

THESIS

A QUALITATIVE CASE STUDY OF COMMUNITY CORRECTIONS CASE MANAGERS'
EXPERIENCES WITH TGNC CLIENTS

Submitted by

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ABSTRACT

A QUALITATIVE CASE STUDY OF COMMUNITY CORRECTIONS CASE MANAGERS' EXPERIENCES WITH TGNC CLIENTS

This thesis seeks to understand how community corrections case managers work with transgender and gender-nonconforming (TGNC) clients within the context of a facility that relies on the gender binary in its physical structure and institutional practices. Using case study and feminist methodologies, as well as semi-structured interview techniques, I interviewed 11 case managers from this facility. Participants identified as having worked with a TGNC client in the past (either directly through case management or indirectly in a managerial or security position), having worked with women in some capacity, or having received gender-responsive training. The results from this thesis present several important findings. Such findings include that because of sex-segregated housing requirements, case managers must rely on programming opportunities for their TGNC clients to receive gender-affirming care, which creates uncertainty as these opportunities vary across clientele. Additionally, while case managers disagree on the fairness of housing TGNC clients with cisgender men, they fear that housing TGNC clients with women would be dangerous; simultaneously, case managers grapple with the fear that their TGNC clients might be sexually assaulted while living on the men's side. Underlying these first two findings, case managers report a pervasive lack of institutional training to help them navigate working with this specialized population, causing them to rely on alternative knowledge sources, such as their own identities, other case managers, and clients themselves. This thesis

concludes with recommendations to the facility pertaining to training and institutional practices that could be modified to better serve their TGNC clients.

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DEDICATION

I would like to dedicate this thesis to the three most important women in my life.

For my mom, Shannon, for your unwavering love and support. I would not be where I am today without you. Thank you for everything.

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CHAPTER 1 - INTRODUCTION

In the early 1990s, Dee Farmer, an incarcerated person who identified as a transgender woman, reported to correctional officers at her facility that she did not feel safe around a group of men she was housed with. These men consistently verbally and physically harassed her, and she had reason to suspect that these interactions would escalate. However, correctional officers ignored her concerns. Just as she had feared, those men physically and sexually assaulted her shortly after she had warned correctional officers. As a result, Farmer filed a lawsuit against the prison for deliberate indifference (Smith 2015). Farmer's case made it to the Supreme Court, entitled *Farmer v. Brennan* 1994. The Supreme Court's decision sided with Farmer, thus making the determination that "prison officials have a duty to protect prisoners from violence at the hands of other prisoners" and not doing so violates the Eight Amendment of the Constitution that prevents cruel and unusual punishment (Alexander and Meshelmiah 2010; Smith 2015).

While this court case did not rule on anything specific to transgender identity, it sparked legal discourse about people who identify as transgender and their experiences behind bars. It also highlighted the importance of the relationship between corrections staff and people who are incarcerated, as staff are responsible for ensuring their safety and well-being. This has sparked research on transgender-identifying people in various areas of the criminal justice system. For example, researchers have explored the demographic makeup of incarcerated people who identify as transgender (Sexton, Jenness, and Sumner 2010; Sevelius and Jenness 2017), what makes people who identify as transgender more vulnerable to involvement with the criminal justice system (Sexton et al.2010; Buist and Stone 2014; James, Herman, Rankin, Keisling, Mottet, and Anaffi 2016; The National Center for Transgender Equality (NCTE) 2018), and

police interactions with people who identify as transgender (Graham 2014; Daniel 2014; Dwyer 2014; Nichols 2014; Israel 2017). However, only recently have the relationships between correctional officers, as well as other officials throughout the criminal justice system (such as parole officers, probation officers, and case managers), and those who identify as transgender been explored (Israel 2017; Kerrison 2018). Notably, very little research has examined the relationships between residential community corrections case managers and their clients who identify as transgender. Given that these on-the-ground employees are charged with direction, protection, and surveillance of all incarcerated people—including people who identify as transgender—this lack of research is important to note. For context, community corrections is defined as:

“facilities where individuals are required to reside, instead of jail or prison, as a condition of pre-trial release or to complete a sentence. They may also be called halfway houses, restitution centers, re-entry centers, or community treatment centers” (NCTE 2018).

Instead of correctional officers, community corrections facilities employ case managers who work closely with clients to supervise their programming and sentence requirements. They provide support and accountability for clients and connect them with resources they need, making the relationship between case manager and client “a key ingredient for reducing recidivism” (Cullen, Jonson, and Mears 2017). While there is research on the relationship between case managers and their clients across non-residential community corrections agencies (parole, probation, etc.) and clients (for example, see Day, Hardcastle and Birgden 2012; Cantora, Mellow, and Schlager 2014; Salisbury and Dentato 2016; Cullen et al. 2017), little research exists that explores the relationship between case managers in residential community corrections settings and clients who identify as transgender. While residential community corrections agencies house fewer clients than prisons or jails, they have shorter sentence

requirements, which means they will have many different people come into the facility due to higher turnover. The higher traffic through these facilities increases the likelihood that case managers may come across a client who identifies as transgender, thus making it important to understand how case managers work with this population.

