

**The Incarceration of Transgender Women: A Narrative Perspective of Life Before, During,
and After Involvement With the Correctional System**

Mindy Siegert-Horghesimer

A Dissertation Submitted to the Faculty of

The Chicago School of Professional Psychology

In Partial Fulfillment of the Requirements

For the Degree of Doctor of Psychology in Clinical Psychology

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Abstract

The transgender population experiences ongoing marginalization in a multitude of settings. From their experiences at home to their encounters in general society, transgender individuals face continual adversity. The U.S. prison system is one area in which transgender people have endured nearly relentless discrimination. From being forced into gender-based facilities that are incongruent with their identified gender and experiencing difficulty procuring gender-affirmative medical treatment to enduring a multitude of abuses and maltreatment, transgender individuals face extreme hardship while incarcerated. The central topic of exploration in this study was how incarcerated transgender women experience life and develop meaning in a correctional setting while surviving in the situation both as imprisoned individuals and as members of a marginalized population. In this project, the aim was to gain insight through a narrative journey with a transgender woman who had been recently incarcerated in a U.S. prison. After recruiting a participant through a popular social media site, a semistructured interview with the participant was conducted via an online platform. Information about her childhood, adolescence, and adulthood was collected. Her life experiences before, during, and after incarceration were viewed through the lens of Bronfenbrenner's ecological model and social justice theory. Results indicated and substantiated the literature submitting lifelong difficulties such as discrimination, physical/sexual/emotional abuse, mental health issues, and substance abuse/dependence are frequently experienced by the transgender community, both in and out of the penal system.

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Chapter 1: Nature of the Study

Transgender individuals face a wealth of hardships while incarcerated within the prison system. From being misunderstood, disrespected, and exploited to being subjected to physical and sexual violence, this population experiences a unique set of challenges (Sevelius & Jenness, 2017). Transgender people encounter much higher rates of mental health issues, substance use, suicide attempts, and victimization than the general population in the greater community (Clark et al., 2017). The purpose of this study was to gain a deeper understanding of the experience of transgender women, as pertinent to life in a men's prison setting. Examining this issue is vital to working toward the alleviation of abuse against transgender people in correctional settings.

Upon discussing people who identify as transgender, it is important to define certain terms related to this community to clarify meaning and avoid confusion. "Sex" is a term used to describe the physiological makeup of characteristics generally associated with females and males from a binary perspective. Sex is typically assigned at birth. "Gender" is a social construct that assigns particular roles, endeavors, and behaviors to females and males within the community. "Gender identity" refers to the inner awareness of one's own gender (Sevelius & Jenness, 2017). It is the identification of the gender to which a person most closely relates, experiencing themselves as though they are that gender and preferring to live their life as that identified gender (Stohr, 2015). "Gender expression" is the term utilized to describe the way in which a person conveys gender traits (Sevelius & Jenness, 2017).

In general, people who genuinely experience themselves as a different gender from which they were assigned at birth are considered to be "transgender" (Stohr, 2015). Sevelius and Jenness (2017) described transgender as an all-encompassing term for individuals "whose gender identity and/or expression do not align with normative expectations of their assigned sex at birth"

(p. 33). For the purpose of this paper, transgender will refer primarily to transgender women; those who were assigned male at birth but currently identify as female.

Additional terminology, as described by Sevelius and Jenness, (2017), includes the idea of “gender nonconforming.” This term refers to individuals whose identified gender is expressed in a manner that challenges the normative expectations of what it means to be female or male in their culture. Finally, “cisgender” is a term used to describe people who identify in the same manner as the sex they were assigned at birth. It is generally accepted that individuals who identify as cisgender are typically exempt from the type of discrimination faced by those who identify as transgender (Geist et al., 2017).

“Gender dysphoria,” a psychological diagnostic term for transgender, is described in *The Diagnostic and Statistical Manual, Fifth Edition (DSM-5)*, as a “marked incongruence between one’s experience/expressed gender and assigned gender” (American Psychiatric Association, 2013, p. 452). There is much to examine with regards to the controversy surrounding gender dysphoria and its inclusion in the *DSM-5* (Lev, 2013). This controversy, which may be considered discriminatory by some, will be discussed further in the next chapter.

Cashore and Tuason (2009) discussed the attitudes of the general public toward the transgender population. Often, those who identify as transgender are neither acknowledged nor understood by the general community regarding their identity. Discrimination against transgender individuals within the general community often plays a part in the incarceration of transgender people. Problems securing adequate housing, and enduring obstacles to employment lead to participation in illegal activities such as substance abuse and sex work. Engaging in these high-risk behaviors often results in incarceration (Clark et al., 2017).

Transgender people spend much energy and effort vying for basic human rights such as the right to freely express their identity, the right to have their concerns addressed, the right to choose their family structure as it relates to marriage and children, and the right to feeling safe in their environment. Their efforts often result in ongoing discrimination on various fronts involving both social and legal limitations. In addition to the aforementioned risky behaviors resulting from abundant discrimination, transgender people frequently face loneliness and isolation in the community (Cashore & Tuason, 2009). As isolation is a typical theme among transgender individuals, it is not surprising that they are, perhaps, equally as isolated in the prison system as they are in the community. Sexton and Jenness (2016) emphasized the stance that transgender inmates have been designated a “forgotten group” and that transgender women, specifically, face incomparable marginalization in both the general community and within the penal institutions (p. 549).

Though transgender inmates make up a small portion of the overall correctional population, their experience should be viewed as equally important as that of any other inmate’s. Because they make up a smaller subset within correctional institutions, they may often be overlooked as a component of the general population. Transgender inmates are more likely to experience discrimination within the prison, mirroring their experience in the outside community. Transgender inmates also face an increased likelihood of sexual assault within the prison setting (Stohr, 2015).

Due to their augmented marginalization and vulnerability, the sexual abuse imposed on the transgender prison population is 13 times more frequent than that of cisgender inmates (Sexton & Jenness, 2016). Stohr (2015) asserted that transgender individuals are typically considered to be “on the lowest rung” among inmates (p. 121). Their plight is acknowledged

further by Stohr (2015) as she discussed the disproportionate amount of violence incurred by the transgender population as they become targets within the correctional facilities. It is broadly accepted among research professionals that transgender women placed in men's prisons encounter risk at a higher degree than if they were to be placed in women's prisons.

Several concerns have also been identified with regards to prison facility staff. Commonly, correctional staff experience barriers to their work with the transgender population due to budget restrictions, a lack of training and resources, constricting healthcare policies, and the decree that safety and security outrank healthcare. Because of these restrictions, adequate provision of gender-affirming healthcare can be sparse. There is often a "para-militaristic hierarchy" accepted by custody staff that contributes to negative attitudes among staff toward the transgender inmates (Clark et al., 2017, p. 84).

It is often the case that healthcare professionals must seek information and resources on their own in order to provide informed, competent care to their transgender clientele appropriately. Transgender-specific trainings are sought out on their own time, if at all. Without knowledgeable facilitators providing evidence-based training, this can lead to confusion surrounding transgender issues including basic use of pronouns. Clark et al. (2017) highlighted a statement provided by a prison social worker with regards to the utilization of proper pronouns for someone who identifies as transgender. She reported it is often the case that some staff will refer to a transgender client as "she" while others refer to them as "he." Additionally, it was reported that healthcare personnel are divided on calling their transgender clients by their given names or by the names they prefer, if not the same.

In addition to the disparity among prison healthcare staff, conflictual interactions with custody staff regularly occur with regards to the provision of appropriate care of transgender

individuals in the prisons. Clark et al. (2017) discussed an incident with a lieutenant, as reported by a prison social worker, in which there was a disagreement about the utilization of proper pronouns. The social worker had referred to a transgender client in a men's prison as "she" while engaged in a discussion with the lieutenant. In response, the lieutenant balked at her choice of pronoun and reported that he and other custody staff refer to the transgender clients as "it." This type of discriminant slur is commonplace within penal institutions.

Along with discrimination, abuse against transgender people is commonplace. Sevelius and Jenness (2017) reported abuse to occur thirteen times more often against transgender women in men's prisons than it does against transgender men in women's prisons. In addition to high rates of physical and sexual assault against transgender people in the correctional system, recent literature indicates rates of victimization are even higher for transgender people of color. Sevelius and Jenness (2017) asserted that "transgender women, especially those of color, experience disproportionate rates of incarceration, high rates of victimization while incarcerated, and associated negative health-related indicators" (p. 33). Transgender inmates additionally face an increased risk of self-harm and suicide while incarcerated, highlighting their evident vulnerability within the prison environment (Peate, 2018).

Clark et al. (2017) opined that it is unclear how many people who identify as transgender are incarcerated in the United States due to segregation by binary sex. Estimates indicate approximately 21% of transgender women have been incarcerated at some point in their lives. Estimates of incarceration among the general U.S. population range from 2.8-6.6% (Clark et al., 2017). By engaging in an in-depth study of this marginalized population, we may improve our awareness of the scope of the aforementioned issues. With enhanced knowledge of these

concerns, the hope is to create a healthier living situation for transgender inmates and decrease their vulnerability within a generally hostile setting.

Information gathered from this study will assist LGBT advocates in educating others including government officials, law makers, correctional administration, mental health professionals, other correctional employees, and inmates as well as the general public on pertinent issues regarding the transgender community. The knowledge gained contributes to a greater understanding of the problems transgender inmates face in the prison system, as well as in society. This may inform the creation of new laws and updated regulations in correctional environments that will directly benefit transgender inmates.

Purpose

For this study, I examined the prison experience from the perspective of a transgender female utilizing a narrative study method. This biographical study involved conducting a semistructured clinical interview with a transgender female who was previously incarcerated in a prison setting. The objective was to illustrate the complexities of being an incarcerated transgender female by examining her life beginning in early childhood years, her experience in her community, the events that led to the culmination of long-term incarceration, her experience within the bounds of a secure facility, and her experiences postincarceration. I explored her case through the lens of Bronfenbrenner's Ecological Model while exploring the relevant issues from the perspective of social justice theory.

The central question guiding this study revolved around how incarcerated transgender women experience life and derive meaning in a correctional setting while coping with the situation both as incarcerated individuals and as members of a marginalized community. Subsequent questions investigated how incarcerated transgender women experience life and

derive meaning in a correctional setting. This includes looking at the unique challenges transgender inmates face within the correctional setting, as well as the specific safety concerns encountered regularly by transgender inmates and how they are navigated within the correctional facility.

Other topics of exploration included the ways in which transgender inmates cope with prison life and what support resources that are available to them; the mental and physical health issues that arise for transgender inmates and how they are addressed in the prison setting; what led to incarceration, including experiences as a child, adolescent, and adult as they pertained to their intrapersonal experience, as well as their interpersonal experiences with family, friends, and their community at the micro, meso, exo, macro, and chrono levels of the ecological systems model. Additionally, I explored the experience of transgender women postincarceration as it pertains to reentering the community, obtaining housing and employment, and incorporating their incarceration into their current identity.

Chapter 2: Literature Review

Discrimination Within Communities

Social and legal discrimination have been described by transgender individuals as being part of their experience in the greater community. Denial of a person's existence is one way in which transgender people are discriminated against, both in the general community and in the prison system. They often feel pressured to hide their identity by loved ones who express misdirected concern or because of threats and violence directed against them (Cashore & Tuason, 2009). Identities may be fabricated as a means of social protection and to placate others understanding or empathy (Lev, 2013). It can feel as if personal rights have been violated such as the right to express themselves as the gender with which they identify and experiencing safety as a basic right (Cashore & Tuason, 2009).

Another right that is often trivialized or ignored involves choosing a family. The issue of marriage rights for gay and lesbian couples has involved controversy within the general community. The issue of transgender marriage often includes additional bureaucratic contingencies depending on the state. A participant in a 2009 study opined that in Ohio, for example, two questions were posed as part of an oath that could dictate whether or not a couple could marry. The couple had to report they were not engaged in illicit drug use and that neither of them were transsexual. Additionally, it was noted that due to difficulty in determining legal semantics regarding same-sex marriages, immigration ceased the recognition of all marriages involving transgender people (Cashore & Tuason, 2009). The current marriage oath, revised in 2019, indicates same sex marriages are neither performed nor recognized by the state of Ohio (Law Writer, 2019). It was indicated that Ohio, much like the prison system, determines eligibility by sex assigned at birth. (Cashore & Tuason, 2009) Likewise, there may be the

additional difficulties surrounding the decision to include children, whether the issue is having them or maintaining custody of them (Lev, 2013).

The representation of transgender individuals is thought to be disproportionate within the prison population as compared to the population of transgender people in the general community. This discrepancy is considered to be due to the numerous problems that arise from their marginalization in society. Because of employment and housing discrimination, development of psychological problems, and rejection by family and peers, there is a higher likelihood that transgender people will remain marginalized and spend time incarcerated due to engaging in illegal activities for survival purposes (Stohr, 2015).

White Hughto et al. (2018) addressed the issue of illicit substance use among transgender people. Substance abuse is frequently employed as a coping mechanism in response to the maltreatment they experience by society, which, in turn, can lead to time spent in jails or prisons. Halbach (2016) asserted that transgender individuals experience “pervasive discrimination in almost all aspects of social life” (p. 466). She opines the transgender community endures discrimination and harassment in areas including housing, health care, education, public accommodations, and employment. Between employment discrimination and high poverty rates, transgender individuals participate in criminal activity for survival in a greater proportion than the general community. This disparity has led to “a disproportionate representation of transgender people in the criminal justice system and in prisons” (p. 466). In addition to the abovementioned issues, discriminatory law enforcement and sentencing practices promote the occurrence of transgender women being incarcerated at high rates (White Hughto et al., 2018).

To discuss the matter of trauma, the statistics regarding sexual assault among transgender individuals is staggering. The U.S. Department of Justice (2014) indicated as recently as 2011,

one in two transgender individuals experience sexual assault or abuse during their lifetime. A national survey exploring transgender discrimination found that sexual assault in K-12 settings perpetrated by educational staff or peers affected 12% of transgender youth. African American transgender individuals experienced sexual assault at their employment settings at a rate of 13%. Among homeless transgender people, 22% experienced sexual assault while residing in shelters. Additionally, police officers account for 5-9% of sexual assault among transgender individuals surveyed while 15% of transgender people have reported experiencing sexual assault while in the custody of law enforcement or in jail. This number expands to 32% of African American transgender individuals. Health care professionals make up an additional 10% of sexual assault perpetrators as reported by transgender people.

A lack of support is experienced even within the larger LGBT community, a group of people with whom they most often closely identify. A false perception of inclusion may occur within the LGBT community. However, the othering and segregation that frequently occurs between the LGBT members and the transgender population can lead to feelings of isolation for those who identify as transgender. Even within LGBT organizations and movements, it is noted that issues specific to transgender people are often ignored or made secondary to other issues (Cashore & Tuason, 2009).

In addition to the number of interpersonal difficulties experienced due to discrimination within the LGBT and the greater community, transgender people face a variety of intrapersonal challenges as well. Identifying atypically from cisnormative friends and family often results in social isolation. Feelings of helplessness often arise from the experience of others' ignorance and invalidation. Feelings of anxiety and fear can develop as a direct outcome of discrimination, though it is suggested that pathological symptoms experienced by transgender people may

simply be coping attempts in response to an insalubrious environment (Cashore & Tuason, 2009).

Diagnostic Considerations

Upon discussing discrimination and unfairness related to transgender individuals and mental health, it is important to consider the clinical diagnosis of gender dysphoria. Gender dysphoria is a mental health diagnosis, found in the *DSM-5*, that pertains to the psychological experience of the transgender population (American Psychological Association, 2013). The diagnosis of Gender Dysphoria was modified from the previous diagnostic handbook, the *Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM IV-TR)*, which promoted gender identity disorder (GID; American Psychological Association, 2000). A debate has been waged regarding the usefulness and relevance of including a diagnosis for transgender status in a mental health manual. It has been thought that by creating a new diagnosis and altering the title from GID to gender dysphoria, a shift in understanding may be occurring regarding the transgender situation. Rather than retaining the assumption that cisgender individuals are to be regarded as “normal” while transgender individuals are to be regarded as “abnormal,” a call for reform is emerging with regards to the inclusion of any mental health diagnosis related to transgender issues (Lev, 2013). Regarding the prison system, some believe that it should not be a requirement to receive a diagnosis of gender dysphoria to participate in care deemed medically necessary to assist with physical issues related to being transgender, though even with a diagnosis, transgender inmates often do not receive the care they desire or require (White Hughto et al., 2018).

