

Reflections on Living Gender in Prison: A Phenomenological Inquiry

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Abstract

Gender Dysphoria was introduced as a new mental health diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) as of 2013 (American Psychiatric Association, 2013). As a result of this addition and the lack of attention to minoritized gender identities other than transgender, there is a paucity of data related to the lived experience of the broader category of *other than* cisgender inmates. An estimated 1.4 million transgender individuals in the United States and other than cisgender individuals make up between 25-35% of the transgender population (Herman et al., 2016; Webb et al., 2016). Additionally, 16% of gender minorities have reported spending time incarcerated as opposed to only 3% of the general population (Bourcicot & Woofert, 2016). Counselors should expect to work with other than cisgender clients with Gender Dysphoria, in a culturally competent manner, as issues of gender are viewed as universal (American Counseling Association, 2014; Dupkoski, 2012). I conducted a one-time, semi-structured interview with three formerly incarcerated individuals who identified as other than cisgender. The resulting primary themes dealt with issues of safety, human dignity, conformity to gender norms, intersecting gender identity and treatment, and experiences with law enforcement/facility staff. Based on participants' lived experiences and resulting themes I identified several implications to help counselors work in a more culturally competent manner, assist counselor educators in better preparing future counselors to work with this population, and inform future researchers looking to conduct studies within a correctional setting.

Keywords: Gender Dysphoria, prison, Ecological Systems Theory, other than cisgender

Table of Contents

Chapter One	1
Prison	6
Experience of Prison	8
Theoretical Framework.....	8
Definition of Gender-Related Terms	9
Gender in a System	12
Gender Dysphoria.....	13
Gender in Prison	13
Statement of Problem, Purpose of the Study, and Research Questions.....	14
Delimitations.....	16
Limitations.....	17
Organization of Study	18
Chapter Two: Literature Review.....	19
Prison	19
Brief History of American Prisons	19
The late 1790s–1870s.....	20
1870’s-1890’s.....	20
1890’s-1930’s.....	22
1930s-1960s.	24
1960s-1970s.	25
Late 1970s-Present Time.	25
The Experience of Prison	26
Ecological Systems Theory	28
Roles and Rules Within an Ecological System	30
Roles.	30
Rules.	32
Gender Identity	34
Essentialist Theory.....	34
Developmental Theories	35
Socialization Theory	36
Gender Dysphoria.....	37
Issues of Gender in the Prison Setting	40
Issues at the Microsystem Level	40
Issues at the Mesosystem Level.....	42
Issues at the Exosystem Level	43
Issues at the Macrosystem Level	44
Issue of Gender After Release from Incarceration	46
Summary.....	47
Chapter Three	48
Qualitative Research.....	48

Phenomenology	50
Philosophical Roots	50
Foundation and History	51
The Approach Relative to Research	52
Researcher Position, Possible Impact on Role, and Epistemological Assumptions..	54
Method	55
Participants.....	55
A Word About Demographics	57
Recruiting	58
Pre-Screening Survey Information	59
Informed Consent	60
Phenomenological Interview Protocol.....	61
Data Analysis	63
Empirical Support for Data Analysis Methods	64
Hermeneutic Circle	64
Coding and Theme Creation	65
Establishing Rigor and Trustworthiness.....	65
Ethical Considerations and Participant Safeguarding.....	68
Researcher Interest and Personal Experience with Phenomenon.....	69
Summary.....	74
Chapter 4: Findings	75
Participants.....	75
Participant One: Identifier 4702.....	75
Participant Two: Identifier 7576.....	77
Participant Three: Identifier 0420.....	79
Themes	82
Safety	82
Within Prison	82
Outside of Prison.....	83
Tone of Interviews in Relation to Safety	84
Human Dignity	86
Within Prison	86
Outside Prison	86
Tone of Interview in Relation to Human Dignity	87
Conformity to Gender Norms.....	88
Within Prison	88
Outside Prison	89
Tone of Interview in Relation to Gender Norms	90

Intersecting Gender Identity and Treatment	90
Within Prison	90
Outside Prison	91
Tone of Interview in Relation to Intersection of Gender Identity and Treatment.....	92
Experiences with Law Enforcement/Facility Staff	93
Within Prison	93
Outside Prison	94
Tone of Interview in Relation to Experiences with Law Enforcement/Facility Staff	95
Essence of the Experience	95
Summary.....	96
Chapter 5: Discussion, Implications, Directions for Future Research.....	99
Discussion	99
Connection to Prior Research.....	99
Consistencies.....	99
Differences	102
Outliers.....	103
Limitations.....	104
Implications	106
Counselors	106
Counselor Educators	108
Future Researchers	110
Personal Reflections on Dissertation Process	113
Frustration Related to Blocking of First Study.....	113
Changing Participants and Location	114
Writing Two IRB's.....	115
Conflicts Between Counselor Me and Corrections Me.....	116
Other Parallels With Participants	116
Implications for Future Students: I Wish I Had Known	118
Summary.....	119
References.....	120
Appendices.....	133
Vita	145

Chapter One

In 2006, Mayer et al. pointed to the need for health professionals, including mental health professionals, to be adequately trained to work with other than cisgender populations. “Without such training, sexual and gender minorities will continue to interact with a health care system that is unaware, insensitive, and unprepared to meet their needs” (Mayer et al., 2006, p. 994). Dupkoski (2012) also asserted that matters of gender and sexuality are universal and professional counselors should expect to encounter these issues in session. Further, the *Diagnostic and Statistical Manual of Mental Disorders – 5th Edition* [DSM 5] no longer recognizes a person’s gender identity as a pathological or diagnosable condition. Rather, the distress arising from the incongruence between assigned gender and gender identity is now diagnosed as Gender Dysphoria (APA, 2013). There has been much debate and controversy surrounding the decision to keep issues surrounding gender as part of a diagnosable condition. According to Castro-Peraza et al. (2019) “Defining gender diversity as an illness or otherwise abnormal is unfounded, discriminatory, and without demonstrable clinical utility. Psychological trauma and suffering are not inherent to trans-people but are the result of society’s failure to embrace body diversity” (p. 9). Lev (2013) further postulates that while there were great steps taken by placing the focus on the experience of dysphoria related to the incongruence felt, by maintaining the diagnosis it assured that gender diverse populations would be labeled as mentally ill for the foreseeable future. However, not all mental health professionals agree with this stance and argue that inclusion of the diagnosis allows for access to treatment that would otherwise be unavailable. According to Coleman et al. (2011):

Thus, transsexual, transgender, and gender-nonconforming individuals are not inherently disordered. Rather, the distress of gender dysphoria, when present, is the concern that might be

diagnosable and for which various treatment options are available. The existence of a diagnosis for such dysphoria often facilitates access to health care and can guide further research into effective treatments (p. 169). While the ongoing debate surrounding inclusion of Gender Dysphoria as a diagnosis is outside the scope of this dissertation, it is an important consideration of which counselors must be aware when working with other than cisgender populations.

In contrast to this, research has shown that many counselors do not feel qualified to work with other than cisgender clients (Dillon, 2004). The same biases that exist among the general population have also been found in the counseling setting and even though counseling programs may train counselors to effectively work with lesbian and gay clients, training to counsel other minorities, such as other than cisgender clients, is often missed (Keppel, 2006; Pearson, 2003; Prince & Walker, 2010). Further, while the *American Counseling Association Code of Ethics* (2014) requires counselors to practice in a multiculturally competent manner, the 2009 competencies set forth by the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling [ALBG TIC] specifically delineate as a limitation:

...the document does not break down the competencies by the specific experiences of... those who identify with other gender descriptions (e.g., genderqueer) ... It is important for counselors to be aware of the pressure all individuals experience related to fitting into the narrow gender binary and the additional challenges one might face if clients step out of these confines (p.3).

Counselors are expected to work with other than cisgender clients in a competent manner, while not being provided with tools specific to multiple other than cisgender identities.

As Dupkoski (2012) asserted, counselors should expect to work with clients identifying as a sexual minority or other than cisgender. Statistics related to the occurrence of Gender

Dysphoria demonstrate this assertion well. The DSM-5 estimates the prevalence of Gender Dysphoria for adult assigned male at birth [AMAB]s at .005 to .014 percent of the general population but these numbers are likely underestimated given that not all persons diagnosed with Gender Dysphoria will seek treatment allowing them to be represented in this percentage (APA, 2013). To understand this better, we must look at the estimated number of other than cisgender individuals in the United States. The number of other than cisgender individuals in the United States is hard to determine due to various vocabulary terms utilized to describe these individuals, limited research, and lack of non-binary as a self-description option on many research instruments (Webb et al., 2016). Nonetheless, Webb et al. (2016) note that other than cisgender individuals make up between 25-35% of the transgender population. In 2016, a report by Herman, Flores, Gates, and Brown (2016) estimated an approximate number of 1.4 million transgender individuals in the United States. These data were supported the next year by Meerwijk and Sevelius (2017) who conducted a meta-regression analysis to determine a more accurate number of transgender individuals in the United States; they reported approximately one million transgender individuals. Combining these estimated statistics suggests it is reasonable to assume that at least 250,000 to 350,000 individuals in the United States identify as other than cisgender.

The number of other than cisgender individuals becomes more important because counselors are likely to work with other than cisgender clients who have previously been incarcerated. According to Bourcicot and Woofter (2016), 16% of gender minorities have reported spending time incarcerated as opposed to only 3% of the general population. Some research has indicated that as many as 100,000 other than cisgender persons have been incarcerated (Bourcicot & Woofter, 2016). Additionally, according to Grant et al. (2011), 75% of

transgender individuals outside of corrections report seeking therapy services related to gender identity issues, and an additional 14% who had not sought services already hoped to seek services at some point. If this pattern of seeking treatment were to continue with other than cisgender individuals who are incarcerated, 75% of the estimated 100,000 incarcerated individuals may seek help. This means approximately 75,000 transgender individuals, over time, could have been seeking services from counselors, many of whom feel unprepared or inadequately trained to work with the population (Dillon, 2004; Keppel, 2006; Pearson, 2003; Prince & Walker, 2010). As a primary consideration, this study aims to inform the work of counselors, by providing them with insight into the lived experiences of other than cisgender clients who have previously been incarcerated, thereby allowing them to practice in a more culturally competent manner.

For counselors working in a correctional setting, the primary focus of existing literature has focused on inmates that identify as transgender (Jenness, 2010; Jenness & Fenstermaker, 2013, 2015). Be that as it may, not all transgender individuals identify as non-binary and not all non-binary individuals identify as transgender (Budge, Rossman, & Howard, 2013; Davidson, 2007; Losty & O'Connor, 2018). According to Davidson (2007), many other than cisgender individuals do not categorize themselves as transgender due to the feeling that the transgender community still ascribes to the binary notions of gender. While much of the research focuses on the lived experience of inmates who identify as transgender, there is very little research examining how inmates who identify with other gender identities experience prison. The correctional system is one setting which would benefit from adequately trained counseling professionals equipped to effectively and sensitively counsel other than cisgender clients.

This study also hopes to inform correctional policy related to the psychological and medical treatment of Gender Dysphoria by giving voice to the needs of other than cisgender inmates. Although higher rates of incarceration are seen for other than cisgender individuals, correctional systems have been very slow to adopt specific policies addressing the needs of other than cisgender inmates (Bourcicot & Woofter, 2016). A study by Brown and McDuffie (2009) found that only 20% of institutions had formal policies that addressed the treatment of other than cisgender inmates. Following this, Routh et al. (2017) followed up with a study which indicated that at least 39 of 50 states (78%) were now addressing the issue of other than cisgender inmates through policy. While 78% now have policies to govern treatment of other than cisgender inmates, there is much variability in treatment that is offered or approved (Routh et al., 2017). Confounding the issue and making policy even harder to define are the conflicting opinions on treatments considered medically necessary for Gender Dysphoria clients and the ability of an inmate to bring forth litigation if they do not agree with a professional's opinion that a treatment is not medically necessary (Levine, 2016). Unclear policy spelling out expectations for treatment could lead to increases in litigation related to inadequate medical care.

Research into litigation by prisoners indicates 13 - 25% of prison litigation is related to inadequate medical care (Bourcicot & Woofter, 2016; Schlanger, 2003). The psychological treatment and related medical treatment for gender related issues (such as gender affirming surgery) have also been litigated for decades (Bourcicot & Woofter, 2016; Schlanger, 2003). Although the percentage of litigation related to medical care may be perceived as small, the cost can be significant and remains a driving force in prison policy reform (Kessell, 2004). According to Kessell (2004), one example of the significant expense of prisoner litigation related to medical

care occurred in the state of Washington wherein the state spent \$1.26 million between 1996 and 2002 addressing this issue.

This study will benefit inmates diagnosed with gender dysphoria, individuals who identify as other than cisgender and were formerly incarcerated, counselors aiming to practice in a culturally competent manner, and correctional policy makers. Other than cisgender inmates will also benefit from having better informed counselors and clearer policies addressing their needs. By not only addressing a population that has a higher rate of incarceration, but doing so in a manner inclusive of multiple gender identities, this study will add to the literature helping counselors to practice in a more culturally competent manner with other than cisgender clients who are currently or previously have been incarcerated. Additionally, by helping to inform correctional policy related to the psychological and medical treatment of Gender Dysphoria, it is possible that the cost of litigation related to the medical treatment of Gender Dysphoria may be reduced.

Prison

The American prison system has undergone many changes and philosophical underpinnings from the 1790s to present day. From the late 1790s to the 1870s, Quaker ideology influenced prisons by establishing hard labor and isolation as the two main consequences that would help prisoners to become naturally penitent (Clear et al., 2016). This system reformed in the 1870s through the 1890s, and the northern states focused only on periods of isolation coupled with working in the presence of others (Clear et al., 2016; “The Evolution of the New York Prison System,” 1971). During this same period in the southern states, prisons began to employ a method of leasing out prisoners and creating penal farms to sustain the prison system (Clear et al., 2016). Following this time in the 1890s to the 1930s, focus shifted to the good of the prisoner

and not just punishment (Clear et al., 2016). The National Prison Association [NPA] was also formed at this time and was the forerunner of today's American Correctional Association [ACA] (Clear et al., 2016). This association strove to set forth guidelines for not only how the prison system should run, but also how prisoners should be treated (NPA, 1870). The prisoner as an individual with unique contributing factors to incarceration and different needs while incarcerated was now a consideration that would come to the forefront.

Following the establishment of the NPA and ACA, prison systems saw the rise of the medical model in the 1930s which treated criminality as something that should be treated rather than punished (Clear et al., 2016). To accomplish this, the concept of punishment was labeled outdated, and prisons underwent reforms to operate/function very much like mental asylums (Clear et al., 2016; Goffman, 1961). It was also during this time that the psychological pain that resulted from being incarcerated began to be examined and described (Sykes, 1958). Many nuances of prison and the entirely new system formed by the prison became subjects of interest.

The last reforms came in the 1960s and again in the 1970s to the present day. The focus in the 1960's matched the American culture of protest against the government or established systems of control (Clear et al., 2016). Keeping criminals in the community during the 1960s and avoiding incarceration was now believed to be the answer for crime and recidivism rates (Clear et al., 2016). Unfortunately, crime rates continued to rise and beginning in the 1970's previous conceptualizations of prison focusing on harsher punishments began to arise once again (Clear et al., 2016). It remains to be seen whether this method of harsher punishment will lead to reduced crime rates.

Experience of Prison

As noted above, the experience of prisoners began to interest researchers in the 1950s and 1960's. Goffman (1961) immersed himself in the operational procedures of “total institutions” and how those institutions created power differentials between those occupying the role of the inmate and those occupying the role of staff. Zimbardo, et al. (1972) further explored these roles and power differentials in their *Stanford Prison Experiment*. Both researchers found that staff and inmates often acted in ways that were opposite of each other, behaviors were impacted reciprocally, and a great deal of tension between the two roles existed (Clear et al., 2016; Goffman, 1961; Zimbardo et al., 1972). Sykes (1958) explored in depth the society that inmates formed in response to what he termed the pains of imprisonment. Clear et al. (2016) further defined this society as a whole new system in which inmates must fully embed themselves to help mitigate this pain. To more holistically understand the lived experience of inmates with Gender Dysphoria in such a system, this study is framed with Bronfenbrenner's (1979) *Ecological Systems Theory* [EST].

Theoretical Framework

It is important for any research project to be grounded in a theoretical framework. According to Grant and Osanloo (2014), “The theoretical framework is the foundation from which all knowledge is constructed (metaphorically and literally) for a research study” (p. 12). The theoretical framework guides all of the steps taken in the research process and grounds the researcher in existing theory well established in scholarly work (Grant & Osanloo, 2014). Further, Lysaght (2011) asserts that a theoretical framework not only sets the foundation for the study but also considers the personal beliefs of the researcher in relation to the topic being

researched and knowledge in general. This is crucial in a phenomenological study and further solidified my chosen theoretical framework of EST.

While there are many ways to conceptualize a system, Bronfenbrenner's (1979) EST was the ideal framework for this study due to its focus on the reciprocal nature of influence between the individual and the system. EST captures not just humans as individuals, but rather humans embedded in an environment with complex, multifaceted reciprocal effects for both the person and the environment (Bronfenbrenner, 1979). Bronfenbrenner (1979) conceptualizes a system much like a series of structures that nestle inside of each other. There are multiple layers of an EST to include a microsystem, mesosystem, exosystem, and macrosystem (Bronfenbrenner, 1979). The layers impact each other and are reciprocally effected. Bronfenbrenner (1979) also includes the concept of roles and rules governing those roles within his theory. All these components can be found within a prison, and their impact on a concept such as gender identity was my primary interest. Specific examples of the parallels between an EST and prison are given for each EST layer in Chapter Two.

Definition of Gender-Related Terms

It is important to understand the differences in terminology when referencing those in the other than cisgender population. Chui, et al. (2018) note that "issues related to sexual orientation (whom one loves) are different from those of gender identity (who one is)" (p. 38). The different gender identity definitions are given here and are contained in Appendix A with the Informed Consent form and pre-screening form if the participant was contacted at a support resource.

Assigned Gender at Birth: For purposes of this dissertation, assigned gender at birth will refer to the assignment of a gender to an infant which may or may not match their sex characteristics

("PFLAG National Glossary of Terms, 2019). Particularly, this project will focus on those persons AMAB. Individuals assigned female at birth [AFAB] were excluded.

Natal gender: The gender assigned at birth corresponding with physical sex which relies on genitalia (penis or vagina) and other visible sex characteristics (APA 2013; Parekh, 2016). The term natal-male or natal gender is the language used in places within the DSM-5. However, I recognize this language give agency to those assigning gender aligning with sex and this terminology if only found within this dissertation if necessary for a reprint of diagnostic criteria.

Gender: A role comprised of biological, sociological, and psychological factors that are traditionally thought to fall along the binary of boy/girl or man/woman (Parekh, 2016).

Gender identity: How a person identifies and while this may fall along the traditional binary, there are other gender identities recognized (Parekh, 2016). Gender identity also recognizes that a person may be assigned a gender at birth, but the person may identify as another gender (Parekh, 2016).

Gender expression: The outward expression of a person's gender identity through clothes, appearance, behaviors, etc. (Parekh, 2016).

Gender Non-Conforming: The behavior or expression of the person's gender does not conform to definitions of male or female as accepted by society ("Glossary — Trans Youth Equality Foundation", 2019)

Genderqueer: A person who identifies as neither, both, or a combination of male and female genders. ("Glossary — Trans Youth Equality Foundation", 2019)

Genderfluid: A person whose gender is in a constant state of motion and can readily shift to any point on the gender spectrum ("Glossary — Trans Youth Equality Foundation", 2019)

Bigender: A person who identifies as with both the masculine and feminine genders. These persons can shift between the two identities or feel as though their gender identity encompasses both identities at once ("Glossary — Trans Youth Equality Foundation", 2019)

Agender: A person who does not identify as having a gender and may state they are genderless ("Glossary — Trans Youth Equality Foundation", 2019)

Cisgender: describes individuals whose gender identity or expression aligns with the sex assigned to them at birth (Parekh, 2016)

Transgender: A broad category of individuals who identify as another gender other than the gender assigned at birth (APA, 2013; National Center for Transgender Equality, 2016; Parekh, 2016).

Sexual minority: Umbrella term for members of the LGBTQ+ community and gender minority is used to describe members of the transgender community (Cheney, et al., 2006).

Other than cisgender: Gender identities that do not coincide with traditional binary categories of man/woman and can include agender, bigender, gender fluid, and genderqueer ("Glossary — Trans Youth Equality Foundation", 2019; Webb, et al., 2016).

Other Than Cisgender: The identification of a person that falls in any gender category outside the definition of cisgender.

“Identify As”: This will be operationally defined using a combined definition of both identify and identity from Merriam-Webster’s online Dictionary. “Identify As” in this text means to establish the distinguishing character or personality of an individual (“Identify”, n.d.; “Identity”, n.d.) However, since gender is neither character or personality, but rather in this definition, the terms character and personality should only be used to demonstrate that gender identity is at the core of a person much in the same way as those two terms. This definition takes a further step by

supporting the participant's agency and self-concept by allowing them to specify with which gender they most closely align.

Incarcerated Person: For purposes of this study, incarcerated individuals refer to persons who have been sentenced to either a county jail or state correctional facility (in Tennessee) at the conclusion of their trial or legal matter.

Gender in a System

Three broad categories of theories of gender identity development are essentialism, developmental, and socialization and each consider the impact of a system on gender identity in unique ways. Essentialist theories recognize social roles in a system as naturally developing and guiding gender identity as a result of biological differences (Meyer & Gelman, 2016; Witt, 2011). Developmental theories focus on work from noted theorists such as Freud, Piaget, and Kohlberg and assume that gender identity predictably develops over time with shared norms at each stage and is inextricably linked with moral development (Brinkman et al., 2014; Denmark, Rabinowitz, & Sechzer, 2004). Developmental theories also recognize the roles that society assigns to gender identities and reinforces the adoption of these roles by children (Denmark et al. 2004; Kohlberg, 1976). The children are both influenced by the system and reinforce the system as they grow just as in EST. The last category of gender identity theories is socialization, which postulates that children learn gender over time through direct verbal communication as well as appropriate role modeling by adults seen by children (Brinkman et al., 2014; West & Zimmerman, 1987). Various levels of the system socialize the children into gender identity. While these three categories of theories may explain how gender identity forms, they say little about what happens if gender identity is not supported or recognized.

Gender Dysphoria

People who experience significant distress related to the incongruence between their assigned gender at birth and the gender with which they identify can develop a condition known as Gender Dysphoria as described in the DSM 5 (APA 2013). This is significantly different from the *Diagnostic and Statistical Manual of Mental Disorders 4th Edition Text Revised* (DSM-IV-TR) which allowed for a person's gender identification to be the driving force behind the diagnosis Gender Identity Disorder (APA, 2000). For purposes of the introduction to this study, it is vital for the reader to note that gender identity in an unsupportive environment can lead to significant distress and diagnosable conditions.

