorientation Scale (GDS) and the Standards of Care (SOC) (World Professional Association for Transgender Health's Standards of Care for Gender Identity Disorders, 2009). The GDS was designed to classify the level of transgender thoughts and tendencies. The scale has six categories ranging from the occasional thought and practice of cross-dressing to the full-immersion in transgenderism, where the person desires to and has become the opposite sex through sexual reassignment surgery.

The second instrument, the SOC, provides detailed information on how to reconcile the incongruities between a person's gender assigned at birth and their gender expression and identity later in life. Five progressive stages of treatment were identified for health practitioners:

- diagnostic assessments
- psychotherapy

- real-life experience as living as the opposite sex through dress and mannerisms
- hormone therapy
- sexual reassignment surgery (World Professional Association for Transgender Health's Standards of Care for Gender Identity Disorders, 2009).

When these instruments are used together, health practitioners, either in the community or in prison, can identify the issue that transgender inmates are experiencing and match the individual to an appropriate level of treatment.

The correctional system has tried to require a diagnosis of gender identity disorder for transgender inmates to receive treatment specifically designed for those who suffer from gender identity disorder (Alexander & Meshelemiah, 2010; von Dresner et al., 2013). Many prisons currently have policies allowing transgender inmates to continue their hormone treatment, but before these inmates were required to show extensive documentation and medical records proving this treatment had previously been ordered by a physician (Brown, 2009, p. 115). Inmates without a diagnosis could be denied treatment for their gender identity disorder (Alexander & Meshelemiah, 2010; von Dresner et al., 2013).

Transgender inmates go through several withdrawals from the discontinuation of their hormone treatment. This can also cause transgender inmates to have involution of acquired secondary sexual characteristics (Brown, 2010). Some correctional staff believes these requests are frivolous and that inmates were only seeking body altering

procedures for cosmetic purposes. Therefore, transgender inmates who are incarcerated during their transition period may not receive the treatment they need to complete the transition or, at the very least, maintain their transition until release (see Alexander & Meshelemiah, 2010; von Dresner et al., 2013).

As of 2015, just seven states had a policy allowing sex reassignment surgery (SRS) for transgender inmates (Routh et al., 2015); until January 2017, when the California prison system funded SRS for a transgender inmate under their care, no transgender inmate had been successful in obtaining SRS (Thompson, 2017). A recent qualitative study with 20 formerly incarcerated transgender women discovered that correctional healthcare providers lacked the ability to provide gender-affirming care due to transgender-related biases and had limited knowledge of appropriate care (White Hughto et al., 2018). Tenets of gender-affirming care for transgender individuals include access to transition-related medical care (i.e., hormone therapy, surgeries) in a culturally-tailored environment provided by knowledgeable healthcare providers (Reisner et al., 2015)

Dresner, Underwood, Suarez, and Franklin (2013) survey of 50 states' mental health directors of correctional facilities, discovered that 17 states do not have transgender specific programs or treatment methods. One state offers transgender specific therapy at every DOC facility but did not state what type of treatment program was offered (Dresner, 2013). Twelve states reported providing hormone therapy; two states provided hormones to one inmate, four states provided hormones to between two-five inmates, one state provides hormones to more than five inmates, one provides hormones

to more than 25 inmates, four states did not provide specific inmate numbers (Dresner, 2013).

Out of the 18 states that responded, eight states reported concerns with education of mental health staff, nurses, and correctional staff on transgender inmates' specific needs and issues. These states used lack of understanding to describe issues about treatment provided to transgender inmates, models of care, or effective interventions to use (Dresner, 2013). Five states did not complete this part of the questionnaire due to lawsuits and legal issues with providing adequate treatment of transgender inmates (Dresner, 2013). Five states expressed their concerns about having evidence-based guidelines for the treatment and care of transgender inmates that can be applied in a correctional setting (Dresner, 2013).

In Brown's (2014) review of 129 unsolicited letters from transgender inmates, 55% of the letters talked about transgender health care issues, access to proper care, and receiving proper treatment as being the main concern. A 2002 report to Congress by the National Commission on Correctional Health Care compiled some of this evidence and reached the following conclusions: Compared to transgender inmates, 18% of general population inmates complain about lack of medical care, mental health care, and dental care. The incarcerated individuals are the only American who has a federally guaranteed right to health care (*Estelle v. Gamble*, 1976).

There is current controversy around access to gender-affirming surgeries for incarcerated transgender women due to concerns about the use of taxpayer money and very narrowly defined eligibility criteria. US courts are now consistently ruling that

prohibition of gender-affirming surgeries as a matter of prison policy are unconstitutional (Osborne and Lawrence, 2016). Accordingly, prison authorities have been forced to consider whether provision of gender-affirming surgery is medically necessary for some transgender prisoners, which prisoners should be eligible for it, and what the probable outcomes of providing surgery would be, including implications for classification, housing placement and security.

In a recent review, Osborne and Lawrence (2016) discuss gender-affirming surgeries for transgender women who are incarcerated, make suggestions for eligibility criteria and offer recommendations to facilitate provision of successful surgical outcomes (Osborne and Lawrence, 2016) and the California Department of Corrections and Rehabilitation recently issued formal Guidelines for Review of Requests for Sex Reassignment Surgery (California Correctional Health Care Services, 2015). Negative outcomes such as genital self-harm, including auto castration and/or autopenectomy, can arise when gender-affirming surgeries are delayed or denied (Brown, 2010).

Gender Expression

Gender expression is a medical treatment for transgender individuals diagnosed with GD (WPATH, 2012). Transgender individuals use clothing, grooming, to live full time in the gender identity with he/she identifies with. Denial of these items or punishment for possessing these items is concerns that many transgender inmates frequently raise (SLRP, 2007). SLRP (2007) discovered that many transgender women, in the New York Department of Corrections, reported having their hair forcibly cut upon entering the prison and their nails. Many transgender individuals are also denied panties

and bras upon entering the prison. These regulations can create an environment where transgender individuals can suffer from depression, anxiety, and even other mental health conditions (SLRP, 2007).

Dresner, Underwood, Suarez, and Franklin (2013) survey of 50 states' mental health directors of correctional facilities, discovered that four states provided female undergarments or support bras and one state would provide undergarments if it was deemed medically necessary by a licensed psychologist or psychiatrist. The results of this study revealed a lack of psychological and physiological treatment but also an acknowledgement of discomfort with the lack of understanding about transgender specific issues (Dresner, 2013, p. 76). Scheele and Eustace (2002) wrote in the *Model Protocols on the Treatment of Transgender Persons by San Francisco County Jail*, "One of the most consistent complaints from, transgender inmates is that they are referred to by pronouns associated with their birth-identified gender instead of those pronouns which respect their gender identity" (pg. 8). This is a matter of respect in which a person is referred to by their gender identity.

Correctional, Medical, and Mental Health Staff Beliefs and Attitudes

Correctional, medical, and mental health staffs are the individuals transgender inmates have the most frequent contact with. The perception of correctional, medical and mental health staff's attitudes by transgender inmates, define a portion of their experience. Therefore, a discussion based on the attitudes of the professional staff mentioned, is appropriate. After conducting scholarly search of literature on the above

mentioned, the result concluded that there has not been any research conducted on the correctional, medical and mental health staff attitudes towards transgender inmates.

Chapter 3: Research Method

Research Design and Methods

Phenomenological research focuses on what people experience regarding a phenomenon and how they interpret those experiences (Moustakas, 1994). The phenomenon of interest in this study consists of transgender identity, lived experience in prison, safety and security, as well as medical and mental health treatment. Using a phenomenological approach allowed the development and understanding of the lived experience of this group of individuals (see Creswell, 2013).

For this reason, a phenomenological approach was used in this study to develop an understanding of the needs of transgender inmates and the need to inform, educate, and train staffs who serves this population. Using a qualitative method can help the researcher understand why a phenomenon occurred and not predict when the phenomena occurred (Giorgi, 2003). The researcher uncovered the meaning of the lived experience for each subject (Giorgi, 2012). Themes and patterns are sought in the data. A methodical research approach provides an understood means of the phenomenon under investigation and must be appropriate to the phenomenon being investigated (Giorgi, 2010).

The methodology used in phenomenology differs from other research methodology because the goal is to describe a lived experience, rather than to explain or quantify it in any way (Giorgi, 2012). Phenomenology is solely concerned with the study of the experience from the perspective of the participants; therefore, the methodology does not include a hypothesis or any preconceived ideas about the data collected (Giorgi, 2012). Phenomenology makes use of a variety of methods including interviews,

conversations, participant observation, other personal experiences. In general, the methodology is designed to be less structured and more open-ended to encourage the participant to share details regarding their experience (Giorgi, 2012).

According to Giorgi (2009) a descriptive phenomenological psychological method should assume:

- “That the meaning of science is exhausted by empirical science, and therefore qualitative research, even if termed human science, is more akin to literature or art than methodical, scientific inquiry” (p. 83).
- “That as a primarily aesthetic, poetic enterprise human scientific psychology need not attempt to achieve a degree of rigor and epistemological clarity analogous to that pursued by natural scientists” (p. 83).
- “That objectivity is a concept belonging to natural science, and therefore human science ought not to strive for objectivity because this would require objectivizing the human being” (p. 83).
- “That qualitative research must always adopt an interpretive approach, description being seen as merely a mode of interpretation” (p. 83).

Phenomenology as a methodological framework has evolved into a process that seeks reality in individuals’ narratives of their lived experiences of phenomena (Moustakas, 1994). Phenomenology includes different philosophies consisting of transcendental, existential, and hermeneutic theories (Cilesiz, 2010). While transcendental philosophy is often connected with being able to go outside of the experience, as if standing outside of

ourselves to view the world from above, existential philosophy reflects a need to focus on lived experiences (Cilesiz, 2010). On the other hand, hermeneutic phenomenology emphasizes interpretation as opposed to just description. This study used the transcendental phenomenological framework developed by Husserl who provided the basis for phenomenology (Moustakas, 1994).

This qualitative phenomenological studied the lived experience of transgender individuals through prison that serves several important functions. First, it helped to inform staff who work with transgender inmates to understand the inmates' needs. Second, it provided a foundation for future research into other psychosocial needs of transgender inmates. Finally, this research can help introduce a positive social change into the correctional setting. A human scientific research approach, according to, Giorgi's (2010) argument,

needs to be both methodical and flexible; flexibility, however, does not imply that the steps in a method can be dispensed with or significantly altered at will, but rather that the steps are implemented in a manner sensitive to the research situation and data. (p. 6)

This methodology stressed the importance of researcher subjectivity, with the relationship between researcher and participant, who both function as decision makers in all aspects of the research process.

Research Strategy

This study used a qualitative research design. A phenomenological study is used when the researcher wants to understand the lived experience of one or more phenomena

(in this study, transgender identity and prison) in order to inform practices or policies (Creswell, 2013). The way in which transgender individuals experience prison has not been explored specifically in other studies (Corliss, 2006). Several studies were found to be quantitative in nature and test hypotheses derived from other theories but did not specifically apply to the lived experience of transgender in prison (Maguen, 2007). It was appropriate to use a phenomenological study when the research wanted to understand the lived experience of one or more phenomena (transgender and prison).

In phenomenological studies, data was collected from individuals who have experienced the phenomena first hand. In my study, I conducted in-depth interviews with several participants to collect the data. Using the in-depth interviews, I looked for common themes or statements, within the data, that may emerge. I created a dialog so the participants could express their experience and the phenomena being investigated to create common themes (see Berndtsson, Claesson, Friberg, & Ohlen, 2007). According to Maxwell (2005), when the research is performed properly, qualitative research adds rich literature into the research process. Phenomenological studies are well suited to inform on the message or content (Maxwell, 2005). With the broad application of a qualitative study, phenomenology was chosen to explore the lived experience of transgender individuals in prison. Exploring and identifying the common themes of the stories told by transgender individuals who have lived through prison can provide useful information to many audiences.