Discrimination Within the Prison Environment

In 2015, U.S. estimates suggested there were approximately 500 to 750 transgender inmates in state prisons while 50-100 were incarcerated in federal prisons (Stohr, 2015). More recently, Sosin (2020) accounted for 4890 inmates in state prisons reporting from forty-five states and Washington D.C. Out of this number, only fifteen inmates were found to be housed according to their preferred gender. Sexton and Jenness (2016) discussed the difficulty of being a transgender female in a men's prison. Transgender women experience a particular type of vulnerability beyond what cisgender males may experience in the prison setting. Transgender women have described feelings of exhaustion due to the inability to express oneself according to identified gender. Pride in self-identity is often lost while navigating the unrelenting prison environment. The ability to identify and express their authentic selves offers an opportunity to defy the stigma that continually surrounds them. The inability to express their identities can diminish their sense of dignity beyond what is characteristically experienced by an inmate.

Their role as inmate can be distinctive and diverse even among themselves. It is noted that transgender inmates "report a range of sexual and gender identities, attractions, sexual orientations, and presentation of self-modalities" (Sexton & Jenness, 2016, p. 550). As articulated by one transgender female inmate, transgender inmates are very much like everyone else in many ways, but the sentiment was expressed that discrimination removes any shared humanity or similarities between transgender and cisgender individuals (Sexton & Jenness, 2016).

Transgender inmates tend to be particularly marginalized and disadvantaged upon consideration of marital status, mental health, previous employment, homelessness, HIV status, sex work, substance abuse, and victimization (Sexton & Jenness, 2016). Stohr (2015) concurred

with these findings and suggests that due to the lack of support, and in some cases abandonment, from their families and the general community, homelessness and the involvement in sex work are strongly linked to a history of sexual abuse prior to incarceration. It is approximated that 47.7% of transgender inmates have experienced homelessness. The National Alliance to End Homelessness (2020) reported that since 2016, transgender adults have experienced an increase in homelessness by 88%. They opined that 63% of the homeless adult transgender population is experiencing unsheltered homelessness, an increase of 113% since 2016. Limited information is available regarding total number of homeless transgender adults in the United States.

Discrimination within the prison system begins with placement of transgender inmates. Transgender inmates, regardless of their state of transition, have historically been distributed to a correctional facility based on their genitalia or assigned gender at birth (Stohr, 2015). Typically, transgender women who have not undergone gender confirmation surgery are placed in men's facilities, putting them at risk for maltreatment (White Hughto et al., 2018).

Beyond their facility assignment, protective custody or segregation is often ostensibly utilized as a means to decrease instances of victimization and foster a safer environment. Policies that support the use of segregation and protective custody for this purpose have essentially, and unfortunately, created a situation in which transgender inmates are housed with inmates whose gender they do not identify with by way of self-conception, attitude, and, generally, by physical attributes. Placement in segregation can mean being isolated from the general prison population and facing difficulty obtaining the opportunity to participate in various correctional programs or other pursuits (Stohr, 2015).

The segregation of United States prisons began with separating men and women by rooms and then by quadrants within facilities in the early 1800s. By the late-19th century, sex-

segregation by facility had become common practice and remains so today. Separation by sex came about for various reasons including provision of safety for lower numbers of female prisoners, gender-specific programming options, and a goal to prevent sexual misbehavior between male and female inmates. The design of penal facilities primarily retain focus on the male prisoner despite the existence of female-specific prisons (Sumner & Sexton, 2016).

Without specifying a means to ascertain the definition of gender and who belongs in which category, correctional facility policies generally remain polarized in their distinction between male and female. This polarization results in the use of biological anatomy as primary, if not solitary, guidance. Prison policies often exhibit traditional, antiquated beliefs about gender as it pertains to personal matters including grooming and hygiene or personal articles such as wedding bands. Review of these policies by the courts often results in little to no modification as they retain the appearance of adequate management of safety and security (Sumner and Sexton, 2016).

Sumner and Sexton (2016) asserted that the location within the prison in which to house transgender inmates involves consideration of special treatment versus equivalent treatment, accommodation versus impartiality, and segregation versus integration. Another conundrum involves the perception that placing transgender inmates within a same-sex prison based on biological traits maintains the correctional facility's status as also a same-gender prison. In fact, "transgender prisoners are uniquely gendered in the context of a men's prison, [therefore] the prison is actually gender-integrated despite being sex-segregated" (Sumner & Sexton, 2016, p. 617). Wilson et al. (2017) opined that policies pertaining to the housing and placement of transgender women in prison are driven by biological factors and include whether or not a surgical intervention has taken place.

The goal of safety within a correctional facility may be compromised in the event gender-segregation and sex-segregation are recognized as synonymous. The difference between the biological sex of prison inmates and their identified gender produces a distinctive vulnerability among transgender inmates. Failure to acknowledge the unique differences between sex and gender directly places transgender inmates at risk of harm due to the oversight of facility personnel. This oversight prevents staff from achieving the organizational priority of maintaining safety and security within the facility (Sumner & Sexton, 2016).

Sumner and Sexton (2016) asserted that just as safety and security are highly recognized as being of utmost importance within a correctional facility, the idea that segregation by sexual anatomy will alleviate any incidence of sexual contact between male and female inmates is prevalent. For instance, a magistrate judge in Oregon responded to a policy challenge related to this matter by opining that anatomy-based containment of inmates practically assures the prevention of “heterosexual crime” (p. 620). According to Wilson et al. (2017), the San Francisco County Jail and the Denver County Jail have adopted more progressive transgender housing practices that take into consideration the inmate’s preferred gender identity. Denver County Jail specifically utilizes a Blue Card system that involves providing transgender inmates with an informational card that includes gender preference and pronouns along with gender preference of officers conducting job-related searches.

Discrimination in Prison Healthcare

Just as cisgender male inmates have physical and psychological health needs that require unique attention and access to medical and mental health services, transgender female inmates have similar needs that require attention from the medical and mental health providers in the prison system. In addition to any similar health concerns that are not dependent on gender

differences, transgender women face ancillary health needs based on their gender status. Some transgender women choose to medically affirm their gender by transitioning physically while others do not (White Hughto et al., 2018).

There is a continuum of options available regarding the gender affirming process. Exogenous hormone therapy, or estrogen treatment may be utilized as a means of creating a more feminine physical appearance. Gender affirmation may also be approached with surgical alteration of male anatomy to female anatomy. The medical process of gender affirmation can be extensive, and some transgender women primarily seek hormone therapy without utilizing other interventions that are related to transitioning. For some transgender individuals, hormone therapy is a vital element of their overall healthcare. In addition to the physical effects of feminization of the body, exogenous hormone therapy can assist in the alleviation of psychological distress such as depression and anxiety. It can also bring about a sense of empowerment in an environment that is vastly perceived as hostile toward transgender inmates (White Hughto et al., 2018).

In many cases, transgender individuals face barriers upon attempting to begin or continue hormone therapy while incarcerated. Healthcare policies regarding the need for hormone therapy are often restrictive in that transgender inmates must provide documentation indicating a physician has prescribed hormones as part of their comprehensive treatment. If documentation is unavailable, the inmate may not receive hormones (Clark et al., 2017). Policies regarding the necessity of receiving previous medical records prior to the administration of hormone therapy are reportedly in place to prevent exploitation of free healthcare by inmates as well as to contribute to the reduction of expenditures. The cost of hormone therapy, however, is relatively low. Generic estrogen pills are appraised at approximately fifteen dollars monthly, which would

indicate only a minute portion of the correctional budget would be affected (White Hughto et al., 2018).

Some transgender individuals partake of hormones outside of a doctor's care and without the benefit of a prescription. These hormones are referred to as street hormones and are not generally acknowledged as legitimate medication within prison policies. Regardless of how long an inmate had been taking this type of hormone, once incarcerated they are refused hormone treatment due to the absence of sufficient documentation from a physician. If prior use of prescription hormones cannot be appropriately verified, the ability to access hormones within the prison is nil. Arguably, if medical and mental health personnel are authorized to diagnose and medicate other physical and mental infirmities such as HIV/AIDS and anxiety within the prison setting, then the same consideration should be afforded to inmates who identify as transgender and require or desire medical assistance such as hormone therapy. An individual may be diagnosed with Gender Dysphoria, which can assist in justifying empirically based treatment such as hormone therapy and mental health counseling (White Hughto et al., 2018)

Bias among providers and limited knowledge pertaining to transgender-specific healthcare are also among the notable barriers to adequate healthcare for transgender inmates. A 2009 Pennsylvania study found that 42.4% of a sample of 59 transgender inmates indicated their healthcare needs were not processed in earnest by medical personnel, placing them at risk for medical complications. Providers who disregard the significance of hormone therapy put transgender clients at risk to receive inadequate healthcare. The issue of omitting hormone doses has arisen as a concern among transgender inmates. While medications for other medical and psychological issues are maintained, transgender inmates have found that their hormones are not consistently made available over time. It seems there may be a misunderstanding among

healthcare professionals of the benefits to hormone therapy for transgender people. The perception may be that medications for other infirmities are more medically necessary than gender affirming. (White Hughto et al., 2018).

Another issue that may be of concern to providers is that hormone therapy will increase the femininity of the inmate thereby putting her at further risk of gender-based violence in the prison setting. These concerns may influence providers to deny hormone therapy to transgender individuals as a means to afford a false sense of safety. In addition to those adhering to this more “benevolent” theory of inadequate healthcare among transgender inmates, there are those who have been found to persecute transgender inmates by use of overt maltreatment stemming from personal bias against transgender individuals. Maltreatment is often identified as disrespect for one’s gender identity by the use of incorrect pronouns. This bias involves medical personnel referring to a transgender male as “she” or a transgender female as “he” (White Hughto et al., 2018). The use of incorrect pronouns, in addition to neglect of their unique healthcare needs and provision of necessary hygiene and clothing items, is viewed as stripping transgender inmates of their dignity (Sumner & Sexton, 2016).

Also obstructing the obtainment of adequate medical care for transgender inmates are factors within the institution such as policies, procedures, and cultural norms that assist in shaping healthcare delivery for transgender individuals. Commonly, institutional policies in correctional facilities indicate restriction to the access of hormone treatment. A U.S. survey of 27,715 transgender individuals found that of 321 participants who were previously incarcerated within the past year, 37% were refused hormones while incarcerated despite their having prescriptions from their doctors in the general community. Another U.S. study with a sample of

749 transgender women revealed that 24% had been denied hormone treatment while incarcerated at some point during their lifetime (White Hughto et al., 2018).

White Hughto et al. (2018) discussed a transgender female participant who had attempted to obtain hormone therapy while incarcerated. Prior to incarceration, she had been homeless for 2 years and had difficulty obtaining necessary documentation from her doctor. She had no living family members who could assist her, and she was unable to locate information regarding her previous hormone therapy due to being without permanent residence. This example illustrates a common theme among transgender individuals in that those who experience extreme marginalization often endure homelessness and a lack of interpersonal support and inconsistent healthcare. This conundrum frequently creates challenges to acquiring adequate healthcare within a penal facility.

Along with discriminatory practices pertaining to prison culture and healthcare, transgender women in men's prisons experience a myriad of challenges such as mental health concerns, suicidal ideation and attempts, and physical and sexual assault (Sexton & Jenness, 2016). Much the same as transgender people in the non-prison community, transgender inmates have a higher likelihood of experiencing incapacitating health issues than cisgender inmates. Depression and other mental health concerns are more often diagnosed in transgender inmates as compared to cisgender inmates (Stohr, 2015).

In addition to mental health consequences, potential consequences involving the incapacity to access hormone therapy are linked to physical health. Consequences of discontinued hormone therapy may include hair loss and irregular blood pressure (White Hughto et al., 2018). Consequences of discontinued or inaccessible hormone therapy may include depression, anxiety, panic attacks, auto-castration, and/or suicide (White Hughto et al., 2018).

Confounding matters of mental health are matters of physical health. A study conducted in California found that approximately 1.6% of heterosexual, cisgender male inmates test positive for HIV while estimates suggest 60% to 80% of incarcerated transgender women in men's prisons receive positive results when tested for HIV (Stohr, 2015).

Interpersonal Relations With Other Inmates

The decision to utilize estrogen hormones for gender-affirming/feminization purposes can be difficult. The risks and benefits must be carefully weighed based on the culture within the prison environment and the transgender individual's personal standpoint on the issue. Sumner and Sexton (2016) opined female transgender inmates must choose between remaining in accord with the gender they were assigned at birth in order to "fit in" with other inmates and living in the gender with which they identify within an environment rife with an atmosphere of hypermasculinity.

Sexton and Jenness (2016) expressed that prison culture generally enforces the ideal that "masculinity is revered and femininity is reviled" (p. 550). Concurrent to this standard, female transgender inmates are often competitive with each other in the hopes to gain affection and attention from the cisgender male inmates within the prison. The desire to be regarded as a real female or the best female in the prison setting is common among incarcerated transgender women. By engaging in this practice, the patriarchal system of male-dominance is perpetuated in the sense that gendered practices are embraced, and heteronormative ideals are implemented (Sexton & Jenness, 2016).

Hyper-femininity is enacted by some transgender women in the prison in order to gain favor with the masculine inmates and to achieve the status of femininity that they desire. Just as being part of the transgender subculture within a prison produces risk for the individual being

acknowledged for possessing feminine characteristics within the prison may also serve as a protective endeavor. Along with the aforementioned attention and affection, the transgender woman may benefit from a certain amount of respect and privilege if regarded as being the best female among the transgender prisoners (Sexton & Jenness, 2016).

As previously mentioned, of principal concern is the overall safety and security within correctional facilities. In addition to preserving the safety of the greater community outside the prison walls, policies exist to maintain safety within the confines of the prison. This tenet was highlighted in 96.2% of Department of Corrections mission statements in North America. There is an apparent discrepancy between overall safety of the penal institution and the specific safety of gender minorities within said institution. While policies exist to promote safety in general, they may not always be adhered to when a situation pertains to gender minorities (Sumner & Sexton, 2016).

Discrimination Enacted by Facility Personnel

Traditionally, facility staff within correctional institutions have been predominantly white and male. Because of this cultural element, the environment in prisons and jail settings is generally patriarchal in nature. As a result of the historically male-dominated climate, male staff and inmates are typically privileged above female staff and inmates (Stohr, 2015). Abuse within the confines of a prison often occurs as a result of this predominantly male climate. White et. Al., (2018) discussed a U.S. study involving 6,450 transgender people regarding abuse by facility staff. It was found that, “among 749 transgender women in the sample who had been incarcerated, 38% had been harassed, 9% had been physically assaulted, and 7% had been sexually assaulted by facility staff” (p. 2).

White Hughto et al. (2018) found that participants in their study were perceived as “abnormal” upon expression of femininity while incarcerated in male correctional facilities and were generally belittled, demoralized, and controlled as a result. Policies favoring masculinity and minimizing the female gender expression of transgender women were described by participants and included demeaning taunts such as pulling a wig off of someone’s head or laughing at someone’s clothing in an effort to diminish their feminine expression. As illustrated, results of poor treatment bestowed onto transgender individuals on the behalf of prison personnel can vary.

Sumner and Sexton (2016) discussed the discomfort transgender women experience as they navigate an environment in which they find themselves to be unsuited given the predominant social norms and expectancies. Tension presides over the relationship between transgender individuals and the facilities that “house, label, constrain, and bear responsibility for them” (p. 618). Cumulative documentation regarding United States correctional facilities indicates considerable vulnerability among transgender inmates involving neglect of basic needs as well as physical abuse (Sumner & Sexton, 2016).

Due to the fear and/or anxiety of being treated inadequately by others within the prison, some transgender women opt to present themselves in a more socially conforming manner, reinforcing the biological gender binary and going along with male gender norms to avoid detection or mistreatment. Living in fear is a daily, ongoing experience for some transgender inmates as they may be endangered for being who they are. It is also believed by some that asserting or defending themselves is much more difficult than it is in the free community due to the increased difficulty of attempting to escape a situation and the tendency among prison personnel to exercise bias against the transgender community. It is often perceived that survival

of the prison experience is dependent on concealment of their true gender identity throughout their sentence. A desire to avoid attracting unwarranted attention is a key theme among some transgender inmates (White Hughto et al., 2018).

One tactic utilized to conceal femininity is the disruption of hormone therapy. In addition to creating a more feminine appearance, participating in hormone therapy will alert facility personnel to their gender status. Notably, not all transgender women have the ability to conceal their gender status. Those who are visibly more feminine and/or have undergone breast enhancement surgery are less likely to be able to pass as male. Some have lived their lives for many years as a transgender female and would find it very difficult to revert back to a male identity for concealment purposes. Additionally, some transgender inmates have been in the facility previously or may know other inmates from the street. This familiarity can prevent concealment of their authentic selves (White Hughto et al., 2018).