Gender in Prison

Just as with a system, the issues surrounding gender in a correctional setting are multilayered, and impacts are reciprocal. These issues are framed in greater detail by utilizing EST (Bronfenbrenner, 1979). At the core of EST are the individual and their characteristics (Bronfenbrenner, 1971). The individual characteristic of utmost interest for this project is Gender Dysphoria which may result from a gender identity not being supported in the prison system. Gender identity is intensely personal and may or may not be revealed to other people, particularly in a setting which is not gender affirming such as prison (Dziengel, 2015). Further, since there are new roles, rules, and societies formed within a prison, the new system is often not accepting of an other than cisgender identification which does not conform to the rules and roles (Hinds & Gibbons, 2019; Routh et al., 2017; Stohr, 2015). This concept is discussed in great detail through the lens of EST in Chapter Two of this dissertation.

Statement of Problem, Purpose of the Study, and Research Questions

Given that the Gender Dysphoria diagnosis was only added to the DSM 5 in 2013, there is a gap in the literature regarding the influence of the environment on the development and diagnosis of Gender Dysphoria in other than cisgender individuals identifying as other than transgender. Multiple studies were conducted examining the experiences of transgender inmates in the first two decades of the 2000's. With regard to these studies, the focus was solely on transgender inmates and how these inmates described their experiences in prison identifying as the gender considered opposite of theirs, underscoring the traditional gender binary of male and female (Jenness, 2010; Jenness & Fenstermaker, 2013, 2015). While these studies did provide voice to transgender inmates, other gender identities were not present or not identified. Additionally, while these studies did examine effects of the environment, they focus primarily on the effect of the environment on prisoners only identifying as transgender and along the traditional gender binary (Jenness, 2010; Jenness & Fenstermaker, 2013, 2015). The effect of the environment on other gender identities was, again, not present or identified. While additional studies have come out, the focus of these works seems to be on examining treatments and policies as they specifically relate to Gender Dysphoria and medical needs (Bourcicot & Woofter, 2016; Department of Justice, 2018; Routh et al., 2015). Again, the voice of other than cisgender inmates seems to be missing amongst the opinions of the experts. Further, even the federal guidelines aimed at addressing issues related to gender for incarcerated individuals has been labeled as the *Transgender Offender Manual* without mention of any other gender identities within its contents (Department of Justice, 2018). This study will begin to provide a rich description of prisoners who have multiple other than cisgender identifications.

The purpose of this qualitative phenomenological study was to examine the lived experience within a correctional institution of adult AMAB prisoners who identify as other than cisgender and were diagnosed with Gender Dysphoria. This study was grounded in Bronfenbrenner's EST to provide a framework from which I might better understand through phenomenological inquiry how the correctional system, as an ecological system, might influence the intersection of gender identity and Gender Dysphoria. The specific research question guiding this study is:

- What are the lived experiences in and out of the correctional system of adult AMAB inmates diagnosed with Gender Dysphoria?

Significance of the Study

According to Moe, et al. (2018), "Members of gender and sexual minority populations, including self-identified lesbian, gay, bisexual, transgender, and queer individuals (LGBTQ), continue to face discrimination, marginalization, and disenfranchisement in the United States" (p. 215). Additionally, Dupkoski (2012) states that gender identity and human sexuality have become recognized as a universal human experience and one which a professional in any helping profession should expect to encounter. While the experiences of transgender inmates have been studied at length in various disciplines, there is a paucity of data relating to the broader category of other than cisgender inmates who identify as other than transgender. If counselors, are expected to encounter these issues as part of the universal human experience, there is a need to have a broader understanding of how clients, who were previously incarcerated, may have experienced gender identities other than transgender as well as the diagnosis of Gender Dysphoria. This need arises from the *American Counseling Association Code of Ethics* (2014) requirement that counselors practice in a culturally competent manner and the lack of

information related to other than cisgender individual experiences in corrections. By addressing this need, this study will add to the counseling literature by giving a rich description of the experiences of other than cisgender clients within the correctional system. In addition, it will add to the literature available to counselors seeking to understand and develop competence in the experience of other than cisgender persons who have previously been incarcerated.

This study also aims to inform policy governing mental health care within the correctional system by identifying needs which may be unique to other than cisgender identities. Theoretically, identifying these unique needs and accounting for them in policy by requiring adequate treatment could lower the cost of litigation related to gender issues.

Delimitations

This study used a phenomenological approach with a purposeful sampling technique. I solicited adult, AMAB participants from within Tennessee who had previously been incarcerated. I excluded AFAB who were formerly incarcerated due to the belief that trying to capture the experiences of both assigned genders would prove too broad a task for one study and the limited number of assigned females that might meet criteria within the state of Tennessee. Additionally, any assigned male inmates diagnosed with Gender Dysphoria who were previously incarcerated at the correctional facility in which I work during the last 8 years were excluded due to the possible coercion a participant might feel related to the imbalance of power that may be perceived between not only researcher but a staff member that held a position of power over the participant. Inclusion criteria for this study were (1) adult individual with an assigned gender of male, (2) the individual was assigned a diagnosis of Gender Dysphoria to the best of their knowledge by a licensed mental health professional, (3) the individual identified as other than

cisgender, and (4) the individual had previously been incarcerated in a correctional setting in Tennessee.

Limitations

A primary limitation of this study is the ongoing nature of human experience. Vagle (2018) discusses that any phenomenological inquiry can never be considered completed as lived experiences are ongoing. Outcomes found with this study may be drastically different from another study as participants continue in their lived experience. Further, I hold inherent biases as a researcher which I can attempt to recognize, but there is always the possibility that my subjectivity can and likely will affect how the data is analyzed and interpreted.

Secondly, this study was originally intended to be conducted within the correctional setting with individuals currently incarcerated. However, this was unable to occur and as a result, participants are reflecting on their experiences after they have been released from incarceration. The effect of time on their perception of experiences while incarcerated is unknown. As noted above, the phase of incarceration might be complete but the lived human experience is ongoing (Vagle, 2018). Therefore, the phenomenon of Gender Dysphoria while the participants were incarcerated is continually being experienced as they are reflecting on this during the interview. I included questions concerning their sentence length, actual time incarcerated, length of time since incarceration, and estimated total time in society versus in a correctional setting. I must assume that these factors impact a participant's perception of their experience even if I am unsure how. These factors are not the focus of this study but are important factors which might be an area for future research.

Lastly, the researcher had to rely on the self-report of participants when fulfilling the inclusion criteria of a diagnosis of Gender Dysphoria. It is possible that participants were missed

who were eligible due to their now knowing if they had been diagnosed. It is also possible the included participants who believed they had been diagnosed may not have been. Without access to each participant's medical records, this diagnosis could not be confirmed.

Organization of Study

This dissertation follows a traditional five-chapter format. Chapter One is an introduction to the study and the significant components. Chapter Two is a literature review of concepts that surround prison, ecological systems, gender identity, gender dysphoria, and gender in prison. Chapter Three discusses the methodology including attention to general qualitative considerations, phenomenology history, phenomenology as a practice, rigorous data collection and analysis procedures, and a reflexive section to identify the subjectivity and potential biases of the researcher. Chapter Four is a report on the findings of the researcher, and Chapter Five discusses the implications of the study.

Chapter Two: Literature Review

In this chapter I will discuss the history of the American prison system beginning in the 1870s and continuing through present day. I will delineate the philosophical underpinnings and approaches during each time period. Following the history of the prison system, I then discuss the experience of prison and the resulting creation of a new social system. Following this, Bronfenbrenner's (1979) EST is discussed in detail as it parallels the prison system. Rules and roles within an EST are discussed as well. Gender identity development is discussed next in context of the three broad categories of essentialist, developmental, and socialization theories. The diagnosis of Gender Dysphoria is then delineated using the DSM 5 criteria and prevalence of other than cisgender individuals in the United States is provided. Following this are the issues of gender while in prison at each level of the ecological system. Lastly, issues experienced by individuals who diagnosed with Gender Dysphoria (or identify as other than cisgender) and have been released from a correctional setting are discussed.

Prison

While the focus of this dissertation will be on specific inmates diagnosed with Gender Dysphoria, it is first essential to have a basic understanding of the prison setting. Prisons, as we know them today, have changed significantly over time. In addition to the prisons changing, the culture of prisons and inmates identifying as other than cisgender has also changed. Given recent political legislation, the changes are continuing even today.

Brief History of American Prisons

It has been my experience when discussing my work, people often think prisons were built solely to punish the inhabitants and keep the people in a society protected from the "bad guys." In spite of my experience with this pervasive thought, this was not the original intent

behind the prison. Before the penitentiary was developed, criminal behaviors were often met with corporal punishment and/or death (Clear et al. 2016). However, around the time of the Enlightenment in England, these methods began being viewed as barbaric and not in line with the idea that humans could be perfected or reformed and this thinking made its way into America (Clear et al., 2016).

The late 1790s–1870s.

According to Clear et al. (2016), the American penitentiary came to fruition in the early 1800s in Philadelphia as a way to reform prisoners and allow them to reflect on their misdeeds due to the influence of a morally corrupt society. The Quakers and their thinking notably supported this, that not only through labor but also through isolation from the evil society, prisoners would repent and desire to continue down a better path upon release (Clear et al., 2016). The prisoners, while they were expected to become penitent, were, in essence, being protected from the influence of society, not the opposite. Prisoners were often placed into hard labor to reduce idleness, as well as being isolated from not only society but each other as well (Clear et al., 2016). The idea was that human beings were social by nature and isolation was a more humane punishment that would be effective quickly (Clear et al., 2016). This isolation coupled with overcrowding quickly became problematic. Many investigations found that prisoners continued to be physically punished and were also exhibiting severe mental problems related to being isolated (Clear et al., 2016). The reformed system needed reformation.

1870's-1890's

Rising out of the Philadelphia model, was the New York system, Auburn to be specific. Rather than abiding by strict isolation, these prisoners were only isolated at night and during the day they were placed in workshops with other prisoners with any communication being

forbidden (Clear et al., 2016). Other measures of forced conformity came about with this model framed as discipline and obedience with physical punishment if necessary (Clear et al., 2016). For example, during this timeframe, prisoners began wearing stripes, were known only by a number, and began walking in a manner known as the lock-step, a form of synchronized shuffling/walking that required all prisoners to move in the same way at the same time (Clear et al., 2016; “The Evolution of the New York Prison System”, 1971). The evolution of these workshops led to inmates being used for free labor to make goods for the economy which was frowned upon by the Quakers as exploitation that would only serve to make the prisoners bitter (Clear et al., 2016). For example, the Auburn prisoners were making “footwear, barrels, carpets, carpentry tools, harnesses, furniture, and clothing” by the mid-1800s (Clear et al., 2016). As discussed by Clear et al., two ideas emerged from this time: 1) prisoners must be broken first in order to reform and 2) good work habits would reduce the number of inmates that returned to the prison.

In addition to the two correctional systems mentioned above, in the southern and newly formed western states, a new form of corrections was implemented due to lack of funds to build penitentiaries (post-Civil War) and many not having entered statehood yet (Clear et al., 2016). In the south, many African American convicts were “leased out” to various business and individuals alike under the guise of paying off their debts (Clear et al., 2016; Toussaint & Berger, 2017). Despite the given reason of paying off debt, because these leasing entities did not have a vested interest in the convicts, it was often thought they were exploited worse than slaves and subjected to harsh conditions leading to many illnesses and often death (Clear et al., 2016; Toussaint & Berger, 2017). One striking example of a revolt in response to this treatment, came from the Tennessee coal miner revolt in 1891 (Toussaint & Berger, 2017). Prisoners were being forced to

work long hours with minimal clothing or food while at the same time being threatened with routine violence (Toussaint & Berger, 2017). According to Toussaing and Berger, these types of conditions led to many revolts over the course of the next several years with a goal of forcing reformation of the prison “lease” system. DAccording to Clear et al., during this time, penal farms also came into being as a way to feed all of the leased convicts and remain an essential part of many southern correctional systems even today.

1890’s-1930’s

In the late 1800s, it became apparent that the Philadelphia system, New York system, and lease system were failing miserably at reforming prisoners and preventing recidivism (Clear et al., 2016). Once again, the system needed reform, and again, this reformation came from across the sea from Ireland and England in the form of a “marks” system that would allow inmates to reduce negative marks or gain positive marks leading to earlier release (Clear et al., 2016). In America, Cincinnati this time in 1870, new thinkers have seen this system in action, adopt the ideas that prisons should operate on a premise of inmate change (Clear et al., 2016). The National Prison Association [NPA] (now the American Correctional Association [ACA]) was also developed in 1870 and adopted the *Cincinnati Declaration of Principles* as a basis of how prisons in America should operate (American Correctional Association [ACA], n.d.; Clear et al., 2016); National Prison Association [NPA], 1870). According to the NPA (1870), “Reformation is a work of time; and benevolent regard to the good of the criminal himself, as well as to the protection of society, requires that his sentence be long enough for reformatory processes to take effect” (para. XX). The philosophy focused on the lived experience of the prisoner leading to reform rather than punishment through harsh discipline and obedience.

The test of this reform came first in Elmira, New York in 1876 (Clear et al., 2016). Prisoners at Elmira incorporated the marks system with a system of work during the day and other lessons involving education, morals, and vocations at night (Clear et al., 2016). Due to the belief in diagnosis and treatment of criminality, individual prisoners were encouraged to examine the reasons behind their deviance and this routine of work and then lessons was thought to help foster this internal examination (Clear et al., 2016). Sentences at Elmira were undetermined and depending on how the inmate progressed through his work and lessons; his release date was left in his own hands in theory (Clear et al., 2016). While this type of prison was viewed as a success for several decades, the old familiar problem of punishment remained, and the concept of a “good inmate” but not a reformed inmate came into play (Clear et al., 2016). The concept of classification, rehabilitation programs, and parole all came out of the reformatory movement as implement at Elmira (Clear et al., 2016). The social climate in America began to change with more immigrants and more people moving into cities rather than staying in rural areas (Clear et al., 2016). As a result, more changes to the prison system came as well.

During this time, progressive reform and positivists became the new buzzwords for prisons. Rather than taking a one size fits all approach like its predecessors, this type of reform saw advocates calling for individualized treatment of each prisoner (Clear et al., 2016). The administrators of the prisons possessed more discretion to treat each inmate according to their needs, and it was assumed so they would do so judicially (Clear et al., 2016). Also, searching for causes of criminality in religion and morals fell out of favor at this time, and more thinkers turned to economics, biology, social causes, and psychological causes (Clear et al., 2016). In the past, the focus had been on the act or crime the person had committed and how he would atone for this act. In the progressive reform, the focus centered on the individual prisoner and the

specific factors in his life which led to his incarceration (Clear et al., 2016). To this end, progressive reformers also focused attention in crime-ridden neighborhoods as well as individual prisoners (Clear et al., 2016). In addition, the concepts of probation, parole, and indeterminate sentences developed further and were seen as a way for the prisoner to continue treatment in the community if possible (Clear et al., 2016). While the system of the prison was complex previous prison models, the progressive reform begins to highlight the effect of a system on an individual. The concept of individualized treatment also gave rise to the next set of reform in the medical model.

1930s-1960s

The medical model of reform for prisons came about in the 1930s and reached its peak in the 1950s. This model was based on the premise that criminals were mentally ill and must be rehabilitated with treatment (Clear et al., 2016). It was also at this time that institutions began attempting to change the perspectives of the public reference to prisons through changes such as the name from department of prisons to department of corrections, establishment of the Federal Bureau of Prisons to ensure proper care/treatment, and the changing state statutes to specifically target rehabilitation (Clear et al., 2016). In previous models, the concept of punishment was always a central part of any system or reform movement regardless of attempts to couch it in different terms. With the medical model, punishment was not just moved away from, it was also described as an outdated concept altogether (Clear et al., 2016). It was also at this time that prisons began being viewed as a form of a mental hospital for the mentally ill criminals (Clear et al., 2016). The academic community did not miss this type of thinking. This model matches very closely with other work around the same time by Goffman (1961), that suggested prisons were very much like an asylum. It was under the medical model that many behavioral health

interventions were implemented such as group therapy, individual counseling, psychiatric care, and shock therapy (Clear et al., 2016). There were problems with the medical model in disparities in the treatment of inmates, lack of increased budget for new programs, and disagreements on whether custody or treatment should be more critical in the operation of the prison (Clear et al., 2016).

1960s-1970s

Moving into the 1960s and '70s, America found itself amid a culture of protest. Americans were protesting the War in Vietnam, the treatment of African Americans (through the Civil Rights movement) and the conditions of those living in the lower socio-economic status through the war on poverty (Clear et al., 2016). Amongst all these protests, it should come as no surprise that Americans also challenged many government institutions and among those, corrections (Clear et al., 2016). The new thought emerging was that of community corrections, and rather than treatment, incarceration should be a last resort due to its interference in a person's ability to successfully integrate into society (Clear et al., 2016). Rather than being the first choice, the prison was to be the last, if at all possible. Instead, probation coupled with community programs aimed to educate and teach vocations was thought to be the best options; incarceration, if necessary, was to be short with a chance at parole quickly (Clear et al., 2016). Many of these ideas remain today even though the culture shifted again in the 1980s.

Late 1970s-Present Time

As crime began to rise throughout the 1960s and 1970s, many started to look at the way prisons were being run and an old thought pattern of punishment began to rise again. Primary criticisms of the system focused on the power given to administration not being utilized appropriately, treatment should be voluntary and not tied to release, and the exaggerated

effectiveness of rehabilitation programs (Clear et al., 2016). A leading study that supported the shift to punishment was the survey completed by Lipton et al., (1975) which reviewed 231 studies on the rehabilitation of prisoners and concluded that with only rare exceptions, recidivism rates had not been impacted by any of the rehabilitation programs implemented. The culture once again shifted to one of punishment, longer determinate sentences, the abolition of parole in some cases, the reintroduction of the death penalty, and pre-determined mandatory sentences for certain types of crimes (Clear et al., 2016). The new school of thought centered on managing risk to the larger society through incarceration and harsher punishment of offenders to decrease recidivism but also to decrease crime in the community (Clear et al., 2016). It is thought that crime rates began dropping due to the new harsher possible punishments, but it remains to be seen if this new punitive culture has genuinely been effective.

The Experience of Prison

In this section, the concept of a total institution is delineated. Following this, the pains of imprisonment are discussed as is the adopted roles within the newly formed social system inside the total institution. Lastly, the formation of this complex system and roles introduces the reader to the concept of an ecological system as delineated by Bronfenbrenner (1979).

A basic understanding of an inmate's experience in prison is needed to provide context to this study and the findings. Prison is a complex system and to understand the experience of those within its walls, Goffman (1961) and his concept of "total institutions" is examined. To count as a total institution, the setting must be "symbolized by the barrier to social intercourse with the outside and to departure that is often built right into the physical plant such as locked doors, high walls, barbed wire" (Goffman, 1961). Within the total institution, the inmates and staff both played very distinct roles often at odds with each other which was later supported (as seen

above) by the simulated prison system in the *Stanford Prison Experiment* (Goffman, 1961; Zimbardo et al., 1972). Goffman (1961) goes on to describe the role of an inmate from the viewpoint of staff, as one that is subordinate, powerless, sneaky, and dishonest. The staff in a total institution tend to feel superior not only in power but also morally and are often viewed by the inmates as mean, unfair, overly strict, and condescending (Goffman, 1961). As a result of the way staff view themselves, inmates view the staff, and the treatment of inmates, the inmates themselves often feel weak, powerless, guilty, and inferior (Goffman, 1961). The two roles exist with a tension between and the influence is reciprocal.

Although these two roles influence each other, they separate from one another with defined rules for each. Any previous role held by the inmate is completely stripped away upon his entrance to the total institution, and often, any contact with components from the old role (ex. Women's clothes for a transgender AMAB inmate) is entirely forbidden (Goffman, 1961). According to Clear et al. (2016), inmates form a social system within the prison, and with this system new rules and roles. These new rules and roles develop, according to Sykes (1958), as a direct response to the "pains of imprisonment" (p. 63). These pains come from the deprivation of liberty, goods and services, heterosexual relationships, autonomy, and security (Sykes, 1958). These pains become so intolerable that an inmate must fully integrate into the system to mitigate their effects (Clear et al., 2016; Sykes, 1958). Overarching values of "doing your own time" and "do not inform on another inmate" make up the foundation of the new system, roles, and rules (Clear et al., 2016, p. 280). The role assigned to an inmate largely depends on their adherence to the rules associated with these values (Clear et al., 2016). The inmate, once fully integrated, is now embedded in a new system which dramatically influences their lived experience.

Prisons, as seen above, are a complex system that is both influenced by and influences the broader culture in which it is embedded. Religious doctrines, ethics, morals, politics, education, and medical models have all played a role in how this complex system was developed and continues to change over time. Within this system, however, are individual human beings and this system both influences and is influenced by the individual. Rules and roles are present both within the system and the larger society. The reciprocal influence of all these factors is best demonstrated utilizing Bronfenbrenner's (1979) EST.

Ecological Systems Theory

In Bronfenbrenner's (1979) book *The Ecology of Human Development*, he states in reference to development within a context:

The capacity of a setting – such as the home, school, or work – to function effectively as a context for development is seen to depend on the existence and nature of social interconnections between settings, including joint participation, communication, and the existence of information in each setting about the other (Bronfenbrenner, 1979, p. 6).

The prison setting is a multi-faceted, complex system best conceptualized using EST. According to Bronfenbrenner (1979), if the prison is to facilitate growth and development in the inmates residing within, there must be connections not only among the different facets but also between the inmate and these different areas. The EST also asserts that all systems are connected and that a person's development must be looked at in terms of these systems (development-in-context) and how they impact one another (Bronfenbrenner, 1979). One cannot look at an inmate's development and remove them from the context of the prison. They are embedded in their context, and from a systems perspective, every part of the system impacts the inmate and the

inmate impacts the system. This development-in-context concept is highly applicable to inmates with issues surrounding gender as will be seen in a later section of this dissertation.

EST states “The ecological environment is conceived as a set of nested structures, each inside the next, like a set of Russian dolls” (Bronfenbrenner, 1979, p. 3). The microsystem consists of the inmate’s family in the home, peers, perhaps church and those systems in which the inmate directly participates regularly (Bronfenbrenner, 1979). It could be suggested that in the case of prison, the microsystem becomes the peers (a.k.a. other inmates), perhaps even staff, and the family is relegated to a different sphere, one further detached from the inmate as they are prohibited from living together. The prison is now the forced home.

The second level of Bronfenbrenner’s (1979) ecological system is the mesosystem, which consists of two microsystems interacting with each other. For example, the prison and home interact because the family is advocating for placement at a particular prison. Another example that might be used for the mesosystem could be the parole board and the prison interacting together and with the inmate to determine if an inmate is ready for release. Another, perhaps more relevant example for this dissertation, could be the interaction between the doctor treating an inmate with Gender Dysphoria and the prison officials determining approved items for the inmate.