According to Giorgi (2012) a phenomenological research study typically follows the four steps listed below:

- Bracketing – The process of identifying, and keeping in check, any preconceived beliefs, opinions or notions about the phenomenon being researched. In this process, the researcher brackets out any presuppositions in an effort to approach the study of the phenomenon from an unbiased perspective. Bracketing is important to phenomenological reduction, which is the process of isolating the phenomenon and separating it from what is already known about it (Giorgi, 2012).
- Intuition – This requires that the researcher become totally immersed in the study and the phenomenon and that the researcher remains open to the meaning of the phenomenon as described by those that experienced it. The process of intuition results in an understanding of the phenomenon and may require the researcher to vary the data collection methods or questions until that level of understanding emerges (Giorgi, 2012).
- Analysis – The process of analyzing data involves the researcher becoming fully immersed into the rich, descriptive data and using processes such as coding and categorizing to organize the data. The goal is to develop themes that can be used to describe the experience from the perspective of those that lived it (Giorgi, 2012).
- Description – This is the last phase of the process. The researcher will use his or her understanding of the data to describe and define the phenomenon and communicate it to others (Giorgi, 2012).

Gearing (2004) explained bracketing as a “scientific process in which a researcher suspends or holds in abeyance his or her presuppositions, biases, assumptions, theories, or previous experiences to see and describe the phenomenon” (p. 143). Within this research model, I invited transgender individuals to share their personal story as well as their experience throughout DOC. Their background provided detail as to how their transgender identity came to be and their direct involvement with DOC. I used detailed interview questions which allowed the participants to respond while guiding me through their prison experience. I invited as many participants as willing who met specific criteria to describe their lived experiences. The information shared assisted with creating common themes, ideas, and feelings as related to the phenomena of interest.

As the researcher, I conducted, in-depth phenomenological interviews with the individuals. The questions were “directed to the participant’s experiences, feelings, beliefs and convictions about the theme in question” (Welman & Kruger, 1999, p. 196). Bracketing (Caelli, 2001) in this study entailed asking the participants to set aside their experiences and to share their reflection on their survival. Data was obtained about how the participants “think and feel in the most direct ways” (Welman & Kruger, 1999, p. 96). I focused on what goes on within the participants and got the participants to “describe the lived experience in a language as free from the constructs of the intellect and society as possible” (Welman & Kruger, 1999, p. 96). This is one form of bracketing. There is also a second form of bracketing, which, according to Miller and Crabtree (1992) is about the researcher that “must bracket her/his own preconceptions and enter the individual’s lifeworld and use the self as an experiencing interpreter” (p. 24). According to Bailey

(1996) the “informal interview is a conscious attempt by the researcher to find out more information about the setting of the person” (p. 72). The interview is reciprocal: both researcher and research subject are engaged in the dialogue. The experience, duration of interviews, and the number of questions may vary from one participant to the other.

With qualitative research being broader, phenomenology was chosen to explore the lived experience of transgender inmates. Phenomenological studies use existing theories for the interpretation and discussion of interview data (Creswell, 2013). Exploring the common themes through the lived experience of transgender inmates, can be very useful to a variety of audiences. Publications of this information can inform people, inform practices and policies, while, simultaneously, creating a positive, social change.

Participants of the Study

The primary source for participants for this study came from a major U.S. city. These transgendered individuals transitioned from a DOC in the Midwestern United States into the community. Any transgender individual who had recently been incarcerated and shows an indication and a willingness to participate in this study was invited to do so. After appropriate individuals were identified for this study, my role as the primary researcher was to obtain a primary data collection instrument. According to Seidman (1998), “a recommended sample size in a phenomenological research be limited to the point at which the researcher has learned enough about the phenomena of interest; more interviews do not necessarily result in more knowledge” (p. 48). Seidman goes on

to argue, “The criteria of sufficiency and saturation are useful, but practical exigencies of time, money, and other resources play a role, especially in doctoral research” (p. 48).

The sample size aligned with Creswell’s (2014) recommendation that “phenomenological research includes enough participants to develop rich narrative descriptions of the phenomena under investigation, but not so many as to make the research unwieldy” (p. 53). This research used a sample size of 11 individuals. The sample size in phenomenological research is recommended to be limited to the point at which the researcher has learned enough about the phenomena of interest, which in turn more interviews does not necessarily mean more knowledge (Seidman, 1998). The participants gave a description of their experience. They presented objects with meanings and the description is from another. According to Giorgi (1989), “the researcher can reflect on the meanings contained in the description and perceive their unity and come up with an understanding of the world of the other” (p. 7). This is a description of the world of the other, not an interpretation.

In this study, I sought to understand the lived experience of transgender individuals through prison. The inclusion criteria required incarceration within the past 36 months from a DOC in the Midwestern United States. Any individual who met all the inclusion criteria and indicated a willingness to participate in the study was invited to do so. For those who agreed to participate in this research study a consent form was provided. A signed informed consent indicated their willingness to participate. I made sure to answer all participant question before conducting an interview.

Research Questions

This study strived to develop knowledge and understanding of the lived experience of transgender individuals through prison. To achieve this goal, certain research questions were established to create a foundation to the participant's experience. According to Creswell (2013), "the primary interviews help refine and guide the research questions" (p. 45). As the researcher collected and analyzed the data from the interviews, research questions changed to target the nature of the problem and phenomenon (Van Manen, 1990). Transgender inmates have a unique set of needs and the following three research questions are the foundation of this study:

- 1: How do transgender individuals experience the prison intake process?
- 2: How do transgender individuals get their treatment needs met in prison?
- 3: How do transgender inmates experience daily life in prison?

The preliminary research questions were both fundamental and informational in nature. The fundamental questions were used to explore and investigate the phenomenon of interest. The informational questions were used to gather information and guide social change.

Procedures

After appropriate individuals were identified for this study, my role as the researcher will be the primary data collection instrument. For those who agreed to participate in this research study, there was an obtained, a signed informed consent for their willingness to participate. Any questions, or concerns, posed by the participants prior to conducting the interviews about this study, were answered. According to Giorgi

(1989), “phenomenologist’s key procedure is the reflection on the meaningful structure of the concrete intentional life of participants” (p. 59). Once the interview was transcribed, the research invited the participant back to review the outcome to make sure the correct description of the experience was captured. Phenomenological research is the interview and the description of lived experience. The researcher tends not to analyze the text or the interviewer, interviewee, interaction except as they provide access to prior lived experiences.

Researchers need to pay close attention to the expressions of the participants by understanding the participant’s words as expressing a meaningful description of life. In phenomenological research the researcher’s attitude should include a special sensitivity toward the phenomenon being studied (Giorgi, 2012). Giorgi (2012) describes the attitude in phenomenological reduction as:

The researcher first reads the whole description in order to get a sense of the whole. The phenomenological approach is holistic and so no further steps can be taken until the researcher understands what the data are like (p. 5-6). The researcher then goes back to the beginning of the description and begins to reread it. This time, every time she experiences a transition in meaning from within the attitude, she makes a mark on (p. 5-6). The researcher transforms the data, still basically in the words of the subject, into expressions that are more directly revelatory of the psychological import of what the subject said. In other words, the psychological value of what the subject said is made explicit for the phenomenon being studied

description (p. 5-6). The direct and psychologically more sensitive expressions are then reviewed and with the help of free imaginative variation an essential structure of the experience is written (p. 5-6). The essential structure is then used to help clarify and interpret the raw data of the research (p. 5-6).

Ethical Protection of Participants

The ethical protection of participants is extremely important and took priority throughout this study. In order to fully protect the participants, a full explanation of the study, and its purpose, were provided to each participant who actively contributed to this study. Signed consent forms were obtained, from the participants, who agreed to participate in this study.

Cautionary measures were taken in order to protect the confidentiality and privacy of the participants in this study. These interviews were conducted behind closed doors in a safe environment where the participant were able to feel comfortable when relating their lived experiences. Each participant received a scheduled time to meet and have the interview conducted. All interviews were recorded. Once the interviews have been transferred, each interview was transcribed, then transferred, to a secured storage unit.

Data Collection

The main form of data collection for this study was recording interviews and transcribing the interviews. Each interview was conducted in a private setting where the interview was recorded on digital media. Bracketing has the potential to greatly enrich data collection, research findings and interpretation to the extent the researcher as

instrument, maintains self-awareness as part of an ongoing process (Tufford & Newman, 2010).

Bracketing interviews conducted during the data collection can uncover themes that can affect the researcher's ability to listen to what the participant is saying or trigger emotional responses in the researcher for further exploration (Tufford & Newman, 2010). Tufford & Newman, (2010) state, "bracketing interviews can increase the researcher's clarity and engagement with participants' experiences by unearthing forgotten personal experiences" (p. 86). The researcher's task is to remain aware of the participant's body language, which may signify discomfort or distress as well as reveal added layers of meaning in their responses (Rolls & Relf, 2006). While maintaining a focus on the research questions, cues from the researcher's experience and emerging interpretations during the data collection can help create questions for further data collection (Tufford & Newman, 2010).

As the interviewer, a worksheet was created to collect field notes during the interview. A collection of demographic information (age, transition, time incarcerated, mental health, medical etc.), was gathered in order to facilitate interview identification (recording ID number), and to record any further observations that are recognized, in the interview. The worksheet used to collect field notes, is used to gather information which pertains to the individuals' incarceration and incarcerated treatment. The criteria included specific key points relating to experiences while in prison, the progression and treatment of being incarcerated, and any relation of being identified as transgendered, while being

imprisoned. The snowballing technique was used to recruit other transgender participants that qualify to participate in this research.

Data Analysis

The data analysis consisted of coding transcribed data. NVivo software was used to develop codes and themes that emerged from the recorded interviews. This study used a top-down approach to the data analysis. With this approach, the researcher can explore multiple constructs at once (Patton, 2002). Once the interview had been transcribed, the researcher invited the participant back to review the outcome to make sure the correct description of the experience was captured. Giorgi's (1985) has delineated the steps of protocol analysis:

- openly reading the description (p. 53).
- differentiating the description into meaning units (p. 53).
- reflecting on the psychological significance of each meaning unit (p. 53).
- summarizing the essential psychological structure of the phenomenon in response to the research question (p. 53).

Giorgi (1970) explains that there is not one kind of language that phenomenological researchers use in the analysis but, they use everyday language. "Whether the expression of findings utilizes participants' own expressions, technical terms from philosophy and/or psychology, original poetic language, or other forms of everyday discourse, the aim is to describe the psychology of the experience faithfully in light of concrete evidence" (Giorgi, 1970, p. 95). In the analysis report, researchers use quotations of participants' own words in order to render psychological insights into the

phenomena being studied and psychological terms to reference actual experiences and to provide readers with concrete understanding of the findings (Giorgi, 1985).

Phenomenological analysis remains descriptive, reflective, emphasizes the frequency of themes, and helps explain the experience by means of functional relations of variables outside immediate experience (Giorgi, 1989). Phenomenology views the experience as meaningfully, organized, and in need of a descriptive conceptualization.

The researcher's critical reflexivity and the modification of concepts help the analysis of data and expression of participants that is recorded as well as accounted for.

Phenomenological description of the analysis does not focus on independent variables outside the experience but limits itself to describing the meanings as experienced:

- the body
- the self
- the surroundings
- in the temporal structures of being in the world (Giorgi, 1989).

Phenomenological analysis remains a purely descriptive of holistic psychological structures rather than abstractive of functional relations in a theoretical model that would explain the experience.

According to Wertz (2005) these four procedures in a phenomenological approach research help provide the core foundation methods that are necessary and enough in order to acquire human science knowledge:

- grounding in empirical reality
- freedom from prejudice

- explication of what is experientially meaningful in the phenomenon
- identification of what the phenomenon is (Wertz, 2005).

Verification of Findings

This study relied on self-reports from the participants. The purpose of this study explored the lived experience from the participants' perspective and their gender identity. Their appearance and behavior was recorded by researcher's observation. This study refrained from the use of triangulation to connect participant's experiences with outside sources, family members, or public or private records. Using a researcher developed worksheet, the following information was recorded:

- Where the participant was recruited from.
- Gender presentation
- Where the participant was incarcerated.
- Length of incarceration.
- Treatment programs offered to the participant while incarcerated.

Summary

The purpose of this study was to provide information and perception so a foundation can be built to connect policy makers and treatment practices. Evidence-based guidelines and evidence-based treatments are two areas that are needed in the correctional setting. This research helped produce new procedures, training, and management policies for transgender inmates. The development of evidence for equality and adequate healthcare comes from research, experience working with the transgender population, and more imperative, from the transgender inmates themselves.