While some transgender inmates choose to conceal their gender identities, others choose to resist social norms and the gender binary by upholding and/or enhancing their preferred expression of gender. Some do so because they are unable to conceal, as discussed above, based on the discussion above. Others do not believe they should have to shroud their identities and wish to remain outwardly transgender. The gender binary is challenged sometimes in smaller, more passive-aggressive ways such as maintaining a close shave for the duration of their sentence. Bolder challenges may involve drawing on feminine eyebrows or displaying other such features characteristic of femininity. In addition, seeking out hormone therapy is considered another bold act of opposition to the gender binary (White Hughto et al., 2018).

White Hughto et al. (2018) presented a concise summary of the challenges transgender inmates face within penal facilities per their study on transgender inmates:

Transphobic attitudes and policies were regularly enacted at the institutional-level, shaping transgender women's access to quality, gender-affirmative care. The frequent mistreatment by biased or untrained providers and other staff ultimately shaped the behaviors of incarcerated transgender women, leading some to discontinue their hormone use and/or conceal their transgender identity as a form of stigma management. (p. 13)

Determining how best to advance with regards to the treatment and management of transgender inmates presents a considerable dilemma for correctional facilities. Progressive policies must include the provision of sufficient access to resources while concurrently preventing undue risk and protecting the transgender population from harm (Sumner & Sexton, 2016).

The Prison Rape Elimination Act of 2003 (PREA)

Stohr (2015) asserted that a broad consortium of researchers have recognized that transgender women are at higher risk for physical and sexual abuse when placed in men's correctional facilities than if they were assigned to women's correctional facilities. The Prison Rape Elimination Act of 2003 (PREA) is a federal mandate that requires protection for vulnerable prison populations such as transgender inmates. Sumner and Sexton (2016) suggested that the decree provides a broad interpretation that sexual acts within a correctional facility are equivocal to misconduct and victimization. Recently, it has been determined that an update in policies regarding intersex and transgender inmates is warranted (Stohr, 2015).

A U.S. Department of Justice review panel investigated the incidence of sexual assault in jails and prisons, concluding that by identifying as other than a heterosexual male begets a significant vulnerability among the LGBT population. Compared to 4.4% of the adult male prison population, 59% of transgender women were sexually assaulted while incarcerated. The majority of these assaults were committed by other inmates although prison staff have also

engaged in sexual assault of transgender inmates (Stohr, 2015). Making the distinction between nonconsensual and consensual sexual acts can be difficult to resolve due to the coercive milieu in which such acts transpire. Some have contended that the bestowing of severe reprimands against inmates for engaging in sexual activity may present as an egregious sanction. Due to the classification of sexual activity as a violation of facility rules, inmates who are sexually assaulted may be unduly punished under the semblance of organizational management (Sumner & Sexton, 2016).

Typically, sexual abuse by prison staff involves body searches and pat downs intermixed with sexualized physical and verbal abuse. Staff may unnecessarily touch or grab the breasts, buttocks, or genitalia of a transgender inmate during routine security procedures. It should be acknowledged, however, that sexual assault by facility staff also involves inappropriate sexual touch, up to and including rape (Stohr, 2015).

Social Justice Theory

Cashore and Tuason (2009) suggested that the promotion of social justice is pertinent to mental health providers. The emphasis to help individuals has always been a core principle of professions that provide service to others. This emphasis on helping individuals on the micro level translates directly to a further-reaching emphasis on systems change. It is indicated that “oppression, an agent of injustice, cannot be overcome by changing the individual, rather, it must be addressed at a systems level by changing political, economic, and social structures” (Cashore & Tuason, 2009, p. 398). For many years, the LGBT community has significantly contributed to progressive ventures on the social justice front. Much of their work has informed politics, modified policies, and facilitated adjustment in clinical practice, providing support for a variety of LGBT-related issues as they have surfaced (Lev, 2013).

While involving transgender inmates on the individual level can be empowering and a means to get involved in the progress toward social justice that directly affects them, direct involvement in challenging the status quo may also pose a risk to their well-being in the prison setting. By challenging institutional policies and procedures, transgender inmates could potentially become set up for further maltreatment by the correctional system. Prior to implementation, events and efforts to change the system should be carefully assessed for risks and benefits so as to avoid unnecessary harm (White et al., 2018).

Suggestions for improved circumstances for transgender inmates posed by White Hughto et al. (2018) included strengthening the competency of clinical healthcare providers within correctional facilities. Increased efforts to educate medical and mental health providers could be utilized as transgender competency trainings are indicated to be successful as a means to strengthen knowledge and awareness of the obstacles faced by transgender inmates. Providing increased access to healthcare that meets gender-affirmative standards for transgender inmates is another way to potentially improve the situation. Additionally, updating policies regarding the necessity of outside medical records documenting previous hormone therapy should be considered as a means of certifying the continuity of medically related gender affirmation.

The American Psychological Association (2017) purported the role of the psychologist includes merging the micro and macro levels of exploration and utilizing the social privilege of their status in society to contribute to beneficent social change. “For instance, some intersectionality scholars have become activists through efforts to identify social justice interventions for subjugated social groups and to lead coalitions against systemic operations of power and privilege” (p. 22). Guideline 5 specifically addresses the psychologist’s role regarding reformation of institutional barriers that contribute to the oppression of marginalized groups.

These institutions may include the mental health arena as well as the criminal justice system. Amending discriminatory systems contributes to the promotion of human rights, fair treatment, and a solid platform of justice.

The Ecological Systems Model

Onwuegbuzie et al. (2013) asserted the Ecological Systems Model is part of a socioecological systems theory created by Urie Bronfenbrenner that describes four levels of environmental influence differently impacting the development of an individual. These levels include “the microsystem, the mesosystem, the exosystem, and the macrosystem” (p. 4). A fifth system, the chronosystem, will be discussed as well. The first level, the microsystem, involves the development of a person with regards to their interaction with their immediate environment. This may include their home, their neighborhood, their classroom, and/or their religious/spiritual organization. The second level, the mesosystem, involves relationships among microsystems and connections between experiences with family and peers or between school and home, for example.

The third level, the exosystem, illustrates connections between settings in which the individual does not have a direct role and their own personal experience. An individual may be affected by a parent’s work life which can, in turn, affect the individual’s academic situation. Finally, the fourth level, the macrosystem, is comprised of a larger cultural framework that includes ideologies, cultural norms, societal beliefs, laws, or policies that influence the individual in an indirect manner (Onwuegbuzie et al., 2013). The fifth level, the chronosystem, considers the construct of time as it relates to the development of an individual. For example, occurrences such as important events, significant changes in socioeconomic status, or differences over time in the sociopolitical arena can contribute to the evolution of a person.

For the purposes of this study, the use of the ecological systems model as a comparison point is an important piece of data. It examines the participant's life narrative through a variety of lenses. From studying early interactions with caregivers and environmental impact to analyzing influence and effect on the participant over time, we can glance into the participant's lifecycle development to procure a glimpse of their reality from a more holistic worldview.

The Current Study

The current investigation involved implementing a narrative study conducted with a participant who has been incarcerated in a prison or jail within the past 10 years. Transgender females were recruited as volunteers to share their life experiences both within the prison and in the greater community. In this study, I examined the life of a participant from early childhood through present day, exploring the events that led to her eventual incarceration in a secure facility and her experiences post-incarceration. The Bronfenbrenner model was utilized as a reference point to illustrate the various experiences of the study's participant. Relevant issues were explored through the framework of social justice theory.

Chapter 3: Method

In this section, I describe the method utilized to collect and analyze the data from this study. It includes sections discussing participant gathering, ethical considerations, data collection, setting information, data analysis, and truthiness. Researcher information will be provided along with the information listed above.

Participants

Potential participants to be interviewed for this narrative were adult self-identified transgender females previously incarcerated in a prison or jail setting in the United States. They had to have been 18 years old or older, in any stage of transition, and English-speaking. They were required to be available to participate in an in-person interview in Chicago or via a telecommunications application such as Skype or Zoom. Additionally, participants had to have identified and expressed themselves as a transgender female while incarcerated. Individuals ineligible to participate included those who were younger than 18 years old, those who identify as cisgender males, those who do not speak English, and those who did not identify or express themselves as transgender female while incarcerated.

An electronic flyer inviting potential participants was dispersed on social media websites, including Facebook, Reddit, and Twitter that list pages pertaining to the transgender population. I sent messages to the site administrators of those pages requesting permission to post the flyers on their pages. Some of the pages on which I requested to post my flyer included TRANS Chicago Group, Chicago Lesbian/Bi/Transgender, Transgender Support Chicago, and r/ainbow. The electronic flyers directed potential participants to a website that I created. This website details the study and provides information on how to participate. Participants were also obtained through word of mouth, or snowball sampling.

On the website, potential participants were informed of possible risks and benefits to participating in the study. They were informed that the study was voluntary, and that there would be a drawing for one participant to win a \$100 Visa gift card. This approach was utilized as a monetary incentive to participate. They were also be informed that if they chose to participate, they would be able to end their participation at any time without consequences. Any participant who responded on the website with interest in participating was screened and considered for the project. Eligible participants were selected in the order by which they responded. Throughout recruitment, two individuals responded with interest in participating in the study, one of which became a participant.

Ethical Issues

The process of informing the participant of what to expect during the study included expressing that her participation was completely voluntary. During the screening process and again during the discussion of informed consent with the participant, she was informed that there would be no consequences for ending participation early or declining to answer questions she was not comfortable answering. Once she decided to participate in this study, she was informed that she could end her participation at any time and would be allowed to retain the gift card as compensation regardless of participation time. As there was only one participant, she received the gift card since no drawing was necessary.

Confidentiality and anonymity present as ethical considerations when conducting research with human subjects. Care must be taken in documenting information obtained from interviews so as not to inadvertently or directly release the names or any other identifying information of participants. Another area of which to be mindful is that of informed consent. The participant received adequate information about the study, including any potential harm that may

result from their involvement. Because she wished to consent to the study, verbal consent was obtained with the understanding that she comprehended any risks that may be involved and that she was willing to move forward with her participation (Endacott, 2008).

An additional factor of this research involved the potential for inadvertently identifying, or “outing” participants as transgender individuals. Because outing a participant could create the potential for harm, steps were taken to greatly minimize the possibility of this occurring in the process of conducting research. Participants were recruited through a study website and my university e-mail account was used for all communications with the subject and others who expressed interest. Interviews were to be conducted in either a private room in an agreed upon location or via a telecommunications application such as Skype or Zoom. These methods assisted in maintaining confidentiality and decreasing the risk of a participant being identified as transgender by others. Pseudonyms were also provided to the participant to protect her identity.

Data Collection

Potential participants initially viewed an electronic flyer on social media pages pertaining to transgender issues after approval from the pages’ administrators was granted. The flyer directed them to my website which contains information about this study, a screening tool to complete, and my school e-mail address at which to contact me to participate. Once I received their e-mails, potential participants were screened by me for participation in a semistructured clinical interview. In the unlikely event that I may have had prior interactions with any of the participants, they would have been removed from the list to eliminate the possibility of an unethical dual relationship. On the study website, potential participants were informed of possible risks and benefits to participating in the study. They were also informed that the study was voluntary, that there would be no consequences for terminating their participation at any

time, and that they would be entered into a drawing for a \$100 Visa gift card that one participant would receive for their participation. In addition to the invitation to participate in an interview, they were invited to bring any artifacts such as photos, letters, or other items that may assist in telling their story. Screening questions included the following:

1. Do you identify as a transgender female?
2. Have you been incarcerated in a prison or jail in the United States within the past 10 years?
3. Did you identify and express yourself as a transgender female while incarcerated?
4. Are you comfortable with speaking English?
5. Are you 18 years old or older?
6. Are you available to meet for an in-person interview at an agreed upon location or via an online application such as Skype or Zoom?
7. Are you available to sit for a 2- to 3-hour interview session?

The interview with the participant who met the screening criteria was scheduled through e-mail. She was provided the opportunity to ask further questions about the study if she had any. The first five interested candidates that responded would have been included in the study. Had more than five responded with interest, additional participants may have been accepted, up to twenty, in the order of their responses. The participant was scheduled to meet individually with me for 2 to 3 hours to allow for adequate interview time.

The interviewee provided consent to participate in this study upon arrival to her interview. The participant was given the opportunity to review the consent form. Information in the consent form was discussed with her prior to obtaining their verbal consent. Had she completed a written consent form, she would have been informed that the consent form would be

the only document on which her name would be connected to the study. Because the interview was completed online, verbal consent was obtained. A demographic form was utilized to collect demographic information about the participant. The participant received a copy of the consent form and the demographic form. Confidentiality was maintained by using additional methods such as de-identifying her interview responses and assigning her a pseudonym.

In addition to the researcher utilizing observations and taking field notes on verbal and non-verbal communication, the interview was audio-recorded in order to preserve the integrity of the participant's responses to the interview questions. The clinical interview with the participant was comprehensive and semistructured with open-ended questions created to address the issues pertaining to incarcerated transgender females. Questions focused on her biopsychosocial history, her experiences while incarcerated, and her current life situation. The participant was provided the opportunity to add additional topics as she deemed important. Had the participant reported she had experienced interview-related distress, she would have been offered therapeutic debriefing after the interview and/or referred to a mental health provider. She was informed ahead of her interview that these options would be made available to her. I additionally discussed the limits of confidentiality with her while obtaining consent for participation.

The participant was provided a pseudonym for use during the interview for the purpose of deidentification within the audio-recordings. With this procedure in place, the only material connecting the participants to the study with their actual name included will be the consent form. Information will be also be gathered through observation and taking field notes on verbal and non-verbal communication. The data I collect will be stored in a locked box accessible only to me for the duration of the research project. After 5 years, any data collected as field notes will be shredded. Any data collected by audio recording will be permanently deleted.

Setting

The setting for this project involved the online application Zoom. Completing the interview online, the participant and I met on Zoom while we were each at home. No one else was present in either location. Convening in a private meeting room on Zoom helped to avoid interruptions such as people walking in and out of the room and ringing telephones. Cell phones were set on silent. Easton et al. (2000) suggested locating the interview away from distractions of an environmental nature in order to prevent unnecessary interruptions and maintain the integrity of the interview. The importance of attempting to curtail any potential setback or obstruction that may unceremoniously impact the interview process is emphasized. In the event of unforeseen circumstances that are beyond control such as transportation problems or illness, the interview would have been rescheduled for another day and time.

Data Analysis

Data collected from the interview was organized and transcribed by me, then analyzed for themes and significant statements pertinent to her story. Creswell and Poth (2018) suggested utilizing an approach in which the written results are sensitive to context by embedding information such as culture, personal experiences, and historical background into a narrative project. The interview was transcribed, and a detailed history of the participant was evaluated for chronology of events as well as a deeper understanding of personal experiences and context. The process of restorying was conducted to provide a comprehensive account of the participant's history and to identify themes within her narrative. The participant's narrative was analyzed for essential elements such as setting, plot, and temporal context. Once this analysis was complete, her narrative was written in chronological fashion.

Easton et al. (2000) emphasized the importance of transcription in the process of data analysis. They caution that errors as slight as punctuation or as severe as mistyped words or phrases may alter the meaning of what was conveyed. Being unfamiliar with slang terms or jargon may also inhibit the transcription process. This can be especially important when conducting research with those who connect with a particular identity such as transgender or have been associated with a specialized setting such as a correctional facility. Each subculture may endorse the existence of a communal language specific to the transgender population or prison culture.

Once the transcription process was completed, I examined the results to generate the themes relevant to the participant's story. In this study, the life experiences of transgender individuals who have been incarcerated was explored for themes in her history related to family involvement, traumatic experiences, social issues, medical and mental health, legal concerns, substance use and abuse, education, and vocational opportunities or lack thereof. These areas were considered alongside Bronfenbrenner's Ecological Model to show these issues as they pertain to each level from individual to macro. In addition to a semistructured clinical interview, interview questions and discussion focused on their experiences with other inmates, prison staff, prison policies related to transgender issues, and transgender-specific healthcare.

Information gathered during the transcription process was coded and analyzed for themes. Creswell and Poth (2018) stressed the importance of the coding and theme identifying portion of qualitative research. They indicate this process is vital to any qualitative study as it involves deciphering the information gathered and creating meaning from the experience.

Green et al. (2007) underscored the magnitude of developing qualitative themes. They assert:

It is this step that is crucial to linking the results from an interview with what we know about people in other settings. The extent to which this is achieved.