The third part is the exosystem in which the inmate might not participate, but that still have an impact on his development (Bronfenbrenner, 1979). An example of an exosystem factor could be the ACA accreditation of the program. While the inmate has no direct participation in the accreditation process, there will still be an impact on the inmate through what policies are in place in the prison, what programs are offered, what segregated housing entails, etc. For example, ACA might maintain a stance on what treatment for inmates with Gender Dysphoria is

acceptable, and in order to maintain accreditation, an institution might adopt this treatment as an acceptable standard of care. The opposite might also be true in cases surrounding gender issues.

The last part of an ecological system is the macrosystem which encompasses the attitudes and beliefs of the culture in which the inmate is situated and directly impacts the various sub-systems (Bronfenbrenner, 1979). It is from the macrosystem that rules of society are also derived and in turn, imposed on the lower levels (Bronfenbrenner, 1979). An example of a macrosystem influence could be the attitudes and beliefs surrounding the purpose of prison. As discussed in the history section, one of the most common issues throughout the history of corrections has been the issue of punishment versus treatment (Clear, 2016). In terms of gender, it is vital to analyze the attitudes and beliefs of the particular prison and the culture of the region in which the prison is located. For example, a prison embedded in a rural area that prizes conservative values that state there are only two genders and to say otherwise is unacceptable and morally wrong, from Bronfenbrenner's (1979) theory, would be far less likely to support the development of the inmate with gender dysphoria. From an ecological perspective, all these systems are connected, and each system will impact a person's development (Bronfenbrenner, 1979). These levels are conceptualized in Figure 1.

Roles and Rules Within an Ecological System

Roles

In addition to the ecological system having multiple layers, there are rules and roles within those layers for the participants and the setting. According to Bronfenbrenner (1979), a role is more than just a set of expected behaviors from a person; instead it is "a set of activities and relations expected of a person occupying a particular position in society, and of others in relation to that person" (p. 85). Bronfenbrenner (1979) goes on to also say that placing

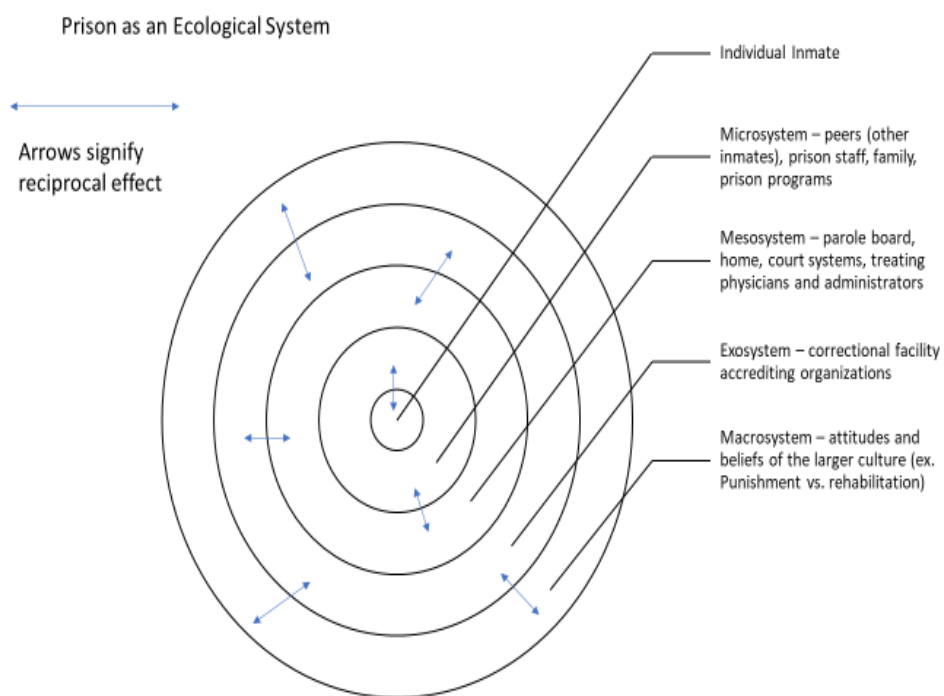


Figure 1

a person in a role will contribute to a person acting according to what is expected of that role. These actions will be more pronounced when the role expectations are well established in the larger society (Bronfenbrenner, 1979). Additionally, the more power granted to a role by society, the more likely that power will be exploited, and subordinates to the power will allow themselves to be oppressed (Bronfenbrenner, 1979). Perhaps more easily said of roles with power, “Power tends to corrupt, and absolute power corrupts absolutely” (Acton, 1948). Once again, a person cannot be taken out of context, and there is a reciprocal nature with the system in which the person is embedded.

A compelling example of the power of roles within a prison system can be found in the *Stanford Prison Experiment* in which the researchers concluded that the assignment of roles allowed the participants to act in ways which were very different than how they normally would have acted (Zimbardo et al., 1972). For example, in this experiment, the students assigned to the role of the guard began demonstrating behaviors described as dehumanizing, cruel, and sadistic when they usually never would have acted this way towards another human being (Zimbardo et al., 1972). In contrast to that, those assigned to the role of prisoner became passive, docile, lost touch with reality, and developed what was referred to as severe emotional disturbance when continuously subjected to the behaviors of the guards (Zimbardo et al., 1972). These behaviors, while developed in a simulated role, demonstrate the reciprocal nature of roles.

Rules

In addition to roles, there are rules to be considered for defined roles. These rules are typically derived from a broader culture or societal level (e.g., the macrosystem). According to Bronfenbrenner (1979), the macrosystem has patterns of behaviors and organization that are not only consistent but supported by the lower levels of the system and in turn, helps to maintain

consistency of expectations in the lower levels (e.g., rules for how things are done). Super and Harkness (1986) further defined how rules were learned, drawing on the child-in-context component of EST, when they stated that “regularities in the subsystems, as well as thematic continuities from one culturally defined developmental stage to the next, provide material from which the child abstracts the social, affective, and cognitive rules of the culture” (p. 552).

Bronfenbrenner (1979) particularly discusses the rule of status and its influence not only on the perceived power of a role but also on the resulting submissiveness of subordinate role when this rule is accepted. For example, Milgram’s (1963) study on the obedience of subjects to a perceived authority provided insight into how people react to a defined rule associated with a role. In Milgram’s (1963) experiment, subjects found themselves giving severe shocks (fictional) to other participants (who were part of the research team) when told to do so by an authority figure. Obedience drastically dropped when they were commanded to do so by a person not assigned the role of authority in the experiment (Milgram, 1963). One could deduce from this experiment and Bronfenbrenner’s (1979) theory, that the rule associated with the authority role, is that a person in a position of authority has the status and power to tell subordinate roles how to act, even to the detriment of others.

As discussed, many factors influence a prison as conceptualized through an EST lens. However, one crucial element has been neglected up until this point, and that element is gender. Clear et al. (2016) tell us that prison is considered highly masculine and traditional concepts of masculinity such as lack of emotion and fearlessness, are ruthlessly enforced. Conformity to accepted masculine gender roles is also enforced by the institutional staff (Clear et al., 2016; Sykes, 2007). To go outside of these rules and assigned roles, as those who identify as a other than cisgender might, could have serious consequences.

Gender Identity

According to Brinkman, et al. (2014), gender identity development can be organized into three broad categories of essentialist, developmental, and socialization theories. While each theory will have nuances specific to that theory, I discuss a broad overview of the three major categories here. Understanding how gender identity develops will help the reader to understand what can happen if a person's gender identity is not supported due to non-conformity with systemic expectations.

Essentialist Theory

When considering essentialist theories, it is crucial to understand what essentialism entails and the background. Essentialism can be traced back to Aristotle. As stated by Medin and Ortony (1989), "psychological essentialism posits that similarities of an object or idea are not just surface level recognitions, but rather they are rooted in deep central parts of a concept." In short, common categories will have a recognizable essence that is essential and defining for that category (Medin & Ortony, 1989). In addition, some essentialist theorists view gender as a *natural category* supported by underlying biology, is intrinsic in nature, and not only shares a universal essence but can also explain or is the cause of the behavioral differences between the genders (Crompton & Lyonette, 2005; Haslam et al., 2000; Witt, 2011). The essentialist view, therefore, seeks to explain the differences between men and women using a dichotomous, categorical approach based on biology.

This essentialism has become more prevalent in social science, and cultural studies as theories regarding race, sexual orientation, and gender have evolved (Haslam et al., 2000). While the essence of what it means to be male or female is outside the scope of this work, essentialism related to gender assumes that differences in gender are natural, stable, unchanging over time,

and underpinned by biology (Haslam et al., 2000; Morton, et al., 2009). From this theory base, gender is viewed in terms of a male/female dichotomy, associated behaviors relate directly to biological sex, and what is feminine/masculine is considered to be naturally opposite (Connell, 2012; Delphy, 1993). In short, there are only two natural options for gender, male or female and these dichotomous categories will be naturally opposite just as the physical bodies are naturally different.

In addition to biology, there is a social component to essentialism. It does not mean that gender is socially constructed, but rather gender includes social roles that help people to unify and organize their social world (Witt, 2011). Following this unifying and organizational component, children often make predictions on how their peers and other people will behave based on their gender as well as accepting typical differences between genders as nature rather than nurture (Meyer & Gelman, 2016). Finally, essentialism strengthens the accepted differences between the genders and helps to guide not only the judgment of others but the view of oneself (Meyer & Gelman, 2016). Therefore, these social roles are also thought to be natural extensions of a natural category.

Developmental Theories

The second category of gender identity development is that of developmental theories. When considering this category, the names Freud, Piaget, and Kohlberg are likely to come to mind as this category assumes that gender identity predictably develops over time with shared norms at each stage and is inextricably linked with moral development (Brinkman et al., 2014; Denmark, et al., 2004). Children internalize gender expectations, gender roles, and as they grow their gender becomes constant with gender rules often becoming rigid or constant over time (Warin, 2000). This internalization then results in the formation of a child's gender identity.

Freud (1924/1961 & 1925/1961), among other things, was famous for discussing the resolution of the Oedipal complex by ultimately identifying with the parent of the same sex. While it is most commonly referred to as psychoanalytic theory, it is developmental in the sense that children pass through psychosexual stages resulting in their learning to adopt a male or female role based on the parent of the same sex (Denmark et al., 2004). Children pass through the oral, anal, and phallic phases of development resulting in their gender identity which matches that of the parent of the same sex which they identify with after these stages (Denmark et al., 2004). This theory has been largely accepted as unscientific, clearly biased towards males, and too largely dependent on the existence of an Oedipus complex (Bernstein, 1993; Denmark et al., 2004). More current theories of gender identity development differed drastically from Freud's theory.

According to Denmark et al. (2004), another developmental theory of gender is based on Piaget's early work and posits that children learn the expectations at an early age using role models as a "springboard" but eventually structuring their world around these rules as they develop. They then choose appropriate behaviors or traits based on the gender identity they have adopted (Denmark et al. 2004). Kohlberg (1976) also expounds on this by explaining that children will actively seek out activities that reinforce these gender roles as a way of meeting social demands. According to Kohlberg (1976), many social demands are based on gender, and as children develop they learn that to become masters of their environments, they must conform with these expected roles.

Socialization Theory

The third and most common theoretical category of gender identity is the socialization theory. Socialization theories postulate that children learn gender over time through direct verbal

communication as well as appropriate role modeling by adults seen by children (Brinkman et al., 2014; West & Zimmerman, 1987). This theory accounts for the surrounding social environment and its impact on a child's gender identity development. While children may internalize gender images, roles, and expectations primarily through imitating their parents, this theory also states that children primarily rely on the reactions of others in society to this imitation to completely internalize the gender identity (Denmark et al., 2004). Following the concept of positive and negative reinforcement, children will more likely adopt gender normative identities and behaviors due to receiving positive reinforcement and abandon gender non-conforming behaviors based on punishment received (Denmark et al., 2004). While all three theories attempt to explain how gender identity develops, there is little in the basic concepts that can explain why some children develop gender non-conforming identities or possible results.

Gender Dysphoria

Now that terms are delineated and gender identity development theories have been discussed, it is important to understand what can happen when a developed gender identity does not conform or match with the gender assigned at birth or accepted by society. People who experience significant distress related to the incongruence between their assigned gender at birth and the gender with which they identify can develop a condition known as Gender Dysphoria (APA, 2013). To help the reader understand the specific requirements for a person to be diagnosed with Gender Dysphoria, the diagnostic criteria are listed here.

Diagnostic Criteria for Gender Dysphoria in Children 302.6 (F64.2)

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least six of the following (one of which must be Criterion A1):

1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).
2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
3. A strong preference for cross-gender roles in make-believe play or fantasy play.
4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.
5. A strong preference for playmates of the other gender.
6. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.
7. A strong dislike of one's sexual anatomy.
8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.

B. The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.

Specify if: With a disorder of sex development (e.g., a congenital adrenogenital disorder such as 255.2 [E25.0] congenital adrenal hyperplasia or 259.50 [E34.50] androgen insensitivity syndrome).

Coding note: Code the disorder of sex development as well as gender dysphoria.

Gender Dysphoria in Adolescents and Adults 302.85 (F64.1)

- A. A marked incongruence between one's experienced/expressed gender and assigned

gender, of at least 6 months' duration, as manifested by at least two of the following:

1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

B. The condition is associated with clinically significant distress or impairment in social, occupational or other important areas of functioning.

Specify if: With a disorder of sex development (e.g., a congenital adrenogenital disorder such as 255.2 [E25.0] congenital adrenal hyperplasia or 259.50 [E34.50] androgen insensitivity syndrome).

Coding note: Code the disorder of sex development as well as gender dysphoria.

Specify if:

Post transition: The individual has transitioned to full-time living in the desired gender (with or without legalization of gender change) and has undergone (or is preparing to have) at least one cross-sex medical procedure or treatment regimen—namely, regular cross-sex hormone treatment or gender reassignment surgery confirming the desired gender (e.g., penectomy, vaginoplasty in an assigned male; mastectomy or phalloplasty in an assigned female).

From the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, 2013, pp. 452-453. Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (Copyright 2013). American Psychiatric Association.

Issues of Gender in the Prison Setting

Just as with a system, the issues surrounding gender in a correctional setting are conceptualized as multilayered, and impacts can be reciprocal. These issues will be discussed utilizing the frame of EST. At the core of EST are the individual and their characteristics (Bronfenbrenner, 1971). The individual characteristic of utmost interest for this project is gender identity. Gender identity is intensely personal and may or may not be revealed to other people, particularly in settings which are not gender affirming (Dziengel, 2015). While it will be impossible to discuss every issue faced by inmates that identify as other than cisgender, examples will be given to help clarify prison as an ecological system and the impact on inmates that identify as other than cisgender.

Issues at the Microsystem Level

The microsystem consists of the inmate's family in the home, peers, perhaps church and those systems in which the inmate directly participates regularly (Bronfenbrenner, 1979). It could be suggested that in the case of prison, the microsystem becomes the peers (a.k.a.

other inmates), perhaps even staff, and the family is relegated to a different sphere, one further detached from the inmate as they are prohibited from living together. At this microsystem level, there are many considerations for an inmate living with Gender Dysphoria. A primary concern is the initial classification process and the institution into which the inmate is placed. Prisons are currently segregated based on biological sex and not gender identity, thereby providing only a very narrow method of determining appropriate placement (Routh et al., 2017). This means that even though an inmate may identify as female or another non-binary gender, if born with the biological sex of male, this inmate will be placed into an institution where they are forced to live with, dress like, and conduct themselves in the manner expected of male inmates (Routh et al., 2017). The immediate environment is often described as hypermasculine, not supportive of non-conformity, and outright hostile towards those of an other than cisgender identification (Hinds & Gibbons, 2019; Routh et al., 2017; Stohr, 2015).

In addition to classification issues, inmates in this microsystem often find themselves at an increased risk of attack from other inmates or placed into unwanted isolation as the prison grapples to keep them safe (Jenness, 2010; Jenness & Fenstermaker 2013, 2015; Routh et al., 2017). To help mitigate this risk of being attacked, inmates that identify as a sexual minority often “pair up” or engage in a sexual partnership with another inmate, despite their possible desire not to do so, in exchange for protection (Hinds & Gibbons, 2019; Jenness & Fenstermaker, 2015; Routh et al., 2017). This pairing up can lead to victimization, though placement into isolation or protective custody is also not a fail-safe; many inmates still report being victimized while in protective custody or isolation (Routh et al., 2017).

It is not just other inmates that can victimize inmates that identify as other than cisgender. Research indicates that the prison environment runs on a power hierarchy that starts with the

staff and trickles down to other inmates (Routh et al., 2017; Stohr, 2015). The staff often make derogatory comments about the physical appearance of other than cisgender inmates, force them to strip in front of other inmates (thereby allowing others to make comments as well), and often routine security checks can become sexualized (e.g., pat downs) (Gallagher, 2011; Routh et al., 2017; Scott, 2013). In addition to this, staff are often prohibited (or refuse) to use pronouns which match gender identity and hold the belief that gender identity is a choice, leading to many comments of an abusive nature (Faithful, 2009; Routh et al., 2017). All these issues demonstrate how at the microsystem level, inmates diagnosed with Gender Dysphoria face a considerable amount of stress involving both staff and other inmates.

Issues at the Mesosystem Level

The second level of Bronfenbrenner's (1979) ecological system is the mesosystem, which consists of two microsystems interacting with each other. For demonstration, inmates are involved with both a legal microsystem and a social microsystem. According to Jauk (2013), these types of systems are designed in such a way that allows further discrimination and victimization of other than cisgender individuals. For example, to have any legal recourse for seeking treatment or other options, other than cisgender identifying inmate must carry the diagnosis of Gender Dysphoria (Routh et al., 2017). This legal route to treatment also directly impacts the social microsystem of the inmate due to the forced "outing" and sets the inmate up for possible victimization (Colopy, 2012; Lloyd, 2005; Routh et al., 2017). The legal system forces the inmate into a diagnosis which directly impacts how their social circle views that person. This is particularly relevant to Bronfenbrenner's (1979) concept of rules and roles. Gender Dysphoria could be conceptualized as a role that the inmate does not willingly take on as a result of a true mental illness but rather is a response to a negative and unsupportive

environment. This is a consideration a counselor in the correctional setting would need to consider.

Another example of two microsystems in which a non-binary gender identifying inmate might participate is protective custody segregation and the general prison population. Due to the lack of understanding, education, or general knowledge of how to meet the needs of other than cisgender inmates, many are placed immediately into segregation for their own “protection” (Routh et al., 2017; Smith, 2012). By removing the inmate from the general population, many times the inmate is restricted from working, religious services, programming needed for parole, visitation rights, and substance abuse treatment (Smith, 2012). The general population is also not an option because the characteristics of the other than cisgender inmate are viewed as an increased risk for victimization and subsequently litigation potential for the prison system (Smith, 2012). Also, the general population often views other than cisgender inmates as “snitches” that have ended up in protective custody due to reporting violence, a direct violation of the inmate code (Smith, 2012). As a result, other than cisgender inmates are often victimized more due to this perception by the general population (Smith, 2012). As Bronfenbrenner (1979) illustrated, the effects of the two microsystems on each other are reciprocal, and rules/roles are assigned to each.

Issues at the Exosystem Level

The exosystem is the system level in which the inmate might not participate, but that still has an impact on his development (Bronfenbrenner, 1979). An example of this is the policy in place at the institution. A study by Brown and McDuffie (2009) found that only twenty percent of institutions had formal policies to address the treatment of other than cisgender inmates. Routh et al. (2017) followed up with a study which indicated that at least 39 of 50 states (78%)

were now addressing the issue of other than cisgender inmates through policy. While an increase in policies addressing treatment appears to be a step in the right direction, the enormous variability in the options available to inmates still has the potential to impact the other than cisgender inmate significantly. For example, Routh et al. (2017) found that 37 states allowed for counseling appointments to be made, only 13 states allow for hormone initiation, and even fewer at seven allow for gender-affirming surgery. The inmates, while not involved in the writing of these policies, will still be significantly impacted through the available treatment options allowed in the system. A further compounding factor is the budget difficulties many correctional systems face and the increased cost of treatment for other than cisgender inmates versus the risk of litigation by the other than cisgender inmates (Routh et al., 2017). According to Bronfenbrenner (1979), the policies implemented at the exosystem level will have a reciprocal effect that trickles down to the subsystems and then back up again.

Issues at the Macrosystem Level

The last part of an ecological system is the macrosystem which encompasses the attitudes and beliefs of the culture in which the inmate is situated and directly impacts the various subsystems (Bronfenbrenner, 1979). It is from the macrosystem that rules of society are also derived and in turn, imposed on the lower levels (Bronfenbrenner, 1979). An example of the macrosystem might involve the values and beliefs of the American Correctional Association [ACA] for those prisons which seek to be accredited by the ACA. For example, the ACA currently states in its declaration of principles “HUMANITY: Corrections upholds the dignity of individuals, the rights of all people and the potential for human growth and development” (ACA, 2019). While this may seem in direct contrast with much of the research, the influence of this

overarching culture is seen in the sharp increase in policies outlining treatment for other than cisgender inmates.

An additional piece of legislation known as the Prison Rape Elimination Act [PREA] set a cultural standard of the criminality of rape of prisoners and regulations for all prisons to help ensure the safety of all inmates from sexual assault (Robinson, 2011; Routh et al., 2017). The PREA act also addresses the process for identifying the gender of inmates who choose not to disclose, the prevention of physical inspections of genitalia to determine gender, and states an institution must act in good faith to take into account an inmate's gender identity when considering housing placement (Routh et al., 2017). The PREA act does stop short of forcing prisons to provide alternate placements or allowing inmates to choose which gender conducts searches and pat-downs (Routh et al., 2017). Even though not all items are addressed to the satisfaction of all, the passage of this act does demonstrate a culturally held value that rape is wrong regardless if a person is a prisoner or not.

The current political climate can also speak to overarching cultural considerations at the macrosystem level as well. Under President Trump, the *Transgender Offender Manual* was revised, striking out the possible placement of inmates based on gender identity and replacing it with the placement of inmates based on biological sex (Federal Bureau of Prisons, 2018). In a response from the National Center for Transgender Equality, Keisling (2018) stated:

Transgender people already know the Trump-Pence administration is dedicated to stripping away our rights. Their cruelty is only made more evident as they continually go after the most vulnerable among us. The extreme rates of physical and sexual violence faced by transgender people in our nation's prisons is a stain on the entire criminal justice system. Instead

of leaving the existing policy alone, the administration is clearly prepared to encourage federal prisons to violate federal law and advance its own inhumane agenda.

In a sharp contrast to this statement, the author of *Trans Life Survivor* Heyer (2018), stated “As a former trans person, and as someone who daily receives stories of physical and emotional devastation wrought by trans ideology, I look forward to a federal definition of sex as being rooted in immutable biology, without the option of being self-selected” (para. 28). This statement speaks to the continuing divisive nature of gender identity within the United States. These cultural overtones as with other layers of the system will have a reciprocal effect on the subsystems and will be affected in return.