Chapter 4: Results

Introduction

The purpose of this investigation was to explore the lived experiences of transgender inmates and gender identity throughout an in-state prison system. Their specific lived experiences shed light into areas that need readjusting, or modification within a DOC in the Midwestern United States.

When discussing the individual's experience, it was defined as the process or fact of personally observing, encountering, or undergoing something as well as feelings, observing, encountering, or undergoing of things generally as they occur in the course of time (Mosby Dictionary, 2009). When talking about the survival of the experience while in prison, it was defined as: to remain or continue in existence or use, to get along or remain healthy, happy, unaffected despite some occurrence, and to endure or live through (Mosby Dictionary, 2009). Their stories provided information of the participants' lived experience through DOC. This research used detailed interview questions to allow the participants to respond and guide the researcher through their prison experience.

Recruitment

The primary source for participants for this study came from a major U.S. city, in which these individuals were recently incarcerated. The transgender individuals were transitioning from a DOC in the Midwestern United States and into the community. Any transgender individual who was recently incarcerated and indicates a willingness to participate in this study was invited to do so. Flyers were posted at several public centers, LGBTQAI health clinic, The Transgender Law Offices , and Counseling facilities. Those

who agreed to participate in this study signed an informed consent for their willingness to participate. Questions the participants posed prior to conducting the interviews for this study were answered. Eleven participants participated in this study. Seven of who were male to female transgender and four were female to male transgender. The names of the participants were changed to protect their privacy. The name and location of the office space and conference room have been redacted, as have names of individuals mentioned in their stories. Any personal identifying information has been obscured as well. The stories are presented verbatim. No expletives have been removed or modified. Prior to recruiting participants and collecting interview data, I submitted my proposal to the Walden University Institutional Review Board for approval. Approval was received (03-22-19-0140738) so I was able to conduct my study.

Participant Profiles

Table 1 illustrates each participant's profile including: name, age, transition, length of incarceration, Mental Health treatment while incarcerated, Medical treatment while incarcerated, and Times of incarceration.

Table 1

Participant Demographics

<i>Name</i>	<i>Age</i>	<i>Transition</i>	<i>Length of incarceration</i>	<i>Mental Health treatment while incarcerated</i>	<i>Medical treatment while incarcerated</i>	<i>Times of incarceration</i>
Toni	37	MtF	11 yrs.	Yes	Yes	3
Lily	22	MtF	8 yrs.	Yes	Yes	1
Andi	33	MtF	3 yrs.	No	Yes	1
Paula	64	MtF	19 yrs.	Yes	Yes	2
Abigail	41	MtF	6 yrs.	Yes	Yes	1
Strawberry	26	MtF	7yrs	Yes	Yes	2
Carrie	29	FtM	10 yrs.	No	Yes	1
Sharon	38	MtF	5 yrs.	No	Yes	2
Bernesha	26	FtM	9 yrs.	Yes	Yes	1
Stephani	29	FtM	3 yrs.	No	Yes	3
Jovana	28	FtM	4 yrs.	No	Yes	2

Note: MtF=male to female; FtM= female to male

Data Collection and Storage

All interviews were conducted in a major U.S. city area between March 2019 and July 2019. Nine interviews were conducted in an office space within the main public library and the other two were conducted in a conference room in that same library. Table 2 illustrates at where the interviews took place and the length of each interview.

Table 2

Interview Setting and Length

Participants	Setting	Length(minutes)
Toni	office space	23
Lily	office space	28
Andi	office space	18
Paula	office space	43
Abigail	conference room	40
Strawberry	office space	29
Carrie	office space	49
Sharon	conference room	23
Bernesha	office space	26
Stephani	office space	21
Jovana	office space	18

In depth interviews were conducted and recorded. Common themes or statements that emerged as the interviews were transcribed were noted within the data,. The interviews were conducted behind closed doors where I attempted to create a safe environment where the participant felt comfortable. Each participant received a set scheduled time to meet and conduct the interview. All interviews were recorded. Once the interviews were transferred, the interviews were transcribed and transferred to a secured storage unit on my password protected computer.

Data Analysis

The data analysis consisted of coding transcribed data with the NVivo software. This software helps develop codes and themes that emerge from the recorded interviews. Once the interviews were transcribed, the participants were invited back to review the outcome to make sure the correct description of the experience was captured.

Themes Identified

The same sequence of coding, analysis, and interpretation was repeated for every interview. Through each outcome, a clearer picture of each participant's experience unfolded. Common themes began to emerge from these interviews. As the process became finer, more themes emerged. At each stage, many themes were integrated into others. Multiple themes were reduced into one umbrella theme, when possible. Meanwhile, other themes were removed with the relative weakness of the theme. The analysis of the interviews resulted into five themes. Table 3 illustrates at which stage the themes were identified, and at which staged themes were removed.

Table 3

Reduction and Clarification of Emergent Themes

Stage 1	Stage 2	Stage 3	Stage 4
1. Development of awareness of transgender identity	1. Development of awareness of transgender identity	1. Development of awareness of transgender identity is a process	1. Development of awareness of transgender identity is a process not an event
2. Transgender identity as a trait	2. Age of awareness of transgender identity	2. Problems in childhood and adolescence	2. Stigma, stereotyping, and discrimination persist into problems related to gender identity
3. Age of awareness of transgender identity	3. Problems in childhood	3. Problems in adulthood	3. Criminal activity begins and persists into criminal charges and lifestyle
4. Transgender identity as a state	4. Problems in adolescence	4. Derogatory labels and stigma	4. Mental Health and Medical treatment behind bars
5. Problems in childhood	5. Problems in adulthood	5. Stereotyping	5. Prison life and the daily experience
6. Problems in adolescence	6. Derogatory labels	6. Discrimination	
7. Problems in adulthood	7. Stigma	7. Consequences of criminal activity	
8. Derogatory labels	8. Stereotyping	8. Homelessness	
9. Stigma	9. Discrimination	9. Criminal charges	
10. Stereotyping	10. Consequences of criminal activity	10. Sexual assault	
11. Discrimination	11. Homelessness	11. Mental health treatment	
12. Homelessness	12. Criminal charges	12. Medical treatment	
13. Criminal activity	13. Sexual assault	13. Prison life	
14. Criminal charges	14. Mental health treatment	14. Prison experience	
15. Sexual assault	15. Medical treatment		
16. Mental health treatment	16. Prison life		
17. Medical treatment	17. Prison experience		
18. Prison life			
19. Prison experience			

Theme 1: Development of awareness of transgender identity is a process not an event. The strongest and most salient theme was related to the first question of the interview. It revolved around the development of awareness of transgender identity. The men and women who participated in this study did not just realize one day that their gender identity differed from their biological sex. The discovery of gender identity happened over a period of time. This theme was strong, growing from the number of participants who reported the realization within the difference between their biological sex and gender identity. All the men and women in this study reported the discovery of their gender identity as a process, rather than an event that randomly happened. Several individuals reported knowing/feeling that they were different and that this process began at an early age. For many participants, confusion continued until their true gender identity was discovered and sexual orientation/attraction kicked in.

Abigail: Growing up I guess my story is fairly standard, I knew from a very young age, but it was the 80's in small town and the few times I mentioned it I was told to never speak about it again and that it wasn't okay. School was the usual procession of bullies using homophobic slurs because I was quiet, thoughtful, emotional and creative. I experimented with dressing feminine whenever I could in secret, spent my whole life mostly hiding that, and the few girlfriends I confided in over the years were a combination of confused or angry when I told them. It wasn't until I was around 36 that I really came to refer to myself as transgender or to actively pursue transition because my parents are very hardline old school

Anglican Christian, but when Dad was nearing the end of his terminal cancer diagnosis, I finally discussed it with him.

Bernesha: I just grew up going both ways. I like looking like a boy, but I also liked boys, but I also like some girls. That's how that went about. Some days I feel like dressing like a man, or stud as you would call it, which is most often, but there are some days that I feel like dress like a female.

Toni: At first, I was trying to be a man, more of a man, and then I guess that changed. I let my hair down literally, I grew my hair out and started dressing more feminine, tighter clothes, change my name to a female name.

Lily: I am honestly, the ages though when everything is about, I was 12. I had stolen my mom clothes and make up and you know it was going about that for a while and I knew one day she caught me with make up on not the clothes but with the make up on and instead of being upset she was more or less confused because I forced myself to act like a stereo typical guy or kid or male kid and I did not enjoy it and I am so around 12 when the part will be the first time I came out and that I basically tell my mom I wanted to be a woman I didn't feel right at it being a guy I didn't enjoy getting dirty or you know anything that boys did around that age I didn't really enjoy it except playing sports I love it I love being active I just didn't like it at getting dirty part is it wasn't me and I loved you know I love the accessorizing I loved but Jean wearing just jeans and a T-shirt every day

wasn't cutting it and when I first tried on her dress Obviously didn't fit but it felt good it felt right and that's kind of how that came to be.

Pamela: It caused me a lot of issues but, it had nothing to do with my identity. I felt like I was a girl back when I was 3 yrs. old.

I'm 64 now, Back then in our generation you couldn't be out as a homosexual. They were killing homosexuals. They were just got right killing us you had to stay deep in the closet. I did not really transition till the middle of my sentence, I finally came to terms with it and when I got out of prison, I took hormones and my probation got violated and I had to go back in as a woman. I was raped in prison for several years, bought and sold like a piece of meat. It caused me PTSD, bad.

Strawberry: I first realized I was a woman when I was 5 yrs. old, but the moment I came out of my mom's womb I have always been feminine, I do everything like a normal women, I never knew anything else besides being a women, even when being transgender , that they call me, is different from other people, I never would change, even if it would cost me to die, cost me to be beaten, I wasn't afraid, I wasn't going to live in fear, I wasn't going to live in denial, and I wasn't going to live for anyone else but myself. If I can't make myself happy how can I make anybody else happy.

Sharon: My name is Sharon Paris and I am 38 yrs. old. I knew from a young age that I was a girl and that I was in the wrong body. I always had problem

growing up with my family because they did not want to accept the fact that I was a woman. My father wanted to have nothing to do with me. I have been discriminated against by people because of how I live as a woman and I've had an even harder time finding employment. Me living as a woman had everything to do with getting incarcerated. Every day I dress like a woman and I carry myself as a woman.

Stephanie: Both of my parents were drug addicts, so growing up I did not have a stable home. When we got to certain ages my parents did not want to be parents anymore so therefore, I was left to raise my young sister. We lived from house to house. And during this time, I had to take care of my children plus her, once I was able to get into a stable place and get my own apartment, my younger sister became the babysitter at the age of 15. This is when I really started to develop my true gender identity. I was also trying to take care of 4 children, work, and trying to understand who I really was. I was hustling and running the streets to make money.

Carrie: I am transman and at first, I did not think it played a role but now that I look back on the incarceration, I look more aggressive, the CO treated me kind of different than they did the feminine females.

I hit it the majority of my life, but when I was incarcerated it was something that had to come out, then once I reached the prison, my manly image started coming out, at that point I felt like I was going to be treated

any different because I was in the end I was still a female, but the co.'s and the prison staff don't see it that way.

Jovana: I'm very out spoken, but I try to stay to myself. I have 32 siblings and I'm the youngest. I am a female, but I consider myself as an aggressive stud. While I was incarcerated, I stayed to myself because I felt my sexuality is a thing, I choose to like, and my everyday life was affected by that. It affected the way I was treated by the COs and staff and everyone else in the prison.

Theme 2: Stigma, stereotyping, and discrimination persist into problems related to gender identity. For most of the participants, realizing and recognizing their transgender identity was difficult and confusing. All participants described issues with how they were treated as a transgender inmate as well as correctional officers using stigma and stereotyping to discriminate against these individuals. These events ranged from name calling, being forced to adopt their biological identity, and being marginalized in acts of violence. Certain stereotypes can cause people to have preconceived notions about transgender inmates (Miles, 2012). These stereotypes can cause people to be discriminated against others. Several participants described experiencing events that involved stereotyping, stigma, or discrimination against then related to their transgender identity. They described discrimination in terms of treatment by correctional officers, staff, denial of services, or not taking proper action to resolve situations.