Determines the extent to which the study is generalizable to other groups and other settings. (p. 549)

After generating themes, the narrative was written from a sequential standpoint in chronological order of events illustrating the structural and textural context in which the interviewee experienced her life situation. These themes will be discussed, having emerged from the stories, along with patterns of meaning surrounding particular events. Additionally, connections between themes and relevant issues around the incarceration of transgender women will also be discussed, illustrating issues pertinent to a social justice framework (Creswell & Poth, 2018).

Researcher

Creswell and Poth (2018) stressed the importance of “bracketing,” or the exclusion of the researcher’s own experiences and possible biases with regard to the population being studied. Bracketing out personal experiences in order to retain an unsullied perspective of the study will be of utmost importance. My history of being a therapist in correctional and other institutional settings could create the potential for bias related to inmates or correctional employees. I have little experience with the transgender population, and, as such, have little to bracket out in terms of potential bias acquired through previous interpersonal interaction. Even so, it remains imperative to be aware of any biases regarding this population that may arise in order to further the bracketing process regarding this issue.

I have been working in the field of mental health for more than 20 years. Early in my career while enrolled as a student at Bemidji State University, I was employed part time as a

residential counselor and chemical dependency technician in a residential facility for children and adolescents with emotional and behavioral problems. I earned a Bachelor of Arts in Applied Psychology and continued working with adolescents in residential treatment. I also became an advocate and case manager at a shelter for victims of domestic violence. During my 2.5 years at the shelter, I made the decision to pursue a master's degree in Forensic Psychology.

While earning an M.A. in Forensic Psychology from The Chicago School of Professional Psychology, I completed an internship with U.S. District Courts Federal Probation in Chicago, IL. It was through this experience that I found I enjoyed working with the offender population. After graduating in 2007, I moved back to Minnesota where I accepted employment as a Behavior Analyst at the Minnesota Sex Offender Program (MSOP) in Moose Lake, MN. For nearly 4 years, I provided group therapy and psychoeducation to civilly committed adult males who had been convicted of committing sexual offenses and were deemed too dangerous to be released into the community.

In 2011, I moved to Indiana after accepting a position as a mental health counselor with the Indiana Sex Offender Management and Monitoring Program (INSOMM). Through this position, I continued to provide group therapy and psychoeducation to adult males convicted of committing sexual offences at the New Castle Correctional Facility for 3 years. For 2 years after my employment at New Castle Correctional Facility, I was employed by Community Health Network to provide therapy directly to individuals and families in the community. Many of my clients were involved with the Department of Child Services and, in addition to therapy, my work required frequent court appearances.

As a doctoral student in the Clinical PsyD program at The Chicago School of Professional Psychology, I worked as a diagnostic extern at the Indiana State Prison for

approximately ten months. I completed a second practicum at The Chicago School Forensic Center, where I conducted diagnostic assessments and provided therapy to individuals and families as well as fitness restoration services to clients who have been deemed unfit to stand trial by the courts. During my advanced practicum, I worked at The James A. Lovell Federal Healthcare Center and provided therapy to military veterans, active duty military personnel, and their families. Through the abovementioned experiences, I have had the opportunity to work with a number of individuals who identify as part of the LGBT community. In addition to attending numerous trainings and workshops on conducting clinical work with this population, I have experience volunteering with the Indianapolis Pride Festival and parade.

After working for many years with prison inmates and civilly committed offenders, I have retained a strong interest in the therapeutic treatment of this population. As a population that is already considered to be protected by the Institutional Review Board, I am additionally interested in the more specific marginalization of the transgender population within correctional settings. I consider myself to be an advocate of social justice and have found that while there are many opportunities for furthering research and education in other areas pertinent to diversity issues, the matter of transgender individuals in correctional facilities is one that appears to be less often recognized and less frequently explored.

As a person who identifies as cisgender, I found that it is important to explore what that means as a researcher in the realm of transgender affairs. Galupo (2017) discusses the overrepresentation of researchers who identify as cisgender attempting to understand and convey the transgender experience to others. Being cisgender, it is important to recognize and remain aware of the potential for bias to formulate within my research. Unchecked bias could contribute to fallibility within the structure of my dissertation by the way research questions are formulated,

by the way I select methods of evaluation, or the way I phrase interview questions and discussion. Potential bias on my part could also cause prospective participants to question my intentions and affect their decision on whether or not to participate in this project as well as their willingness to share particular experiences. Additionally, the manner in which I interpreted results, and the way others perceive my research as conducted by a cisgender individual, can potentially be clouded by bias.

Truthiness

Creswell and Poth (2018) suggested nine methods to ensure validation of a qualitative study. Each method pertains to a particular lens through which the information from the study will be perceived. These areas include the researcher's lens, the participant's lens, and the reader or reviewer's lens. It is suggested that researchers utilize at least two of these validation practices in any qualitative study. Endacott (2008) discussed areas of validation that are crucial to a qualitative study including credibility and transferability.

Credibility, as described by Endacott (2008), refers to presenting the participants with the interview transcripts for verification of accuracy. This is similar to Creswell and Poth's (2018) discussion on seeking feedback from participants under the umbrella of the participant lens. It is indicated that this may be the most critical technique in establishing credibility with regards to the information collected. Once the data was analyzed, I followed up with the participant by e-mail to review interpretations and conclusions stemming from her personal interview. Through this approach, the participant was able to provide input on the credibility of the findings.

Transferability refers to the generalizability of the themes to others in similar situations (Endacott, 2008), which reflects Creswell and Poth's (2018) assertion of the importance of producing a rich, thick description of events pertaining to the interviews and participants. This

type of description “allows readers to make decisions regarding transferability because the writer describes in detail the participants or setting under study” (p. 263). The information collected during this study involves precise detailing of interviews, observations, environment, and events that occurred throughout the research process. Providing a vivid account of each participant and their experiences allows for validation through the reader’s lens. Under the abovementioned validity measures, a foundation of truthiness will be established for the purposes of conducting an authentic, defensible, study.

Chapter 4: Results

Results of this study were obtained through an interview and coding process with one participant. The participant and I initially corresponded through e-mail so I could ascertain whether they met the criteria for participation by use of the screening process. Once it was deemed that the participant met the criteria, a Zoom interview was scheduled for a later date. On the day of the interview, I presented the participant with the demographics form and the verbal consent form. She provided consent to participate in the interview and dissertation procedure. The interview lasted approximately one hour and forty-five minutes and consisted of the participant providing responses to the structured question set as well as semi-structured questions and statements I inserted throughout the interview. The interview was audio recorded to account for accuracy. Field notes on observations were also collected. The participant was randomly assigned the pseudonym “Arica.”

Once the interview was complete, I transcribed the audio recording and utilized a randomly assigned color configuration to code the eight main constructs that emerged from the interview. Sections of the interview were highlighted by their coding assignment as follows: Legal/Yellow, Family Issues/Lime, Trauma/Purple, Social Issues/Teal, Medical and Mental Health/Red, Substance Abuse/Green, Vocational/Grey, Education/Blue.

Table 1*Color-Coded Transcript*

Legal	Yellow
Family Issues	Lime
Trauma	Purple
Social Issues	Teal
Medical and Mental Health	Red
Substance Abuse	Green
Vocational	Grey
Education	Blue

After highlighting the initial categories, said categories underwent a coding procedure to create themes under which to present the narrative.

Creswell and Poth (2018) suggested utilizing a coding procedure for qualitative research that involves expanding the initial codes in a process called lean coding to derive additional coding information through review of the data. Once the data has been reviewed and re-reviewed, final codes are established, and themes are created from the final codes. It is also suggested that a codebook be created for the purpose of conveying the distinct confines of each code and to account for inter-rater reliability.

From this research, I derived four themes as follows: (Dys)Function, Survival, Choices (or lack thereof), and Perseverance. The (Dys)Function theme was created utilizing coded experiences that involved situations of separation, problematic living environment, and lack of acceptance with regard to family and societal issues. The Survival theme was created utilizing

coded experiences pertaining to trauma and physical/mental health. This includes physical/emotional/sexual abuse, poverty, depression, and treatment. The Choices (or lack thereof) theme was created utilizing coded experiences of substance abuse and legal issues including criminal history, prison time, personal history of substance abuse, and family history of substance abuse. The Perseverance theme was created utilizing coded experiences of rising up to meet challenges, moving forward in life, helping others, and coping. A codebook was created and can be found in the appendices on page 86. The narrative information is provided as follows.

Arica

“Arica” was the chosen pseudonym for the participant. She is a 57-year-old divorced, white, bisexual, transgender/two-spirit female who hails from a large Midwestern city. She identifies as Christian but considers herself to be “open-minded,” drawing inspiration from a Native American belief system. She dropped out of school during her junior year of high school but went on to complete a GED and to attend some college courses. She is of lower socioeconomic status and currently volunteers and accepts speaking engagements while searching for steady employment. She has experienced a myriad of traumas and upheavals throughout her life, beginning as a child.

(Dys)Function

Arica was born and raised in a large, urban setting in the Midwest. As we spoke about her upbringing, she reflected upon her history as a child and adolescent growing up in poverty and navigating life immersed in violence and substance abuse. The youngest of four children, she spoke of a brother who was 11 years older, a sister who was 9 years older and another brother who was 5 years older than she. She expressed that both of their biological parents were alcoholics and home life included physical abuse perpetrated against the children by their

parents. Her parents divorced when she was 4 years old. Arica additionally discussed sexual abuse perpetrated against her by a neighbor when she was 5 years old, along with other sexual assaults, none of which resulted in recourse.

Arica's biological father was a master carpenter who worked for what was described as a "good company." His alcoholism was a detriment to his employment, however, according to Arica, and often led to his getting into trouble at work. After her parents divorced, Arica would still visit him occasionally but primarily lived with her mother and siblings.

Arica described a home environment lacking parental discipline, suggesting her mother had much difficulty maintaining behavioral control among the children. She opined, "We basically did what we wanted to do." She added that her mother did not have much by way of financial security and that they utilized government programs to subsidize their means. She stated her mother received little child support from the children's father, leading to her mother bootlegging liquor to sell for extra money. She expressed, "My family didn't have money and stuff. It was just . . . we hustled. We all hustled. We'd deal whatever we'd get." In a display of empathy, Arica acknowledged:

My mom, she tried to do the best she could. She grew up in a terrible environment. I think she grew up back in the thirties and all that, so, you know what, I can't even imagine what trauma she suffered.

In addition to her parents, Arica and her siblings also fell into alcohol and drug use involving cocaine, crack, various prescription pills, and lysergic acid diethylamide (LSD) as well as other types of criminal behavior at a young age. At 7 years old, Arica was placed in a group home reportedly due to behavioral issues such as stealing and uncontrolled anger which was described as a blind rage. She expressed the situation did not work well, as she felt like no one was

really there to care for her. She spoke about being in and out of group homes and foster care between the ages of 7 and 14, describing it as “A hard situation for me growing up.”

Arica harbored an early interest in wearing female clothing at age 7 and described trying on girls’ clothes in the store when shopping with her mother. She said, “It felt right in a bad sort of way” and kept her wardrobe preferences hidden from others for many years. Wearing female clothing felt comfortable for Arica and she had wished as a young child that she could wear the clothes she liked on a regular basis. She expressed her childhood hesitance by iterating that she “knew [she] couldn’t do that” and acknowledging her ongoing internal conflict between her desire to dress in feminine attire and her struggle to navigate condemnatory societal norms.

Arica resided with a foster family in another part of the city in which she was raised for approximately 3 or 4 years. The family was described as “A pretty good foster family [who lived in] a nice neighborhood.” They had a daughter who was about 4 years old when Arica arrived to stay with them. Her foster father was a mailman and her foster mother was a stay-at-home mom. Arica expressed that she did not understand why they wanted to be foster parents as “There wasn’t no tender, loving, sympathetic care” conveyed by the foster family. On her 14th birthday, Arica stole money from the family and ran away by bus to another state several thousand miles away. Once she reached her destination, she briefly became entangled with some other adolescents who may have been involved with a gang. She explained they were part of the criminal element and she spent approximately one week with them before moving back home with her biological family rather than being placed back into the foster home from which she ran.

When Arica returned to her home state, she again resided with her mother and siblings, sharing a room with her older brother. By this time, both parents were remarried. Home life involved ongoing alcohol and substance use among her mother, her siblings, and herself. She

spoke about her mother purchasing liquor for her adolescent children to drink at parties they would host in their home. Arica acknowledged, “Our house was dysfunctional. Terribly dysfunctional.” As an adolescent, Arica attended the parties her siblings would host and recalled her drink of choice was rum and Coke at the time.

She referred to herself as having “always been a loner” and referred to ongoing drug abuse and becoming a “pothead” at school. Acid, particularly “microdots and windowpane” was also often consumed. Arica had a reputation for frequently getting into trouble and the other kids at school tended to avoid Arica with the exception of a few who did not mind her troublesome conduct. During this period, she discovered a girlfriend had been unfaithful through her acquisition of gonorrhea. At the age of fourteen, Arica began experimenting with bi-curiosity and prostitution.

Arica experienced continued emotional difficulty around who she was as a person and her expression of her gender. Throughout her teen years, she often felt “jealous and envious of these girls wearing these things and doing this and doing that and I can’t do that stuff because of my environment and the people I’m around are not going to accept it.” Of this situation she stated, “It was always killing me... It was always there in my head.” During this stage in her life, she attempted at times to express herself as a female but was intensely aware that someone might “beat [her] face in and pull a gun on [her] and threaten [her] because these [were] some terrible guys that [she] hung out with.”

Arica acknowledged she was uncomfortable with the idea of coming out and was understandably concerned about what might happen to her or what people might think of her. She was worried about her peers who engaged in criminal behavior and knew they participated in violent behavior involving weapons such as guns and knives. She remained keenly aware that

her cohort could “get pissed off and say, ‘the fuckin’ faggot’ and this and that” or attack her in some way if she informed anyone of her gender difference. It seemed impossible to find someone safe in whom to confide.

Arica spoke of her early twenties and reported staying with her sister in another large city for approximately a year and a half where her sister worked as a prostitute. Her sister had reportedly been a prostitute “all her life” and was tutoring Arica on her involvement in sex work as well. Arica reported she learned many things about the vocation by spending time with a number of other prostitutes and pimps as well as female escorts and masseuses. She reported her sister worked in an establishment that involved dungeons and “all kinds of stuff.” Arica continued to experiment with her sexual comportment and accepted that she was able to earn money through her endeavors as a sex worker. She had learned that it was relatively effortless to find patrons at clubs in the city. She did not specify whether or not she was presenting as a female at this point.

Despite a formerly amicable relationship with her sister, Arica quit speaking to her in approximately 2002. Her sister had reported her for criminal activity in which Arica had engaged, leading to her arrest and incarceration. Arica’s sister had attempted to contact her, but she refused to allow any contact. Her sister passed away in approximately 2013, cause unknown. Arica did not attend her sister’s funeral.

Arica was married in 1997 to a woman who was described as the opposite of Arica. She was depicted as honest and earned her money working in a bank. They lived in a house in which both had invested and raised their two sons, (stepsons to Arica), together until their divorce eight or 9 years later while Arica was doing a 12-year stint in prison for Armed Robbery. Arica stated

she and her ex-wife have remained friends and there was a period when her ex-wife wanted to get married again. Arica opted not to remarry.

In 2015, Arica “finally had enough and came out and said [she was] going to be [her] true, authentic self.” This decision was a key component of her reasoning for not remarrying. She expressed, “I’m not really that person anymore. I’m *Arica. ‘Cause this is the life I’m livin’. I’m being my true, authentic self. I’m not that other person ‘cause I wasn’t really being who I am. That’s not in me anymore.”

In dealing with the penal system, primarily the court and prison settings, Arica experienced prejudicial and culturally antagonistic gestures among legal and correctional representatives. Arica spoke about the judge referring to her by her former surname, or “dead last name,” while simultaneously acknowledging her status as transgender. She said, “The judge referred to me as Mrs. [Arica] my last name. My dead last name.” She expressed she was not upset by this microaggression, but, instead, thought it was “funny” and was “impressed with that ‘cause, I mean, it showed that the judge changed their attitude a little bit [from previously not acknowledging her being transgender].”

While incarcerated in a men’s maximum security prison, Arica visited with a therapist and informed them that she was transgender. She opined that she was no longer the person she used to be. “I told the therapist, ‘listen, I’m transgender and my file says I’m a career offender, and I’m a hard criminal. I’m not this person no more . . . this person . . . I came out. I’m asking for your help.” According to Arica, she did not receive the assistance she was expecting per the prison’s transgender policy. She stated, “They said they were going to help me, but they never did, so. It didn’t work out like that.”