Issue of Gender After Release from Incarceration

When exiting the correctional system, individuals enter another system - society or the free world. It is important to note that formerly incarcerated individuals who identify as other than cisgender will face some unique challenges. According to Baćak et al. (2018), the period following incarceration is of the utmost importance in terms of health and mental health interventions. In particular, individuals who identify as other than cisgender may experience issues related to social support networks, different roles as they transition from families of choice to family of origin, access to healthcare, and stigma associated with not only incarceration, but also with gender nonconformity (Baćak et al., 2018). Of special importance for counselors, both individuals who have been incarcerated and individuals who identify as other than cisgender have been historically marginalized. This marginalization may become more complex after release. New mental health issues may develop related to negative treatment in society making it necessary for counselors to practice in a culturally sensitive and competent manner to address the many ways this marginalization may occur (Baćak et al., 2018). The need for culturally

competent treatment is implied in the Binswanger et al. (2007) study. They found that individuals released from incarceration had a higher risk of accidental overdose deaths and suicide.

Summary

The issues surrounding individuals with Gender Dysphoria who were previously incarcerated are complex. It is imperative that counselors have a baseline knowledge of the experience of various other than cisgender individuals who have been previously incarcerated and not just individuals that identify as transgender to practice in a culturally competent manner. One way to begin understanding the issues and educate oneself as a counselor is to hear from the individuals who are diagnosed with Gender Dysphoria and were previously incarcerated. By first seeking to understand the phenomenon that is Gender Dysphoria as adult assigned male individuals experience it, counselors can begin to understand their clients from their clients' experiences.

Chapter Three

In this chapter I discuss the premise of qualitative research and how my research question necessitated a qualitative and phenomenological approach. Next, I discuss phenomenology in detail including its philosophical roots, foundation and history, and the approach relative to research. Following this discussion, I discuss my position and role within the research followed by my epistemological assumptions. I then move into the procedures utilized during the study and provide in depth explanations for each step. The chapter is concluded with my subjectivity statement.

Qualitative Research

When beginning to conceptualize this project, I knew I wanted to have a richer understanding of the lived experience of the target population. I was more interested in the intricacies, interpretation, description, and meaning of their experience in their given setting rather than trying to quantify a vast number of experiences. My research question also required a methodology which allowed for all these things to happen. Given my research question, “What are the lived experiences in and out of the correctional system of adult AMABs diagnosed with Gender Dysphoria?”, a qualitative approach was the appropriate methodology for carrying out my study and adding to the literature. According to Butler-Kisber (2018) qualitative research focuses more on questions such as *what* and *how* to explain a phenomenon in question within a given context. Further, according to Denzin and Lincoln (2018), “qualitative researchers study things in their natural setting, attempting to make sense of or interpret phenomena in terms of the meaning people bring to them” (“Research Versus Inquiry,” para. 1). Additionally, according to Flick (2014), a qualitative approach is required to understand the multiple ways in which a concept could be experienced and to identify the most relevant concepts.

Qualitative studies encourage the participants to share their stories using their own voices and allow for a reduction in the power differential which often exists between a researcher and subject (Creswell & Poth, 2018). As discussed in Chapter Two, many power differentials, often negative, are found within the prison. A qualitative approach will help to mitigate some of the perceived power which could be assigned to myself as the researcher and possibly influence how the experiences are related.

While I understood that the lived experience of transgender individuals had been studied, the concept of all other than cisgender individuals who were previously incarcerated was too broad even to begin considering interviewing formerly incarcerated individuals about their lived experience, and I did not have a base knowledge for all gender identities. I needed first to describe and interpret concepts shared across multiple interviews before trying to generalize from a broader sample size. Hammarberg et al. (2016) noted that qualitative studies are appropriate when the researcher needs to answer questions or gain understanding about a topic in which the problem is not well researched, clear, or can be answered using factual data. Further, according to Denzin and Lincoln (2018), qualitative analysis can at first always be descriptive but can then lead into interpretation. While quantitative methods might tell me how many other than cisgender inmates are in the system or historically have been incarcerated, they do not tell me what the lived experience is like for an individual or how that experience might differ from yet another individual. Maxwell (2006) asserts that one of the strengths of qualitative study is the focus on human experience, rather than numbers. Qualitative research addresses this conundrum by considering the subjectivity of experience, the different environments which might have an impact on that experience, and problems being examined which cannot be represented through quantitative means (Creswell & Poth, 2018; Flick, 2014). Qualitative study allows for a rich

description and interpretation of complex problems which might be missed by more quantitative means.

Phenomenology

To get to the heart of the lived experience of formerly incarcerated individuals identifying as other than cisgender and diagnosed with Gender Dysphoria, the qualitative approach of phenomenology is appropriate. According to Creswell and Poth (2018), “a phenomenological study describes the common meaning for several individuals of their lived experiences of a concept or phenomenon” (p. 153). My research inquiry asks participants to describe their lived experience as a person diagnosed with Gender Dysphoria both in and out of the correctional system. According to Moustakas (1994), my collection of this description makes the study inherently phenomenological in nature. In addition, the study is further solidified as phenomenological as it is an attempt to reduce human experiences down to an identifiable essence (Butler-Kisber, 2018). In the next section, I provide the reader with an overview of the philosophical underpinnings of phenomenology.

Philosophical Roots

Phenomenology is rooted in philosophy and defined simply as the study of phenomena, experiences that share a universal essence that can be discovered and analyzed through the perspective of the experiencer (Husserl, 1913; Moran, 2000; Zahavi, 2019). Drawing on the work of Stuard and Mickunas (1990), Creswell and Poth (2018) delineate four philosophical underpinnings of phenomenology:

1. a search for wisdom not through empirical or scientific means
2. no presuppositions about what is real

3. humans are conscious of a phenomenon as they direct their attention to it and therefore consciousness and reality are intertwined
4. since reality and consciousness are intertwined, reality can only be perceived within the experience of an individual.

Further, like Bronfenbrenner's (1979) position that development is contextual, a phenomenon cannot be perceived in isolation; instead it is also surrounded by an environment that affects the meaning attributed to that phenomenon (Zahavi, 2019). Phenomenological research, therefore, rejects the positivist notion that truth is objective and waiting to be discovered. Phenomenology is not so much concerned with finding objective truth, but instead describing the phenomenon as the participant experiences it.

Foundation and History

Born in the 1900s through philosopher Edmund Husserl, early phenomenology rejected the notion that all experiences could be studied through purely scientific and objective means without the influence of the human experience (Moran, 2000). Moreover, for Husserl the aim was not to understand the meaning of a phenomenon to an observer but rather, to *only* describe the essence of the phenomenon perceived through the lens of the experiencer (Moran, 2000). This type of phenomenology, often referred to as transcendental, seeks to describe the experience from the experiencer's perspective and to do that, all preconceived notions related to the phenomenon must be avoided or transcended (Husserl, 1913; Moran, 2000). According to Moran (2000), Husserl believed that the human experience and consciousness were what made up all experiences, but prejudices often hid this experience. For example, to understand the phenomenon of being diagnosed with Gender Dysphoria as an adult AMAB in prison, I must

reject all previously held assumptions and expectations and seek to only describe from the perspective of the inmate experiencing this phenomenon.

A colleague of Husserl, Heidegger was also a prominent figure in the early phenomenology movement (Moran, 2000). Heidegger further expanded Husserl's conditions surrounding phenomenology by proposing that phenomenology had to be only descriptive and without presuppositions (Smith, 2016). As stated by Heidegger, "the meaning of phenomenological description as a method lies in interpretation" (Heidegger, 1962, p. 37). He believed that we could interpret phenomena because we had a base knowledge or understanding of the phenomena from the beginning (Heidegger, 1927; Smith, 2016). According to Heidegger (1927/1982):

If we did not understand, even though at first roughly and without conceptual comprehension, what actuality signifies, then the actual would remain hidden from us. If we did not understand what reality means, then the real world would remain inaccessible. ("The concept of philosophy Philosophy" section, para. 9)

I must have at least a base understanding of the experience of Gender Dysphoria to be able to interpret the lived experiences as they are related to me by the participants. Heidegger's hermeneutic phenomenology is used as a base in the current project. This approach relative to research is further delineated by Van Manen.

The Approach Relative to Research

Van Manen (1997/2016) brought hermeneutic phenomenology further into current times by describing research as "to question the way we experience the world, to want to know the world in which we live as human beings...phenomenology calls this inseparable connection to

the world the principle of intentionality” (p. 5). There are six complex interacting activities at work which guide phenomenological research. Briefly stated, phenomenological researchers:

1. Identify a phenomenon for research which also connects the researcher to the world
2. Investigate the phenomenon as it is experienced rather than how we think about or conceptualize it
3. Reflect on identified themes associated or characteristic of the phenomenon
4. Write and rewrite in an effort to accurately describe the phenomenon
5. “Maintain a strong and oriented pedagogical relation to the phenomenon”
6. Consider both parts of and the whole of the research to maintain balance

(Creswell & Poth, 2018, p. 158; Van Manen, 1997/2016, p. 30).

Van Manen (1997/2016) creates space for both description and interpretation in his hermeneutic phenomenology. In truth, without a thick, rich description of the phenomenon, the interpretation by the researcher will be limited at best (Creswell & Poth, 2018; Van Manen, 1997/2016).

Another common characteristic among all phenomenological research is the required reflexivity of the researcher. As mentioned above, in a qualitative inquiry, the researcher and their subjectivity must be considered (Flick, 2014). Researcher reflexivity is defined by Butler-Kisber (2018) as “the need for a clear understanding of researcher assumptions and biases and ongoing monitoring of these” (p. 69). Creswell and Poth (2018) posit that continued researcher reflexivity is a requirement of an ethical study. Much like an ecological system, a reflexive researcher acknowledges the system in which they are embedded and the reciprocal effect on the research this system will have through the researcher. According to Creswell and Poth (2018), “the writing of a qualitative text cannot be separated from the author, how it is received by the

readers, and how it impacts the participants” (p. 405). Indeed, understanding who I am as a researcher, my position in the world, and subjectivity including my inherent bias is essential for understanding the lens through which I interpret my data.

Researcher Position, Possible Impact on Role, and Epistemological Assumptions

As noted above, I will have subjectivity and my own lens as a researcher which I must acknowledge and continually be mindful of to fully understand how they may impact my current study (Hatch, 2002; Moustakas, 1994). My role in the current study is that of a researcher and with that comes an inherent power differential. I am also white, cisgender, female, mid-30's, a mother, a student, middle-class, and an active behavioral health administrator (BHA) within the correctional system in Tennessee. My role as BHA presented additional considerations which impacted my participant recruiting process. The additional safeguards taken to mitigate this influence is explained later in this chapter during my discussion of selection of participants.

Additionally, I identify as cisgender and spent a significant portion of my life being told that other gender identities were not real or were sinful. As such, I had quite a difficult time having an empathic reaction with inmates that identify as other than cisgender and wanted to further understand their experiences. I discuss my current position later in this chapter. I must always be aware of the way all these components interact with one another to influence the study and in turn, influence me. According to Finlay (2009), being aware of my own biases, values, and position in the world will allow me to begin seeing what parts of the study might be coming from myself rather than coming from the lived experience of my participants.

Before I discuss the research inquiry method, it is important that I first examine my beliefs about the way people acquire knowledge as they experience the world, or simply put, my epistemological assumptions. As both a counselor and an administrator, I inherently believe that

all humans are embedded in a system which both influences and is influenced by the person. It is for this reason that I chose to frame this project with the EST as conceptualized by Bronfenbrenner (1979). I believe that no one exists in a vacuum and every person is subject to the influence of the environment in which they are embedded. I believe the person influences the environment just as the environment influences the person and as a result, a person gains knowledge of the system in which they interact.

Following my belief that person and environment exist in a reciprocal relationship, I also believe that any research conducted must consider the impact of the researcher as a person and as a person embedded in the research context. According to Flick (2014), “the subjectivity of the researcher and those being studied becomes part of the research process” (p. 17). I believe that the way a researcher engages with the topic will impact participant conduct and also researcher interpretation of findings. Thus, I place value on the subjectivity of the researcher as part of the process as well as the subjectivity of the participant.

Finally, I carry many preconceived notions surrounding the subjective experience of life in prison for other than cisgender inmates given that I have worked in the prison culture for the last eight years on average 40-50 hours a week. I must be highly aware of how my prior knowledge and embeddedness in the system could influence my interpretation of data, my approach to the people volunteering for the research, and ways in which this prior knowledge could influence my understanding of participants’ lived experiences.

Method

Participants

I utilized both purposeful and convenience sampling for this study. Patton (2015) defined purposeful sampling as “selecting information-rich cases to study, cases that by their nature and

substance will illuminate the inquiry question being investigated” (p. 264). I also utilized a convenience sampling method after contacting local support groups for gender minorities. Convenience sampling is defined as the selection of a case or participant based on easy access to that participant (Schwandt, 2015). This type of sampling was needed due to the original study planned for within correctional settings and then having to adjust to recruiting participants who were formerly incarcerated I specifically sought out participants assigned male at birth who were diagnosed with Gender Dysphoria either while incarcerated, or if they had been diagnosed as a free person, they retained the diagnosis while incarcerated to the best of their knowledge. I excluded AFAB individuals given that the formerly incarcerated female population was much smaller and was less likely to have a suitable number of participants willing to participate. In addition, my interest lies in the area of working with adult AMAB inmates and trying to capture the experience of both assigned genders would prove too large of a task for one study.

Inclusion criteria for this study included:

1. adult individual with an assigned gender of male
2. the individual was assigned a diagnosis of Gender Dysphoria to the best of their knowledge by a licensed mental health professional
3. the individual identified as other than cisgender per their selection from a provided list of gender identity definitions
4. the individual had previously been incarcerated in a correctional setting in Tennessee.

I also considered, for purposes of sample size, that my purpose for the study was more to understand the phenomenon in depth rather than generalizing my findings to a large population, which I hope to accomplish through fewer participants and more in-depth analysis (Morse, 2000; Patton, 2015). My goal was to ensure I had enough participants for understanding the

phenomenon to achieve data saturation. According to Mason (2010), data saturation is the most relevant component to consider when deciding on sample size. Data saturation is defined by Dworkin (2012) as “the point at which the data collection process no longer offers any new or relevant data” (p. 1319). Charmaz (2006) also states saturation is the point “...when gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of your core theoretical categories” (p. 113). According to Morse (2000), the more information that is gleaned from a participant, the fewer participants needed. In some studies (e.g., phenomenological studies), the researcher is presented with a large amount of data from a single participant and may only need between six and ten participants (Morse, 2000). To this end, my goal was to interview between ten and twelve participants to account for any attrition that might occur and ensure the likelihood that data saturation would occur.

A Word About Demographics

I obtained three participants who completed the interview process. All three of the participants who completed interviews were adults (eighteen years or older), assigned male at birth, and were formerly incarcerated in Tennessee. However, no other demographics such as race, specific age, or specific facilities in which they had been incarcerated, were obtained from participants as an extra measure to protect privacy and confidentiality. This was done very intentionally after consultation with the IRB and seeking a waiver for documentation of informed consent. I was aware that the population I wanted to conduct the study with was very small and any demographic information created a higher potential for someone to figure out the identity of the participant. Participants were also asked to select a numerical code instead of a chosen pseudonym for fear a pseudonym linked to their real identity might be given. Additionally, I asked each participant to choose a four-digit numerical code as I knew most inmates within the

correctional system had a six digit number assigned to them and I did not want the participants to potentially provide me with their assigned inmate number and therefore reveal their identity. Therefore, the only identities owned were transgender and a formerly incarcerated person. The limitations this may have placed on the study are discussed in Chapter Five.

Recruiting

Initially I contacted the support groups *T-Vals*, *Knoxville Transgender Group*, and *Knox Girlz of East Tennessee*. However, despite having active social media groups, these support groups were either defunct or unresponsive to my contact attempts. Therefore, I modified my recruiting procedures with IRB approval. Utilizing these revised procedures, I contacted multiple support groups in Tennessee which were known support resources for individuals who identify as other than cisgender. I identified these groups utilizing Google searches, Facebook searches, and networking with groups already known to me. I provided the study information and flier to the support resource administrators via e-mail and/or Facebook messenger if found on Facebook. I also asked them to distribute to their e-mail listservs if available. This e-mail included a link for potential participants to access the pre-screening survey to determine if they meet inclusion criteria. When I contacted the group administrator via Facebook, I provided the link and flier to them and asked for their permission to post to their group before doing so. However, if they preferred, I asked them to post the flier to the group themselves.

I gave information on the study to the administrators of support groups with a physical location identified on their website. I provided the study information to the support resource administrators via e-mail for their review and asked them to distribute to their e-mail listservs if available. Following the same process I used with contacting social media groups, this e-mail included a link for potential participants to access the pre-screening survey to determine if they

met inclusion criteria. Once participants confirmed they met this criteria, they provided their e-mail address and I contacted them to set up an interview time via Zoom. I took special precautions with e-mail addresses to ensure I did not obtain any identifying information from the participants by providing instructions for creating an anonymous e-mail prior to contacting me. All participants who wanted to participate via Zoom were given access to the online prescreening survey. In the pre-screener, participants were provided with instructions on creating an e-mail address that did not contain any identifying information. However, despite the multiple steps taken with these potential recruiting sources, I received no response from sources with a physical location nor am I aware if they sent my e-mail or study information to their member listserv.

Further, I sent the recruiting flier to the Eastern Regional Administrator of the Day Reporting Centers (DRCs) for the Tennessee Department of Corrections (TDOC) and asked her to share with any of her mental health workers who might have access to appropriate participants. This flier contained the link for potential participants to access the pre-screening survey to learn more about and/or volunteer for the study. No names were provided to me and I am unaware if any participants were recruited this way as I did not ask any participants I received via the prescreening survey how they became aware of the study. This flier (Appendix C) allowed participants to have access to the prescreening survey and therefore instructions for creating an anonymous e-mail before contacting me.

Pre-Screening Survey Information

Given the COVID pandemic, while I had planned to interview in person as allowed, ultimately all interviews were completed online via Zoom technology except for one participant who asked to complete by phone due to lack of access to Zoom. Therefore, all prescreening

completions were done via the survey link and the analytics of each response was available for my review. The breakdown of the pre-screening survey is as follows:

- Survey was viewed 164 times
- 10 people began to respond to the survey
- 6 people dropped out
- 4 people completed the survey in its entirety
- One of the four completions ended up being ineligible as the person confirmed they had never been incarcerated when I reached out via e-mail which brought my eligible participants down to 3
- It took an average of 2 minutes for a person to complete the survey
- Average length of incarceration based on answers provided was 159 days (lengths reported on survey were 30 days, 45 days, and 13 months 6 days)
- All three of the eligible participants self-identified with the transgender category

Informed Consent

I discussed the informed consent, risks, purpose, participant rights, voluntary nature and ability to withdraw, confidentiality, and any perceived benefits with each participant. Given the vulnerable nature of my participants and the minimal risk of exposure anticipated (as no identifying information was collected), I applied for a waiver of signature on the informed consent and the UT IRB granted this request. I signed and dated each informed consent for the participant with the four-digit numerical code chosen by each participant. I also then signed and dated the form myself. I provide an example of the informed consent in Appendix A.

Phenomenological Interview Protocol

When considering how to approach the interview process, I aimed to keep in mind the guidelines set forth by van Manen (2014/2016):

- the location of the interview can either help or hinder the willingness of the participant to relate a lived experience,
- it is essential for an interviewer to be personable to help put the participant at ease,
- the interview needs to be arranged at a time during which it will not feel rushed,
- the researcher must maintain openness and curiosity about the phenomenon during the interview,
- it is crucial to record the interview,
- the phenomenological questions must remain the guiding force of the interview, and
- do not ask too many questions or be afraid of silences (pp. 315-316)

To accomplish this semi-structured type of phenomenological interview, I developed an interview guide (refer to Appendix B). According to Miles and Gilbert (2005), semi-structured interviews “have a set of questions to ask...but the conversation is free to vary...and provide a more appropriate format for discussing sensitive topics” (pp. 65, 67). A semi-structured type of interview was appropriate for this study given the qualitative nature and my overarching prompts. The overarching prompts guided the interview and additional prompts such as “please tell me more about,” “please give me an example of,” and “I am not sure I understood, please explain further” were used as needed to elicit further elaboration or direct attention back to the main prompt if too far from purpose of the study (Moustakas, 1994; Vagle, 2018). The overarching prompts for my study were:

1. Tell me about your experience as a person diagnosed with Gender Dysphoria outside the correctional system.
2. Tell me about your experience been as a person diagnosed with Gender Dysphoria inside the correctional system.

Interviews lasted between 38 minutes and 58 minutes with approximately 5-10 minutes not recorded as this time was used for informed consent procedures. All interviews took place via Zoom or google voice per the request of one participant who did not have access to Zoom... I audio taped the interview utilizing Google voice for purposes of transcription and analysis after I obtained informed consent. Zoom only allows for audio and video recording, so to protect my participant's privacy and confidentiality, I immediately deleted the video file after the interview and kept only the audio recording. I never viewed the video file after the interview. These audio files were downloaded to a password protected folder on my password protected personal laptop. This laptop, when not in my possession, is always kept inside of a locked filing cabinet at my residence. I retain possession of the only key to the filing cabinet I interviewed each participant one time to obtain a rich description of their lived experience, followed by transcription and data analysis to interpret those experiences through coding and theme creation procedures.

As protective measure related to transcription, I sent the interviews to Rev, a transcription service which utilizes high levels of security to protect data. I uploaded the audio file directly to Rev through my password protected account established with Rev. I accomplished this by logging into the personal, password protected Rev account, selecting "place new order," and then uploading the audio file directly from my password protected computer to the Rev account (thereby eliminating the need to send any audio files via e-mail). Per the Rev website, all transcriptionists are certified and sign non-disclosure agreements to ensure the confidentiality of

data is maintained: "Rev has a strict customer confidentiality policy. Your files are private and protected from unauthorized access. All of our professionals have signed NDAs and strict confidentiality agreements. Rev professionals only complete work on our secure platform" ("Security and Confidentiality FAQ", 2021). Additionally, according to Rev, "we encrypt all data - both in transit and where it is stored on our protected AWS servers. Your files are securely stored and transmitted using TLS 1.2 encryption, bank-level security. To deconstruct this jargon, it would take a supercomputer 13.75 billion years to break this encryption and compromise our security" ("FAQ: How Do You Protect My Files", 2021). I utilized this process to both ensure efficiency and accuracy with transcribing but also to further protect my participants' privacy and confidentiality.