Abigail: During intake I was kept separate from other prisoners due to my gender identity, they took my clothes and issued me a prison uniform of a t-shirt

and track pants, they took my hormones that I had with me. I managed to grab them from my bag before they took all my bags as evidence.

When I first arrived, I was placed in overflow for general population when the prison is busy, I was provided with my own cell due to my gender identity and was allowed out for only an hour each day. The other prisoners in that unit were incredibly violent criminals for the most part, all male, and very intimidating given I have been a victim of physical abuse several times over the years.

Bernesha: While I was incarcerated, I expressed myself as both, more so a female because I don't want to be in trouble with the CO and I did not want to get extra time. The CO would lie on tickets and try to get you more time, so I stayed out of harms ways and I found myself reading more books to stay out of trouble. I stayed to myself and would be myself till I got out. They treat me like shit, on my way coming in they have a lot of people that I know of that give donations and we were not given any of it when we came in. they didn't give me shower shoes , you have to go in the bathroom bare foot, you could get fungus on your feet, or your skin could break out, they didn't give us soap, they get one bar of soap and break it into 4 squares, and it doesn't last. then you must wait another 3 weeks to get another bar of soap, a little bottle of hotel shampoo and conditioner, and then sometimes you won't get a rag to wash up with, so you must

wash up with your hands. Sometimes we would rip the big towels they would give us, but we would get in trouble for that.

Toni: oh my was a lot of from where my hair in ponytails because I looked too feminine and I am I would be told that if I ever did it again, I would be sent to our segregation, I couldn't wear a ponytail pass the bottom of my neck , I would be sent to segregation for it. oh yes I had him I was walking at the chow hall one day and I have my hair in piggy Tales like on the side with him bangs going down and I had tight pants on and when I walked into the chow hall of the Lieutenant Jones was standing off to the left and he called me and made me go underneath a divider and I split my pants open and then he told me that I was not allowed to wear my hair like that I needed to take it down and he sent me back to my room and told me that if he ever saw it again he would send me to segregation. Yes I am because I was transgender and look like a female they sent me to segregation and said that I was sexually active and the woman that did the investigation, what I've always talked about she switched my words around and she said that I told her that I was sexually active anywhere and everywhere I could just so she could get me out of the penitentiary.

Stephanie: This was my first time going to prison and I was very afraid. I was afraid because I was alone, and I have never been in something like that before. Before I was taken to prison, the officers at the police station did not realize I was a female until they did a pat down search and tried to put me

with other males. The way the officers talked to you was degrading and I witnessed the officer put their hands on another young lady because she thought she saw her sister and the first thing they tell you when you arrive is, I don't care if it's your sister, momma, Jesus, if you see them your better not talk to them. She waived to her and the lady officer put her hand on her throat, women were waiting to be processed in withdrawing from drugs and using the bathroom on themselves and throwing up. I never experienced anything like that in my life, and it was a rough experience. I was very traumatized. Having the officers talk to you like your no one and they don't have a problem calling you out of your name, yelling, and they would put you at the front of them line while everyone is looking at you are wondering what you did to get yourself here. All it takes is for someone to look you up to find out why you're in prison and what your case is about. then that's all that's being discussed, and your being made fun of, but I mostly stayed in my room. No not really, most were negative. When I say negative, I mean they were very verbally abusive and how they degrade you and how they disrespect you, they would be mad at things going on and take it out on us. Something came up missing while I was there, and they brought the dogs in to shake down the intake area. It was just a traumatic experience.

Sharon: When I was arrested, I was dressed as a woman and the police did not realize I was a woman until they searched me. I was talked down to, spit

on, stomped and beaten once the police realized that I was a woman. Once I got to prison it was horrible. I had breast so everyone just stared at me and would call me faggot or girly man. The treatment by the inmates was a lot worse than anything. Inmates would spit on me, I was attacked in the holding cell by an inmate, and several inmates tried to feel up on my breast. I had to fight each day just to survive.

Jovana: Officers treated me like crap. They cursed me out, they called me names, they do whatever they want to do to you, and they really don't care. Because I dressed like a stud but liked girls, they would call me names like fag, sluts and whores and bitches and other things of that nature. No, nothing ever happened. You could go to the COs, Sergeants, and Lieutenants and nothing ever happened. They would just blow it off like oh well that's life.

Strawberry: I seen the police, It was 2 Caucasian white men, and I said hey excuse me can you please help me, I'm intoxicated, I don't know where I'M at, can you please help me get home, I'm a transgender black women that stays on the south side of Chicago, the same officers looked me in my face and told me Fuck off you dumb nigger bitch and they continuously drove off. I end up falling asleep inside of the car and when I woke up I was inside of the police station, and when I got inside the police station they were very abusive, they were hitting me , they were choking me, they told me if I don't give them information about some stuff then I'm going to be sent

away for a long time, I'm like how you all going to lock me up on my birthday, I done nothing wrong, what's going on, and they were on the phone with the states attorney, and the states attorney said if I don't give them the information they need, then I will be sent away for a very long time, when I first went through cook county they did not have transgender, gays they just placed me in general population unless you fear for your safety if you fear for your safety then they will place you in protective custody, so basically all the LGBTQIA people, they are placed in protective custody because they are afraid to be raped and beaten, the staff at cook county are very mean, disrespectful, very bias and prejudice of black , white and Mexican, they allow other inmates to sell us transgender , allow them to get raped, and it's extremely hard being a LBGTQIA in prison period. We are treated like slaves, if you want to know the words, I would use for the LGBTQIA people, Jewish people in a Hitler camp, that's how we are being treated, that's how I can sum it all up to you Yes, with me being in all those prisons I was sexually assaulted, multiple times, I was forced to have sex with my celli, I was beaten for reporting it, I was chained up, I was left in seg for yrs., the warden or the director, everyone was in cahoots to hide the evidence, everyone was in cahoots to keep me in seg and block all my numbers, they stopped all my visits, they did everything they can, they tried to kill me , and if it wasn't for the inmates there I would be dead, and even in prison the inmates were very nasty and

mean, so you have the staff and inmates because when you have people doing life they don't care about taking your ass or beating the shit out of you, you being transgender or LGBTQIA your normally in seg until you go home anyways because you don't have a place in prison. I can honestly tell you, I felt like I was in a concentration camp and Hitler was the dictator.

Andie: I'm a little skinny white girl, who weighs 100 pounds, A big black man came on my block and started beating me up. I was taken into the shower area, getting the shit beat out of me and the men's friends harassed me and so one day finally a security guard asked me why are you always beaten up? I said I can't tell you, so that's the worst thing to do is to rat on people. Well they found the video tape of me getting beaten up. Literally the black man grabbed my hair pulled me in the shower, and just started beaten me all on tape. so, you know the punishment of course would go to the black man, for instigating and causing those problems and being violent. Well he got 3months in solitary, and I got 1 month in solitary for the fact that the guard were worried that the black man's friend was going to beat me up again, because the other man got 3 months in solitary. I was afraid to eat and was not able to use the phone while I was in there, I had to write letters, I was sent money when friends would write a check to my account, so I could buy certain things. I could only eat certain things like apples, oranges, or wrapped items because all the black guy's friends worked in

the kitchen and so they knew where the meals were going so, I was horrified to eat any of the food because of what they might put in it. Solitary is too violent of a place and from a transgender point of view I am scared to death to be harassed when I walk to the restroom and the other males don't think I belong there. Many times, this is the first time these guys have run into a trans person before, so it's scary to be in that spot, and you don't know how you're going to react till it happens. oh yeah, oh yeah yeah, many guards would say you have to suck my dick so many times before I let you do whatever, this was happening all the time, all of this was documented about me getting beat up or the security were threatening me with sexual favors.

Pamela: yes, I let them know, there was no question I came in the door in a dress, bra, panties, heels, long hair and there was no doubt my sexuality or orientation, they made me strip in front of about 200 men who just went crazy. The captain had to come down and the lieutenant had to get me out of there. They stripped me naked and took my clothes and put me in a jump suit. it was all very stressful. When I first got raped, I turned in, I went to the sergeant's desk and told them, he told me "well you just need to grab your testicles and be a man about it you know fight back" even though the prison rape elimination act , they were supposed to protect me, and they never did, they never did. Not until the they put down stipulations as how to treat transgender in prison and to lay down the rules

to protect ones that need to be protected other words to enforce the prison rape elimination act. The officers seemed to ignore that till we get the guide lines how to handle situations like this. They didn't want to be out all this special housing and they did not know what the prison rape elimination act requires them to do. I was always in general population in a man's cell so... I had to fend for myself, they got tired of me putting complaints in about being raped and I guess they got a little scared, so they finally transferred me to another unit, which happened to be the worse place ever and even worse place for prisoners being raped. When I got on that unit, I just found the biggest, fattest leader on the white gangs and requested to be his celli, we became lovers, just so I could survive.

Theme 3: Criminal activity begins and persists into criminal charges and lifestyle. Many of the participants turned to criminal activity as a way of life at an early age. Obtaining expedient income, illegally, appears to have been the activity of choice. Several participants were incarcerated for violent crimes, while others were incarcerated for petty drug charges.

Abigail: I was arrested for importation/possession and intent to supply of a Class B prohibited substance in the Drugs Act. The substance I was attempting to import was GBL, most commonly considered a date rape drug by the media, which I had been using for some time as an anti-anxiety solution after doctors stopped prescribing benzodiazepines. GHB works in a very similar way to diazepam/Valium in very low doses. During intake I was

kept separate from other prisoners due to my gender identity, they took my clothes and issued me a prison uniform of a t-shirt and pants, they took my hormones that I had with me from the airport. I managed to grab them from my bag before they took all my bags as evidence. When I first arrived, I was placed in overflow for general population when the prison is busy, I was provided with my own cell due to my gender identity and was allowed out for only an hour each day.

Strawberry: I was taken to Belmont and Western court house, and when I got to the courthouse and the judge said why did you all arrest her, and the exact officer said because she was a black transgender in a white neighborhood that get burglarized so when I went to Cook County, there was not enough evidence and they were going to drop it, they bonded me over to 51st, from 51st they bonded me over to 111th, from 111th the bonded me over to Skokie, once I got to Skokie, I was not able to testify because I was told the judge did not like me for being transgender and I was black, she said the judge was biased and prejudiced, and if I got on the stand, it would not be helpful for me, I allowed the trial to go through, I took a bench and basically why I took the bench was to prove I never had any type of stolen property on me , my finger prints wasn't on anything, and I complied with everything they asked me to do, they did not cuff me up, they did not read me my rights, I was arrested for being a transgender women when I first went through cook county they did not have transgender , gays they just

placed me in general population unless you fear for your safety if you fear for your safety then they will place you in protective custody, so basically all the LGBTQIA people, they are placed in protective custody because they are afraid to be raped and beaten, the staff at cook county are very mean, disrespectful, very bias and prejudice of black , white and Mexican, they allow other inmates to sell us transgender , allow them to get raped, and it's extremely hard being a LGBTQIA in prison period. We are treated like slaves, if you want to know the words, I would use for the LGBTQIA people, Jewish people in a Hitler camp, that's how we are being treated, that's how I can sum it all up to you.

Carrie: first I went through cook county, my intake process in cook county was basic, I went there they put me on the wing with offenders they don't have special housing or orientation , they don't get your ready for what you're getting yourself into, you know what I'm saying. When I got to Logan, they put me in the X house what that does is it gives them time to medically clear you, psychologically clear you, and give you time to adjust to the penitentiary grounds.

Pamela: After 16 yrs. I got paroled and then they violated my parole because I could not pay the fees, I could not get a job, they kick you out with \$50 and that's it, and what can a person do with \$50 , they give you a bus ticket to your , to where you want to go. I went back to my grandmother's house.