As of 2017, Arica had attempted to express herself as a female while incarcerated but experienced barriers such as being placed in segregation. She was sent to segregation for anywhere from 5 to 12 days at a time. Once out of segregation, she began visiting the law library. She had been placed on restriction and was not allowed to have a job while in the prison. Her legal research led her to filing a civil suit against the prison. While constructing her case, she worked with legal associates who were instrumental to her cause and sensitive to her cultural considerations. Of her legal associates she stated, “They really just put their hearts into trying to help me while I was in prison, trying to get me my hormones and this and that.”

Her interactions with correctional officers reportedly included harassment involving frequent strip searches “and a bunch of other stuff.” She opined:

They would just come by my cell make me and my cellie get out or strip search us or search our cell for no reason at all. And none of us did anything illegal in our cells or anything like that . . . Sometimes the phone calls would get messed up.

They got control over the phone systems and things like that.

Arica also described officers making visits with outsiders difficult by causing problems for her visitors when they checked in or out of the prison. She informed the warden of the maltreatment and exploitation she experienced, but the warden was unsympathetic to her plight.

She found she was able to get along well with the other inmates. Arica attributes this to her criminal history and reputation. Of her peer relationships, she stated:

I didn’t have no problems. The reason was ‘cause my past. Nobody messed with me because of my past. That’s what they told me. They told me, “We know. We know who you are.” That’s all there is to it. It’s cool.

Prison days involved playing cards with the other inmates and helping them with legal issues when not segregated from them. Although Arica had made the decision to come out as transgender while in prison, she did not speak openly about it with her cell mates. They were aware she was conducting legal work but were not informed about what it was for. Other inmates were aware of her gender status but did not appear to have a problem with her.

While Arica did not experience difficulty with other inmates based on her gender, she was aware of other transgender women who faced abuse and exploitation from other inmates in the facilities in which she had been incarcerated. She acknowledged other transgender women were being forced into sexual situations and being assaulted by other inmates. She said, “There was a lot of stuff that was going on. I seen a lot of stuff. You see things going on that I shouldn’t have never seen.” Per her description of events, correctional officers had a tendency to ignore the attacks and remain uninvolved, allowing further assault upon the other transgender women in the facilities.

Arica’s experience socially as a transgender female outside of the prison environment has been mostly positive from her perspective. She has received assistance and acceptance from the community in various ways and has worked to change policy within the prison system in her home state. She proudly spoke about working to change policy around inmates starting hormones while incarcerated in one of the prisons though it was previously the rule that an inmate could not begin hormones if they were not taking them before they were incarcerated.

Arica reported that both of her parents and her two oldest siblings have all passed away, one or more of their deaths possibly involving cancer. She spoke of her younger brother who remains alive and stated he “grew up in the street” as she did but did not spend as much time in prison as Arica has. She reported that she has not seen him in a very long time as she stopped

talking with him in 2012 due to overwhelming life issues. She began speaking with him recently, within the past few months, but feels wary:

Every time I start being nice to him, he does something bad, so I told him, I said “I’m not going to play these games with you.” I said, “I’m going through some stuff so I’m telling you now, I’m not gonna do it. I see you, you wanna talk for a couple minutes, that’s cool.”

Arica said her brother continues to use drugs on a daily basis, indicating she prefers not to be near that situation.

Arica discussed her oldest (step) brother, reporting she had never met his biological father. She spoke about his being gay and hiding his sexual orientation his whole life. Arica was not aware of this until later in life and had wanted to converse with him about her own gender and sexual orientation but never had the opportunity. She stated, “You know I ended up going to prison one too many times and he ended up passing away, that’s all I know. Yeah, he was pretty private about his life and stuff.”

Looking back, Arica also recalled positive experiences with her stepsiblings who were born of her stepmother. She currently socializes with her three stepsisters and their children and grandchildren. She expressed great fondness for her stepfamily and reported she feels a connection and relationship that she did not experience with her biological family. She stated, “I got nieces and nephews and sister in laws who are more family to me than my actual family ever has been in my entire life.” Her stepmother passed away in November of 2019 at the age of 82. Arica said about her, “She was the best woman. She knew she was gonna pass and I was the last one she talked to, so it was pretty cool.”

Arica expressed that she experiences some regret around not coming out as transgender sooner in her life but has decided it was not meant to happen at an earlier time. She voiced, “I feel blessed to finally come out and be who I am.” She is hopeful for the future and grateful for the increase in acceptance of transgender individuals in the general community. She expressed, “I like how things are these days, you know, the younger generation can come out here and express themselves and be who they really are early.”

One issue that Arica finds troublesome is securing housing. She has experienced homelessness on various occasions throughout her life and has had difficulty renting a place to live due to her criminal history. She currently resides in an apartment with two female roommates. Due to the landlord indicating concerns about Arica residing there, she assured him she has been actively changing her life for the positive and would be a responsible tenant. Per Arica, she had a discussion with the landlord about her situation and was able to persuade him to allow her to reside in the apartment with the help of her roommates. Regarding her openness for discussion of her life history and experiences, Arica smiled and reported, “I got no more shame in my game anymore in my life. Trust me. There’s not much they can do that ain’t been done.”

Survival

Arica faced a number of life challenges from her early years on. She experienced several forms of trauma over the course of her life including poverty, physical and sexual abuse, domestic violence, and substance abuse within the home. Given the complexity of Arica’s troubled upbringing, coping with the emotional upheaval was no small task. Arica shared further about the abuse she experienced as a child and the undeniable consequences resulting from it including mental health issues and suicide attempts.

Arica discussed her parents' divorce, recalling the reason being that her father used to physically abuse her family regularly. He also struggled with alcoholism, which led to frequent arrests when he was drinking. She was uncertain whether or not her mother drank heavily when she was a child but shared that she had once read in some medical papers that she suffered from "organic brain syndrome" and thought there may be a pertinent history of fetal alcohol syndrome.

Regarding her abuse history, Arica opined that she would get hit in the stomach and suffered memory problems resulting from physical abuse. She learned from her older siblings that "you had to be tough. And if you didn't watch yourself, you'd get robbed or beat up." Arica denied having been sexually abused by any family members, but she revealed she was molested by a neighbor when she was 5 years old. It was not reported to anyone at the time. After being removed from her home and being placed in group homes, she experienced further molestation which was also never reported to authorities. She stated, "I have a lot of sexual abuse issues."

Throughout her life, she found it difficult to express, in a healthy manner, the frustration, fear, and anger she felt based on the mental/emotional abuse she experienced in addition to the physical and sexual abuse she withstood at the hands of family and community members. Instead, she often resorted to lashing out at others when experiencing difficult emotions. She stated, "I was suffering within myself as it was that I just wouldn't even talk about none of this stuff. I used to just burst out and start fighting." As a child, Arica was prescribed Ritalin to, as she put it, "keep [her] calm." She acknowledged attempts to hurt people and blacking out when enraged over something. She stated, "I was really uncontrollable." She recalled being told she had chased people with knives as a child but would not remember her actions due to being in a "blackout stage."

At age 7, Arica began smoking marijuana, which reportedly helped her to quell her anger and her tendencies to act out violently toward others. She discussed previous attempts to complete suicide, acknowledging a fixation with guns that developed strongly around the age of 14. She stated:

I love guns. I've been messing around with guns all my little life. When I'd get depressed and crazy, at night I'd suck on the barrel of the fucking gun, and I wouldn't remember sometimes 'cause of the fucking alcohol. And somebody would say, "you know I had to take a gun away from you last night?" I said, "What are you talking about?" "Yeah you had it in your mouth. You had it in your mouth, you were playing around with it in there. I took it away from you. I put over here in this closet. Go look." And I'd go look in there and say, "wow."

As an adult, Arica acknowledged she still gets angry and feels as though she loses control, failing to think clearly. In these moments, "outbursts" such as road rage may occur. She has been prescribed various medications over the years that did not produce the results for which she had hoped. She did not find them to be helpful in moments of anger or rage. She gave the pills back to the doctors and let them know she did not like them or want them. They reportedly replied, "'but you need to do something.' I said, 'I need to get some weed.'" Consequently, Arica is medically approved for cannabis. She was diagnosed with posttraumatic stress disorder (PTSD) based on childhood trauma. In addition to medicinal cannabis, Arica utilizes CBD oil and a mixture of other oils and THC for chronic pain that she was prescribed by her doctor.

Arica expressed finding value in talking with a mental health provider about her traumatic past as well as her gender identity. She appreciates the importance of not holding traumatic memories and the corresponding thoughts and feelings as it is not healthy in her

estimation. While incarcerated, she took it upon herself to read self-help books and to begin the treatment process. With regard to seeing a therapist she said, “I had to talk about it . . . I had to be who I am. Otherwise I was just going to self-destruct and commit suicide ‘cause I already attempted suicide previously.” She continued, “I suffer from gender dysphoria, you know, I have suicidal ideation, you know, I deal with this stuff each and every day.” During the interview, she denied current suicidal ideation or intention. In addition to her therapist, she has also visited with a sexual abuse advocate. She suggested, “Being open and honest is very helpful and it’s helped me change my behaviors and the way I think about some issues and it’s helped me better my life so far. And it’s ongoing to this day.”

Having endured physical characteristics that do not correlate with her gender identity for a number of decades, Arica has finally been approved for top surgery. She started taking hormones and was in the process of preparing for breast surgery as the interview was taking place. Though she expressed interest in moving forward with bottom surgery as well, she has been confronted with barriers to the process. She explained, “I had already tried to do the bottom surgery, but there were complications with my healthcare provider, so . . . I don’t think it’s gonna happen. It’s beyond my control.”

Choices (or Lack Thereof)

Arica has survived a number of tragic circumstances throughout her life. She endured an array of abuse from a young age while witnessing violent acts against family and community, managed a life of poverty, and struggled to find a suitable way to express her gender identity so as to be true to herself without attracting unnecessary harm from callous others. Negotiating the variety of traumas and extraordinary situations of her life required a great deal of strategic coping. Based on her environment and upbringing, the methods of coping she utilized to mute

the cacophony of emotional turmoil she experienced often fell short of what most would consider healthy. From substance abuse to the commitment of criminal acts, Arica survived using the knowledge and skills that had been introduced to her as a child.

Arica began smoking marijuana at the very young age of seven. She also began stealing and “doing a lot of theft related crimes” such as burglaries. Referring to her peers, she stated:

They pushed me through some windows to unlock some doors to a few houses for a burglary . . . I’d find guns in them homes. Pistols, revolvers, you know . . . And at a young age, I was this weird gun fanatic. And I kept a pistol on me, and I used to hang around the older dudes and they used to know not to fuck with me.

She began drinking alcohol at the age of 14, referring to herself as being an alcoholic by the age of 16:

I was getting them liters, I was drinking these things, I was a sick little young alcoholic. And my mom . . . my mom would buy my liquor at the liquor store if I had my money . . . I was getting it anyways [and] she would drink with me.

In addition to alcohol and marijuana use, Arica engaged in the use of crack cocaine beginning at the age of sixteen. She also shared that she had used meth between the ages of sixteen through eighteen.

Arica’s engagement in criminal behavior (possession of a 357 Magnum, possession of illicit substances, and robbery) and use of drugs and alcohol led to the provision of punitive measures and she was placed in juvenile detention on several occasions. In 1981 or 1982, she was arrested at the age of 17. Though she was unclear which crime this arrest involved, she recalled that she was sentenced and certified as an adult. Arica reported, “It means that they

thought I was doing too much as a juvenile. And so they wanted to make an example of me, so they certified me as an adult when I was seventeen and I [did] adult time.”

Throughout her teen years and early 20s, she engaged in prostitution. She lamented, “If I did need some money, I would go sell my body later when I was 18, 19, 20, 23, whatever.” She was never arrested for prostitution because, in her words, “I was really careful. I was scared that if I got caught and I was labeled that and I went to jail, I was gonna have some problems. I was really scared about that, you know?” In addition to selling her own body, she also prostituted other women. She indicated the other women were willing participants and were not forced into that life. Rather, Arica “just helped facilitate some things.”

By her mid-20s, Arica had reached the height of her alcohol abuse. She described her use as picking up a 20-pack of Colt 45 beer in the morning and a pint of rum. Her purchase was gone by the afternoon after she and a friend or family member consumed the entirety of its contents. “I was a terrible drinker. We would just go to a liquor store and go use drugs and stuff like that . . . I started drinking more and more and I was going to bars and after-hour parties.” She described drinking 80-proof rum on a regular basis, which lost its effect, leading her to habitually ingest 151 rum. This switch caused her to start vomiting blood. In addition to the alcohol, LSD and cocaine were under recurrent consumption. “I used to do a lot of these drugs. I mean, a terrible lot of drugs. I almost overdosed a few times.”

Arica was informed by her doctor that the drugs and alcohol were causing debilitating problems in her body to the point of internal bleeding:

I was drinking 80-proof. But the 80-proof wasn't getting me busted up no more, so then I was drinking 151 rum. So I started getting a real good taste for that and it was eating away at me inside my body.

The doctor gave Arica an ultimatum, suggesting that if she did not quit drinking, she would die. She decided to quit drinking at that point. She continued to use cocaine throughout the 80s and into the mid-90s, finally quitting in 1997. Also in 1997, Arica discovered she tested positive for hepatitis C. She reported, “I thought that was the most terrible thing and I thought I was gonna die.” She is currently grateful to have been treated and to be free of the disease.

During her period of extensive drug use, Arica also sold drugs such as marijuana and acid for extra cash. During the interview, she held up several sheets of paper explaining that the information contained was her criminal history. The rap sheet totaled 15 pages of arrests and convictions from adulthood, beginning from her first adult charge at age seventeen. It did not include her prior juvenile record. Arica disclosed that she has spent a total of 23 years in prison, the longest stretch being 18 years for third-degree arson and three counts of terroristic threats. “I was found guilty in court and the judge gave me 216 months. That 216 months is 18 years in prison.”

She shared information from her last conviction indicating she was well aware she could go back to prison at the time:

And me knowing I’m gonna get in trouble, I got caught with about four ounces of meth, a 9mm and about five boxes of bullets, three gun holsters, a whole bunch of marijuana, some edibles, some other items I don’t remember and pills and stuff. A couple scales, baggies and all that stuff . . . money. Yeah, they got all that stuff . I didn’t even try to fight it. It’s already a 10-year sentence for me, minimum. And then [I] plead guilty to a gun offense. I was really scared this last time because they caught me with a gun, I even had a bullet in the chamber, which makes it even more violent because all I had to do was squeeze. My bail was \$100,000.

In addition to her fear of being caught, Arica mentioned other nerve-wracking incidents resulting from her criminal behavior. “I’ve been in some terrible situations where I’ve almost been killed . . . It was just, you know, a robbery-type situation and, man, they were trying to kill me.”

As previously mentioned, Arica’s family has also been extensively involved in criminal activity. She spoke about a nephew and stated she had entered a vehicle that, unbeknownst to her, he had stolen. Arica was arrested in the vehicle. She shared the following story about being in a stolen car with her nephew:

I was with one of my nephews. He’s in his 20s and he thinks he knows it all, and he’s in another stolen vehicle, and I’m in the vehicle with him, and I don’t want to get into trouble. I’m trying to stay out of trouble. So now he’s got me in this stolen vehicle, and he starts getting chased by the police . . . He swerved to get away from the police like race car people do, [after which they nicknamed the vehicle move that became well-known in their neighborhood]. That happened a couple years ago. I think it was in 2015.

Arica had been released from prison in 2017 but continued to engage in her former career of dealing drugs:

The day I got out, by the next day, some guy came around and gave me a pound of meth and they said, “here ya go, here’s a car, here’s some drugs, go make some money.” ‘Cause that’s what I do. I went and I started selling a lot of meth, and then I got caught [in] 2018 and I ended up in jail.

She is currently on probation.

Arica reported quitting her use of drugs this last time she was arrested. She acknowledged she occasionally has a social drink and no longer feels like she needs to drink

daily. During the interview, she asked if she could vape and pulled out a vaping device. As she utilized the apparatus, she spoke about participating in treatment for drugs and alcohol and recognizing the toll her use has taken on her life and relationships:

I never forget none of it. I don't. So, I try and be careful what I do. I know what triggers me and stuff, you know what I mean? I've had so much stuff and I've lost it to drugs and alcohol. My drugs and alcohol [were] what wrecked [my marriage] and everything else, really. [I was] trying to hide from the experiences that were happening around me, my emotional state and whatever . . . Yeah, I just wanted to escape if I could.