Data Analysis

I began my data analysis with multiple reads of each transcription to ensure that all verbal sounds had been included. Following this, I went through each interview and color-coded words or small sections using highlighters. These words then became codes when they were lumped into theme categories. After the first round of coding and theme creation, I sent my color-coded interviews to a peer for triangulation I chose this peer after discussions with my chairs on which students they felt would be appropriate. It was decided that a doctoral student would be more appropriate given their advanced training with research. A discussion was also had surrounding the practicality of being able to participate depending on life circumstances of the potential peer reviewers. A list of three peers was generated and I sent an e-mail to all three asking if they would like to participate. The peer selected was the only one to respond who met what we felt was appropriate criteria and had the available time to assist.. He then read through the interviews,

my codes and themes, and sent feedback indicating the areas in which he agreed and areas in which he thought I might be able to expand a bit more.

Upon receiving this feedback, I engaged in a second round of coding and theming during which I reflected on his feedback and revised any initial codes or themes as needed. Upon writing up the main themes in Chapter 4, I then resent Chapter 4 to my triangulating peer to see if we were now in agreement on the themes and how I had captured the interpretation of these themes. My triangulating peer then confirmed his agreement with the codes and themes and my interpretation of those codes and themes. An example of the coding and theming process for one participant is given in Appendix D.

Empirical Support for Data Analysis Methods

Hermeneutic Circle

Similar to the EST, which views people as embedded in a system with reciprocal influence, I utilized the Hermeneutic Circle when analyzing transcribed interview data as it is a way of analyzing data which continually examines how parts of the data related to the whole and vice versa (Martin, 1972; Reiners, 2012). In this analytic process, the researcher is recognized as part of the phenomenon due to their presuppositions and a base understanding of the phenomenon, which is a basic tenet of Hermeneutic phenomenology (Heidegger, 1927; Reiners, 2012). This process is seen as circular and there must be a continual reanalysis on the part of the researcher to determine how parts and the whole are connected and relate to one another (Butler-Kisber, 2018; Reiners, 2012; Saldana, 2016). In this approach, the reflexivity and influence of the researcher must be considered. When beginning the Hermeneutic Circle, I read through each transcript multiple times in order to begin the circular reanalysis before coding.

Coding and Theme Creation

I subjected the transcriptions for this project to continuous rounds of coding, theme creation, and interpretations as required for rigorous data analysis (Giorgi, 1985; Patton, 2015; Saldana, 2016). The primary method of data analysis utilized the Hermeneutic circle, coding, and creating themes from the codes in the data. According to Saldana (2016), a code is “a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data” (p. 9). Concept Coding was the method of coding I chose as it focuses in on the meaning of many phrases and can be applied to longer sections of data (Saldana, 2016). As I am not just interested in describing the lived experience of the participants but rather in interpreting meaning, concept coding allows me to look at how parts of the data “harmonize with the bigger picture” (Saldana, 2016, p. 163).

Codes are then clustered together and interpreted by the researcher to extract meaningful themes from the data (Butler-Kisber, 2018). Themes are analytic reflections or interpretations of the coding which is done; themes themselves cannot be coded as they are interpretations of the meaning behind the codes by the researcher (Butler-Kisber, 2018; Saldana, 2016; Van Manen, 1997/2016). As themes are ways in which to reach a higher theoretical understanding of a phenomenon, they serve a phenomenological inquiry well (Saldana, 2016). According to van Manen (1997/2016), “themes capture the phenomenon one is trying to understand” and are how we make sense of the data we are reading (p.87). These themes pulled from concept codes allowed me to form a richer interpretation.

Establishing Rigor and Trustworthiness

In qualitative research, the rigor is found in the grounding of the work, its transparency, attention to data that does not fit preconceived understandings or other experiences, reflexivity of

the researcher, and the inclusion and recognition of the participants' voices (Butler-Kisber, 2018). To this end, I grounded my project in the established frame of interpretive phenomenology most commonly attributed to Heidegger and utilized established measures for conducting qualitative interviews. I have also explored my place in space and time surrounding my interest as a researcher to be transparent about what inherent biases I may hold; this subjectivity statement can be found at the end of this chapter.

To further identify any biases, I engaged in bracketing with one of my dissertation chairs. While initially I had planned to engage in a one-time bracketing interview, it ended up being a series of bracketing discussions in which we covered many topics. Examples of those topics included my personal experiences with individuals who identify as other than cisgender, my upbringing from childhood and how it may affect my interpretation of the interviews, my personal experiences with clients with Gender Dysphoria both in and outside the correctional system, and any personal beliefs I may hold about gender identity. Through this process I became more aware of the language I was using both in written form in the dissertation and also when speaking to members of the LGBTQ+ community. As a result, I was much more selective in the language I used when interacting with my participants. According to Patton (2015), this bracketing of my previous knowledge and biases allows me to fully focus on the phenomenon as it presents itself to me during the interview. Identifying these experiences allows me to set them aside and focus on the experience of the participant (Creswell & Poth, 2018). Creswell and Poth (2018) further posit that this bracketing also allows readers to decide if I left myself out of the data analysis rather than allowing my experiences to enter and influence the analysis.

Creswell and Poth (2018) delineate a short list of qualities which make a qualitative study rigorous and trustworthy and which I have tried to demonstrate throughout this dissertation, as

rigor must be built into the study from the beginning and not retrospectively (Denzin & Lincoln, 2018). To do this, I implemented each item on the list proposed by Creswell and Poth (2018), which includes:

- a frame for the research based on the assumptions of the chosen approach,
- the study is ethical and goes beyond an IRB approval to account for anticipated and emerging ethical concerns,
- the researcher uses a recognized approach,
- the researcher has a singular or narrow focus allowing for more depth in the data,
- data collection follows a rigorous method,
- data analysis methods are described in great detail outlining a rigorous approach,
- multiple levels of abstraction are used such as the move from codes to themes,
- the writing of the research is such that the story or voice comes to life and pulls in the reader to the experience, and
- the researcher positions themselves in relation to the research and considers their subjectivity (pp. 107-110).

To further establish rigor and trustworthiness, I used a peer reviewerto triangulate the analysis as delineated above. According to Denzin (2017), “the advantages of multiple observers are obvious: Tests on the reliability of observations can quickly be made, and observer bias can thus be judged” (p. 471). There is some debate on whether triangulation can be used to reach an objective or universal understanding of a phenomenon (Denzin & Lincoln, 2018). However, for purposes of this dissertation, triangulation was utilized from the perspective of gaining a broader, more in-depth understanding of the phenomenon in question and provide alternative perspectives

which may not be in agreement with my first analysis (Denzin & Lincoln, 2018). Please see appendix D for an example of how triangulation was used in the current project.

Ethical Considerations and Participant Safeguarding

First and foremost, as I am a counselor by background and am seeking a degree in this field, I turn to the *American Counseling Association Code of Ethics* (2014) for guidelines on ethical research. Section G of the code lays out precise requirements guiding research completed by counselors including considerations surrounding research responsibilities, rights of the participants, managing and maintaining boundaries, reporting results, and publications and presentations (American Counseling Association, 2014). As with any of my actions in counseling, I strived to do no harm to my participants and take reasonable precautions to guard against such harm (American Counseling Association, 2014). Given a potential risk related to participating in the study was mental distress, I provided participants with a list of mental health resources in each of the three main sections of Tennessee with their contact numbers if the participant so desired after the interview. Additionally, I protected the confidentiality of participant information by scanning and saving all informed consent forms in a password protected file on a password protected computer. The originals were destroyed immediately upon their being scanned and saved into the computer. In addition, all audio files were stored electronically in a password protected file on a password protected computer. At that time, the audio file was deleted from the recording device. Additionally, I selected a transcription service which used high level security and encryption methods as an additional safeguard for my participants' data.

This study asked participants to discuss a very personal and perhaps highly emotional subject of gender identity and associated distress. Van Manen (1997/2016) laid out four things a

researcher must be aware of in order to maintain an ethical study. The first consideration for the researcher is that research can have an emotional effect on those interested or invested in it that can be positive or negative (Van Manen, 1997/2016). The second consideration is that research can also affect the institution where the research is conducted (Van Manen, 1997/2016). Thirdly the methods employed by the researcher can have a lingering positive or negative effect on the participant (Van Manen, 1997/2016). Lastly, the project can transform the researcher (Van Manen, 1997/2016). It is the responsibility of the researcher to be mindful that these things can happen at any time before, during, or after the study; we particularly need to safeguard vulnerable participants at each stage of the study (Creswell & Poth, 2018; Hatch, 2002). To mitigate these risks, Creswell and Poth (2018) stress the importance of having the study approved by an IRB to ensure the study meets accepted ethical standards and address any concerns the proposing researcher may have missed. Before I conducted interviews or collected data, I submitted this project to and had it cleared by the University of Tennessee (UT) Institutional Review Board (IRB). This review required that selection of participants, informed consent protocols, interview protocols, and methods for data analysis met ethical standards required for researching with human subjects.

Researcher Interest and Personal Experience with Phenomenon

In keeping with the spirit of phenomenology and the acknowledgment of positionality, I discuss some of my interests, values, and experience with the phenomenon under study here. It is important to note, however, that this position statement was written prior to conducting any interviews. Therefore, it does not take into account the ways in which this study may influence my interest and personal experience with the phenomenon. My interest in this study stems from

my work as a behavioral health administrator and lack of direction given to counselors working with those with Gender Dysphoria within the corrections system.

I grew up in a rural community in the Southeastern U.S. where questions of gender identity were not questions at all. There were two accepted genders, male and female, and anyone who suggested otherwise was clearly a sinner that would be sent straight to hell in the afterlife. I spent my younger years going to church a minimum of three times a week during which traditional gender roles were ingrained in me without my knowledge or consent. I knew no other way. Gender was considered a set rule and role which allowed no room for deviation but also provided comfort in knowing what to expect. Unbeknownst to me, this early introduction to strict conformity would influence my personality to the extent that I found comfort and joy in structure, rules, and clear expectations. It was not until I continued in my advanced graduate studies that I was challenged to reflect on my values and beliefs and make conscious decisions about my personal beliefs and values.

While my work and responsibilities in the field of corrections met some of my needs as far as structure and expectations, I noticed interactions between gender non-conforming inmates and the correctional system which did not “feel” right. For example, I often noticed that regardless of the expressed desire of an inmate to be called by a female name, the staff utilized the given name at birth or Mr. Last Name, and sometimes it seemed directly used to spite the inmate. I also noticed that many employees would use their religious beliefs to justify treating inmates of the LGBTQ+ community with complete apathy or outright disrespect. Any resulting mental distress on the part of the inmate was due to the “delusion” that they were of a different gender, not the environment or treatment at the hands of staff. This personal reflection on my day

to day work and newfound values and beliefs left me wanting to understand the lived experience of inmates diagnosed with Gender Dysphoria serving time in a correctional environment.

Six years before entering my doctoral program, I started working as a counselor. I counseled in a variety of settings to include outpatient vocational work, inpatient crisis stabilization, substance abuse, and long-term care. For the three years immediately preceding my entering the doctoral program, I worked as a counselor and then as an administrator over behavioral health services in the field of corrections. As a counseling student, I had always heard that every counselor finds their niche. Corrections was mine. Many aspects of the counseling setting in corrections appealed to me. There were well-established rules, longstanding policies, governing structures, and clear expectations for the clients, whom I very quickly learned to refer to as inmates. On a personal level, I craved and flourished within the conventional structure and predictability working in corrections provided. These environmental qualities were missing in my previous counseling work settings, causing me to feel frustrated as a counselor. In previous counseling settings, I carried a sense of having to “sugarcoat” feedback for clients because I was dependent on them to come back in order to receive compensation. I felt disingenuousness as a counselor in these other counseling environments.

Looking back, I realize I felt so comfortable working in corrections because it so closely matched the values I was taught growing up, and my cultural background was incredibly similar to many of the other staff members. Many of my corrections colleagues and I grew up in highly religious families (although denominations varied), with a clear understanding that only two distinct gender identities existed, male and female, and that these two gender identities were ordained as normal (i.e., not a sin). Many of us shared other highly conservative values, most of which were mutually understood, but unspoken.

Upon entering the field of corrections, I discovered that “being real” with the inmates was prized above all else. My personal experience has been that inmates do not want anyone to sugarcoat things and would rather someone tell them the truth as bluntly as possible, so they can then make their decisions. The understanding I gathered quickly was that the entire system runs on respect and there was very much a concept of consent of the governed. If the inmates truly wanted to rise and overthrow security, it became quite clear they could do so purely based on sheer number. It was all a precarious system balancing daily on a knife’s edge.

Part of that balancing act, I soon discovered, was also the perceived sense of power granted to the security officers and the forced conformity of the inmates. Every inmate was told when to wake up, when to go to chow, when to go to recreation time, what to wear, how to wear it, and all personal property had to fall within very stringent guidelines. This strict conformity reinforced the sense of being controlled. The more I watched, the more I realized this conformity could also cause many psychological problems for those who did not conform to norms while in the free world, let alone in a prison system with forced conformity to every standard. The most apparent evidence I witnessed was the difficulty experienced by inmates with non-conforming gender identities. We as staff always knew who “they” were and each one of “them” had a nickname of a feminine nature which quickly set them apart from the majority of other inmates. The other inmates also knew who “they” were and while myself and other staff members always worried about their risk of sexual assault, I never heard of this happening. I wondered why when I assumed much of the research would show they were at a much higher risk. I also wondered what the possible ramifications of all the forced conformity might be and what consequences I might personally face for even acknowledging that Gender Dysphoria was a “real” disorder. Many of the conversations I had experienced with non-clinical personnel (and truthfully with

many clinical personnel) revealed an unsympathetic environment and lack of empathy or understanding for this type of struggle. Of course, my experience alone cannot be generalized to all non-clinical personnel, but I began to question if there were underlying themes consistent across the experience of AMAB inmates diagnosed with Gender Dysphoria. What was their lived experience being diagnosed with Gender Dysphoria while in prison? Could their experience of their gender be vastly different between their incarcerated lives and free-world lives? My wonder about all these different concepts led me into my current work of studying the lived experience of AMAB inmates diagnosed with Gender Dysphoria.

It would do an injustice to my research to not acknowledge that I am experiencing disappointment in having to conduct the study using participants who were *formerly* incarcerated. Originally, I had planned to study current inmates. The passage of time may alter the perception or meaning given to experiences that occurred while incarcerated. I have been encouraged to engage in research that is meaningful and will help those who are vulnerable and might benefit the most from the findings, but when I attempted to study prisoners, my efforts were thwarted. I plan to be mindful of my reactions and emotions so that when I analyze data, I do so in an unbiased manner.

On a personal level, my connection to the topic is still somewhat of a struggle. I am no longer active in nor do I desire to be associated with the church in which I grew up. However, I think that having been steeped in that environment so long has left me unable to completely “shake off” the teachings without at least a nagging fear that I might go to Hell for accepting anything outside of God’s will. In this case, gender identity other than male or female is still hard for me and I truly do not know what I believe in reference to the subject. The culture in which I remain steeped, which is very rural and highly conservative, also influences me. The values I

know for certain that I hold are that treating people with kindness and respect is paramount, it is not my place to judge anybody for their decisions lest I throw stones in a glass house, and lastly, the world always needs more kindness and not hate.

Summary

This section began by discussing the purpose of my current study and my reasoning for choosing a qualitative research method. Following this, I discussed phenomenology as a philosophy and a research method and my choice of this approach. Current data collection and analysis methods were discussed with transparency to provide additional rigor to the study. The chapter concluded with my subjectivity statement, to acknowledge my history and connection to the phenomenon. Providing this statement contributes to my transparency as a researcher and demonstrates my bracketing and reflexivity.

Chapter 4: Findings

The purpose of this qualitative phenomenological study was to examine the lived experience within a correctional institution of adult AMAB prisoners who identify as other than cisgender and were diagnosed with Gender Dysphoria. This study was grounded in Bronfenbrenner's EST to provide a framework from which I might better understand, through phenomenological inquiry, how the correctional system, as an ecological system, might influence the intersection of gender identity and Gender Dysphoria. The specific research question guiding this study is: What are the lived experiences in and out of the correctional system of adult AMAB inmates diagnosed with Gender Dysphoria?

Participants

I have included a rich, thick description of my participants here to maintain the connection between their description and their words. A shorter summary discussing the number of participants and any known demographics is included in Chapter Three.

Participant One: Identifier 4702

This participant was interviewed via Zoom technology. Upon first connecting, the participant appeared to be in a bedroom. I could not tell specifically if she was lounging on a bed or if it was a futon perhaps in another room but she did appear somewhat relaxed. The room was somewhat dim and the image not especially sharp. However, she was wearing a hijab and appeared to be white. However, I did not ask any questions concerning her race as discussed in Chapter Three and so I cannot confirm that she identifies as white. This is merely an observation I made. She was smoking an electronic cigarette and her eye contact was not looking directly into the camera consistently but rather she seemed to be staring off to the side but she did seem to be attentive and responsive to my questions and prompts.

This participant reported being incarcerated for 30 days in an all-male facility (sex assigned at birth). During her time at this facility, she recounted multiple instances from both staff and other inmates alike that made her time incarcerated “a hellish nightmare.” Specific examples she provided included being forced to stand partially naked (no shirt) for inspections despite having breasts and not being allowed to have a bra, being sexually assaulted by other inmates, feeling as if staff intentionally put her in situations in which she could be hurt, being denied medical treatment for both her Gender Dysphoria and after assaults, and being forced to conform to standards for males in the institution (e.g., not allowed her hair wraps or feminine undergarments). She states that this type of treatment came from “both staff and inmates and it was constant.” When discussing mental health treatment in the prison, she indicated she was denied mental health care and added, “I just wish that there was somebody in my corner who at the absolute very least, didn’t want me to die.” When asked, she stated that she felt like all staff and inmates in the correctional facility wanted her to die solely due to her gender identity.

When comparing this experience to her lived experience outside the correctional setting, she noted that her gender “98% of the time is a non-issue.” However, she was quick to point out that the times when she did run into difficulty were when she was “dealing with healthcare or some type of bureaucratic nonsense, you know, like the DMV or social security or just any government.” She further explained and gave examples of how her experiences with any type of formal institution, even while not incarcerated, were not supportive of her gender identity or they subjected her to the same treatment she had experienced in a correctional setting. For example, she reported checking into a psychiatric facility after a suicide attempt and “security holding me down so the doctor could visually ascertain what was down there.” This occurred in spite of multiple attempts to explain that her sex assigned at birth and physical sex characteristics had

nothing to do with her reason for being at the facility. She further went on to say that anytime she had been to a hospital, her treatment at these facilities was the exact same as she had received while incarcerated (i.e., segregated based on sex assigned at birth, often housed with males, and lack of gender affirming care).

When discussing life as a free person after incarceration, she offered quite a bit of information as far as how the intersection of her gender identity and the label of “ex-felon” have impacted her ability to survive. She recounted being homeless multiple times, not driving for fear that she would be pulled over and have to interact with an officer, and not wanting to go to the grocery store for fear of how people may treat her based on her gender identity. She unequivocally stated that if a person “doesn’t have PTSD going in, you’ll have it when you come out...there’s no recovery from some things.” Another important component of her story is that she feels she was approached more frequently by law enforcement as a transgender person, and that the standards for arrests, evidence, and convictions are “completely different” than for cisgender individuals.

Participant Two: Identifier 7576

This participant was interviewed via Google voice per her request as she stated she did not have access to Zoom technology. As a result, I only have audio recording and I never saw this participant in person or via video. I did not ask any questions concerning race or other demographics. I believe she participated in the interview from home as she stated that she was being evicted from her home and when stating this she used the phrase “I’m being evicted from here”. I could not hear any background noises which would indicate she was around other people or outside.

This participant reported being incarcerated for 45 days in an all-male facility (sex assigned at birth). This participant recounted several instances while incarcerated that made the experience “even more difficult...I mean I identify as female and...it was really difficult for me to be incarcerated as transgender...in fear for my life.” Much like the first participant, she also identified times that she was forced to adhere to male standards. One example she gave of this was during the “booking” process when she was made to strip off all her feminine clothing and wear a green jumpsuit assigned to the male population. She referred to this process as “humiliating” and shared that she felt she was “being made fun of.” She also states during this booking process, officers commented, “Why do you dress like this, you know you’re a male, you just need to get over it” (in reference to her gender identity). She also discussed not feeling safe and at risk of sexual assault by other inmates. She states this risk was further increased by staff because “they don’t care...they look at you as either biologically male or female...they don’t care how you dress and they just make fun of you.” She also provided insight into the risk of assault, which was not mitigated by the presence of cameras. She stated, “Even though they claim to have cameras in there, it doesn’t cover the area, being watched 24/7. There’s still gray areas where something can go wrong.” However, she did not expand on this idea any further as she stated, “They tried to force me to, well, I don’t want to even say that,” and I reassured her she did not have to discuss anything she was not comfortable with discussing.

She also touched on the fact that many inmates and staff would demand proof that she “was a guy” and often she would be housed with an inmate who was “gay” even though “being male to female doesn’t necessarily make you gay...they automatically label you as gay.” The indication was that she did not think the staff responsible for cell assignments understood the difference. She experienced staff wanting her to “go away” and even stated when she was being

released, they made remarks such as “Thank God you’re leaving.” Another component of her incarceration, related to her interactions with staff, was her perceived inability to receive mental health treatment while incarcerated. She reports only being “allowed to go to the drunk tank if it was empty for a few hours.” She did state that mental health professionals working in the correctional setting or with former offenders should “be kind...offer better solutions...listen first.”

When shifting to life outside the correctional system, this participant continued to experience “bullying” and non-acceptance. She stated she was currently being evicted from her housing due to identifying as transgender. She feels the only place she has experienced true acceptance was at a psychiatric facility. Other than at this one psychiatric facility, however, she went on to describe how both in and out of a correctional system, conformity to gender norms was expected. For example, both in and out of the correctional system she feels that being tall, having a more masculine voice, and even the way she walks is a hindrance to being accepted as female. She stated, “There’s a difference in the way a man and a woman walk and talk and carry themselves.” Other than the one psychiatric facility, she stated at a “doctor’s office or dentist office...you get weird looks...you feel uncomfortable.” However, she did express she felt society was becoming more and more accepting. One last interesting point this participant made was a distinction between men accepting her far less than women. She explained that it was easier to be herself around other women and was very liberating.

Participant Three: Identifier 0420

This participant was interviewed via Zoom technology. I was readily able to view her and it became increasingly clear as the interview went on that someone was in the room with her just off camera. Her appearance was what I would call traditionally feminine meaning she was

wearing make-up, earrings, and her hair was longer and clearly styled. She also appeared white, but as with the other participants, I did not question her about her identified race or ethnicity and therefore cannot confirm that she identified as white. She appeared to be completing the interview at a desk in a bedroom as I believe the piece of furniture behind her was a bed. She was quite talkative throughout the interview, laughed easily, and seemed very relaxed and at ease with me. She did at one point begin smoking and she stated it was “just cannabis” and seemed to really want me to know that she was not “committing crimes” on camera. She did make regular eye contact with the camera and seemed attentive and responsive to my questions/prompts.