Stephanie: I was incarcerated over a misfortunate accident. The accident occurred inside my home, I was not present for it, but I was charged with the crime. This was my first time going to prison and I was very afraid. I was afraid because I was alone, and I have never been in something like that before. Before I was taken to prison, the officers at the police station did not realize I was a female until they did a pat down search and tried to put me with other males. The way the officers talked to you was degrading and I witnessed the officer put their hands on another young lady because she thought she saw her sister and the first thing they tell you when you arrive is, I don't care if it's your sister, momma, Jesus, if you see them your better not talk to them. She waived to her and the lady officer put her hand on her throat, women were waiting to be processed in withdrawing from drugs and using the bathroom on themselves and throwing up. Everyone was put into one area and I didn't get finished processed in till almost 4 AM the next morning. I took my shower and went to my assigned room. I was given my linen and a postcard to write home. We were not allowed to use the phones or stay out in the day room. I did not know anyone there, so I was always off to myself. I never experienced anything like that in my life, and it was a ruff experience. I was very traumatized. Having the officers talk to you like your no one and they don't have a problem calling you out of your name, yelling, and they would put you at the front of them line while everyone is looking at you are wondering what you did to get

yourself here. All it takes is for someone to look you up to find out why you're in prison and what your case is about. then that's all that's being discussed, and your being made fun of, but I mostly stayed in my room.

Bernesha: I was trying to hustle to make money, because no one would give me a job, and that's how I got case with my case. I got caught serving to someone. They treat me like shit, on my way coming in they have a lot of people that I know of that give donations and we were not given any of it when we came in. they didn't give me shower shoes, you have to go in the bathroom bare foot, you could get fungus on your feet, or your skin could break out, they didn't give us soap, they get one bar of soap and break it into 4 squares, and it doesn't last. then you must wait another 3 weeks to get another bar of soap, a little bottle of hotel shampoo and conditioner, and then sometimes you won't get a rag to wash up with, so you must wash up with your hands. Sometimes we would rip the big towels they would give us, but we would get in trouble for that.

Andie: I went into prison for stabbing this black girl in the cheek and in her stomach with a knife, I just flipped out, she was doing stuff out of my apartment that's just how I reacted. I got five years, but I ended up staying for six.

Jovana: My experience was crappy because while I was in intake, I was locked in a room for 23 hours a day, for 5 days straight. They would only let me shower 2 times a week. They would not let me use the phone to even call

my family. I ran out of hygiene products and they did not want to give me anymore because no one around there wants to do their job. Me having an aggravated battery, they could only send me to certain prisons. I was classified as a medium. I also had to be housed with other inmates who were medium just like me.

Theme 4: Mental Health and Medical treatment behind bars. Most of the participants sought medical and mental health treatment while they were incarcerated. The consequences from the criminal activity lead these individuals to prison. Even though each participant had a different level of motivation to seek treatment, all these events described their experiences within prison with the staff who provide treatment. Many individuals described the how they weigh the pros and cons of seeking treatment and if that is enough motives to ask for help.

Strawberry: I've been denied all of it; I just started taking hormones in 2016, in August. Yes, I was doing black market, Yeah, they knew that I was a woman, but they didn't even know when I was arrested that I was a transgender until they searched me They got some but they were just as biased and discriminatory as anybody else then in prison, the mental health staff, they tell all your business to the other staff and officers, and talk about your business in the public where Everyone can hear your private business, they are professional as far as having the title, but they are not professional, they are very rude, very disrespectful, and bias, yeah they are always telling it to somebody else.

Jovana: Well I tried to get mental health treatment when I lost my mom and then shortly after that my sister passed, so I was trying to get some type of treatment. I did see mental health, but I would have to call crisis and do all types of things to see mental health. And when I did see mental health, they walk me through everything, talk to me, and sit down with me but they didn't solve the problem. None of the problems were ever fixed. To everybody there it's just another thing. I was trying to sign up for groups but there was a waiting list. No one ever knew how long it was or where your name is on the list. I signed up for grief groups, depression, and anxiety groups. I was not on anything. My labs came back straight so I was good. So, I did not try to seek medical treatment because I didn't have anything. There was no reason for that.

Sharon: I was able to get mental health treatment while I was incarcerated for my anxiety. I am not able to sleep and sometimes I will be up for days. From my teenage years I started to hear voices and had a real hard dealing with that. I had a lot of issues with the mental health staff because they would tell me things about my issues that I just did not want to hear. I didn't feel like they listen to me and what was truly going on. There are not many mental health groups that you could sign up for and attend. If there was a group there was usually a long wait list to get a spot to attend. I was put on suicide watch several times. I would be up for days at a time and finally I would just feel like I wanted to kill myself. I was also treated for medical

issues. I contracted HIV from another transgender partner I was with, who did not tell me. So, I was able to start my HIV medication as soon as I got to prison.

Lily: On me personally I want to go to for the full distance, I don't know it's not comfortable with me having any part of me be male if not It's not enjoyable to me but as far as starting hormones I haven't yet I want to, it comes back down to have expensive the surgery is and me not having any insurance at this time, I've done a lot of research on it and I know it can range all the way up to 100,000 even more sometime dollars if it's not the cheapest thing you can go for him but you need it but you know that even get the sex reassignment with surgery you need to be on hormones for at least one year and you need to have a I guess Oh so the letter of recommendation again I don't remember what exactly it is called but you need to have some sort of recommendation from both a therapist you could've been seeing in that year or for that year and the doctor that prescribed you do hormones in it they both got a basic say yes you are good to you know get this surgery and it's, so basically got to have a diagnosis saying I can't member what diagnosis is only off top my head but yet it's on for the diagnosis from the therapist and one thing that a lot of times when transgender women struggle with or even Transgender male, I will not so much her change into men but I know one of the main struggle is there are therapists and doctors that are just like no we don't but

like they don't like they don't believe you, you know that is then you know you're lying you're trying to get attention yeah whatever date like I don't believe that if they're real mental health issues it's just a phase basically and it really impedes the progress of going forward and transitioning but if not it doesn't just stop at hormones or sex reassignment surgery, A trans women have you know if they want to work on their voice they can get a day to do voice training lessons usually there's facial feminization surgery, there's a lot of stuff that you don't help with the overall I get dysphoria of being a guy , but it all really expensive especially if you don't have insurance.

Abigail: I was not allowed access to my personal hormones because they were patch form estrogen and for some reason there was a prison rule that no transgender medication is allowed, prison staff refused me access to the medical team to obtain pill form estrogen during my time there even after my lawyer had specified during my court date that I should immediately see medical.

Toni: I was attacked in prison, I was strangled because a man had a crush on me, and I would not reciprocate that, so I was strangled and sent to segregation and then they called it protective custody, but I was in segregation and then they transferred me out of the prison. Before they transferred me out, they let me see medical.

Carrie: Yeah, from my experience they give you their own diagnosis and they put you on the medication they want you on , I was on Tegretol for anger and they felt like that would help my anxiety and for depression and anything else they might feel I need. the psychological part was straight, they are on their job They do not offer therapy, to get medical treatment we have to fill out a sick call form, what that does is you have to tell them the reason you need medical and then you will get called over to the doctor, to the nurses station, you see the nurse, to see the doctor you have to see the nurse 3 times and its was \$5 every time and then if it's a re-occurring problem then they would see you for free, they put you down in a book for the nurse practitioner and then you finally get to see the doctor, you don't really see the doctor.

Bernesha: They always made us pay \$5. Sometimes they don't even know what they are doing when they do see you, and you can have bump somewhere and they will say it's just a blister or your must have rubbed up against something, and it's something worse than that. someone could have gotten bit by something and they will claim it nothing but still charge you \$5 to see you and won't even give you medication and they barely want to see you and then if it gets bigger you must put in another sick call slip, and you have to go back, and they charge you again. even after they tell you if it gets bigger come back and see them. and then they charge you again. the medical was not right. when I first got there, there was this lady she

looked like she was pregnant. so, I asked her if she was pregnant. she said no. Then she went to medical one day and found out she was 7 months pregnant. I saw that happen to 3 girls. When they came in, they gave us a pap smear, pee test, they feel your breasts, so how they didn't know these girls are pregnant, they even sent one of those girls to boot camp, how did they miss all this, like how did they skip all this? I was on anxiety medicine, I was on it for a few months then they took me off. I had to go see the psych doctor to get it, they were just giving me stuff. they don't know what they are doing down here. One time they gave me a medication that made my breast leak, Risperdal, and I had to get off that.

Stephanie: I was a lot easier getting mental health and medical treatment in prison then at the county jails. Medical treatment, the nurses and doctors act like they don't care, you could sign up for sick call 50 times and they would still tell you that there was nothing wrong with you. I put in a sick call to see the nurse practitioner one time and I kept tell her my throat was sore and my ears kept bothering me and she told me I was fine. I had to go back to sick call 2 days later and what the nurse told me, she could not see in my ears and that my tonsils were swollen. She asked me if I was sure I just saw the doctor and I told her yes so, she was the one who prescribed me the medication but it's hard. They make it as if they don't care. Yes, I was on psychotropic medications when I was in prison. I took Tegretol and Remeron. The mental health staffs were not consistent with seeing us.

They would tell us that the only reason we feel the way we feel is because we are incarcerated and that we need to try to do things in a positive manner or find things to help you going through what you're going through. when you don't have anything being offered to you in a positive manner, what could I do? They offered different groups but the waiting list was always too long so you must keep signing up and signing up. By the time your name comes up for group, you're on your way home. They would consistently tell us that there was no one to run the groups. You must sign up for all the groups.

Pamela: I was on hormones when they revoked my parole and I already had gotten nice sized breast, guys in there see me as a woman, the officers and staff do not. You file complaints on paper and they send it back that there are no grounds for investigation, they can't just start an investigation and they take so much time for the paperwork that the time limit runs out, you really just out of balance, when they took back into prison, they took my hormones and threw them away even though, the prison rape elimination act stipulated that they must continue my hormones, they threw them out, I filed complaints with the warden and the warden they told me there were not going to be any hormones on my grounds, and I could not get transferred, the wardens are like mini gods, if they have people killed if they wanted to, and they do, that's just how much power they got,

Theme 5: Prison life and the daily experience. Each participant's experience was different, whether being a Trans-women or a Trans-man, behind bars. Everyone defined their quality of life and substance while incarcerated. This is reflected in the stories and experiences told by these participants. In order to develop a deeper sense of how these individuals experienced prison, each one was asked to describe their daily routine and life behind bars.

Pamela: I was always in general population in a man's cell so... I had to fend for myself, they got tired of me putting complaints in about being raped and I guess they got a little scared, so they finally transferred me to another unit, which happened to be the worse place ever and even worse place for prisoners being raped. When I got on that unit, I just found the biggest, fattest leader on the white gangs and requested to be his celli, we became lovers, just so I could survive. That's it, it's part of survival, they're still transgender prisoners that are being violated because corrections want to play by their own rules. There is no protection for the transgender community.

Stephanie: Yes, I was a laundry porter. I made a routine where I would get up, shower, I would just relax until it was time for me to go to my assignment. I never went to yard or gym or anything like that. There was no school offered, so you were considered lucky to get an assignment. I would also read my bible, talk with my friends, and things like that. No, I never had an issues with my cellies, for the most part I was an easy-going person, I

respect everyone, and I would get the same respect back that I give. I was blessed not to have a bad celli.

Bernesha: Yes, my routine was I got up to make my bed, I drink coffee, I read my daily bread in the bible, I would watch the news, I would sit around and my mind would race about what I was going to do once I got out, I played cards with a few friends, that's about it. No, they were all cool. We all would have chores to do and we would make sure we keep everything clean. We would all clean the room. I never had a TV, so my Bunkie would let me watch her TV, she helped me out a lot.