Perseverance

Throughout her life, Arica has had to find ways to maintain basic safety and security measures such as food and shelter. With a history of severe trauma leading to mental health issues, substance abuse, legal problems, and relational difficulties in addition to navigating societal criticism around transgender issues, Arica had to remain vigilant in her quest for survival. Pursuing viable educational and vocational opportunities proved to be difficult given her precarious situation.

As a child, stealing seemed to be the most adequate means of obtaining needs and wants. This way of acquiring money and other desirables such as drugs and alcohol led to inevitable consequences of out-of-home placements and other punishments. As Arica attended elementary school, she struggled with homework and often was unable to complete it. Her grades declined as a result. Reading was particularly troublesome, and she spent time involved in extra courses. She acknowledged often being punished at school for not having her work done. She also

recalled she frequently brought some sort of weapon to school, though did not recall getting into trouble for it.

As an adolescent, Arica worked at a grocery store, bagging groceries and returning carts to the building. To supplement her income, she continued to engage in burglaries and prostitution:

I went and did burglary. And went back to work the next day. It was just terrible. It just didn't make no sense. I was a terrible kid. I would have a job and go and do burglaries and stuff.

Her academic career in high school was described as “non-existent.” She stated, “I got kicked out a lot and I ended up in group homes. So I went to school in institutions.” At 17 years old, she found herself without enough credits to graduate due to repeated moves and expulsions. Though she could have opted to give up and quit at that point, she chose to obtain a waiver to take a pretest for the GED. Despite failing the test approximately four times, she signed up again and finally passed the GED test in 1981, receiving a certificate for her effort.

As an adult, Arica expressed that she has historically most often done some sort of blue-collar type work. She spoke of holding jobs that allowed her to be part of a laborer's union:

I got trained into asbestos and lead removal. And so I used to do asbestos, lead, whatever. You know, if it was hazardous and we were licensed to do it, we would actually wear masks and get rid of everything.

She worked in this field for approximately five years, beginning in 1994, and has also worked as a painter. While incarcerated, she learned how to sew and “ran sewing shops for more than 5 years,” and learned to fix sewing machines.

At one point in her life, Arica leased a massage parlor for approximately two years. Business transactions were reportedly legal, though it was suggested there may have been a sexual component to the massage experience. Arica stated:

Nobody was ever forced to do anything. And massages are legal down there, but yeah and they used to do all kinds of different things. And I made sure that they were safe . . . If a pimp came down there with some girl and there was some shit going on that I didn't like, I wouldn't do it. You could take your girl and everything and go home. It's not happening here.

At this point in time, Arica would like to find employment working with people in human services. She is passionate about helping other people who may be going through similar situations as she has experienced. Due to her extensive criminal history, it has been difficult to find jobs in this field as background checks are completed. She lamented, "What if I try to go and get a job somewhere? What's going to happen? It's hard to get jobs. You gotta sell yourself into that job." She has also experienced some difficulty in her pursuit of a college degree:

I bought this laptop to go to college last year, but the college wouldn't let me graduate because of my criminal history so . . . they forced me to drop out. It was for community health worker and public speaking. I was getting As in all my stuff and I got halfway in, and they said they weren't gonna let me graduate because my criminal history is so extensive.

Despite vocational and educational difficulties, she recently worked in a women's shelter for several months. She spoke about her engagement in advocacy work with women, helping to provide clothing, food, shelter, and directing the shelter recipients to various programs such as chemical dependency and sexual abuse advocacy. She expressed that she enjoys assisting people

on the street by offering food or transportation. She displayed a business card she had made for herself and explained she does this as volunteer work. Ideally, she would be able to find consistent work in this area. In the meantime, she volunteers and provides transgender sensitivity trainings and such. Holding up a plaque for me to see, she shared that she won an award last year for her work in the transgender arena.

Achieving basic survival skills and pursuing educational and vocational fulfillment has been an ongoing concern for Arica since she was a child. Her instinct to persevere despite tremendous challenges displays an unwavering inner strength. In addition to her interests in helping others and volunteer work, she is strengthened by her involvement with the Native American community. Though she identifies as Caucasian, she has “Native American blood family” and enjoys being part of their community because that is where she feels at her best. She facilitates two-spirit groups within this community as well. While she was raised in the Christian religion, she practices Native American medicine as well. She stated, “I sage and I believe in Mother Earth and the sky and the air and stuff like that. But you know, I got my godly part about me too. I guess it just works both ways.”

Ecological Systems Comparison

Regarding the microsystem with which Arica interacted, including her immediate family, her neighborhood, her experiences in group homes and foster care, and her interactions within the education system, she learned early on that she had to be able to rely on herself, that others may not always be there in ways that nurture one’s growth. When her parents were together, she experienced physical and emotional abuse within the cloak of addiction. Her father leaving and having little contact with his children after the divorce from Arica’s mother when Arica was 4 years old attested to the unreliability and apathy of caregivers/authority figures. This theme was

further solidified as she moved from group home to group home feeling uncared for and, upon entering the foster care system, she concluded that her foster family did not care about her causing her to briefly run away to another state.

As Arica pointed out, discipline was not well enacted in the home and the four children behaved freely, predominantly absent of rules and regulations. It was learned that rules, laws, and consequences were of little importance. After her parents' divorce, the family lived in poverty and survived in some part by engaging in illegal activities such as bootlegging liquor and stealing from others. Additionally, her mother appeared to have become enmeshed with the children to some degree as they were allowed to drink alcohol and have parties in the home during their adolescent years while their mother participated.

The neighborhood in which Arica was raised was described as a socioeconomically poor area of the community. The other children in the neighborhood were often involved in criminal activities such as theft, robbery, and drugs, further demonstrating a way of life for Arica that was partially about survival and partially about entertainment and adventure. Additionally, having been molested by a neighbor at the age of five, and again while residing in group homes, she ascertained at a young age that adults outside of the home also could not be trusted with her care.

Within her school environment, Arica learned to be a "loner," finding that her frequent misbehavior led to her being avoided by the other children. She utilized marijuana and other drugs at school to compensate for the lack of peer socialization. The additional factor of being transgender heightened the stress felt in all of the abovementioned circumstances as there was really no one with whom to share her gender identification. The lack of support around her gender diversity was accompanied by the additional fear of rejection and social condemnation.

Regarding the mesosystem, as Arica's interpersonal experiences in various environments had a clear effect on the formation of her worldview, there was additional influence occurring between environments. The lack of structure and discipline at home wove into her interactions and experiences around her neighborhood. The time spent with other children/adolescents near her home was fraught with criminal activity, assault, and substance abuse, solidifying a common theme among home and 'hood.

This behavior persisted at school, where Arica continued to engage in defiant behavior and substance abuse. The structure provided at school was difficult for Arica to manage as she had not learned or incorporated the necessary skills to effectively move forward within a structured environment. Although increased structure was provided as she moved from various group homes to foster care, she inevitably returned home where old behaviors and a lack of discipline prevailed. Throughout these different environments, Arica maintained her distrust for authority figures, which resulted in ongoing rebellion.

An analysis of the exosystem level shows a connection between Arica's father's work life and the trouble experienced in the home during Arica's early years. Her father's addiction to alcohol caused her father to become dysfunctional in his work environment, leading to his frequently getting into trouble at his place of employment. The job stressors took a toll on her father that he brought home and often took out on the family. In addition to her father's vocational difficulties, he was reportedly arrested on several occasions leaving an early impression on Arica about the legal system.

After her parents' divorce, her mother experienced financial difficulty resulting in her use of government welfare and producing illegal alcohol to sell for additional compensation. To further exacerbate the situation, Arica's father provided very little by way of child support.

Poverty became a way of life early on as well as the use of criminal activity as a means of survival.

Considering the macrosystem, Arica's upbringing in a low socioeconomic area and her family receiving government assistance may have brought about stigmatization in addition to financial insecurity. Society in general tends to condemn those who own less than others and have difficulty procuring name-brand luxuries let alone not having the ability to afford basic needs. In addition to growing up poor, Arica faced the possibility of extreme stereotyping and bias as well as potential isolation and violence as a transgender individual. Even at the age of seven she was aware of the stigma around gender diversity, causing her to remain quiet about her gender identity and refrain from expressing herself as a female until the age of 52.

Laws pertaining to the LGBTQ community such as those regarding marriage were, up until recently, prejudiced, biased, and noninclusive in favor of heterosexual cisgender people. Additionally, rules and laws involving correctional facility mandates have traditionally been biased toward cisgender people, causing a clash between prison culture and transgender needs. For many years, Arica kept her true identity to herself in fear of hostility and aggression being directed towards her by others. One area in which Arica has experience positive development is through learning and implementing Native American cultural beliefs and activities bestowed upon her by her extended family. She has incorporated these beliefs and experiences into her life to create a more peaceful and tranquil existence for herself and others.

With respect to the chronosystem and influence over time, Arica experienced a life of violence and discord from early childhood through middle age adulthood. The lack of structure and discipline in her childhood home resulted in rebellious, and even criminal, behavior as she progressed through her life. Those early influences and resulting behaviors led to consequences

involving being sent away to group homes and foster care where she encountered an increase in structure and discipline. As an adolescent, Arica was tried as an adult for a robbery charge at which time she was convicted and sent to prison for the first time. Structure and discipline increased even further as did the violence and criminality representative of prison culture.

Her experiences and interactions over time had an effect on other relationships throughout her life. Her parents' divorce highlighted the perspective that marriage is not forever and that caregivers may leave and become estranged. The sexual assault in early childhood reinforced the idea that others cannot be trusted. Arica experienced other such strain in relationships over time from disputes and conflict with her siblings to problematic interactions with her former wife during their marriage. Learning to trust others seems to have become part of her process in more recent times, having participated in mental health therapy and counseling education.

Of note, Arica's values have shifted after many years of engaging in criminal activity and substance abuse. Whereas engaging in illegal pursuit of money and drugs had become a normal part of survival, Arica has reached a point in her life at which she does not wish to cause harm to others or herself any longer. She currently strives to help others who struggle with addiction and poverty and is working toward living a cleaner life without alcohol and some of the more intense drugs such as opioids and meth. Also, where the education process had been difficult for her as a child and adolescent, leading to her eventual dropping out of school, Arica managed to earn a GED as an adult and later attended college courses in pursuit of a counseling degree.

Lastly, Arica has been present throughout ongoing cultural changes with regard to the LGBTQ community. As a child and adolescent, she was hyperaware of the possibility that if she expressed her true gender identity, she may not be accepted by her family, friends, or community

and that the prospect of violent actions against her because of her gender identity was imminent. As she grew into adulthood and faced years of incarceration in the correctional system, she experienced bias and aggression toward transgender women while in prison, both with correctional staff and other inmates. Over the years, she worked hard to make changes to existing rules and laws regarding transgender inmates, finding satisfaction in assisting legal personnel in their mutual endeavors. She expressed joy that, through her work, there was resulting change of policy in one of the local prisons in her state.

While transgender individuals continue to face fateful, and often violent, adversity in our society, Arica's perspective of current affairs is that our society has reached a place of heightened acceptance for the LGBTQ community including transgender individuals. The changes she has witnessed over time have led her to feeling content with coming out as a transgender female and an increased comfort in expressing her true gender identity.

Chapter 5: Discussion

Arica is a divorced, 57-year-old, white, bisexual, transgender/two spirit female from a large midwestern city. She identifies as Christian, though it was noted that she also incorporates Native American beliefs and traditions into her spiritual arena. She was raised in a low socioeconomic environment rife with violence and substance abuse which paved a path for a lifelong journey through drugs and alcohol, crime, educational and vocational difficulties, and interpersonal challenges.

This analysis of the intersection between Arica's early home life challenges, academic struggles, legal issues, and interpersonal difficulties throughout her developmental stages provides a glance at some of the opposition that may be faced by transgender individuals who end up incarcerated at some point in their lives. Particularly of note is the difficulty of living as someone of a gender with which they do not identify. Feeling as though their gender must be kept hidden from others due to society's normative bias and aggressive tendencies toward those who are marginalized for their gender identity is a constant strain on one's intrapersonal and interpersonal relationships.

Discussion Summary

The central question of this study explored how incarcerated transgender women experience life and derive meaning in a correctional setting while coping with the situation both as incarcerated individuals and as members of a marginalized community. The story of Arica provided a wealth of pertinent and poignant information through the following subsequent questions. Regarding the unique challenges transgender women face in a correctional setting, Arica shared about her experiences with having a cellmate, interactions with other inmates, interactions with staff from correctional officers to the warden, and the day to day happenings

that punctuated her existence in a prison setting. Arica mentioned some experiences that appear to be common in the general population of prisoners as well such as working toward a GED, playing cards with the other inmates, and collecting research in the legal library. More specific to transgender women, Arica related that once she decided to come out as transgender in 2015 and to begin expressing herself as a female, she experienced segregation due to her gender identity on multiple occasions, requested transgender-specific care that was not allotted, and continued to feel concern about her cellmate's potential reaction to her circumstances. She also experienced some difficulty obtaining a job within the correctional facility once she began to express herself as female. Additionally, she talked about prison officials making things difficult for her visitors on occasion and believed it to be related to their bias against her gender identity.

Regarding the specific safety concerns encountered regularly by transgender inmates and how they are navigated within the correctional facility, Arica spoke about witnessing and hearing about other transgender women experiencing physical and sexual assault within the facility. She reported apathy among security personnel regarding these assaults and stated they often did nothing to respond. Arica reported that she, herself, had not experienced sexual assault within the prison setting, but attributed this to her reputation among the inmates. She was reportedly not someone people would want to upset.

Pertaining to the question of how transgender inmates cope with prison life, Arica spoke about taking a legal approach to certain circumstances. If a situation arose that she believed went against prison policy for transgender care or believed a policy/protocol to be unnecessarily punitive toward the transgender population, she conducted research in the legal library and contacted legal representatives to assist with her attempts to enact change. Coping with prison life as a transgender individual on a daily basis involved being mindful of others around her,

keeping busy by helping other inmates with their legal defenses, reading psychology and self-help books, and asserting herself to prison personnel regarding her needs and wants.

The support resources that were available to Arica as related in her story included mental health treatment providers, the legal library, educational services, vocational services, and the ability to contact legal representation. Upon discussing the mental and physical health issues that can arise in the correctional facility and how they are managed Arica opined that it could be difficult to obtain necessary hormones while in prison, even if someone had been prescribed them previously. Any transgender related surgery was not allowed while incarcerated as well. Additionally, Arica reported having some difficulty initially with the mental health personnel, because she had requested assistance with transgender information and resources and nothing was reportedly done to help her.

In terms of what led to Arica's incarceration from the perspective of the ecological systems model, considering the perspectives of both child and adult, Arica spoke of lifelong problems due to her experiencing physical and sexual abuse in and out of the home, substance abuse among family and peers, and illegal activity also among family and peers. It is noted that many of these experiences are not transgender specific and could likely contribute to the future incarceration of those who do not identify as transgender as well. Exacerbating these issues, however, was the perceived lack of support from family, peers, and the community around coming out as transgender in earlier years. While she learned to abuse substances in the home at an early age, the isolation and discomfort she felt for many years as a closeted transgender person contributed to the desire to use substances as a coping mechanism. Many of her arrests and convictions involved illegal substance possession or distribution. Burglaries and robberies in which she was involved contributed to her use of drugs and alcohol as well.

Finally, to answer the question of what happens to transgender women after incarceration as it relates to re-entering the community, obtaining housing and employment, and incorporating their incarceration into their current identity, Arica talked about having difficulty obtaining housing and employment due to her extensive criminal background. She acknowledged her difficulty with job and housing searches has culminated in homelessness on more than one occasion. She talked about attempting to attend school to earn a degree in counseling only to be prohibited from completing the program because of her history. Her interest in helping others has kept her focused on providing assistance to shelters and participating in speaking engagements to promote awareness in the community. Arica has had to rely on her ability to engage people and persuade them to give her an opportunity to show she can be a suitable employee, volunteer, or tenant.

Interpretation of Findings

In a number of ways, Arica's life experiences converge with previous research findings. For instance, Arica noted being concerned from an early age that expressing her true gender identity may lead to violent reactions from others, which Cashore and Tuason, (2009) suggested as being a form of existence denial and discrimination. Subsequently, the use of substances to cope with the emotional upheaval that can arise from concerns related to identifying as transgender coincides with research conducted by White Hughto et al. (2018). Arica had been using illicit substances from the time she was a young child.

With regard to a history of abuse, Arica's experience corresponds with previous research involving transgender inmates, particularly with sexual abuse and the correlation with sex work. Arica had spoken about having been molested by a neighbor at the age of five and subsequently being sexually assaulted in group homes as a child and adolescent. Per Stohr (2015), there is a

significant link between sexual abuse and sex work prior to incarceration. Additionally, homelessness falls alongside these issues, which Arica has endorsed.