This participant reported being incarcerated for thirteen months in an all-male facility (sex assigned at birth). This participant described her experiences in the correctional institution as very difficult. She went on to explain that initially “I wasn’t very open with my identity...just let people make their own assumptions” but when they became “suspicious that I was trans”, she started experiencing more problems. She discussed feeling threatened by other inmates in regard to her safety. However, in her retelling of these experiences she described an overtly aggressive approach to these threats and stated, “I had some incidents just about people thinking certain things and I shut those down by frankly beating the shit out of them.” She also indicated she had also become physically violent with security staff after multiple verbally abusive statements were made: “I punched the CO in the fucking mouth...it was because there was a string of very, very offensive things said to me and about me and I took exception to that.”

Further, she discussed receiving “very different treatment” than other inmates. She gave a few examples such as the chaplain not honoring as many requests for her as others, medical staff not taking her complaints or illnesses as seriously, and security treating her differently from other inmates when she would get into altercations. For example, she discussed that other inmates

would usually be taken straight to a segregation area after an altercation, but she would just be moved to another general population pod. Additionally, she stated her psychotropic medications were changed after staff suspected she was trans and she was switched from “something that worked” to a medication she felt affected her physical appearance in a more masculine way (e.g., her hairline changed after switching medication).

Eventually, she related that she was placed in a mental health pod because she did not conform to the rules/standards and she also felt in some ways they perceived her gender identity as a mental illness. She particularly noted that having long, “feminine” hair was problematic and led to an altercation with a cell mate and with male staff. She expressed that the staff within the correctional institution often did not understand the difference between sexual orientation and gender identity. This often led to her being labeled as “gay” and housed with another offender identified as “gay.”

When discussing her life on the outside, she noted that most of the time she did not experience many issues regarding her gender identity with the general public. However, she did note that psychiatric facilities and government hospitals were much better with her than when she was incarcerated. She did state, “I’ve heard different things from others though, so I think it’s just who you get when you are in there.” She did make a point of discussing how access to treatment can be limited on the outside and she had an unfortunate experience with a medical facility operated by the Catholic church. She related being treated very dismissively after coming out as transgender to the providers. Eventually this led to her seeking services elsewhere. She was transparent with her struggles with mental illness and went so far as to say the trans “population is disproportionately mentally ill” when compared to the cisgender population.

She also made a point to discuss that she often felt targeted and felt as if she always had to be on her guard. In particular, she did not indicate any interactions with law enforcement as affirming and felt that she was confronted more often by law enforcement than a cisgender person would be. She described avoiding law enforcement at all costs due to not knowing how she would be treated or if she would be targeted for something based on her gender identity. For example, she states that at one point she lived next door to people that were having a very large, noisy party and had taken her parking space, thereby forcing her to park illegally. When the police arrived, she stated they forced her and her roommate to move their cars and walk back home rather than having the party goers move their cars out of their spaces. She directly attributed this to being “targeted” due to being transgender.

Themes

After analyzing the data, I identified five emerging themes of safety, human dignity, conformity to gender norms, intersecting gender identity and treatment, and experiences with law enforcement/facility staff. I also discuss outliers that presented themselves during the interviews but did not emerge as a prominent theme. Following this, I discuss the essence of the experience based on these themes.

Safety

Within Prison

All three interviews were rife with concerns about safety (both perceived and actual), particularly the threat of sexual assault and/or rape within the system. As noted in Chapter Two, policies governing the prison (including those addressing the safety of inmates) will have an impact on the different levels of the system. However, the participants did not specifically address any policies in relation to their safety. The theme emerged as more of a primary issue

found within the microsystem and mesosystem. As a reminder, the mesosystem is the interaction of two microsystems, specifically the security staff and the other inmate peers, with which the participant also interacts. Further compounding this issue was the intersection of multiple layers of the system from the immediate threat of other inmates with whom the offender might be housed (microsystem) to the security staff turning a blind eye to obvious signs of assault (mesosystem). As participant 4702 stated, “It was no big mystery what was happening...I’d have a busted lip...broken nose” and “I asked for medical care and was denied.” In addition, threats to safety did not just come in the form of sexual violence but also in verbal threats or other means. Participant 4702 stated, “In one instance I was denied food” and participant 7576 stated “I was threatened within an inch of my life.” It also appeared that even when the staff gave reassurances that inmates were safe, the inmates did not share this same perception. Participant 7576 stated, “They claim to have cameras in there...that doesn’t cover the area of being watched all the time, 24/7...there’s still that gray area...that something could go wrong.” Participant 0420 also confirmed that she had to be vigilant about her safety and experienced “some incidents, uh, just about people thinking certain things. And I, I shut those down by frankly, beating the shit out of them”.

Outside of Prison

All three participants continued to describe instances in which they did not feel safe outside of the prison system regarding their gender identity. For example, participant 4720 related being held down in an emergency room so doctors could visually ascertain her external genitalia despite not presenting with any physical ailments requiring this type of exam. This was another instance in which two levels of a system were likely intersecting, specifically the microsystem of the providers rendering care and the hospital policies governing their ability to

visually ascertain genitalia to confirm a person's gender that aligns with their sex characteristics. Participant 0420 stated she always carried a big knife for protection and even stated her attempted murder charge came from having to "defend myself with lethal force" after revealing to her father that she identified as transgender. Given that this participant is residing in Tennessee per her self-report, it is possible that her feeling the need to carry a weapon at all times speaks to the macrosystem in which she is embedded and the acceptance or lack thereof for people who identify as other than cisgender. For example, according to Ronan (2021) with the *Human Rights Campaign* gives the example of at least four different bills aimed at discriminating against the LGBTQ+ community in Tennessee in what is being called the "slate of hate". Participant 7576 related that she was currently being evicted from her home due to identifying as transgender, and while this is not an overt case of assault, there was definitely an underlying tone of fear when relating this information and all the potential safety concerns related to not just being homeless but the intersection of homelessness and identifying as other than cisgender.

Tone of Interviews in Relation to Safety

When discussing issues related to safety, each participant presented with both similarities and differences. Participants 4702 and 0420 had anger in their voices and presentations when discussing experiences when they were subjected to abuse or assaults. For example, participant 0420 recounted an overtly aggressive approach when she felt she had taken enough abuse and "punched the CO in the fucking mouth." Participant 4702 was quite angry when discussing being physically held down at an emergency room for a visual exam of her external genitalia and was very forceful in her tone when emphasizing she had not presented to the emergency room for any reason requiring that type of exam. Participant 7576 did not present as angry as participants 4702 and participant 0420 but was also not able to discuss times in which she had been assaulted,

stated “I don’t want to say that.” She did, however, become more forceful when discussing that gender identity and sexual orientation were not the same, stating, “Being male to female doesn’t necessarily make you gay...I was raped by my stepdad and I don’t want nothing to do with men...that’s part of the reason why I hate being one.”

An underlying fear and anxiety seemed to be driving the anger. Participant 4702 often spoke softly, made minimal eye contact, and used her electronic cigarette throughout the interview seemingly to give herself time before answering or for comfort (I was unsure which). It took quite a bit of prompting for her to elaborate on answers and she seemed distrusting at first but gradually seemed to open up further. As a counselor and not just a researcher, I understood immediately that I was likely speaking with someone with posttraumatic stress disorder who was hypervigilant and on guard due to her experiences. Participant 0420, while much more talkative, often provided much information that was only tangentially related to the questions and at times it seemed that this was done to present herself to me in a favorable light. It seemed as if she felt she always needed to defend herself or her account. Participant 7576 seemed the happiest of the three during the interview but also very hesitant at times when answering my questions. She also seemed as if she wanted to answer “correctly” even though no correct answer existed. She also prefaced a question about being paid at the end of the interview with “I hate to even ask but...” as if she feared the question would somehow be offensive to me. Also, as mentioned above, participant 7576 also seemed to be experiencing some fear and anxiety related to eviction and the prospect of homelessness as a person that identifies as other than cisgender. This overarching tone of fear and anxiety, which was likely driving some anger, was important for me to witness as a counselor and as a researcher.

Human Dignity

Within Prison

The theme of human dignity seemed to span all levels of the system. Again, this included those at the microsystem level (e.g., cellmates) going on “homophobic rants” all the way to the exosystem level which contains policy used to determine if female undergarments would be provided in a male institution. Across all three participants, the lack of dignity provided to those who identify as other than cisgender was apparent. Some examples of the lack of dignity included forcing a person to stand naked with other males, even when they had secondary sex characteristics such as breasts, and not being provided a bra. Another example given was being questioned at intake why they were dressed in a feminine manner and then being told to “get over” their gender because they knew they were male. The use of derogatory terms by staff and inmates alike was consistent across all three participants and none of the participants had an experience in which chosen pronouns or chosen name were respected.

Outside Prison

Some of the same dignity issues were discussed by participants even in the free world. For example, in addition to the safety concern, participant 4702 reported consistently being asked inappropriate questions by medical providers about her gender identity such as what “parts” she still had even when not seeking treatment for physical ailments. Further, she reports she will consistently be labeled as male on records and “dead-named” despite all her government documents being changed. She also reported being housed with men while being treated at an inpatient facility even though all her identification had her listed as female. Her hijab was also taken during this treatment and she was forced to wear a medical band that labeled her as male. If she did not conform to male standards at the hospital, they refused to provide her with her

hormones. Participant 7576 is facing a situation of potentially being homeless after her landlord found out she identifies as transgender. Participant 0420 talked of several negative experiences while at work with the general public: “I wouldn’t have gotten that treatment even if I was cisgay.” Participant 0420 also gave an example of her gender not being affirmed with different medical providers because they will consistently label her as “he” or her “dead name” in her charts. She did report this was more often with providers affiliated with a religious group than with providers that were for-profit. Each of these instances provide further examples of how the different layers of a system interact. The interaction of the microsystem of direct care providers and the policies governing the name and gender of patients is evidenced. The microsystem and potential macrosystem are also shown to interact if the landlord’s decision was based on the culture found within Tennessee and its influence on personal beliefs.

Tone of Interview in Relation to Human Dignity

The tone of interviews in relation to Human Dignity was one of resignation. All three participants were able to readily recount multiple instances in which they were treated with a lack of human dignity but seemed to take it as a matter of fact experience they could not prevent. For example, when discussing the use of pronouns, participant 4702 stated, “*Of course* they wouldn’t respect pronouns.” Her choice of words seemed to indicate this should be expected, could not be changed, and that it was ridiculous that I had even asked that question because it was such a given that pronouns were not respected. Participant 0420 stated, “There was a lot of misgendering...a lot of dead naming...but I saw that coming.” Her tone also seemed to indicate she just expected these things to happen and she could not prevent them. She actually went a bit further and stated, “There’s a whole lot of the standard fare...the usual gamut of worn out slurs...come up with something new!” When making this statement, her tone suggested that not

only had she been treated this way multiple times but she was resigned to the fact that she would continue being treated this way. While she laughed when making this statement, it seemed that this might be her way of protecting herself and if she could challenge them to come up with new insults, she was somehow insulting the intelligence of those abusing her. By also challenging others to change their way of degrading her, she was also preparing herself for the treatment and could perhaps build up a mental buffer to the treatment. When discussing if any staff attempted to affirm her identity, participant 7576 seemed very resigned to what she perceived as a fact that “they don’t care...you’re either biologically male or a female ...they don’t care how you dress...they just make fun of you.” All three participants seemed to share the belief that they would not be treated with dignity and were resigned to the fact of being unable to change this treatment. Given that all three participants exhibited this sense of resignation, it is possible this speaks to the macrosystem and the culture/beliefs found therein.

Conformity to Gender Norms

Within Prison

Conformity to gender norms presented as a theme which occurred primarily at the microsystem level with other inmate peers or the security staff which directly interacted with the participants but also likely has intersecting components with institutional policies found within the exosystem. One experience shared by two of the three participants was the issue with having long, feminine hair in an all-male facility. In one instance with participant 4702, the issue presented more with staff in the refusal to allow her to cover her hair with a hijab and being forced to leave it down. Participant 0420 experienced a “homophobic rant” from a cellmate when brushing her hair and putting it in a ponytail. Participant 0420 also discussed that the norm for male inmates was also to line up for inspection without wearing a shirt and despite having

breasts, she was also forced to conform to this male standard and was denied a bra as well in order to further force gender conformity. Participant 7576 talked more about inmates and staff wanting “proof” that she was a guy if she acted in a more traditionally feminine way. She also discussed the different ways in which men and women spoke, appeared, and how they carried themselves. All three participants acknowledged they were prohibited from having female items (e.g., bra, makeup) but this only seemed to present an issue when it came to being forced to strip. A specific incidence of conformity to gender norms being readily apparent was the experience participant 7576 had during her booking process. She recounted that she had been overtly questioned why she was dressed in traditional female clothing and then immediately being placed into the clothing for male inmates which she referred to as a “pickle suit”.

Outside Prison

All three participants reported living their lives as female and experiencing no issues the majority of the time. However, what was consistent was that they all believed they were readily identifiable as transgender and received different treatment in general as a result. Participant 7576 gave further details on how she perceived the different gender norms which traditionally differentiated male and female to include the way women talked, carried themselves, and dressed as opposed to men. Participant 0420 also indicated that after engaging in hormone replacement therapy for a period of time, she was “very, very feminine” and while she did not provide details of what this meant, she indicated that it was very clear to others that she was female at this point in her transition which was very pleasing to her. Participant 4702 did experience more distress when being forced to adhere to male standards while receiving inpatient treatment and the refusal of providers to administer hormone treatment is she did not conform to male standards. However, the other two participants did not share this experience with inpatient treatment and

therefore it is difficult to say participant one's experience is a theme for inpatient treatment outside prison.

Tone of Interview in Relation to Gender Norms

None of the participants seemed to get upset when discussing being forced to conform to male standard (with one exception) but their tones and facial expressions were happier when indicating instances in which they were more readily accepted. The one exception was when participant one reported being forced to conform to the standards in order to receive hormone replacement therapy while being treated in an in-patient facility. It was unclear if she was upset about what the male norms were (e.g. dress, hairstyle, etc.) so much as she was upset that the conformity was forced even though she had documentation stating she was female. All three participants seemed to take the male standards within the prison system in stride and only noted hair length and external sex characteristics as causing problems at times. Even then, it was not necessarily the gender norms themselves as the issue but rather the forced conformity and the subsequent negative interactions with inmate peers and staff.

Intersecting Gender Identity and Treatment

Within Prison

This issue likely crosses many levels of the EST. The microsystem of the participant with healthcare provider was evident as was the mesosystem of the interacting security and healthcare personnel. The exosystem seemed to be prominent in that the treatment that was offered to the participants (or lack thereof) seems to indicate there were higher governing policies in place. Each participant related that while incarcerated, they received no or minimal treatment for issues surrounding Gender Dysphoria. This includes both medical treatment such as hormone replacement therapy and mental health treatment such as counseling. Participant 4702 stated she

was taken off her hormone replacement therapy the entire time she was in there and was not offered any mental health treatment. Participant 7576 echoed this theme and stated no mental health treatment was available and she was only able to go to the “drunk tank” for a few hours to get away if it was empty. Participant 0420 did state she was placed in the “mental health pod” but related that staff seemed to view her gender identity as a mental illness. She also experienced what she perceived as a lack of medical care after the staff suspected she identified as transgender, even telling of one instance in which she passed out after contracting an illness and waking up with the officers still directing everyone to chow and nobody checking on her: “I just kind of laid there until they came back.” Participant 0420 further stated, “The mental health staff...was nonexistent...they shipped you out to the local mental health center or mental hospital for a few days...brought you back with a bag full of prescriptions.”

Outside Prison

The microsystem, mesosystem, and exosystem were also readily apparent in the descriptions of the participants’ experiences outside of prison. Every participant spoke about mental health issues during their interview. The term “PTSD” (posttraumatic stress disorder) came up more than once and each participant described symptoms consistent with this diagnosis. All three participants discussed feeling on guard all the time (hypervigilant) and at times, flashbacks of events that occurred while they were incarcerated, nightmares, intrusive memories, and distress when encountering situations that were similar to what they experienced in prison. Participant 4702 was incredibly open that experiences at hospitals, particularly the experience in which she was held down, reminded her of the treatment in prison. She did not feel affirmed by medical providers and participant 7576 echoed this by stating she would get “funny looks” at any type of healthcare office. Participants 4702 and 0420 both indicated that medical providers

would often “dead-name” them in their medical files and label them as male. Further, each participant discussed either suicide attempts or suicidal ideation as a recurring issue. Participant 0420 went so far as to say, “I’ve dealt with suicidal ideation the majority of my life since puberty.” It is possible the macrosystem also presents itself here in that these mental health conditions were potentially exacerbated due to the participants being embedded in a culture that is traditionally conservative and non-affirming of people who identify as other than cisgender.

Tone of Interview in Relation to Intersection of Gender Identity and Treatment

The tone of the interviews related to this theme was twofold. The first tone was one of righteous indignation that they were still dealing with injustice in treatment. Participant 4702 was highly upset when discussing how she was denied treatment in an inpatient setting unless she agreed to wear a medical bracelet that stated “male” as the gender. Participant 7576 expressed feeling uncomfortable when going to appointments and receiving “funny looks.” Participant 0420 was very clear that in order to receive treatment that was affirming, she had to seek services at for-profit centers as they had an incentive to be more affirming. The impression I got from this was she believed money was the reason for being treated well and not because it was the right thing to do. The tone of righteous indignation also seemed to stem from the participants’ inability to have agency over how they self-identify and that translated to their treatment both inside and outside the correctional setting.

The second tone of this theme was one of excitement that they could offer some advice to clinicians. The tone of excitement, however, was palpable when the participants were describing what they would like for clinicians to know. All participants seemed eager to tell mental health professionals in particular to “listen first” and “be kind.” The overarching tone or culture of the macrosystem could potentially be derived from this statement as one of willful ignorance and

hate. Participant 0420 had clearly given much thought to this as she even proposed that education on the LGBTQ+ community be standard curriculum starting in elementary school. She described this as a way to “prepare people for our existence” once again indicating that the macrosystem was so non-affirming that people who identify as other than cisgender would need a “warning label” (for lack of a better term) so people within their system could be prepared to interact with them appropriately. Participants 4702 and 0420 had clear smiles on their faces when providing information they would like for mental health clinicians to know or to understand when working with clients who identify as other than cisgender.

Experiences with Law Enforcement/Facility Staff

Within Prison

This is another example of the microsystem (specifically the participant and security staff) and the exosystem are evidenced with the participants. This theme differs from the basic human dignity theme in that the focus is on how participants perceived facility staff interactions with them did not conform to the policies and procedures of the institution (exosystem). While the actions of the staff/law enforcement are overtly discriminating as with the human dignity theme, the participants each made a point of describing how these interactions also fell outside of the required procedures of the institution rather than just using them as examples of discrimination. This theme contained the additional layer of having yet another barrier to needed services due to staff failing to adhere to institutional policies and procedures. All three participants indicated this refusal to follow the correct policies and procedures stemmed from their gender identity. For example, participant 7576 recalled that the institution’s chaplain was not willing to help her with as many requests once he found out she identified as transgender. Further, she stated officers would “shake me down” more frequently and make more accusations

of misconduct than they would other inmates indicating they were violating their own institutional standards in addition to overt discrimination. Both participants 4702 and 7576 recounted staff not taking steps to protect them when they were being assaulted, again indicating they were aware there were steps the staff were supposed to take but were deliberately not following these procedures Participant 4702 went so far as to say she felt she was intentionally placed in unsafe situations and then when she was sexually assaulted, she was denied medical care, which is a clear violation of policy and procedures. None of the participants thought they were treated as any other inmate who did not identify as other than cisgender would be treated, this treatment was in direct conflict with institutional policies and procedures, and all three based this different treatment on their gender identity.

Outside Prison

The experiences outside of prison show more of an interaction of the microsystem (specifically participant and law enforcement) and the macrosystem, even if not stated overtly. Participants 4702 and 0420 talked about their experiences with law enforcement outside prison more than participant 7576. All participant 7576 stated was that it had been seven years since she was incarcerated, and she tried not to get arrested because she wanted to be a “good person” which seems to indicate that in the macrosystem, the belief is held that inmates are not “good” people. Participants 4702 and 0420, on the other hand, were very clear that in their experiences there was a completely separate standard for people who identify as other than cisgender. For example, participant 4702 states she was arrested for solicitation at one point because she had “too many condoms” in her purse which could also suggest that there were particular beliefs held in the macrosystem about sexual activity. Participant 0420 reported being handled in a more violent manner upon arrest (e.g., “slammed into the hood for no reason”, “thrown in the gravel

with a boot to my head”, “hit my head on the safety rail when going into the back of the squad car” when placed in the backseat) which is a direct example of her interaction within the microsystem being in direct conflict with policies and procedures of law enforcement.

Participants 4702 and 0420 also detailed attempting to avoid law enforcement officers for fear that they would be targeted just for identifying as other than cisgender which suggests again that the macrosystem was non-affirming of different gender identities. Participant 4702 reported not even wanting to go to the store for fear of having to interact with a law enforcement officer.

Participant 0420 stated when discussing meeting law enforcement officers outside of work, “I know that if I’d have met them in any other context...it would have at best been an unpleasant experience.”

Tone of Interview in Relation to Experiences with Law Enforcement/Facility Staff

The overarching tone when participants discussed these experiences was one of defeat and anger. None of the participants had any positive things to say about law enforcement or facility staff and with each of them it seemed as if they were angry but had resigned themselves to receiving this type of treatment. This resignation was evidenced by statements such as “there was a lot of misgendering...a lot of dead naming...I saw that one coming” and “there were a string of very, very offensive things said at me...there’s a whole lot of the standard fare.” These types of statements indicated that not only did they expect this type of negative interaction, they were resigned to this being just the way things are within their particular system.

Essence of the Experience

When considering the essence of the experiences of my participants, I am viewing essence as “a general form of the phenomenon... an essential meaning... to the phenomenon, which makes the phenomenon what it is. If the essential meaning changes in a certain way, it is a

different phenomenon” (Dahlberg, 2006, p. 13). The experiences of my participants were influenced by all levels of the EST but none of these experiences were portrayed in a positive manner. The overarching negative reflection on their experiences led me to conclude the essence of the experiences of my participants was one of fear, abuse, lack of dignity, and lack of affirmation of gender identity. None of the participants had anything positive to say about their experiences while incarcerated and nothing positive to say about their experiences with law enforcement outside the correctional system. While the general public seemed to be less of an issue, there was still a sense of being “othered” and consistently being forced to cope with not being accepted or affirmed. There was never a sense or tone in any of the interviews that we have evolved as a society or within a correctional system to accept individuals who identify as other than cisgender. While the participants indicated “things are getting better”, they did not come anywhere close to saying their experiences were good or positive. There was an overarching sense of fear of what their everyday interactions would be like both while incarcerated and as a free person. The only positive point in the interviews occurred when participants were given a chance to educate people who would be working with persons who identify as other than cisgender. The conceptual map in Figure 2 represents how I see the codes and themes both fitting in and crossing the layers of the EST.