Carri: I was a day room janitor, so I would get up about 7 o'clock, I take my shower, brush my teeth, make my coffee, watch the news, they count at about 7:30 AM, I would think a lot, I would then wait till they called 8 o'clock 8:30 out, those were lines like if you had a pass to go on class or something like that, when we would have first day room that would be like 8 to 9:30, so I would go sit in the dayroom and I would just watch everything, at 9:30 I would then clean the day room, my job was from 7:45 to 3, but it would only take me like a hour to clean the whole day room, so they would let me stay out and use the phone. The living conditions were fucked up, the buildings materials were falling apart and if an inspector were to have seen that they would have been in a lot of trouble. They paint over mold, they try to tile over black mold in the showers and bathroom

- Abigail: I couldn't really sleep while I was there, so I generally woke up around 5am, breakfast at 8am, common room time until a little after lunch then return to cell at 1pm, out again around 3pm, common room time until dinner at 6pm then back into cells at 8pm for the night. Once I was transferred, I spent time hanging out with the two other transgender girls in my unit.
- Strawberry: I got up, brush my teeth, wash my face, I shave, I do my hair and nails, I wash up, I put on me some nice tight jeans and a fitted shirt, I put on my shoes and I go to day room, I get on the phone and I would call my family, I would walk around and then go to recreation, I would usually stay to myself or talk to the girls that were around me, that was my daily routine. When I was in my cell, this guy tried to come into my room ass naked and rape me, I beat the shit out of him, and I was given an assault ticket, but the guy who tried to rape me he wasn't reprimanded, and then another ran in my cell, and assaulted me while I was on the toilet, and when I beat the shit out of him I was given an assault ticket as well but this one was one camera showing the inmate attacking me in my cell, being trans you are attacked every day, you just have to be strong and you have to know how to fight, cause if you don't it could really break you, being in prisons the staff committed more murders then being in the street, there are more deaths in prison then in the world, because of the staff. The staff be doing it. If you get on the staffs nerves they wait till night time and they cuff you

up, take you to a closed area where there are no cameras, stomp you and beat you real bad, and then they tie a sheet around your neck and they hang you like they lynch you, then they throw you back in your room and say your committed suicide. And they tell everyone on the unit that if they tell anyone they will be next, I've seen this eight times and they get away with it. And they get away with it because everyone in Springfield is all related to the workers in prisons and staff in prison, so every joint you go to if you mess with one staff, you'll be attacked by all the other ones. Every joint you go to they are all in-laws or family, so there is no help, you will get no protection, no help because everyone who works in prisons are friend's family or dating.

Sharon: Every day I would wake up and take my medication. I would take my medication 3 times a day. After that I would go back to my cell, wash up, brush my teeth, clean up my cell, and get ready to come to the day room area. Some days I would not be able to sleep. My sleep pattern changed all the time because I would sometimes be up for days at a time. Other days I may try to sleep all day, if I could. I got to the point where I felt like I was going to go crazy in that cell by myself. I felt like I was always alone. I never had a celli in medical so there were not many issues. I was never put into general population. I am not sure if I would want to go to a female prison. I don't think I would get assaulted there and I would get to interact more.

- Jovana I would get up and go to school and then when I came back from school, I would take me a shower. if we were having dayroom then I could go out for day room for a little bit. I would go back in my room and write. When it was time for chow I would go to chow. I would then go to med line to get my medications. Then I would go to bed and start all over again.
- Toni I would get up in the morning take a shower before other people got up, that was about it other than that I would go to breakfast lunch and dinner at a certain time, I stayed to myself a lot

Other Minor Themes

Even though there were other themes reported, they were not as strong as the ones listed. Several other common themes existed among the life experiences these individuals spoke about. These themes included: Homelessness, sexual assaults, working in the sex trade, and drugs. The primary scope of this study was the lived experience of transgender individuals in prison and the related themes were found to be not as strong and were not described in detail.

Evidence of Quality

Prolonged Engagement

According to Creswell (2013), using prolonged engagement the researcher can build trust and rapport with stakeholders as well as participants. This can provide the researcher with perception into the phenomena of interest and help the researcher create research questions with insight into the interpretation of the interview data. Involvement in transgender events such as seminars, marches, and conferences prolonged and

enhanced the engagement. Also, ongoing conversations, dialogue with the transgender community, and social services within the transgender community, added beneficial meaning to the engagement.

Temporal Validation

The interview questions were posed in a consistent fashion in order to allow the participant's stories to be expressed in a way that would facilitate analysis and allow themes to naturally emerge. The participants were asked to describe their experience with prison in the order of logical events. These lived experiences began with the question about their gender identity moving towards the behaviors that ultimately landed them in prison. For example, the order of questions assumed that the individual's transgender identity occurs earlier in life, the behaviors that the individuals act upon, in turn lead the individuals to prison.

Reframing as Validation

Throughout the interview process, active listening techniques were incorporated. This involved asking the participants open –ended questions, paraphrasing, and reframing the participant's responses (Frankfort-Nachmias & Nachmias, 2008). According to Giorgi (2012), the participants are assumed to be the experts not the researcher (pg., 8). The researcher would ask the participants to teach him/her about the ways in which the participants experienced prison. With that information, the researcher can examine the lived experience of the participants in prison and identify the common themes that emerged from these stories. By using open ended questions, the researcher was able to cover several key points with each participant. These points were:

- Gender identity
- Problems related to gender identity
- Criminal activity
- Criminal charges
- Medical and mental health treatment
- Prison experience

Summary

Several themes that emerged from the participant's interviews were described. The interviews were conducted with 11 transgender individuals who experienced prison. All these interviews were recorded, reviewed, and then transcribed into word documents. These documents were analyzed using NVivo 12 software. From the analysis of these 11 interviews, five themes emerged: (a) development of awareness of transgender identity is a process not an event; (b) stigma, stereotyping, and discrimination persist into problems related to gender identity; (c) criminal activity begins and persists into criminal charges and lifestyle; (d) mental health and medical treatment behind bars; (e) prison life and the daily experience.

Chapter 5: Discussion, Conclusions, and Recommendations

The Findings

From the stories participant's shared, several themes emerged. The main theme that emerged suggested the formation of transgender identity is a process that happens over time and is problematic. Transgender individuals face stigma, stereotyping, and discrimination throughout their daily life. Criminal activity began early in life, continued into adulthood, and resulted in the consequences of prison. While in prison, some individuals sought medical and mental health treatment, however these treatment experiences were found to be mostly negative.

Interpretations

The role of transgender identity in prison was explored by asking the participants to describe their experience with their transgender identity, their experience with the intake process into prison, their experience with medical and mental health while incarcerated, and their daily life while incarcerated. The information collected provided insight into transgender individuals as they came to realize their transgender identity was different from their birth sex. These individuals also spoke about several problems and issues they experienced as a result of their chosen gender identity. They also went on to describe their criminal activity, how it progressed, and the consequences of prison as the aftermath.

Gender Identity

Many of the participants recognized their other gender identity at an early age. Several of the participants were born male and the others were born female. The male

born participants explained from an early age they began to express a gender identity that was more feminine than masculine. The female born participants expressed a more masculine identity, than a feminine identity, yet this did not come until in the later teenage years. Over time, the male-born participants noticed their gender identity differed from other boys. This was the same issue with the participants who were born women. The older they became, the realization that their gender identity differed from those who were cis-gendered.

According to the American Psychological Association (2007):

Sexual orientation is distinct from other components of sex and sexuality, including biological sex (anatomical, physiological, genetic characteristics associated with being male or female), gender identity (psychological sense of being male or female), social gender role (adherence to cultural norms defining feminine and masculine behavior) (p. 7).

The individuals interviewed refrained from describing themselves as gay, although several of the individuals did describe themselves as bisexual.

Social Dialog

All participants spoke about stigma, stereotyping, and discrimination against them. Many were called derogatory names such as *Faggot*, *bitch-boy*, *sissy*, *he-she*, *sheman*, *bitch*, *queer*, *bender*, *pansy*, *fairy*, *pillow-biter*, *brownie*, *fudgepacker*, *carpet muncher*, *dyke*, *tranny*, and *chicks with dicks*. Several participants dropped out of school or were not allowed to participate in school activities due to their gender identity. All participants reported being harassed and mistreated by law enforcement officers. They

were denied education, housing, and even employment because of their gender identity. In turn, their gender identity turned most of the participants to criminal activity to survive. Criminal activity was their survival and provided the participants an income to pay bills.

Criminal Activity

Criminal activity posed a risk to every individual and these choices eventually led these individuals to prison. The individuals in this study were not immune to the risks yet, observed this as a way out. All the individuals in this study were charged with a crime that led them to the prison system. Bernesha described her experience this way: “I was trying to hustle to make money, because no one would give me a job, and that’s how I got caught with my case. I got caught serving to someone.”

Intake into Prison

Each participant had a different experience through the intake process into prison. The differences come from not every participant was arrested in the same county and not all participants were incarcerated into the same prison. As Abigail tells her story:

During intake I was kept separate from other prisoners due to my gender identity, they took my clothes and issued me a prison uniform of a t-shirt and track pants, they took my hormones that I had with me. I managed to grab them from my bag before they took all my bags as evidence.

Sharon and Pamela had a very similar experience. And all three of these individuals were processed and sent to three different prisons. Sharon described her experience this way:

When I was arrested, I was dressed as a woman and the police did not realize I was a man until they searched me. I was talked down to, spit on, stomped and beaten once the police realized that I was a woman.

Once I got to prison it was horrible. I had breasts so everyone just stared at me and would call me faggot or girly man. The treatment by the inmates was a lot worse incorporated anything. Inmates would spit on me, I was attacked in the holding cell by an inmate, and several inmates tried to feel up on my breast. I had to fight every day just to survive.

Pamela had a similar experience and described it this way:

There was no question I came in the door in a dress, bra, panties, heels, long hair and there was no doubt my sexuality or orientation, they made me strip in front of about 200 men who just went crazy. The captain had to come down and the lieutenant had to get me out of there. They stripped me naked and took my clothes and put me in a jump suit. It was all very stressful.

All 3 of these individuals were MtF and going through the male prison system. Carrie, Stephanie, and Jovana, communicated similarity within their experiences, with a few differences. These 3 individuals were FtM and went to 3 different female prisons. Carrie describes her experience as:

First, I went through Cook County, my intake process in Cook County was basic, I went there they put me on the wing with offenders they don't have special housing or orientation, they don't get you ready for what you're

getting yourself into, you know what I'm saying. when I got to Logan, they put me in the X house what that does is it gives them time to medically clear you, psychologically clear you, and give you time to adjust to the penitentiary grounds,

Jovana's description was different from some of the others:

My experience was crappy because while I was in intake, I was locked in a room for 23 hours a day, for 5 days straight. They would only let me shower 2 times a week. They would not let me use the phone to even call my family. I ran out of hygiene products and they did not want to give me anymore because no one around there wants to do their job. Me having and aggravated battery, they could only send me to certain prisons. I was classified as a medium. I also had to be housed with other inmates who were medium just like me.

Finally, Stephanie described her very first time through prison intake:

This was my first time going to prison and I was very afraid. I was afraid because I was alone, and I have never been in something like that before. Before I was taken to prison, the officers at the police station did not realize I was a female until they did a pat down search and tried to put me with other males. The way the officers talked to you was degrading and I witnessed the officer put their hands on another young lady because she thought she saw her sister

Mental Health and Medical treatment

Strawberry, Jovana, Sharon, Lily, Abigail, Pamela, Toni, Carrie, Bernesha, and Stephanie all reported having some type of medical or mental health treatment while incarcerated. Some chose not to return for a second appointment, while others found it beneficial to continue seeking treatment. Several participants spoke about taking hormones prior to going to prison, and continuing the maintenance of those hormones. Jovana, Stephanie, and Carrie reported seeking mental health treatment during their time of incarceration. These individuals also discussed the barriers that are related with the maintenance of mental health treatment. One reported that mental health staff were inconsistent; another stated the mental health treatment didn't work, and a third confirmed she had to be put on the waiting list to attend mental health group therapy.

When asked if the treatment was positive or negative for the individuals, most of them responded and stated, what they liked or disliked about the treatment. Upon completion of their prison sentence, participants was transitioned back into the community with the ability to choose where, and if they wanted, to received medical and mental health treatment. Howard Brown has a free LGBTQIA medical clinic which helps these individuals apply for the medical card.

Daily Life in Prison

Each experience participants' shared was relatively different. Pamela reported that she was always kept in general population; that she had to fight for herself. Pamela also alleged that she was sexually assaulted several times, where the violators went

unpunished. Strawberry also described a similar experience where a man trespassed into her cell, and sexually assault her. Both individuals are MtF, and both were housed in a male prison. Several other individuals explained their daily life as routine. Each day they repeated the same activities. Some had jobs, others went to school. These individuals had a routine with wake up, lunch time, and things they did before they went to bed.

Implications for Social Change

The maltreatment of individuals based on their sexual identity has continued over time. Transgender rights have been a current topic and an issue currently being heard in the courts. Stereotyping, bias, and discrimination of transgender individuals who are incarcerated continue to exist today. These individuals alleged they were denied access to medical services, mental health services, and social services while they are incarcerated. In prison, where the services are offered, it rarely addressed their unique set of treatment and issues.