Due to the paucity of research in this area, this thesis explores residential community corrections case managers experiences with clients who identify as transgender. The current project is a qualitative analysis of 11 semi-structured interviews with residential community corrections case managers in a Western U.S. community corrections facility. The goal of this thesis is to explore the relationship between residential community corrections case managers and their clients who identify as transgender. In addition, this will provide insight into how the binary nature of the community corrections setting affects how case managers can work with clients who identify as transgender. To do this effectively, this project highlights case managers' experiences working with clients who identify as transgender. I explore the institutional and interpersonal challenges case managers face supervising this population, as well as what gaps in knowledge and training affect how case managers can effectively work with clients who identify as transgender.

This literature review will explore relevant terms and definitions pertaining to transgender identity, sociological understandings of gender binary, the reproduction of these structures in the lives of people who are transgender, and how they appear within the criminal justice system. After a review of the literature, I will explain my research design and methods, provide my findings and analysis of these findings, and conclude with policy recommendations for this facility to improve practices and procedures for working with clients who identify as transgender.

CHAPTER 2 - LITERATURE REVIEW

Terms and Definitions

To provide background for the reader, I will begin by reviewing terms that pertain to the discussion of transgender identity to help lay a strong foundation for the more complex discussion that comes later. A common issue is the conflation of the terms sex and gender. Sex is defined as “the biological and physiological characteristics that are typically associated with males and females,” (Sevelius and Jenness 2017) while gender is defined as “the roles, behaviors, activities and attributes that are socially constructed by a given society, usually assigned to one’s sex assigned at birth” (Sevelius and Jenness 2017). Sex and gender are commonly differentiated between characteristics that are biologically designated (sex) and those that are socially ascribed (gender). However, researchers and transgender activists argue that sex characteristics are also socially ascribed to belong in the male or female categories (Hird 2000; Stryker 2017). A person whose gender identity aligns with characteristics typically associated with the sex assigned to them at birth is cisgender, the opposite of this term being transgender. While there is some variation regarding the definition of transgender, for the purposes of the current study I will draw on the definition of two scholars who have conducted numerous studies on those who identify as transgender and are incarcerated:

“an umbrella term for people whose gender identity and/or gender expression do not align with normative expectations of their assigned sex at birth. A transgender woman is someone who was assigned the male sex at birth but identifies as a woman, where as a transgender man was assigned female sex at birth but identifies as a man” (Sevelius and Jenness 2017).

From this point forward, I will use the acronym TGNC, which stands for transgender and gender nonconforming, as it is a broad and encompassing term for the different gender identities

that fall under the transgender umbrella. Therefore, I will use language such as “a client who identifies as TGNC” or a “person who identifies as TGNC,” or “TGNC people,” etc. It is important to note that much of the research on those who identify as TGNC and are incarcerated revolves around those who were assigned male at birth and now identify as female; there is a lack of representation and research on people who were assigned female at birth and now identify as male (Stein 2018; Stanley and Smith 2019). In this literature review, I discuss broad information pertaining to this population, but I will primarily focus on the experiences of TGNC women who are also incarcerated. Additionally, an acronym that is often used when discussing the TGNC community is LGBTI, which stands for lesbian, gay, bisexual, transgender, and intersex. This acronym is used to reference the entire LGBTI community but can be confusing because the “LGB” refers to sexual orientations, whereas the “TI” refers to gender identities. Since the TGNC community and LGBTI community have overlapping histories and experiences, I will discuss the LGBTI community where appropriate, but the focus of this thesis is the TGNC community.

Another aspect of understanding TGNC identities is awareness of the various psychological definitions related to this identity and their relationship to medical options that TGNC people may wish to pursue. For instance, the third and fourth editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) used the term Gender Identity Disorder (GID), which pathologized people who are TGNC because it framed TGNC identity as a mental illness (Alexander and Meshelemiah 2010; Stryker 2017; Routh, Abess, Mankin, Stor, Hemmens, and Yoo 2017). In the fifth and most recent edition of the DSM, Gender Dysphoria has replaced GID and “refers to an individual’s affective/cognitive discontent with the assigned gender” (DSMV; Stryker 2017). These psychological definitions are important because a

diagnosis of gender dysphoria is a prerequisite to access psychological and medical treatment for people who are TGNC (Routh et al. 2017). Those who identify as TGNC often need psychological care to manage gender dysphoria as well as any other co-occurring mental health diagnoses, such as anxiety and depression, the prevalence of which is high in the TGNC community (Brown 2014; Frederick 2014). Additionally, those in the TGNC community may seek medical treatments to achieve gender affirmation. For example, a popular form of treatment is hormone replacement therapy (HRT). HRT can come in the form of testosterone or estrogen. For example, if someone who is TGNC uses estrogen, they might experience a redistribution of weight, a change in the octave in their voice, and the development of breast tissue (Meir and Labuski 2013). Another popular medical option is sex reassignment surgery (SRS). Meir and Labuski (2013) provide an overview of these SRS surgeries:

“For trans women, this may include: breast augmentation, penectomy and orchiectomy, vaginoplasty with or without labiaplasty, and daily/maintenance use of exogenous estrogen. Supplemental therapies may include facial feminization procedures, chondrolaryngoplasty (tracheal shaving), voice retraining, and hair removal procedures (electrolysis, waxing). For some trans men, a “complete” transition may include mastectomy (possibly with nipple repositioning), hysterectomy and salpingo-oophorectomy, androgen/testosterone supplemental maintenance, phalloplasty or metoidioplasty with urethral extension, vaginectomy, and scrotoplasty”(Meir and Labuski 2013).

I highlight these medical options to provide a broad understanding of TGNC identity; however, undergoing these treatments is not necessary for someone to identify as TGNC, but having access to these options may help a person who is TGNC affirm their identity on their own terms. There are many institutional and discriminatory roadblocks that prevent people who are TGNC from accessing these resources, such as lack of insurance providers or coverage (Salisbury and Dentato 2016), and institutional rules that do not accommodate TGNC identities, which I will discuss in the context of correctional institutions in future sections.

For the reader's reference, I have compiled the following table of definitions of different identities that are both related to and distinct from the definition of transgender.

Table 1. Terms and Definitions.

Agender	Feeling that one has no gender identity. ¹
Asexual	The lack of a sexual attraction or desire for other people. (This does vary though as some asexual people can experience some sexual attraction or seek out non-sexual but still romantic partnerships). ²
Binary Gender/Gender Binary	The idea that there are only two genders: male and female. ³
Crossdresser	A person who wears gender-atypical clothing. ⁴
Drag Queen/Drag King	Wearing the clothing of another gender, often involving the presentation and performance of exaggerated, stereotypical gender characteristics. Individuals may identify as drag kings (female in drag) or drag queens (male in drag) when performing gender as parody, art, or entertainment. ⁵
Genderfluid	A person who does not identify with a single fixed gender or has a fluid or unfixed gender identity. ⁶
Gender Identity	A person's sense of fit (or lack of fit) with a gender category. ⁷
Gender expression	How people perform their sense of self/gender. ⁸

¹ *Transgender History* by Susan Stryker

² *Glossary of Terms* from hrc.org

³ *Transgender History* by Susan Stryker

⁴ *Transgender History* by Susan Stryker

⁵ *Transgender History* by Susan Stryker

⁶ *Glossary of Terms* from hrc.org

⁷ *Transgender History* by Susan Stryker

⁸ *Transgender History* by Susan Stryker

Gender Neutral Pronouns/ Pronouns	English pronouns traditionally refer to the use of “she/her” and “he/him.” Gender neutral pronouns are “they/them” or “ze/zir.” ⁹
Gender-nonconforming, Genderqueer, and Nonbinary	These terms refer to all people who do not conform to binary notions of the alignment of sex, gender, gender identity, gender role, gender expression, or gender presentation. ¹⁰
Intersex	Intersex people are born with a variety of differences in their sex traits and reproductive anatomy. There is a wide variety of difference among intersex variations, including differences in genitalia, chromosomes, gonads, internal sex organs, hormone production, hormone response, and/or secondary sex traits. ¹¹
Lesbian	A woman who is emotionally, romantically, or sexually attracted to other women. Women and TGNC people may use this term to describe themselves. ¹²
Gay	A person who is emotionally, romantically, or sexually attracted to members of the same gender. Men, women, and TGNC people may use this term to describe themselves. ¹³
Bisexual	A person emotionally, romantically, or sexually attracted to more than one sex, gender, or gender identity though not necessarily simultaneously, in the same way, or to the same degree. Sometimes used interchangeably with pansexual. ¹⁴
Pansexual	Describes someone who has the potential for emotional, romantic, or sexual attraction to people of any gender though not necessarily simultaneously, in the same way, or to the same degree. Sometimes used interchangeably with bisexual. ¹⁵