Summary

This chapter began with a review of the purpose of this study. I then provided an overview of each participant. Next, I provided an in-depth description of the themes which presented themselves in the interviews and the tone of the interviews in relation to these themes. I followed this with a discussion of any outliers and I concluded the chapter by discussing what

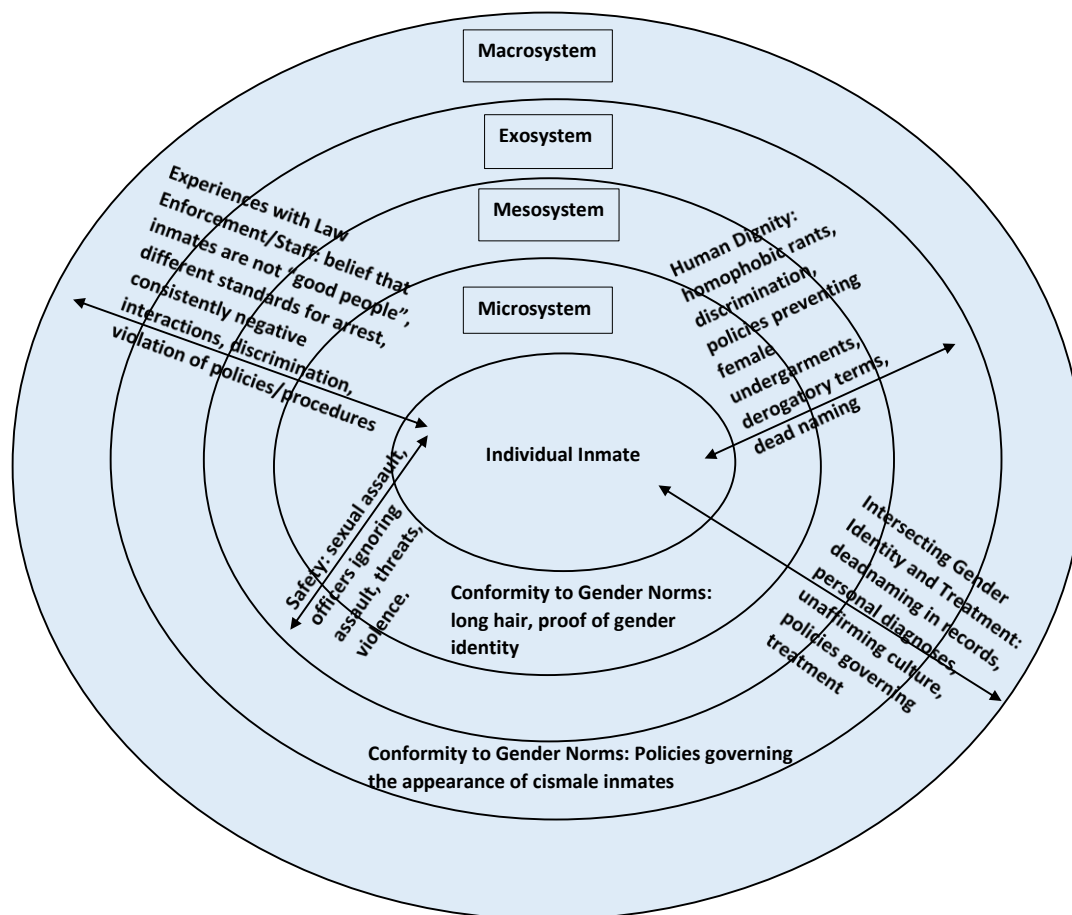


Figure 2

seemed to be the essence of the participants' experiences and provided a conceptual map representing how I see the themes fitting in and crossing the levels of the EST.

Chapter 5: Discussion, Implications, Directions for Future Research

Discussion

In this chapter I will begin by discussing the connection of my research to prior research. I will highlight consistencies and how my research supported what was found by prior researchers. I will then discuss how my research differed from the previous findings. Next I discuss the implications of my work, the limitations of my dissertation and the possible directions for further research. I conclude the chapter with a personal reflection on the many roadblocks I encountered while completing this dissertation.

Connection to Prior Research

Consistencies

My dissertation is consistent with earlier research discussed in Chapter Two in several ways. First, at the microsystem level inmates that identify as other than cisgender often experience issues with the classification system. Prisons are currently segregated based on sex assigned at birth, not gender identity, and the immediate environment is often described as hypermasculine, not supportive of non-conformity, and outright hostile towards those of other than cisgender identification (Hinds & Gibbons, 2019; Routh et al., 2017; Stohr, 2015). Additionally, inmates in this microsystem often find themselves at an increased risk of attack from other inmates or placed into unwanted isolation as the prison grapples to keep them safe (Jenness, 2010; Jenness & Fenstermaker, 2013, 2015; Routh et al., 2017). All three participants echoed these sentiments with one participant bluntly stating, “It was a hellish nightmare...being housed with men.” This same participant openly discussed being sexually assaulted repeatedly by other inmates and feeling victimized by not only those inmates but also by the staff who she felt intentionally placed her in unsafe situations. Another participant described physical

altercations with staff and enduring “homophobic rants” from a cell partner due to her gender identity.

Secondly, the participants discussed issues found within the mesosystem. As a reminder, an example of the mesosystem in which a non-cisgender identifying inmate might participate is protective custody segregation and the general prison population. Due to the lack of understanding, education, or general knowledge of how to meet the needs of non-cisgender inmates, many are placed immediately into segregation for their own “protection” (Routh et al., 2017; Smith, 2012). By removing the inmate from the general population, many times the inmate is restricted from working, religious services, programming needed for parole, visitation rights, and substance abuse treatment (Smith, 2012). The general population is also not an option because the characteristics of the non-cisgender inmate are viewed as an increased risk for victimization and subsequently litigation potential for the prison system (Smith, 2012). A participant discussed being removed from general population and being placed into a “mental-health pod” because the prison staff did “not know what to do with me.” This participant also discussed several instances in which she would be moved from pod to pod after altercations with other inmates before being permanently placed in the “mental-health pod.” Another participant discussed being allowed to go to the “drunk tank” if it was available instead of other housing options being considered.

Another supporting feature was found in how the participants described their experiences in the free world after incarceration. As discussed in Chapter Two, the period following incarceration is of the utmost importance in terms of health and mental health interventions (Baćak et al., 2018). Individuals who identify as other than cisgender may experience issues related to social support networks, different roles as they transition from families of choice to

family of origin, access to healthcare, and stigma associated with not only incarceration, but also with gender nonconformity (Baćak et al., 2018). All three participants discussed struggles with PTSD, lack of support from healthcare providers, and discrimination related to not only their gender identity but their former incarceration. These findings are supported by previous research which found that both former inmates, individuals within the LGBTQ+ community, and those who survive traumatic events such as rape have higher rates of PTSD when compared to the general population (APA, 2013; Berle & Piper, 2019; Keating & Muller, 2020). The findings are also supported by the study conducted by McCullough et al. (2017), which indicated clients belonging to the LGBTQ+ community had negative experiences with mental health providers, to include lack of affirmation of identity, micro/macro aggressions, and lack of knowledge of issues surrounding the LGBTQ+ community. Additionally, research has also shown that discrimination rates are higher for both individuals that identify with the LGBTQ+ community and those who were formerly incarcerated, leading to increased psychological distress and rates of mental illness (Keating & Muller, 2020; Turney et al., 2013). One participant was facing eviction for identifying as transgender at the time of our interview. This same participant also identified her mental health treatment providers as essential for feeling affirmed and accepted when most of society did not accept her. Another participant, however, discussed continuing to feel mistreated by healthcare providers, even being forced to submit to physical examinations of her external genitalia despite presenting for care of mental health needs. The other participant also described times in which she was “dead-named” and “misgendered” when seeking treatment after release despite no longer being in a system segregated on sex assigned at birth.

Differences

One striking difference I noted when analyzing the interviews was the lack of overt discussion around violations of policy or issues at the exosystem level. My personal work experience in the correctional setting has shown me that inmates are often more knowledgeable of the content of governing policies than the correctional staff. However, none of the participants mentioned any specific policies governing the security staff or medical/mental health staff. While they did make several statements which indicated they were aware staff were supposed to be following specific policies and procedures, none of the participants used specific words such as “violation of policy” or anything similar. I noted in Chapter Two that there was enormous variability in the policies governing the treatment and care of non-cisgender inmates. For example, Routh et al. (2017) found that 37 states allowed for counseling appointments to be made, only 13 states allow for hormone initiation, and even fewer at seven allow for gender-affirming surgery. However, none of my participants seemed to consider these policies when reflecting on their lived experiences. I considered several possibilities when reflecting on this, such as the participants not being aware of the existence of such policies. It is also possible these types of policies did not exist at the time of their incarceration. I also considered that perhaps issues at the exosystem level did not take precedence over immediate safety concerns. Lastly, it is possible the participants forgot about these policies by the time they participated in this interview. Whatever the case may be, the exosystem as I conceptualized it in prior research, did not present itself with these three participants.

Another difference was the lack of overt reference to the macrosystem. An example of the macrosystem for the prison system could be the ACA accrediting body, the PREA Act, or the current political climate specifically in Tennessee. However, none of these items were mentioned

in the interviews. While rape was discussed repeatedly, none of the participants referenced any protections that may have been afforded to them by the PREA Act. Not a single participant mentioned ACA standards nor did they mention any protections offered through government or politics. Again, I considered that perhaps these things seemed so far removed from the participants' lived experiences that they just did not think of them when describing their lived experiences.

Another difference I found interesting as compared to previous research was there was no indication that the forced conformity to male standards was more problematic than any other issue they experienced. In prior research by Jenness and Fenstermaker (2013, 2015) there was far more emphasis on the ability to appear feminine and pass as cis female with some participants commenting on experiencing jealousy that the researchers were cis female. None of the participants focused on the specifics of gender norms (e.g. clothing required, hairstyles, etc.) for a significant amount of time and only seemed to think about them when I asked questions. The participants within this study seemed to discuss gender conformity more in reference to how it impacted their safety or their treatment by others, rather than it being a contributing factor to increased symptoms for their diagnosis of Gender Dysphoria.

Outliers

During the interviews, there were items that came up that did not fit into any particular theme. The first of these outliers is the mention of other racial/ethnic groups or cisgender culture and their treatment of the non-cisgender community. An example of one of these was the statement from participant three that "black people are really, really super mixed with how they like interact with trans people." However, given that I did not obtain any further demographics (including race) beyond adult, assigned male at birth, and formerly incarcerated, it is difficult to

draw meaning from this statement. However, my own personal experiences have taught me interacting with any system as a white cis woman is very different than those of a female who identifies as a person of color. It would then seem reasonable that a person of color who also identifies as a racial minority has very different interactions within systems as well. Participant 4702 did not reference any other specific race or ethnicity when discussing her interactions with others. Another example of an outlier was from participant 7576, who indicated that ciswomen were much more accepting of individuals who identify as transgender than cismen, but did not provide further clarification on why she perceived ciswomen as more accepting.

Another outlier presented itself in participant 0420's interview when she discussed at length how she experienced the intake process at the jail. The other two participants focused primarily on being stripped down but participant three focused more on the length of time she was by herself and waiting to be transported to another facility. She went so far as to describe counting meals as a way to track the time. It was not clear how this connected to the overarching prompts or even to her gender identity.

Limitations

One inherent limitation of any phenomenological inquiry is the understanding that lived human experience is ongoing and therefore the finding or essence of a phenomenon can never be finished (Vagle, 2014). While the participants' incarceration may be over, their perception of the experience will continually be evolving and changing as they make meaning out of their experiences. This continual experience and resulting changes to the lived experience of a phenomenon highlights the primary limitation of a phenomenological inquiry. It cannot be ignored that the passage of time has likely altered the participants' perception of their lived experience in the correctional system. The study was initially designed to take place with

currently incarcerated individuals (discussed later in this chapter). However, while the original study was approved some time ago by the University of Tennessee IRB, the IRB for the correctional department would not review the study. As a result, this forced a shift to formerly incarcerated inmates, thereby allowing time to have passed and perceptions to have possibly shifted.

Secondly, my sample size was small with only three participants. While the sample did allow me to see many similarities and interpret some themes, it is difficult to tell whether data saturation was achieved. According to Mason (2010), data saturation is the most relevant component to consider when deciding on sample size. Data saturation is defined by Dworkin (2012) as “the point at which the data collection process no longer offers any new or relevant data” (p. 1319). Charmaz (2006) also states saturation is the point “...when gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of your core theoretical categories” (p. 113). However, I experienced many roadblocks both in my initial study design and my recruiting process which I posit greatly impacted the number of participants I was able to interview. These difficulties are discussed in depth in the reflections located at the end of this chapter.

The sample size was also homogenous in that all three participants identified as transgender rather than gender nonconforming, agender, or some other designation. As initially discussed in Chapter One, multiple studies were conducted examining the experiences of transgender inmates in the first two decades of the 2000’s. With regard to these studies, the focus was solely on transgender inmates and how these inmates described their experiences in prison identifying as the gender considered opposite of theirs, underscoring the traditional gender binary of male and female (Jenness, 2010; Jenness & Fenstermaker, 2013, 2015). While these

studies did provide voice to transgender inmates, other gender identities were not present or not identified. I had hoped with my study to add to the literature from the perspective of former inmates who identified as other than cisgender or transgender. However, this did not occur and given the difficulties with recruiting, it was not feasible to wait longer for more participants.

Another limitation of my study is the lack of a member check. According to Buchbinder (2011), “In the member check process, the researchers ask participants to evaluate and provide feedback about the accuracy of researchers’ understandings” (p. 107). However, in order to appropriately protect my participants’ identities, I did not contact them via personal e-mails but rather asked them to create a new one, without any personal reference to their identity, specifically for the recruiting and interview scheduling process. I thought it likely that this e-mail account would then be deleted, not checked again, or the participant may have responded from another personal e-mail, potentially giving away their identity. Therefore, it is possible that there were themes which could have been added, missed, or misinterpreted due to not utilizing a member check process. There is also a reduction in participant voice and agency by not conducting a member check and given that this is a qualitative study focused on lived experiences, I would be remiss in not acknowledging that here.

Implications

Counselors

Counselors should expect to work with other than cisgender clients with Gender Dysphoria, in a culturally competent manner, as issues of gender are viewed as universal (American Counseling Association, 2014; Dupkoski, 2012). From these interviews, it became increasingly clear that counselors can help their other than cisgender clients by simply being kind and listening first before making any kind of decisions on treatment. All three participants

expressed that they did not receive any affirming treatment and often received abusive treatment. From my perception, the most powerful statement uttered out of all three interviews was, “I just wish that there was somebody in my corner who at the absolute very least, didn’t want me to die.” Counselors have an opportunity to be this person for other than cisgender clients whether they are working within the correctional setting or outside of the correctional setting but with those who were previously incarcerated.

Counselors would benefit from understanding the intersection of mental health, gender identity, and the approach they utilize when working with these clients. According to McCullough et al. (2017), “over 86% reported experiencing sexual and physical assault, career-related discrimination, school bullying and harassment, homelessness, relationship losses, and denial of medical services” (p. 423). This was supported by all three participants in this study as demonstrated by all three referencing ongoing treatment and traumatic experiences. McCullough et al. (2017) further found that clients with counselors who sought to be transaffirmative, establish a strong therapeutic alliance, and engaged in advocacy on of their clients had a stronger sense of feeling supported and understood. In contrast, counselors can also benefit from knowing which behaviors are considered detrimental to the counseling relationship with gender minority clients. In the same study, McCullough et al. (2017) found that counselors who lacked knowledge of the gender minority community, invalidated their experiences, and were unwilling to examine the intersectionality of multiple marginalized identities left clients feeling as if they could not present all of themselves in the counseling relationship and indeed needed to hide part of themselves while in the counseling setting. Counselors should be prepared to educate themselves on the gender minority population, engage in advocacy as needed, and provide an affirming space for their clients.

Counselors are also expected to engage in advocacy efforts to address issues impacting the wellness of their clients (ACA, 2014). These issues can impact clients on a spectrum ranging from the individual level to societal (ACA, 2014). McCullough et al. (2017) also supported this in their work by indicating that counselors who engaged in advocacy work created a stronger therapeutic bond with their clients, which helped them to feel more affirmed and accepted. Issues at the macro and exosystem level can have a direct impact on clients and counselors should be prepared to address these and engage in advocacy. For example, in Tennessee, many counselors opposed what is known as the “Tennessee Discrimination Counseling Law” (Grzanka et al., 2020). This law allowed counselors to deny services to any individual based on their “sincerely held principles”, seemed to target the LGBTQ+ community specifically, and was the center of a prominent call for advocacy on the part of many mental health professionals, including counselors (Grzanka et al., 2020). While this is a recent example, it is not the only example that has arisen and counselors should be prepared and are expected to engage in advocacy efforts when issues do arise.

Counselor Educators

The *American Counseling Association Code of Ethics* (2014) and the Council for Accreditation of Counseling and Related Educational Programs [CACREP] (2016) require counselors to practice in a multiculturally competent manner. Counselor educators, therefore, have a responsibility to train future counselors to meet this requirement: “Counselor educators infuse material related to multiculturalism/diversity into all courses and workshops for the development of professional counselors” (American Counseling Association, 2014). Infusion of material surrounding issues faced by the LGBTQ+ community into courses is paramount. A helpful place to start would be the 2009 ALGBTIC competencies and (as I discovered) local

support resources serving the LGBTQ+ communities. Counselor educators have a responsibility to be aware of available resources to adequately prepare their students to work with the LGBTQ+ community.

In addition to multicultural education, it would behoove counselor educators to prepare their students to work within systems, including how multiple layers of a system may impact one another and in turn, their clients. In fact, CACREP (2016) requires counseling programs to include education on how systemic factors can impact a human being's growth and development. Additionally, advocacy by helping to identify and eliminate discrimination at all levels of a system is to be implemented in a counseling program (CACREP, 2016). To accomplish this, counselor educators can use Bronfenbrenner's (1979) EST as a frame to help students understand systems. CACREP could be conceptualized as part of the exosystem surrounding the student. As a reminder, the exosystem is one in which the individual might not participate, but that still have an impact on his development (Bronfenbrenner, 1979). Counselor educators could use the example of CACREP accreditation and Bronfenbrenner's (1979) EST to demonstrate the reciprocal effects of a system on individuals. By conceptualizing CACREP as part of the EST, counselor educators can help students identify ways in which all levels of the system can interact (ex. Some jobs require their clinicians graduate from a CACREP accredited institution). This can help students draw parallels to how the interactions of a system may impact their clients on an individual level as well as how their work is informed/impacted by the system in which they are situated.

Lastly, counselors who engage in research are expected to do so in ways that contribute to the health and wellness not only of individuals but also of society (ACA, 2014). CACREP (2016) also requires research and program evaluation as a core component of an accredited program.

Counselor educators need to be prepared to teach their students how to identify areas of potential research and the benefit of conducting this research for the counseling profession (CACREP, 2016). As this current project demonstrates, there are multiple implications for future research and counselor educators can play a strong role in either engaging in this research or preparing future counselors to engage in research.

Future Researchers

Before deciding to engage in a study designed to take place within the prison system, researchers should understand the difficulties they may encounter. According to Apa et al. (2012), the department of corrections must by its very mission maintain a tightly controlled and regulated system. Further, prisoners are classified as a vulnerable population and therefore research is more tightly regulated by the Department of Health and Human Services (Department of Health and Human Services, 2021). Researchers should expect to have their study approved by not only their educational institution's IRB but also the IRB within the department of corrections. Further, decisions regarding research often do not lie with just the IRB but rather a host of administrators and professionals will likely be involved (Apa et al., 2012). As a guide, Apa et al. (2012) suggest that researchers take the following steps to increase the likelihood their research will be approved. Researchers need to know the system in which they want to conduct their research and obtain appropriate permission from those inside that system. An emphasis on mutual goals will help those within the system understand how the research will be beneficial to those working and residing within the system. Researchers need to work with administrative personnel, healthcare staff, security personnel, and inmates to appropriately conduct the study. Last but not least, researchers need to be ready to accommodate variations in prison culture and maintain the inmates' privacy during data collection. However, researchers should also be

prepared that, even if taking these steps, there is a possibility their research will not be reviewed or approved. The current study and the many revisions made supports the difficulty researchers may encounter when attempting to conduct research within the correctional system.

Possible future studies that arose from the current project stemmed primarily from the outliers found in the interviews. One potential study is the how the intersection of race/ethnicity impacts the acceptance or non-acceptance of other than cis gender identities. . One participant indicated that “Black people are really, really super mixed with how they like interact with trans people.” A study conducted by Cerezo et al. (2020) found that their participants in the Latinx and African American community had to continually resist familial and cultural expectations. They also found that these two particular groups reported greater levels of disparity in both social contexts and health contexts. Hsieh and Ruther (2016) also support the differences in a health context by postulating that “Sexual, gender, and racial identities interact with one another in a complex way to affect health experiences” (p. 746). Given these findings, research on cultural attitudes and beliefs surrounding not only gender identity but incarcerated individuals would likely benefit counselors seeking to work with this population. Participants 4702 and 0420 both indicated they had received more acceptance from cisgender females but did not provide further clarification on why they held this belief.

A second study that could potentially be beneficial, is one surrounding the concept of segregation within the prison system of inmates who identify as other than cisgender. While many studies have been completed looking at the effects of solitary confinement on mental health in general, a more focused look at how solitary confinement might affect other than cisgender inmates could likely inform the work of counselors within the correctional system. Participant 0420 focused in great detail on how she marked the passage of time when she was

segregated from others during the intake process. Given the impact this seemed to have on her, it seemed likely that this type of placement within the system might have an effect on other than cisgender inmates' mental health that bears investigating.

A third study which may prove beneficial would be a study designed to examine the process by which research in a correctional institution gets approved. The current study demonstrates the difficulties in completing research with this population. However, the difficulties did not arise from a lack of inmate participants, but rather from having the study even reviewed and approved to be completed by the correctional system. A closer look at the processes implemented by correctional systems for research and the difficulties faced by researchers may help to better inform those who would like to complete this type of research in the future.

Lastly, I conceptualized multiple reasons that participants may not have referenced exosystem or macrosystem issues, but there is a dearth of research that examines the knowledge base inmates have of institutional policies and procedures. It seemed that my participants had at least some knowledge that there were institutional policies and procedures to be followed but their level of understanding of these items is unknown. A study designed to examine the level of knowledge inmates have concerning the policies and procedures which govern the correctional institution in which they live, may provide a broader understanding of how inmates interpret their experiences. For example, it is possible that if an inmate has a strong knowledge base of PREA policies governing the institution, this may change their perceived experience while incarcerated and a threat of rape arises. However, without first understanding the level of knowledge inmates possess regarding policies and procedures, it is difficult to determine if this

knowledge or lack thereof impacts their perception of their lived experience as it intersects with exo/macrosystem issues.