The hope of this study is to illuminate areas in the prison system about transgender needs and invite open and meaningful dialog. Transgender individuals are people, who have been pushed away from opportunities and discarded. They have mothers and fathers and could be someone's brother or sister. Transgender individuals turn to criminal activity for relief or a way to survive in life. There is a need for social change.

Recommendations

Practice Recommendations

The treatment of transgender individuals should consider the unique needs these individuals have as well as the stigma society views these individuals with. Any individual working with the transgender population should have to go through transgender training as well as cultural sensitivity training. Also, individuals working with this population should have some training on transgender rights. Without these tools, it's hard to provide productive care to this already defensive and marginalized population. With these trainings' individuals will have a better understanding of how to keep this population safe and secure.

Policy Recommendations

The prevalence of incarceration among the transgender community suggests that there is a high need for services. The availability of services and the continuum of care are just not there. Few prisons within the United States, offer transgender specific mental health services as well as the availability to continue certain medications while incarcerated. Policy makers and others involved in these decisions should reexamine the availability and services and make them available to transgender individuals in all prisons.

Some of the individuals in this study were also denied job training, employment assistance, life skills training, and education while incarcerated. They were either not allowed to sign up for the program or the facility they were incarcerated in, did not offer these services. Just the very lack of these services, or availability of these services, in

certain prisons, should be reexamined by the policy makers and others involved in serving the incarcerated population.

Recommendations for Further Study

This study certainly raised more questions than it answered. The next study needs a larger size scale of transgender individuals who experienced prison. Future studies can look at the specific mental health needs of transgender individuals in prison and look at effectiveness of the treatment. Other studies can also look at specific medical needs of transgender individuals in prison and the effectiveness of this type of treatment.

Current researchers are encouraged to build upon this research and its findings to explore the lived experience of transgender individuals in different states and different prisons. This study drew from individuals in the Chicago land area and was not able to compare other transgender individuals experience in other states and regions. No attempt was made to explore county jails or federal prisons. Also, future studies can focus on the attitude of correctional staff and treatment staff who work with transgender individuals. The studies can also consider the effect this attitude has on treatment as well as treatment outcomes or perception of care by the transgender individuals.

Conclusions

The individuals in this study described their experiences through prison, their experiences with stigma and discrimination, lack of proper mental health and medical treatment, and coming to recognize their gender identity. The stories told aligned with current information and data retrieved from literature. From being spit on to talked down

to, to not being given the proper medication or the proper mental health treatment needed, these individuals still found a way to survive every day in prison.

This research was intended to create dialog among policy makers, stake holders, clinicians, practitioners, and the transgender community about the unique needs of transgender individuals who are incarcerated. Also, this dialog could create questions that policy makers, stake holders, clinicians, practitioners, and the transgender community would like to find answers to with future research. By telling their own personal stories, these individuals helped shed light into an area of corrections that illuminates the challenges these individuals faced when being incarcerated. Consistent with current scholarly research, this research found that transgender individuals have a unique set of treatment needs and issues and are not being properly addressed while they are incarcerated. Many transgender individuals turn to criminal activity to survive in the community.

There is the assumption that transgender individuals have the same treatment needs and care that non-heterosexual individuals need. Sexual orientation and gender identity are two completely different things. More research in this area is much needed including research in the area of effective mental health treatment and medical treatment.

References

- Agbemenu, E. (2015). Medical transgressions in America's prisons: defending transgender prisoners' access to transition-related care. *Columbia Journal of Gender and Law*, 1(1), 1-20. <https://doi.org/10.7916/D8BG2TMQ>
- Aldrich, R. (2004). Homosexuality and the city: An historical overview. *Urban Studies*, 41(9), 1719-1737. <https://doi.org/10.1080/0042098042000243129>
- Alexander, R., Jr., & Meshelemiah, J. C. A. (2010) Gender identity disorders in prisons: What are the legal implications for prison mental health professional and administrators? *The Prison Journal*, 90(3), 269-287. <https://doi.org/10.1177/0032885510373498>
- American Psychiatric Association. (2013). Gender dysphoria. In *Diagnostic and statistical manual of mental disorders* (pp. 146-193). Washington, DC: Joseph Henry Press.
- American Psychological Association (2008) Answers to your questions: For a better understanding of sexual orientation and homosexuality. Retrieved from <http://www.apa.org/topics/sorientation.pdf>
- Applebaum, M. (2012) Phenomenological psychological research as science. *Journal of Phenomenological Psychology*, 43, 36-72. doi:10.1163/156916212X632952
- Arkles, G. (2009). Safety and solidarity across gender lines: Rethinking segregation of transgender people in detention. <https://ssrn.com/abstract=2055807>
- Arkles, G. (2005). *Still in anger: The ongoing threat of sexual violence against*

transgender prisoners stop prisoner rape. ACLU National Prison Project.

Asscheman, H., & Gooren, L. J. (1992). *Hormone treatment in transsexuals*. *transgender care health information archive*. Retrieved from

<http://www.transgendercare.com>

Bailey, J. M. (2003). *Man who would be queen: The psychology of gender-bending and transsexualism*. Washington, DC: Joseph Henry Press.

Bem, S. L. (1993). *The lenses of gender: Transforming the debate on sexual inequality*.

New Haven, CT: Yale University Press.

Berndtsson, I., Claesson, S., Friberg, F., & Ohlen, J. (2007). Issues about thinking phenomenologically when doing phenomenology. *Journal of Phenomenological Psychology, 38*(2), 256-277.

doi:<https://doi.org/10.1163/156916207X234293>

Blight J 2000. Transgender inmates. *Trends & issues in crime and criminal justice* no.

168. Canberra: Australian Institute of Criminology.

<https://www.aic.gov.au/publications/tandi/tandi168>

Blumer, H. (1969). *Symbolic interactionism: Perspective and method*. Berkeley, CA:

University of California Press.

Blumer, H. (2002). The methodological position of symbolic interactionism. In C.

Calhoun, J. Gerteis, J. Moody, S. Pfaff, & I. Virk (Eds.), *Contemporary sociological theory* (pp. 66-77). Malden, MA: Blackwell Publishing Inc.

<https://doi.org/10.1177/0961463X08099944>

Bockting, W. (2014) Transgender identity development. In D. L. Tolamn & L. M.

Diamond, *APA handbook of sexuality and psychology Vol 1. Person-based approaches* (pp. 739-758). Washington, DC: US: American Psychological Association.

Broadus, K. W. (2009). The criminal justice system and trans people. *Temple Political and Civil Rights Law Review*, 18(2), 561-572.

doi:<https://doi.org/10.1007/s10612-013-9224-1>

Brothheim, H. (2013). Transgender inmates. *American Jails*, 27, 40-47.

<http://connection.ebscohost.com/c/articles/88239167/transgender-inmates-dilemma>

Brown, G. R., & McDuffie, E. (2009). Health care policies addressing transgender inmates in prison systems in the United States. *Journal of Correctional Health Care*, 15, 280-291. <https://www.ncbi.nlm.nih.gov/books/NBK52830/>

Brown, G. (2010). Auto castration and autopenectomy as surgical self-treatment in incarcerated persons with gender identity disorder. *International Journal of Transgenderism*, 12(3), 1-9. doi:10.1080/15532731003688970

Brown, G. (2014). Qualitative analysis of transgender inmates' correspondence: implications for department of correction. *Journal of Correctional Health Care*, 20(4), 334-342. <https://doi.org/10.1177/1078345814541533>

Caelli, K. (2001). Engaging with phenomenology: Is it more of a challenge than it needs to be? *Quantitative Health Research*, 11, 273-282.

<https://doi.org/10.1177/104973201129118993>

California Correctional Health Care Services (2015). Guidelines for review of requests

for sex reassignment surgery (SRS), State of California. Retrieved from
[www.cphcs.ca.gov/docs/careguides/GuidelinesforReviewof
 RequestsforSexReassignmentSurgery\(SRS\).pdf](http://www.cphcs.ca.gov/docs/careguides/GuidelinesforReviewofRequestsforSexReassignmentSurgery(SRS).pdf)

California Correctional Health Care Services (2016). Care guide: Gender dysphoria, State of California.

Carroll, L., Gilroy, P. J., & Ryan, J. (2002). Counseling transgendered, transsexual, and gender-variant clients. *Journal of Counseling & Development, 80*(2), 131-139.
<https://doi.org/10.1002/j.1556-6678.2002.tb00175.x>

Center of Excellence for Transgender Health (2016). Guidelines for the primary and gender-affirming care of transgender and gender nonbinary people, in Deutsch, M.B. (Ed.). <http://transhealth.ucsf.edu/trans?page=guidelines-home>.

Colopy, T. W. (2012). Setting gender identity free: Expanding treatment for transsexual inmates. *Health Matrix, 22*, 227-272. [https://www.thefreelibrary.com/Setting
 gender identity free: expanding treatment for transsexual...-a0305451180](https://www.thefreelibrary.com/Setting+gender+identity+free:+expanding+treatment+for+transsexual...-a0305451180)

Cooley, Charles H. (1998). *On self and social organization*. Chicago, IL: University of Chicago Press.

Corliss, H. L., Grella, C. E., Mays, V. M., & Cochran, S. D. (2006). Drug use, drug severity, and help-seeking behaviors of lesbian and bisexual women. *Journal of Women's Health, 15*(5), 556-568.
[doi:0.1089/jwh.2006.15.556](https://doi.org/10.1089/jwh.2006.15.556)

Cilesiz, S. (2010). A phenomenological approach to experiences with technology: current state, promise, and future directions for research. *Educational Technology*

Research and Development, 10, 7-11.

<https://doi.org/10.1007/s11423-010-9173-2>

Creswell, J. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, Ca: Sage Publications.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches*. (4th ed.). Thousand Oaks, CA: Sage Publications.

Dresener, K. S, Underwood, L., Suarez, E. (2013). Providing counseling for transgendered inmates: A survey of correctional services. *International Journal of Behavioral Consultation and Therapy*, 7, 38-44. doi: 10.1037/h0100965

Edney, R (2006). To keep me safe from harm? Transgender prisoners and the experience of imprisonment. *Deakin Law Review*, 9, 327-338.

<https://doi.org/10.21153/dlr2004vol9no2art247>

Eigenberg, H. (2000). Correctional officers and their perceptions of homosexuality, rape, and prostitution in males prison. *Prison Journal*, 4, 415.

<https://doi.org/10.1177/0032885500080004007>

Englander, M (2012). The interview: data collection in descriptive phenomenological human scientific research. *Journal of Phenomenological Psychology*, 43, 13–35.

doi:10.1163/156916212X632943

Faithful, R (2009). Transitioning our prisons toward affirmative law: Examining the impact of gender classification policies on U.S transgender prisoners. *Modern America*,

5, 3-8. <https://ssrn.com/abstract=1727690>

Farmer v. Moritsugu, 163 F. 3d 610 (DC Cir., 1998).

- Frankfort-Nachmias, C., & Nachmias, D. (2008). *Research methods in the social sciences* (7th ed.). New York, New York: Worth.
- Gearing, R. (2004) Bracketing in research: A typology. *Qualitative Health Research*, 14(10), 1429–1452. <https://doi.org/10.1177/1049732304270394>
- Gender Recognition Act, (2004). Consequences of issue of gender recognition certificate, sec. 9. <http://www.legislation.gov.uk/ukpga/2004/7/section/9>.
- Giorgi, A. P. & Giorgi, B. M. (2003). The descriptive phenomenological psychological method. In P.M. Camic, J.E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design*.(pp. 78-94) Washington, DC American: Psychological Association.
- Giorgi, A. (1970). *Psychology as a human science: A phenomenologically based approach*, New York, NY: Harper and Row.
- Giorgi, A. (1985). *Phenomenology and psychological research*. Pittsburgh, PA: Duquesne University Press .
- Giorgi, A. (1989). *One type of analysis of descriptive data: Procedures involved in following a phenomenological psychological method*. Pittsburgh, PA: Duquesne University Press.
- Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Pittsburgh, PA: Duquesne University Press.
- Giorgi, A. (2010). Phenomenology and the practice of science. *Existential Analysis*, 21(1), 3–22.
<http://connection.ebscohost.com/c/articles/49226484/phenomenology-practice->

science

Giorgi, A. (2012). The descriptive phenomenological psychological method. *Journal of Phenomenological Psychology, 43*(1), 3-12.