Within the correctional environment, Arica was placed in a men's facility, per her assigned gender at birth, as is the norm for transgender individuals. Segregation was reportedly utilized as a means of keeping her isolated from the general population, which can be a common tactic among prisons. This issue created a problematic situation in which she had limited access to rehabilitation programs and other pursuits (Stohr, 2015).

Regarding the prison healthcare situation, Arica acknowledged the lack of specialized transgender care such as hormone therapy and surgical options as researched by White Hughto et al. (2018). Policies were restrictive and created barriers even for those already receiving such treatment outside of the prison setting according to Arica. As discussed by Arica during her interview, she played an instrumental role in creating policy change regarding hormone treatment in one of the prisons in the state in which she resides.

Arica also alluded to experiencing a lack of adequate mental health care in the prison system. Having been diagnosed with Gender Dysphoria, regardless of how the diagnosis is interpreted by the mental health community, it would seem Arica could have qualified for mental health treatment in addition to medical treatment based on her diagnosis alone. Exacerbating the issue of medical maltreatment of transgender inmates, this population experiences an increase in mental health issues such as depression and anxiety due to the lack of sufficient health care. The increase in intensity can lead to behavioral concerns including suicide attempts and/or self-castration (Halbach, 2016).

One area in which Arica's story seems to diverge from previous research is her interactions and relationships with other inmates. While she acknowledged having an awareness

of other transgender women being sexually assaulted within the prison setting, she did not have the same type of trouble with the cisgender inmates. Purportedly, her longstanding reputation in the correctional system preempted any violence directed toward her by the other inmates.

Implications of Findings

The findings of this study suggest the ongoing plight of transgender individuals not only incarcerated in the correctional system, but throughout the community as well. Within each level of the Ecological Systems Model there is evidence of potential discrimination, abuse, and maladaptive coping styles that may occur dependent on an individual's personal experiences. Within the microsystem, individuals learn from an early age how their gender identity may be perceived by caregivers through attitudes displayed and behaviors enacted toward others who express their gender as different from their assigned gender. Potentially exacerbating this scenario is the intersection with other identities such as race, ethnicity, socioeconomic status, disability, sexual orientation, immigration status, and religious/spiritual background to name a few. In terms of activity leading to eventual incarceration, abuse and neglect as well as substance abuse can play a part in the development of someone who may eventually become incarcerated. At the mesosystem level, the various areas of the microsystem collide with each other to form continuity among different environments. Learned beliefs and behaviors around gender issues translate between environments such as home, school, work, and the social arena.

Considering the exosystem, indirect influences on an individual connect with learned beliefs and behavior around gender and other issues to create impressions of a world outside of one's primary environment. These impressions may be positive or negative and serve to promote an understanding of systems beyond those that are primary such as the legal system and the socioeconomic system. The macrosystem provides interaction with cultural norms within a

society, introducing one to what is socially acceptable and what is socially objectionable. This system solidifies both healthy and unhealthy cultural standards with which an individual must manage, keeping basic safety and security in mind. Finally, the chronosystem shows how an individual develops through each of these areas over time. As mentioned above, for many transgender people, abuse, discrimination and maladaptive coping strategies due to a lack of mitigating resources and privileges can be found on each level of this ecosystem highlighting a need for increased social justice reform.

Additional implications of this study suggest improvements could be made to the design and methodology, much of what will be explained in the limitations section. Some of these improvements involve changes to the process of data analysis as well as the recruitment and interviewing procedures of participants. With regard to psychological practice in the field, much attention should be given with regard to transgender care both in and out of the prison system. Increased utilization of professional trainings for mental health and medical professionals as well as correctional employees are indicated. Additionally, the promotion of evidence based policy changes that strive to improve circumstances for transgender people in and out of the prison system could serve to protect those who are involved in the legal system as well as potentially prevent others from entering or returning to the legal system.

Limitations

While this study provided pertinent information about the full personal life of a transgender female who had been incarcerated, including interpersonal and intrapersonal experiences that led up to her imprisonment, there are areas of this study that could have provided more robust findings had there been alternative methods utilized. For example, initially, I had attempted to meet with transgender females who were current inmates of a

midwestern maximum security prison. Because they are considered a vulnerable population in the research arena, this was a very difficult task. A request was made to the prison IRB to go into the prison to interview current transgender female inmates about their experiences within the correctional system. My request was denied purportedly due to a lack of resources and, thus, I created a new proposal involving transgender females in the community who had been incarcerated at some point within the past 10 years. Had my initial request been accepted, I would have had the opportunity to interview inmates who were currently involved in the prison system and could speak to their immediate circumstances in the prison setting.

It was noted that the results of this study were limited in that there was only one participant whose story was collected and shared. Arica comes from a low socioeconomic situation in a midwestern urban setting. She experienced abuse and addiction from a very young age. Though she recognized as a child she identified as other than her assigned gender, she did not begin expressing herself as female until she was in her fifties. Culturally, this is not going to be the case for all transgender females, which makes it difficult to generalize the results of this study among all transgender females. There are many stories among transgender females who have been incarcerated. It should be surmised that while there could be similarities across their narratives, there are likely many differences as well. Much information could be gleaned from collecting additional interviews and perspectives on the lives of incarcerated transgender females.

Additionally, Arica experienced many adverse situations in her early life that are not gender-specific such as extreme family dysfunction and other interpersonal discord involving abuse, substance use, and illegal activities. It is speculated that this type of upbringing may in and of itself initiate a trajectory toward eventual incarceration regardless of gender identity. An

examination of the ratio of these adverse experiences in childhood that she may have in common with the general inmate population versus the ratio of experiences she endured related specifically to being transgender is beyond the scope of this study. Still, gathering data from participants whose lives culminated in incarceration more directly due to their gender identification may be beneficial to illustrate the difficulties experienced by transgender women even prior to incarceration.

As mentioned, limitations of this study include the number of participants interviewed. Much time and multiple efforts through a variety of resources was extended during the process of recruitment yet produced only one participant who met the criteria. It is speculated that part of the issue may have been due to the limited number of people who may have qualified for this study. Criteria required participants to be adult transgender females in the United States who have been incarcerated within the past 10 years.

Other possible barriers may have been the intensity of the in-depth, personal interviews that could potentially expose certain vulnerabilities that may have caused discomfort. It is possible the compensation offered of a drawing between participants for one hundred dollars was not motivation enough to participate in an interview. Additionally, due to the extreme marginalization of the transgender population and the potential threat of aggression and violence that exists, there may have been an issue of distrust around this study leading potential participants to be highly cautious.

While both in-person and online interviews were offered as possible data collection resources, no in-person interviews were conducted. The benefit to assessing someone in person includes more in-depth observation of non-verbal interactions and behaviors. Through the use of Zoom, some difficulties were experienced with the audio component, making small sections of

the interview imperceptible. As recruitment procedures were still occurring as the COVID 19 pandemic struck the United States, the in-person interviews were eliminated. This restructuring of the data collection process greatly limited the breadth of participant observation.

Also noted is the issue of the results being based solely on self-report measures. While there is no reason to suggest any of the interview material is untrue, it is reasonable to consider the possibility that information gleaned from the interview may not be entirely accurate due to such occurrences as memory lapses, reluctance to share certain specifics, and/or embellishment utilized to create a deceptive impression. Additionally, possible lapses in the participant's insight or faulty conclusions based on memories distorted by intoxication may have been a source of inaccuracy. Moreover, as mentioned previously, there were no current inmates involved, limiting the knowledge gained from current perspectives, leaving this researcher to collect information from past research and a somewhat recent but also somewhat historical context.

Finally, with regards to data analysis, the codes and themes were developed solely by me. Originally, the analysis portion of this study was to include an assistant researcher to improve validity measures. While I worked with an assistant during the initial phase of collecting materials for the literature review, I was unable to secure an assistant for the data analysis component of this project. Though the codes and themes relate directly to the information provided in the interview and appear to be suitably placed, it would have been beneficial for triangulation purposes to include another researcher in the process of data analysis.

Future Directions

Throughout this study, additional questions and issue have arisen that are beyond the scope of this project but would be valuable information to acquire for the purposes of further investigation. As previously mentioned, including interviews of current inmates would be helpful

to gain perspective on the most recent policies and procedures within the correctional system. There is little information about current transgender inmates at least partly due to the difficulty of gaining entrance to prisons for the purpose of conducting research. In addition to the inmates, a closer examination of prison personnel from various disciplines and their perception of policies and procedures as well as trainings and follow through of evidence based practices may provide helpful information regarding the treatment of transgender inmates.

Another avenue for further research in this area would be to focus on transgender men and their experiences in prisons intended for women. While there may be similar results in some areas, there may be enough contrast in specific circumstances such as healthcare issues and gender differences that it would be worth exploring. Then there is the issue of those who identify as non-binary or gender fluid. These individuals may have another unique perspective to offer regarding the experience of being incarcerated while identifying as other than gender binary.

In this study, I solely explored the prison system in the United States. Furthermore, with one participant, the results of this study were limited to midwestern prisons in one state. While there are likely similarities between correctional facilities throughout the United States, each state prison system may have different policies and procedures in place, affecting transgender inmates in various ways. Additionally, the prison inmates and personnel may be affected by nuanced cultural distinctions being from different parts of the United States. With this in mind, this research could expand to other countries to examine the lives of transgender/non-binary individuals in a variety of locations throughout other parts of the world.

Regarding research methods, there are approaches that may boost the validity of a study on this topic and construct a more robust presentation. These include in-person interviews as opposed to online interviews to enhance the component of behavioral observations, an increase

in the number of participants for a more diverse illustration of results, the addition of alternate methods for recruitment that may attract more participants, and the inclusion of a research assistant during the data analyzing phase for increased validity and support. The above considerations incorporated into additional research could provide a wealth of information pertaining to the treatment of transgender inmates. The information obtained from additional cultural perspectives and methodology could significantly enhance the social justice work of those in this arena.

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed.). Author.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Author.
- American Psychological Association. (2017). *Multicultural guidelines: An ecological approach to context, identity, and intersectionality*. <http://www.apa.org/about/policy/multicultural-guidelines.pdf>
- Cashore, C. & Tuason, T.G. (2009). Negotiating the binary: Identity and social justice for bisexual and transgender individuals. *Journal of Gay & Lesbian Social Services*. 21(4), 374-401. <https://doi.org/10.1080/10538720802498405>
- Clark, K.A., White Hughto, J.M., Pachankis, J.E. (2017). “What’s the right thing to do?” Correctional healthcare providers’ knowledge, attitudes and experiences caring for transgender inmates. *Social Science & Medicine*. 193, 80-89. <https://doi.org/10.1016/j.socscimed.2017.09.052> 0277-9536/
- Creswell, J.W. & Poth, C.N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). Sage Publications, Inc.
- Easton, K.L., McComish, J.F., & Greenberg, R. (2000). Avoiding common pitfalls in qualitative data collection and transcription. *Qualitative Health Research*. 10(5), 703-707.
- Endacott, R. (2008). Clinical research 4: Qualitative data collection and analysis. *International Emergency Nursing*. 16, 48-52. <https://doi.org/10.1016/j.aen.2006.12.002>

- Galupo, M.P. (2017). Researching while cisgender: Identity considerations for transgender research. *International Journal of Transgenderism*, 18(3), 241-242. <https://doi.org/10.1080/15532739.2017.1342503>
- Geist, C., Reynolds, M.M., Gaytan, M.S. (2017). Unfinished business: Disentangling sex, gender, and sexuality. *Sociology Compass*, <https://doi.org/10.1111/soc4.12470>.
- Goldberg, J.M. (2006). Training community-based clinicians in transgender care. *International Journal of Transgenderism*. 9(3/4), 219-231. https://doi.org/10.1300/J485v09n03_10
- Green, J., Willis, K., Hughes, E., Small, R., Welch, N., Gibbs, L., Daly, J. (2007). Generating best evidence from qualitative research: The role of data analysis. *Australian and New Zealand Journal of Public Health*. 31(6), 545-550. <https://doi.org/10.1111/j.1753-6405.2007.00141.x>.
- Halbach, S. (2016). Framing a narrative of discrimination under the eighth amendment in the context of transgender prisoner health care. *The Journal of Criminal Law & Criminology*. 105(2), 463-497. <http://psychnews.psychiatryonline.org/doi/full/10.1176%2Fappi.pn.2013.4a19>
- Law Writer. (2019). *Ohio laws and rules. Chapter 3101: Marriage*. <http://codes.ohio.gov/orc/3101>
- Lev, A.I. (2013). Gender dysphoria: Two steps forward, one step back. *Clinical Social Work Journal*. 41, 288-296. <https://doi.org/10.1007/s10615-013-0447-0>.
- National Alliance to End Homelessness. (2020). *Transgender homeless adults & unsheltered homelessness: what the data tell us*. <https://endhomelessness.org/resource/transgender-homeless-adults-unsheltered-homelessness-what-the-data-tell-us/>

- Onwuegbuzie, A.J., Collins, K.M.T., & Frels, R.K. (2013). Foreward: Using Bronfenbrenner's ecological systems theory to frame quantitative, qualitative, and mixed research. *International Journal of Multiple Research Approaches*. 7(1), 2-8.
<https://doi.org/10.5172/mra.2013.7.1.2>
- Peate, I. (2018). Transgender prisoners. *British Journal of Nursing*. 27(2), 73.
- Sevelius, J. & Jenness, V. (2017). Challenges and opportunities for gender-affirming healthcare for transgender women in prison. *International Journal of Prisoner Health*. 13(1), 32-40.
<https://doi.org/10.1108/IJPH-08-2016-0046>.
- Sexton, L. & Jenness, V. (2016). "We're like community": Collective identity and collective efficacy among transgender women in prisons for men. *Punishment & Society*. 18(5), 544-577. <https://doi.org/10.1177/1462474516642859>
- Sosin, K. (2020, February 26). Trans, imprisoned – and trapped. *NBC Universal*.
<https://www.nbcnews.com/feature/nbc-out/transgender-women-are-nearly-always-incarcerated-men-s-putting-many-n1142436>.
- Stohr, M.K. (2015) The hundred years' war: The etiology and status of assaults on transgender women in men's prisons. *Women & Criminal Justice*. 25(1-2), 120-129,
<https://doi.org/10.1080/08974454.2015.1026154>
- Sumner, J. & Sexton, L. (2016). Same difference: The "dilemma of difference" and the incarceration of transgender prisoners. *Law & Social Inquiry*. 41(3), 616-642.
- The Psychology Notes HQ. (2020). What is Bronfenbrenner's ecological systems theory?
<https://www.psychologynoteshq.com/bronfenbrenner-ecological-theory/>
- U.S. Department of Justice. (2014). *Responding to transgender victims of sexual assault*.
https://www.ovc.gov/pubs/forge/sexual_numbers.html

White Hughto, J.M., Clark, K.A., 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 Justice Prison Health. 14(2), 69-88. <https://doi.org/10.1108/IJPH-02-2017-0011>.

Wilson, M., Simpson, P.L., Butler, T.G., Richters, J., Yap, L. & Donovan, B. (2017). You're a

woman, a convenience, a cat, a poof, a thing, an idiot': Transgender women negotiating sexual experiences in men's prisons in Australia. *Sexualities*. 20(3) 380-402.