Personal Reflections on Dissertation Process

I would be remiss in concluding this dissertation without first reflecting on the dissertation process as a whole. In any phenomenological study, the researcher becomes a part of the study and there is no doubt this is the case for me. My lived experiences during this process are discussed below as well as my perception the impact this study had on me.

Frustration Related to Blocking of First Study

My first frustration happened when the initial study I had written was approved by the UT-K IRB but the correctional department IRB refused to even review the study. I had undertaken all the steps delineated by Apa et al. (2012) and still was not successful in gaining approval. I knew the system thoroughly where I wanted to conduct the study. I emphasized mutual goals with key personnel in high-level leadership position and had secured their verbal support. Additionally, I had made multiple concessions in my IRB application to accommodate issues that I knew would arise in a correctional setting. Despite all of these steps, my study was never even reviewed. It was only sometime later that I learned all IRB meetings had been cancelled for approximately two years. The impact this blocking had on me was profound. From that point, it was a struggle to find motivation to continue with the dissertation process. I found myself angry and bitter both with the correctional system but also with my academic program. My attitude shifted so dramatically to the negative that it was readily apparent in my writing. It was also difficult to find any reimagining of the project as meaningful as the first project I had conceptualized. In short, this blocking of the first project was devastating and was one of the most profound tests of my resilience I had ever experienced.

Changing Participants and Location

This frustration from having the first study blocked carried into my new re-imagined study. I switched my study to formerly incarcerated persons who were diagnosed with Gender Dysphoria. However, I had some lingering bitterness and continued to struggle to find the study as meaningful with the new population. It has been suggested at times that it is possible that interviewing participants while still incarcerated may have been too traumatic or dangerous for them to process while they were living the phenomenon. While this possibility can certainly never be ruled out, at least some current literature indicates that “prisoners and former prisoners invariably complain that they recognize little of the way in which their lives are depicted in much of the established prisons literature” (Aresti et al., 2016). My own lived experience as a person working within corrections has taught me that people who are incarcerated have very little to no voice. I get multiple requests on a daily basis to speak with various inmates and anytime I sit down to speak with someone, they seem very excited that someone is willing to listen. Given that each of my participants indicated they wished at least one person had given them a space in which they could feel safe or accepted, I believe that had I been able to conduct the study with persons who are currently incarcerated, several things would have happened:

- I would have gained more participants
- The passage of time on their lived experience would have been mitigated
- I would have found the work to be personally more meaningful given my career.

This disappointment at feeling forced to switch to the new participants and location also was readily apparent in my writing and remains apparent in my reflection here. I am still very aware that I am disappointed that the first study was blocked but the passage of time has allowed me to see that the study is still meaningful. I have also been able to reflect that the change in

location may have allowed my participants to speak more freely or in a more relaxed manner without fear of repercussions of the correctional system.

However, one drawback of conducting interviews online and not in-person at a site is that I was not able to immerse myself fully in their story or get swept up in the interview by their emotions, body language cues, or other non-verbal nuances which may be missed via Zoom or phone call. Additionally, the deletion of video files served to protect the participants but prevented me from reviewing any visual cues which may have added depth to my analysis. There were also some practical distractions related to conducting interviews electronically. I was continually checking to make sure my recording was still going, making sure my camera was focused on my interviewee and not slipping to the side, and that my volume settings were loud enough to ensure proper transcription. All of these considerations prevented me from being fully present as I may have been in person.

Writing Two IRB's

The second big test of resilience for me in this process was having to write two IRB's that took into account special privacy and confidentiality considerations. I found the IRB chair and committee at UT-K to be exceedingly helpful and gracious. I truly do not feel that I would have been able to finish this process without them. The academic IRB was more rigorous and involved more revisions than I had anticipated. I was continually amazed at the specificity needed in order for research proposals to be approved. I gained a much broader understanding of why the IRB did the things they did or required certain items. It was surprising to me that while the process was completely maddening some days, at the end of it, I was comforted knowing I had left no stone unturned in an effort to protect my participants.

Conflicts Between Counselor Me and Corrections Me

I am finding this to be one of the most difficult reflections to write and upon reflection I understand that it comes from a place of feeling vulnerable. As I was interviewing my participants, I found myself questioning the truthfulness and integrity of my participants as they were telling me their experiences. I understand that this is due to working in the correctional system for nine years and likely having been conditioned to a great degree to disbelieve anything told to me by an inmate (or in this case a former inmate). This left me feeling very conflicted as the counselor portion of who I am wanted to wholeheartedly believe in the authenticity of everything that was being said and I believed that this is the mindset I needed to have to appropriately analyze the data. However, it was disconcerting that I could not seem to shake this other corrections side of me during the interview. I feel vulnerable because I fear that other counselors, my chairs, my committee, other professors, and even the audience which may read this dissertation may judge me harshly without understanding what it is to work in corrections. In short, I am not confident that my lived experience as a researcher who is also a corrections worker will be understood or my voice heard or if it even should be. However, I find this to be an interesting parallel with the participants who also worry that their voice is not being heard.

Other Parallels With Participants

I believe I need to start this section with a disclaimer that I in no way feel that my struggles during this dissertation are in any way comparable in severity to the lived experiences of my participants. In this section I am simply reflecting on what might be considered parallels between my lived experience during this dissertation and their reflections on their lived experiences.

The first parallel that comes to mind is that of having outside forces impacting the way a person wants to engage within a system. For example, my participants have many outside forces in terms of how they are able to identify and experienced oppression forcing them to change and conform to a certain system. I, as a researcher, experienced this when I wanted to conduct my study a certain way and outside forces prevented me from doing so no matter what my arguments were or how much I conformed to the “right way” of doing things. Truthfully, I felt that my project had been so altered and the writing on my own lived experiences so changed, that I did not feel that I could truly be my authentic self. I felt that I was forced to give the systems of academia and corrections what they wanted to hear instead of what was real. In turn I experienced high degrees of frustration, sadness, anger, feelings of helplessness/hopelessness, and a loss of motivation to try to pursue authenticity in my work. This parallel alone has caused me to examine the idea that if I feel like this over a school assignment, the feelings I would experience if one of my basic but core identities was rejected and I was forced to contend with this every day of my life must be devastating. It gave me a newfound respect for my participants and their will to continue to resist and fight to live authentically.

Another parallel I found interesting was my inability to be authentic within the correctional system as a cis woman and professional from the mental health field. My participants discussed having to conform to gender norms within the system in order to avoid negative interactions. I, too, have experienced having to conform to what is considered more traditionally male within the system as opposed to how I would be able to interact in other job settings as a cis female. For example, I do not wear any type of pencil skirt (form fitting business skirt that hits at the knee) due to negative interactions had where it was said I was only wearing those types of clothing for male “attention”. My normal make-up routine has gone from

make-up every day to toned down to now I do not wear make-up at all. I find myself dressing in a more masculine fashion, no make-up, and shorter hair to avoid negative interactions with other staff members. My experiences have run the gamut from what I would call judgmental looks all the way to an officer telling me directly that the only reason I would work in an all-male prison as a female is I enjoy the attention I get from male inmates. Further, as a mental health professional, I have been routinely referred to as a “hug a thug.” Any attempts to show empathy to offenders in front of officers is often met with ridicule and that I am not helping anyone because I am too soft. As a result, I have to display a hardened exterior when in the presence of an officer which is not authentic for me. However, if I do not conform to these standards, repercussions ranging from snide comments to allegations of misconduct with internal affairs are possible

Implications for Future Students: I Wish I Had Known

I do believe a lot of value in my current dissertation comes from being able to share with others what I wish I had known. When considering all factors, it really boils down to three core pieces of information I wish I had known.

- Do not attempt to complete research with protected populations or within a community agency without first receiving confirmation (in writing!) that your study will be permitted and supported. Unofficial reassurances do not always carry through to an official reality. While officials within the correctional system could still change their minds after an IRB approval, it seems far less likely after an entire institutional or agency committee has approved a study. However, it is still not outside the realm of possibility that the implementation of new individuals in positions of power could result in a refusal to honor previous

agreements. Be very cautious if transitions are occurring. Be aware that even if you do everything “right”, you may still be denied access to the system in which you desire to complete your research.

- While picking a topic you are passionate about and means something to you is important, you need to take a hard look at feasibility, timeline, potential roadblocks and impact to your mental health. After considering all these variables and thoroughly discussing them with your dissertation chair(s), determine whether you can complete the project as projected. If risks and roadblocks may prevent you from completing your dissertation in a timely manner, consider tailoring it. Do this early in your planning process.
- Do not rely on only your professors to guide you in picking your topic. I believe there needs to be a greater balance in the encouragement of students to pursue topics they are passionate about and topics that are feasible. However, professors cannot think of everything. It is imperative that the student take on at least some of the responsibility for discovering which topics will be more difficult to pursue than others.

Summary

I began this chapter by discussing the connection of the current project to prior research. Next, I addressed limitations associated with this current project and the potential impact on the findings. Following this, I discussed the implications of the current study for counselors, counselor educators, and potential areas of future research. Finishing up the chapter, I included a reflection on some of my lived experiences during the dissertation process.

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Appendices

Appendix A: Gender Identities, Pre-Screening Instructions, & Informed Consent

Consent for Research Participation

Research Study Title: Living Gender in Prison: A Phenomenological Inquiry

Researcher(s): Amanda Simms, Doctoral Candidate, University of Tennessee, Knoxville

Dr. Robert Kronick and Dr. Joel Diambra University of Tennessee, Knoxville

Why am I being asked to be in this research study?

We are asking you to be in this research study because we would like to understand your experience as a person diagnosed with Gender Dysphoria both inside and outside the correctional system.

What is this research study about?

The purpose of the research study is to gain a better understanding the experience individuals diagnosed with Gender Dysphoria who were previously incarcerated. We would like to understand your experience both while you were incarcerated and while not incarcerated.

Who is conducting this research study?

This study is being conducted by researchers at the University of Tennessee, Knoxville.

I am a doctoral candidate at the University of Tennessee. We are providing this information to help you decide if you want to participate in this study:

How long will I be in the research study?

If you agree to be in the study, your participation will last for one (1) hour and your data will be retained for three (3) years in a password protected file and on a password protected laptop computer. When not in my possession, this laptop will be locked in a filing cabinet to which only I have access.

What will happen if I say “Yes, I want to be in this research study”?

If you agree to be in this study, I will

- ask you to participate in a onetime face-to-face interview with the researcher for approximately one (1) hour. This interview may take place in person or via zoom to give consideration to social distancing recommendations. This interview will be audio recorded for transcription and analysis purposes.
- provide you with a list of definitions of various gender identities and ask you to select the one you most closely identify with. I will also ask you other for other demographic information concerning your incarceration. You will also be provided an opportunity to pick a numerical code for yourself to further protect your privacy and confidentiality.
- ask you to describe your experience as a person diagnosed with Gender Dysphoria both inside and outside the correctional system.

What happens if I say “No, I do not want to be in this research study”?

Being in this study is up to you. You can say no now or leave the study later, at any time. Either way, your decision won’t affect your relationship with the researchers or the University of Tennessee.

What happens if I say “Yes” but change my mind later?

Even if you decide to be in the study now, you can change your mind and stop at any time. Should you decide you no longer wish to be part of this study, please alert me via e-mail at ahinds@vols.utk.edu. At that time, all your data will be deleted from the researcher’s files, as long as the study has not been completed and submitted as a final product to my dissertation committee. Your relationship with the researchers or the University of Tennessee will not be

affected in any way. However, if the study has already been completed and submitted to my committee, the information cannot be withdrawn.

Are there any possible risks to me?

It is possible, but unlikely, that someone could find out you were in this study or see your study information, but we believe this risk is small. The risk is minimal because of the procedures we are using to protect your information. These procedures are described later in this form.

Possible risks include psychological distress related to discussing very personal information which may involve the recollection of distressing events in your life. To help minimize this risk, we will make available to you information on mental health resources and their contact information in each of the three areas of Tennessee.

Are there any benefits to being in this research study?

We do not expect you to benefit from being in this study, but you may experience a sense of relief from describing your experiences. Your participation may help us to learn more about the experiences of people diagnosed with Gender Dysphoria both within and outside of the prison system. We hope the knowledge gained from this study will benefit others in the future. Knowing you helped inform others may lead to feelings of altruism for your contribution.

How will my identity, privacy, and confidentiality be protected?

You will be given the opportunity to select a numerical code for your data when selecting the gender identity with which you most closely identify. No identifying data will be collected from you. We will protect the privacy and confidentiality of your information by scanning and saving all informed consent forms in a password protected file on a password protected laptop computer. The originals will be destroyed immediately upon their being scanned and saved into

the laptop computer. In addition, all audio files will be stored electronically in a password protected file on a password protected laptop computer. At that time, the audio file will be deleted from the recording device.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information or what information came from you. Although it is unlikely, there are times when others may need to see the information we collect about you. These include:

- People at the University of Tennessee, Knoxville who oversee research to make sure it is conducted properly.
- If a law or court requires us to share the information, we would have to follow that law or final court ruling.
- Additionally, Rev, an outside service which will transcribe the audio files for the researcher will have access to the interviews. However, Rev staff sign strict non-disclosure and confidentiality agreements. In addition, Rev uses bank level security encryption for all files and these audio files are only transmitted back and forth using secure e-mail servers.
- If during the interview you become a risk to yourself such as feeling suicidal or a threat to others, such as making threats to harm someone, I would have to alert the local authorities for your protection and/or the protection of others.

What will happen to my information after this study is over?

We will not keep your information to use for future research. Your name and other information that can directly identify you will be deleted from your research data collected as

part of the study. In addition, any audio files or transcribed audio files will only be retained for three years after the completion of the interview and then they will be destroyed.

Will it cost me anything to be in this research study?

It will not cost you anything to be in this study.

What else do I need to know?

About 10-12 people will take part in this study. Because of the small number of participants in this study, it is possible that someone could identify you based on the information we collected from you. However, we do not anticipate this happening due to the steps we take to protect your identity, privacy, and confidentiality.

We may need to stop your participation in the study without your consent if it is no longer safe for you to participate due to the level of distress you experience, you do not follow study instructions, you no longer meet the study's eligibility requirements, or if the study is ended for any reason.

If we learn about any new information that may change your mind about being in the study, we will tell you. If that happens, you may be asked to sign a new consent form.

We use procedures to lower the possibility of risk to you. Even so, you may still experience distress. Please tell the researcher in charge, Amanda Simms, about any psychological distress or other challenges that you have associated with your participation in the study during this face-to-face interview.

The University of Tennessee does not automatically pay for medical claims or give other compensation for injuries or other problems.

Who can answer my questions about this research study?

If you have questions or concerns about this study, or have experienced a research related problem or injury, contact the researchers:

Amanda Simms MS, CRC, NCC, CCMHC, LPC-MHSP

450 Claxton Complex

1122 Volunteer Blvd.

Knoxville, TN 37916

Joel F. Diambra, EdD, LPC-MHSP-AS, NCC

448 Claxton Education Building,

1122 Volunteer Blvd.

Knoxville, TN 37916

Robert Kronick, PhD

450 Claxton Complex

1122 Volunteer Blvd.

Knoxville, TN 37916

For questions or concerns about your rights or to speak with someone other than the research team about the study, please contact:

Institutional Review Board

The University of Tennessee, Knoxville

1534 White Avenue

Blount Hall, Room 408

Knoxville, TN 37996-1529

Phone: 865-974-7697

Email: utkirb@utk.edu

STATEMENT OF CONSENT

I have read this form and the research study has been explained to me. I have been given the chance to ask questions and my questions have been answered. If I have more questions, I have been told who to contact.

Researcher Signature (to be completed at time of informed consent)

I have explained the study to the participant _____ (numerical code) and answered all questions. I believe that the participant understands the information described in this consent form and freely consents to be in the study.

Name of Research Team Member

Signature of Research Team Member

Date

Gender Definitions and Chosen Four-digit Numerical Code

*Please check the box you most closely identify with or provide an alternate gender identification in your own words

☐ Genderqueer: A person who identifies as neither, both, or a combination of male and female genders.

☐ Genderfluid: A person whose gender is in a constant state of motion and can readily shift to any point on the gender spectrum

☐ Bigender: A person who identifies as with both the masculine and feminine genders. These persons can shift between the two identities or feel as though their gender identity encompasses both identities at once

☐ Agender: this person does not identify as having a gender and may state they are genderless

☐ Transgender: Refers to a broad category of individuals who identify as another gender other than the gender assigned at birth

☐ Prefer to self-identify:

Four-digit numerical Code:_____

Other Demographic Information

Length of Imposed Sentence

Most recent – _____

Cumulative (amount of most recent and all other previous incarcerations, if any, combined) –

Actual Time Spent Incarcerated

Most Recent – _____

Cumulative (most recent and all other previous incarcerations if any) – _____

Time In vs. Time Out

Length of Time Since Incarcerated (most recent) – _____

Estimated Total Time in Society vs. a Correctional Setting - _____

To the best of my knowledge, I have been diagnosed with Gender Dysphoria by a licensed mental health professional

☐ Yes

☐ No

Appendix B: Interview Protocol

Interview Protocol

1. Tell me about your experience as a person diagnosed with Gender Dysphoria *outside* the correctional system.
2. Tell me about your experience been as a person diagnosed with Gender Dysphoria *inside* the correctional system.

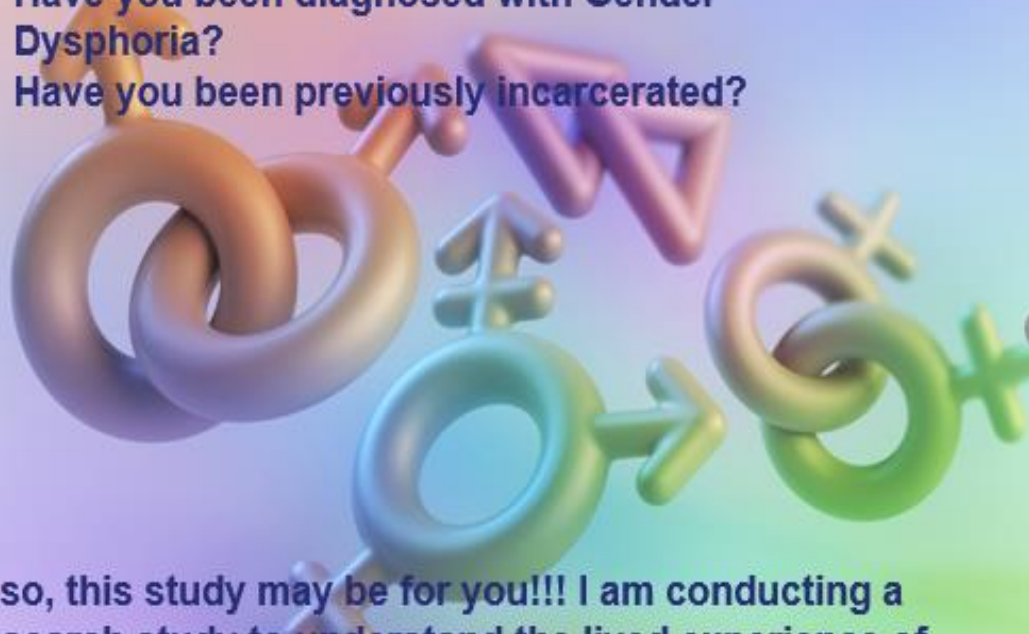
Additional Prompts to help direct participant back to the original prompt or to elicit further information could include:

- Please tell me more about that...
- I want to understand that better, please explain further...
- Please give me an example of...

Appendix C: Recruiting Flier

Research Participation Request

- Do you identify as other than cisgender but were assigned male at birth?
- Have you been diagnosed with Gender Dysphoria?
- Have you been previously incarcerated?



If so, this study may be for you!!! I am conducting a research study to understand the lived experience of persons who identify as other than cisgender, diagnosed with Gender Dysphoria, and previously incarcerated. I would love to hear your story!

Join me in helping counselors better serve the LGBTQ+ Community and Gender Minorities

Please consider participating in my research
More information and pre-screening available at:
<https://utk.questionpro.com/t/AQ0ogZiJVN>

Appendix D: Sample Data Coding Process

Participant Identifier	Step One: Initial Code	Step Two: Initial Conceptualized Theme	Step Three	Step Four	Step Five: Reconceptualized Themes	Step Six	Step Seven
0420	"There was a lot of misgendering"	unaffirming	Initial Codes and Themes Sent to Triangulating Peer	Feedback from Triangulating Peer Received to consider more of the following.	human dignity and intersecting gender identity and treatment	Reconceptualized Themes/Interpretations Sent to Triangulating Peer	Triangulating Peer Confirmed Agreement with Codes, Themes, and Interpretation. No further revisions made.
4702	"wouldn't respect pronouns"	unaffirming		<u>interactions with professionals to include:</u>	human dignity		
0420	"lot of deadnaming"	unaffirming			human dignity and intersecting gender identity and treatment		
0420	"lot of different treatment"	human dignity			experiences with law enforcement/facility staff		
0420	"very, very offensive things said to me"	bullying/mock		health care providers	human dignity		
0420	"usual gamut of wornout slurs"	bullying/mock		mental health care providers	human dignity		
0420	"all the great and wonderful derogatory terms"	bullying/mock		police, COs/prison staff	human dignity		
0420	"manipulation of my medicine"	access to treatment		<u>gender identity issues to include:</u>	human dignity		
0420	"had a busted up lip...broken nose"	safety		experiences with law enforcement/facility staff	human dignity		
4702	"threatened within an inch of my life"	safety		interactions with mental health/illness	safety		
7576	"stopped delivering as many requests"	safety		affirmation and disaffirmation	safety		
0420	"homophobic rants"	human dignity		Individual agency & Power including self-definition	experiences with law enforcement/facility staff		
0420	"held down so they could visually ascertain"	human dignity			human dignity		
4702	"medical staff didn't take a lot of my issues seriously"	safety or human dignity			safe, human dignity, and intersecting gender identity and treatment		
0420	"just having my identity not even recognized"	access to treatment			intersecting gender identity and treatment		
4702	"gonna rape me and make me his"	unaffirming			human dignity		
7576	"being sexually abused"	safety			safety		
7576	"fearful for my life"	safety			safety		
4702	"no access to hormone replacement therapy"	access to treatment			intersecting gender identity and treatment		

Vita

Amanda Simms grew up in Tennessee and completed her Bachelor of Arts degree in Psychology and Master of Science degree in Counseling from the University of Tennessee, Knoxville. After obtaining her master's degree, Amanda worked in various settings within counseling but found her true passion working within the correctional system. After working for several years in corrections, Amanda decided to pursue a Doctor of Philosophy degree in Counselor Education from the University of Tennessee, Knoxville along with a graduate certificate in Culture Studies in Education. Her research interests include the lived experiences of persons diagnosed with Gender Dysphoria while incarcerated. After graduation, Amanda plans to continue her career in corrections with hopes to help influence policies governing the mental treatment of incarcerated persons. She is very grateful for the support of her husband, children, family, and corrections family as she continues her work within this field.