<https://doi.org/10.1163/156916212X632934>

Goodrick, K.M. (2015). *Group counseling with LGBTQI persons*. Alexandria, VA: American Counseling Association.

Husserl, E. (1980). *Phenomenology and the foundations of the sciences. Book three of ideas pertaining to a pure phenomenology and to a phenomenological philosophy*. The Hague, Netherlands. Martinus Nijhoff Publishers.

Israel, G. (2002). Transsexual inmate's treatment issues. *Transgender Tapestry, 1*, 4-10.

[https://www.thefreelibrary.com/Providing counseling for transgendered inmates: a survey of...-a0323857435](https://www.thefreelibrary.com/Providing+counseling+for+transgendered+inmates:+a+survey+of...-a0323857435)

Iyama, K. (2012). We have tolled the bell for him. An analysis of the prison rape elimination act and California's compliance as it applies to transgender inmates. *Law and Sexuality: A review of Lesbian, Gay, Bisexual and Transgender Legal Issues, 21*, 23-48. doi:10.1177/0306624X15603745

Jenness, V. (2014). Pesticides, prisoners, and policy: Complexity and praxis in research on transgender prisoners and beyond. *Sociological Perspectives, 1*, 35-80.

<https://doi.org/10.1177/0731121413516609>

Jenness, V., Sexton, L., & Summer, J. (2010). Where the margins meet: A demographic assessment of transgender inmates in men's prisons. *Justice Quarterly, 27*, 835-866. doi:10.1080/07418820903419010

- Jenness, V., Sexton, L., & Summer, J. (2011). *Transgender inmates in California prisons: An empirical study of a vulnerable population*. Sacramento, CA. California Department of Corrections and Rehabilitation.
- Kirkham, C. (2013). *Prisoners of profit: Private prison empire rises despite startling record of juvenile abuse*.
www.projects.huffingtonpost.com/prisoners-of-profit.
- Kunzel, R (2008). *Criminal intimacy: Prison and the uneven history of modern American sexuality*. Chicago, IL: University of Chicago Press.
- Lu, A (2011). *For Transgender Detainees, a Jail Policy Offers Some Security*. New York, NY: Times.
- Maguen, S., Shipherd, J., Harris, H., & Welch, L. (2007). Prevalence and predictors of disclosure of transgender identity. *International Journal of Sexual Health*, 19(1), 3–13. doi:10.2105/ajph.84.4.565
- Mann, R (2006). Treatment of transgender prisoners, not just an American problem- A comparative analysis of American, Australian, and Canadian prison policies concerning the treatment of transgender prisoners and A universal recommendation to improve treatment. *Law and Sexuality: A Review of Lesbian, Gay, Bisexual and Transgender Legal Issues*, 15, 91-116.
<https://repository.library.northeastern.edu/files/neu:332920/fulltext.pdf>
- Maxwell, J. A. (2005). *Qualitative research design: An interactive approach* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Mazza, G. J. (2012). *Report on sexual victimization in prison and jails: Review panel on*

rape. Washington, DC: U.S. Department of Justice.

www.ojp.usdoj.gov/reviewpanel/reviewpanel.htm

Mead, G. H. (1934). *Mind, self and society* (Vol. 111). Chicago, IL: University of Chicago Press.

Miles, K. (2012) Transgender prison: LA police open separate detention facilities for transgender inmates. Chicago, IL: *Huffington Post*.

Miller, W. L., & Crabtree, B. F. (1992). Primary care research: A multimethod typology and qualitative road map. In B. F. Crabtree & W. L. Miller (Eds.), *Doing qualitative research. Research methods for primary care* (pp. 56-89). Newbury Park, CA: Sage.

Mintz, J (2013). *Treatment of transgender inmates - The double punishment*. Student scholarships paper 271. <http://erepsotory.law.she.edu/student/271>. Morgan, S., & Stevens, P. (2008). Transgender identity development as represented by a group of female-to-male transgendered adults. *Issues in Mental Health Nursing*, 29, 585–599.

Mosby's Medical Dictionary, 9th edition, 2009, Elsevier.

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications.

National Commission on Correctional Health Care. (2009). *Position statements: Transgender health care in correctional setting*. Retrieved from <http://www.ncchc.org/transgender-health-care-in-correctional-settings>.

National Prison Rape Elimination Commission (2009). *Standards for the prevention,*

desertion response, and monitoring of sexual abuse on adult prisoners and jails.

Washington, DC: U.S. Department of Justice

Okamura, A. (2011). Equality behind bars: Improving the legal protections of transgender inmates in the California prison system. *Hastings Race & Poverty Law Journal*, 8, 109-137.

https://repository.uchastings.edu/hastings_race_poverty_law_journal/vol8/iss2/3

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Peek, C (2003-2004). Breaking out of the prison hierarchy: Transgender prisoners, rape, and the eighth amendment. *Santa Clara Law Review*, 44, 1211-1255.

<http://digitalcommons.law.scu.edu/lawreview/vol44/iss4/11>

Peterson, D & Panfil, V (2014). *Handbook of LGBT Communities. Crime, and Justice*. New York, NY: Springer.

Prison Rape Elimination Act (PREA). (2003). Standards.

Reisner, S.L., Bradford, J., Hopwood, R., Gonzalez, A., Makadon, H., Todisco,

D.,(2015). Comprehensive transgender healthcare: the gender affirming clinical and public health model of Fenway health. *J. Urban Health Bull. N. Y. Acad. Medical*, 92, 584.

Rolls, L. and Relf, M. (2006). Bracketing interviews:

Addressing methodological challenges in qualitative interviewing in bereavement and palliative care, *Mortality*, 11(3), 286–305.

Routh, D., Abess, G., Makin, D., Stohr, M.K., Hemmens, C., Yoo, J., (2015). Transgender inmates in prisons a review of applicable statutes and policies. *International*

Offender Criminal, 10, 1-22. <https://doi.org/10.1177/0306624X15603745>

Scheel, M. & Eustale, C. (2002). Model protocols on the treatment of transgender persons by San Francisco county jail. *National Lawyers Guild*, 1, 1-50.

<https://www.prisonlegalnews.org/news/publications/model-protocols-on-the-treatment-of-transgender-persons-by-san-francisco-county-jail-nlg-and-city-and-county-of-san-francisco-hrc-2002pdf/>

Scott, S. (2013). One is not born, but becomes a woman: A fourteenth amendment argument in support of housing male-to-female transgender inmates in female facilities. *University of Pennsylvania Journal of Constitutional Law*, 15, 1259-1297. <https://scholarship.law.upenn.edu/cgi/viewcontent.cgi>

Shah, B (2010). Lost in the gender maze: Placement of transgender inmates in the prison system. *Journal of Race, Gender, and Ethnicity*, 5, 39-56.

https://www.tourolaw.edu/JournalRGE/uploads/Issues/Vol5Issue1/Shah_Final.pdf

Sokolowski, R. (2000). *Introduction to phenomenology*. Cambridge, England: Cambridge University Press.

Spade, D. (2011). *Normal life: Administrative violence, critical trans politics, and the limits of law*. Brooklyn, NY: South End Press.

Squires, N. (2010). Italy opens first prison for transsexuals. Rome, Italy: *Transgender Today*.

Stone, K. (2011). Cook County jail will house transgender detainees based on gender identity. Chicago, IL: *Huffington Post*.

- Summer, J. M. (2010). Keeping house: understanding the transgender inmate code of conduct through prison policies, environment, and culture. *Humanities and Social Sciences*, 70(8), 3204. doi:10.1037/h0100965
- Sylvia Rivera Law Project (2007). *It's war in here: A report on the treatment of transgender and intersex people in New York state men's prisons*. New York, NY: Springer.
- Tarzwell, S. (2006) The gender lines are marked with razor wires: Addressing state prison policies and practices for the management of transgender prisoners. *Human Rights Law Review*. 38, 167.
<https://heinonline.org/HOL/Page?handle=hein.journals/colhr38&div=9&id=&page=&collection=journals>
- Thompson, D., (2017). California funds 1st US inmate sex reassignment. Los Angeles, CA, *New York Times*.
- Tufford, L. & Newman, P. (2010) Bracketing in qualitative research. *Qualitative Social Work*, 11(1), 80–96. <https://doi.org/10.1177/1473325010368316>
- Van Manen, M. (1990). *Lived experience: Human science for an action sensitive pedagogy*. Albany, NY: State University of New York Press.
- Vitulli, E. W. (2013). Queering the carceral: Intersecting queer/trans studies and critical prison studies. *GLQ: A Journal Of Lesbian And Gay Studies*, 1, 111.
<https://doi.org/10.1215/10642684-1729563>
- Welman, J. C., & Kruger, S. J. (1999). *Research methodology for the business and administrative sciences*. Johannesburg, South Africa: International Thompson.

Wertz, F.J. (2005). Phenomenological research methods for counseling psychology.

Journal of Counseling Psychology, 52(2), 167-177.

doi:10.1037/0022-0167.52.2.167

White Hughto, J.M., Clark, K.A., (2018). Designing a transgender health training for correctional healthcare providers: a feasibility study. *Prison Journal*,1, 1-55.

<https://doi.org/10.1177/0032885519837237>


White Hughto, J.M., Clark, K., Altice, F.L., Reisner, S.L., Kershaw, T.S., Pachankis J.E., (2018). Creating, reinforcing, and resisting the gender binary: a qualitative study of transgender women's healthcare experiences in sex-segregated jails and prisons. *International Journal of Prison Health*,1, 25-60.

doi:10.1016/j.socscimed.2017.09.052

World Professional Association for Transgender Health Issues Standard of Care (WPATH). (2012).

Appendix A: Recruitment Flyer

PARTICIPANTS NEEDED!

<p>A research investigation of Lived Prison Experiences of Transgender Individuals</p> <p>How do Transgender Individuals Experience Prison?</p>	 <p>The logo consists of a blue circle containing a pink silhouette of a person standing with arms outstretched, holding two scales of justice. The word "JUSTICE" is written in blue, arched letters above the figure, and the word "TRANS" is written in blue, arched letters below the figure.</p>
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<ul style="list-style-type: none"> • ALL INFORMATION IS CONFIDENTIAL • YOUR RIGHT TO PRIVACY IS HONORED • YOU WILL BE TREATED WITH RESPECT AND DIGNITY 	<p>PARTICIPANTS NEEDED WHO:</p> <ol style="list-style-type: none"> 1. Are transgender, 18 years old or older 2. Have been incarcerated within the last 36 months in IDOC 3. Would like to participate in this research project that will allow you to share your lived experience <p>I'm Allison Radice, a doctoral student at Walden University.</p> <p>I am conducting in-depth interviews with transgender individuals who have experienced prison within the last 36 months.</p> <p>If that describes you, please contact me at:</p> <p>or</p> <p>EMAIL:</p>
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SHARE YOUR EXPERIENCE

Appendix B: Interview Questions

These questions will be used to investigate the phenomena and help inform individuals to guide social change.

The questions included:

Gender Identity:

1. Tell me about yourself, your gender identity, and incarceration.

Did your gender identity cause issues for you growing up? If so, what kinds of issues did you have? What were your issues when you got to prison? Were they the same? How did you express yourself while incarcerated? Were you stereotyped or discriminated against because of your gender identity in prison?

Incarceration:

1. Tell me about your experience with the prison intake/classification process

When and where did you get arrested? What were you charged with? Is there something about your gender identity that contributed to your incarceration? How would you describe your experience with intake process, classification, and housing?

Treatment while incarcerated:

1. Tell me about your medical and mental health treatment while incarcerated

Was there an event that caused you to seek treatment? If so, what happened? How did you get your needs met? Were you given correct medication? Was your medication continued that you were taking before you were incarcerated? Were you ever put on suicide watch? If so, what happened? Were you ever put in administrative segregation? If so, what happened? Were you ever sexual assaulted or attacked? If so, what happened? Are there any positive or negative experiences you had with treatment staff while incarcerated?

Daily Life while incarcerated:

- 1: Tell me about your daily life experience while incarcerated

What was your daily routine? What problems or issue did you come across daily? Did you have issue with the correctional staff? If so, what were the issues? Did you have issues with other inmates? If so, what were the issues?