<https://doi.org/10.1177/1363460716652828>

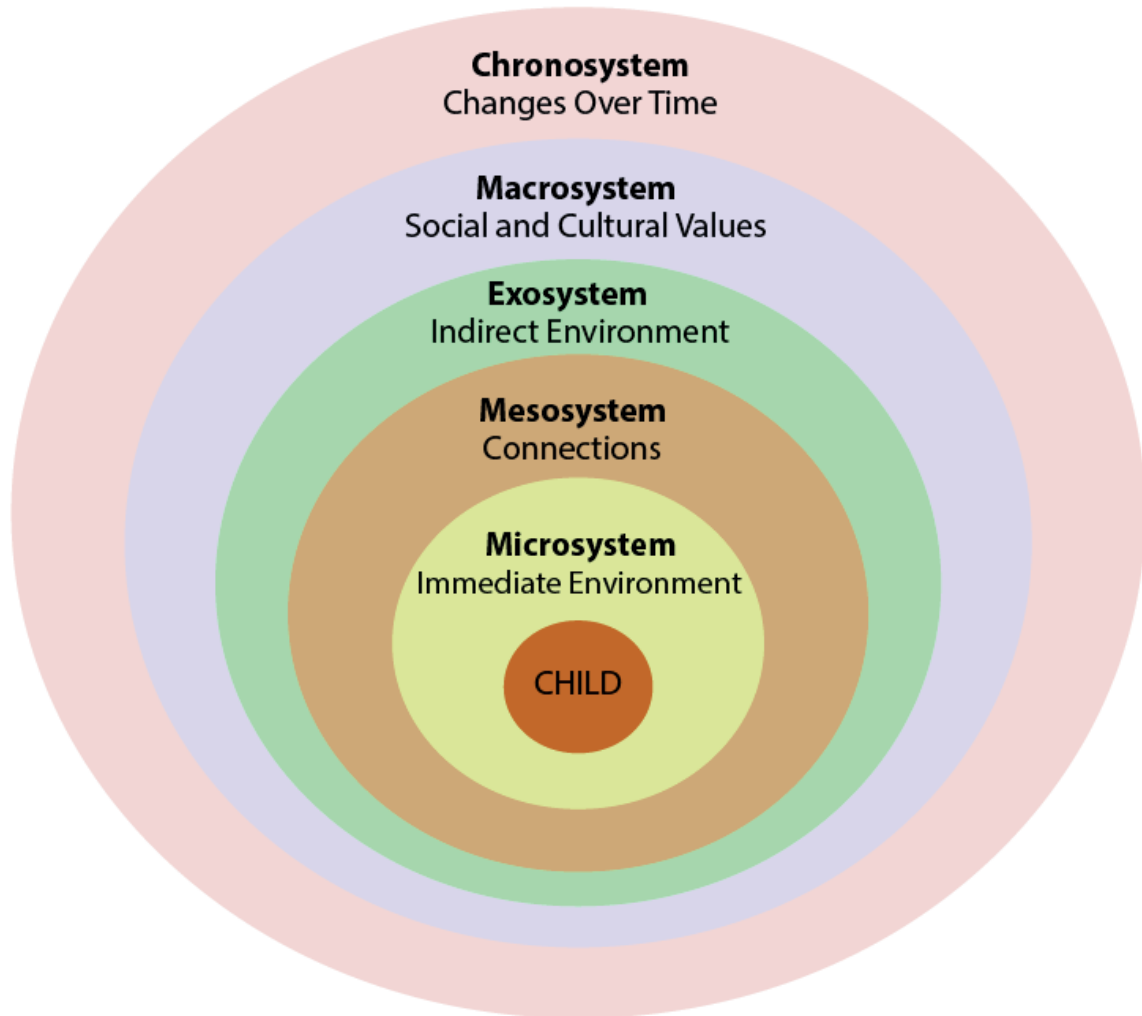
Appendix A

Figure and Table

Figure 1

Bronfenbrenner's Ecological Model

Bronfenbrenner's Ecological Systems Theory



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Table 2*Theme Matrix*

Theme	Code Name(s)	Definition	When to Use	When Not to Use	Example of a Segment of Text from Study
(Dys)Function	Separation, Abuse	Experiences of home life growing up with substance abuse, physical abuse, divorce, estrangement, etc...	Describe family life, foster care, sibling estrangement.	Specifics of trauma, participant's own substance abuse history, or running away – include under Survival.	“ My next brother, he's the only one who's alive right now. My other brother and sister passed away and my parents passed away.”
	Unaccepted/ Discarded, Coping	Discussion of general societal relationships and how the participant was shaped by these constructs.	Describe transgender issues, prison policies, school issues/friends, and marital relationship.	Medical/Mental health issues – include under Survival.	“ ...kids already knew I had some kind of reputation for getting in trouble and stuff, so you already had a mark on you. And they either... you'll find some who are gonna want to hang out with you regardless.”
Survival	Abuse, Neglect	Physical abuse, sexual abuse, and neglect experienced by the participant as well as other traumas.	Abuse/neglect at the hand of parents and neighbor, foster care, running away, and prison experiences.	Family or other social issues – Include in (Dys)Function.	“ And then my parents got divorced when I was young, 'cause uh, dad used to beat us all the time and got arrested when he drank.”
	Emotional Consequences, Coping	Diagnoses and participant's experience of medical and mental health issues.	Anger/rage issues, depression, Gender Dysphoria, etc... Include treatment.	Substance abuse details – Include in Choices (or Lack Thereof).	“I was suffering within myself as it was that I just wouldn't even talk about none of this stuff. I used to just

					burst out and start fighting.”
Choices (or Lack Thereof)	<p>Learned Behavior, Harm to Self and Others</p> <p>Addiction, Coping (Healthy and Unhealthy)</p>	<p>Learned criminal activity from family, legal consequences.</p> <p>Learning unhealthy use of substances from family and using drugs/alcohol to cope with traumatic circumstances, working to overcome addiction with treatment.</p>	<p>Describe legal situation throughout life span.</p> <p>Describe substance abuse throughout lifespan.</p>	<p>Family estrangement, parental divorce, trauma – include this under (Dys)Function.</p> <p>Volunteer work – include under Perseverance.</p> <p>Mental/medical health issues – include under Survival.</p>	<p>“ I went to juvie a few times and stuff like that for, like, minor stuff. They pushed me through some windows to unlock some doors to a few houses for a burglary type thing.”</p> <p>“ I started smoking marijuana when I was really young.”</p>
Perseverance	Survival, Coping	Surviving against odds and doing what is necessary to stay alive.	Describe educational and vocational challenges as well as healthy and unhealthy coping.	Substance abuse or legal issues – include under Choices (or Lack Thereof).	“ I went to elementary school and stuff like that. I’m never one to get homework done or whatever. I used to get low grades, um, that’s how it was. I used to struggle with some reading and some other stuff. So I used to have to take extra courses, as if I wasn’t getting into trouble at school.”

	Forward movement, Helping others	Rising up to meet challenges, share knowledge and provide assistance to others.	Describe overcoming odds – GED, college, policy changes, volunteer work, etc...	Working through trauma or family issues – include under (Dys)Function.	“ I go on the street to this day and I help people on the streets sometimes ... Sometimes I go and help people get some food. Maybe I take somebody to a doctor’s appointment or something like that, you know? ‘Cause they don’t have transportation to get to this other place.”
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Appendix B

Recruitment Announcement

Study Title: The Incarceration of Transgender Women: A Narrative Perspective of Life Before, During, and After Involvement with the Correctional System

My name is Mindy Siegert, and I am a doctoral student in the Clinical Psychology Psy.D. program at The Chicago School of Professional Psychology. I am currently conducting a study regarding transgender females who have been incarcerated in a correctional facility (ie., jail or prison). I am seeking participants who identify as transgender female, are 18 years old or older, have been incarcerated in jail or prison in the United States within the past 10 years, identified and expressed themselves as a transgender female while incarcerated, and are comfortable conversing in English.

Risk involved may include some emotional discomfort due to questions of a personal nature being asked. The risk of being identified by others as transgender, or having been previously incarcerated, may be minimally possible. You will not be forced or coerced to answer questions which you deem too uncomfortable to answer. You will be able to decline questions or discussion as you choose. Steps will be taken to ensure strict confidentiality.

The information learned from this study may benefit society in our understanding of how transgender individuals experience life in a correctional setting. It is hoped that this study will contribute to prison reforms that may promote a healthier environment for transgender prisoners.

If you are interested in participating, you will be asked to take part in an in-person or online interview with me that will last approximately two to three hours. Participants will be entered into a drawing for a \$100.00 Visa gift card. To learn more about the study and how to participate, visit <http://www.mindysiegert.wixsite.com/mysite>

This study is being completed as a partial requirement of the Clinical Psychology Psy.D. program. It was reviewed and approved by The Chicago School of Professional Psychology's Institutional Review Board on 10/15/19.

Thank you for your consideration,

Mindy Siegert

Appendix C**Screening Questions**

1. Do you identify as a transgender female?
2. Have you been incarcerated in a prison or jail in the United States within the past 10 years?
3. Did you identify and express yourself as a transgender female while incarcerated?
4. Are you comfortable with speaking English?
5. Are you 18 years old or older?
6. Are you available to meet for an in-person interview at an agreed upon location or via an online application such as Skype or Zoom?
7. Are you available to sit for a two to three hour interview session?

Appendix D

Consent Form

Investigators: Mindy Siegert

Study Title: The Incarceration of Transgender Women: A Narrative Perspective of Life Before, During, and After Involvement with the Correctional System

I am a student at The Chicago School of Professional Psychology. This study is being conducted as a part of my dissertation requirement for The Clinical Psychology program.

I am asking you to participate in a research study about the experience of transgender women who have been incarcerated. You will be asked to meet with me via Skype or Zoom, to participate in an interview. The interview will take approximately two to three hours. It is possible this may cause you to have some emotional discomfort. There is a minimal chance someone may identify you as transgender or as having been previously incarcerated. Although you will not directly benefit, it will help to understand the experience of incarcerated transgender individuals so that policies, procedures and treatment methods related to transgender care in prisons may be updated.

Please feel free to ask any questions before consenting to this interview.

Purpose: The purpose of this study is to explore the lives of transgender females who have been incarcerated. Much of the research available currently involves limited information gathered from transgender females who were previously incarcerated, specific primarily to their incarceration. This study involves obtaining narrative information from transgender females who were previously incarcerated in order to gain a deeper perspective of their experiences throughout their lives. This study seeks to gain information on the current life experience and history of transgender females who have been incarcerated and how they have been impacted by the corrections system.

Procedures: An in-depth individual interview lasting approximately two to three hours will take place through a telecommunications application such as Skype or Zoom. I will be asking about your family history, social history, medical/mental health history, legal history, substance abuse history, educational/vocational history, your experience as a transgender female, and your experiences during and after incarceration. Additional questions and discussion may come up during the interview. Once the information has been collected and examined, I will follow up with you to review the findings. The interview will be audio recorded. No identifying information will be recorded during this interview.

Compensation: Each participant will be entered into a drawing for a \$100.00 Visa gift card and the drawing will be conducted once all participants have been established. This gift card belongs to whomever receives it regardless of how much of the interview is completed.

Risks to Participants: Risk involved may include some emotional discomfort due to questions of a personal nature being asked. The risk of being identified by others as transgender, or having been previously incarcerated, may be minimally possible. You will not be forced or coerced to answer questions which you deem too uncomfortable to answer. You will be able to decline questions or discussion as you choose. Steps will be taken to ensure strict confidentiality. Interviews will be conducted through a telecommunication device such as Skype or Zoom. I will be in a private room separate from other people throughout the interview. Information collected from the interview will remain confidential. As it will be used as part of a dissertation, your name will be changed to maintain confidentiality. In an effort to minimize the risk of emotional discomfort, you will be provided with a list of psychological resources via e-mail prior to the beginning of the interview.

Benefits to Participants: The information learned from this study may benefit society in our understanding of how transgender individuals experience life in a correctional setting. It is hoped that this study will contribute to prison reforms that may promote a healthier environment for transgender prisoners.

Alternatives to Participation: Participation in this study is voluntary. You may withdraw from study participation at any time without any penalty. You have the right to stop the interview before it is completed at any time without consequences.

Confidentiality: During this study, information will be collected about you for the purpose of this research. This includes your name, e-mail address, telephone number, and information related to your biological, psychological, and social history. Identifying information will be kept separately from the interview information and will be destroyed once the study is completed. Information collected may involve family and other social history, medical and psychological history, educational and vocational history, legal history, and other information that may be related to these areas. Should your name be drawn as the recipient of the \$100.00 gift card, your address will be requested in order for you to receive it.

Zoom is considered to be compliant with HIPAA regulations, meaning the information discussed will be transmitted privately and confidentially between you and me. Should you choose Skype as an option for the interview, there may be a chance the information transmitted may be accessible to a third party as it is not considered HIPAA compliant. During the interview, I will be in a room by myself to ensure privacy and confidentiality. It is recommended that you choose a space where no one else can hear the information you provide for increased confidentiality.

Data collected by this researcher will be stored in a locked box accessible only to me for the duration of the research project. You will be assigned a different name and any information obtained through the interview process will not be identifiable as yours in the report to follow. Any data collected by audio recording will be immediately and permanently destroyed upon transcription. Other data collected by this researcher will be stored in a locked box accessible only to me for five years per the guidelines of The American Psychological Association. After five years, any other data collected, such as field notes, will be shredded. Results from this study will be posted on my website where you will be able to access them.

It is possible that your data may be used for future research or distributed to another researcher without your consent. However, information that could identify you will be removed. Any information disclosed about the abuse or neglect of a child or vulnerable adult will be reported to the appropriate authorities per legal and ethical guidelines. Should the potential for suicide be assessed as possible, you may be referred to an emergency room for further screening. I also have a duty to warn someone if any intentions of harm to them are revealed.

The research data may be reviewed by federal agencies whose responsibility is to protect human subjects participating in research, including the Office of Human Research Protections (OHRP) and by representatives from The Chicago School of Professional Psychology Institutional Review Board, a committee that oversees research.

Questions/Concerns: If you have questions related to the procedures described in this document please contact

Mindy Siegert, M.A., LMHC: Doctoral student
msiegert@ego.thechicagoschool.edu

Braden Berkey, Psy.D.: Associate Professor, Clinical Psy.D. Program
bberkey@thechicagoschool.edu

This research study has been approved by The Chicago School's Institutional Review Board (IRB), which is concerned with the protection of subjects in research projects. If you have questions concerning your rights as a participant in this study, you may reach the IRB office Monday-Friday by calling 312.467.2343 or writing:

Institutional Review Board,
The Chicago School of Professional Psychology,
325 N. Wells, Chicago, Illinois, 60654.
Consent to Participate in Research

Appendix E**Demographics**

Age (circle one)	\$115,000 +
18-25	Prefer not to answer
26-39	Sexual Orientation (circle one)
40-55	Heterosexual
56-69	Homosexual
70 +	Bisexual
Prefer not to answer	Pansexual
Gender (circle one)	Queer
Cisgender Female	Asexual
Cisgender Male	Other
Transgender Female	Prefer not to answer
Transgender Male	Religion (circle one)
Intersex	Christianity
Non-Binary/Genderqueer	Judaism
Gender Fluid	Hinduism
Two Spirit	Islam
Other	Buddhist
Prefer not to answer	Wiccan/Pagan
Race/Ethnicity (circle one)	Atheist
Black/African American	Agnostic
Hispanic/Latino	Other
Asian	Prefer not to answer
Native Hawaiian/Pacific Islander	Education Level (circle one)
Native American/Alaska Native	No high school diploma or G.E.D.
White/Caucasian	G.E.D.
Multi/Bi racial	High school diploma
Other	Some college
Prefer not to answer	College graduate
Socio Economic Status (circle one)	Master's degree
\$0 - \$15,000	Doctoral degree
\$16,000 - \$35,000	Some vocational training
\$36,000 - \$55,000	Vocational training completed
\$56,000 - \$75,000	Other
\$76,000 - \$95,000	Prefer not to answer
\$96,000 - \$115,000	

Appendix F

Interview Questions

1. Would you please tell me about your family history?
2. What can you tell me about your educational and vocational history?
3. Please tell me about your medical/mental health history.
4. I would like to hear about your legal history.
5. Please describe your substance abuse history, if applicable.
6. I would like to hear about your overall experience as a transgender female.
7. What can you tell me about your experience while incarcerated as a transgender female?
8. Please describe your experience after incarceration as a transgender female.
9. How would you describe your spiritual beliefs?
10. What are your interests and hobbies?

Appendix G

Psychological Resources

1. Center on Halstead
3656 N. Halstead St.
Chicago, IL 60613
Phone: 773.472.6469
2. Chicago Lakeshore Hospital – Valeo Pride Inpatient Programs
4840 N Marine Dr.
Chicago, IL 60640
Phone: 877.692.7477
3. Clarity Clinic:
<https://claritychi.com/chicago-lgbt-community-counseling/>
4. Compassionate Counseling:
1228 Wildflower Cir
Shorewood, Illinois 60404
Phone: 815.782.6870
5. Howard Brown Health Center:
4025 N. Sheridan Road
Chicago, IL 60613
Phone: 773.388.1600
6. IntraSpectrum Counseling
Downtown Chicago and Andersonville
Phone: 773.750.3505
7. Trans Lifeline:
Phone: 877.565.8860 (available 9am-3am CST)
8. 360Therapy:
Chicago, Mt. Prospect, and Highland Park
Phone: 847.650.1995
9. Trevor Project - Crisis Intervention and Suicide Prevention
Text: START to 678678
Phone (Hotline): 1 (866) 488-7386
Hours: 24/7/365

10. Outfront Minnesota

360 East 38t St. Suite 209

Minneapolis, MN 55409-1337

Phone: 1 (612) 822-0127

Helpline: 1 (800) 800 0350

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