⁹ *Transgender History* by Susan Stryker

¹⁰ *Transgender History* by Susan Stryker

¹¹ *Glossary of Terms* from hrc.org

¹² *Glossary of Terms* from hrc.org

¹³ *Glossary of Terms* from hrc.org

¹⁴ *Glossary of Terms* from hrc.org

¹⁵ *Glossary of Terms* from hrc.org

Queer	Formerly a slur used against the LGBTI community, it has been reclaimed as a broad marker for a variety of sexualities and gender identities. ¹⁶
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Theoretical Foundations

While the previous section highlights important terms and definitions that explain TGNC identities, the actual embodiment and enactment of these identities is more complicated in practice. Sociologists have long theorized that gender is largely a performance that is socially managed, rather than an immutable quality that a person holds (Goffman 1967; O’Brien 2016). For example, Goffman highlighted the interactional nature of gender by describing it as something that is managed, signaled, monitored, and reproduced (1967). In his essay *Gender Displays* he states:

“What the human nature of males and females really consists of, then, is a capacity to learn to provide and to read depictions of masculinity and femininity and a willingness to adhere to a schedule for presenting these pictures, and this capacity they have by virtue of being persons, not females or males” (1976:76).

While it was Goffman who highlighted the interactional nature of gender between the binary sexes, it was Garfinkle who disrupted the idea of the gender binary in his famous Agnes study. Agnes, who we now know identified as a male-to-female TGNC woman, was a patient at the UCLA Psychiatric Gender Identity Clinic who was petitioning to have sex reassignment surgery. She claimed she needed this surgery because she was intersex and believed her penis was a mistake (O’Brien 2016). Garfinkle interviewed her and was surprised to find how Agnes resembled and acted “like a real woman.” Through these interviews, she explained to Garfinkle the ways she was able to learn how to be a woman through her daily social interactions. For

¹⁶ *Transgender History* by Susan Stryker

example, she learned that she could not sunbathe in an area where men could see her (such as her front yard) because it was “unladylike” to show her body to men outside of her monogamous relationship (West and Zimmerman, 1987). From these interviews, Garfinkle posited that gender is not something that is innate or biological, rather it is a performance that can be learned, embodied, and reproduced (O’Brien 2016) contrary to common perceptions of gender being inextricably linked to sex characteristics.

West and Zimmerman (1987) bridged the connection between interactional displays of gender and the role that institutions play in shaping these interactions. A simple example is the practice of schools requiring that boys use the boys’ restroom while girls use the girls’ restroom, even though the purpose of a restroom is the same for both genders. On a broader scale, cisgender men and women are required to meet certain gendered expectations at home and the workplace and in social life to affirm themselves to others, as the authors state here:

“If we do gender appropriately, we simultaneously sustain, reproduce, and render legitimate the institutional arrangements that are based on sex category. If we fail to do gender appropriately, we as individuals-not the institutional arrangements-may be called to account (for our character, motives, and predispositions)” (1987:146).

We see this constantly for TGNC people who are perceived by others as not conforming to clearly identified hegemonic gender practices. Instead of questioning the way we designate gender institutionally and in social life, people scrutinize, question, and even attack those who do not perform their gender within the confines of the binary. Institutions are especially strict about policing gender. For example, in a study of ten Black women who identified as TGNC, findings showed this population faces “gender policing at school, sexual victimization in the criminal justice system, and negative judgment of gender variation in faith-based institutions” (Graham 2014:274).

Furthermore, researchers at Grand Valley State and the University of Chicago expanded on West and Zimmerman's arguments, specifically pertaining to institutional responses to those who are TGNC. They examine "gender panics," which are "situations where people react to disruptions to biology-based gender ideology by frantically reasserting the naturalness of a male–female binary," through textual analysis on how transgender identity is discussed, determined, and validated in sports, employment, and government documents (Westbrook and Schilt 2014). They identified concepts of "biology-based determination of gender," which is the idea that gender is unchangeable and determined by sex assigned at birth, and "identity-based gender ideology," which means "people can be recognized as a member of the gender category with which they identify if their identity claim is accepted as legitimate by other people determining their gender" (Westbrook and Schilt 2014). They found that in sports-related institutions, biology-based determinations of gender are evoked because of the importance of genitalia as a marker for gender (and therefore, athletic performance), as well as the perceived sexual threat in the locker-room if someone who has a penis is in close quarters with someone who has a vagina. A more specific response they identified here was the idea of "penis panics," which is the fear that those who have a penis (regardless of sexual orientation or history of sexual violence) will use it as a sexual weapon against those who have a vagina. However, in institutions of employment, identity-based gender ideology is employed more often because genitalia are (typically) hidden in these situations, thus neutralizing fear around gender.

Using these concepts Westbrook and Schilt developed (2014), I will demonstrate throughout this literature review how the reliance on biology-based determinations of gender and subsequent gender panics (and penis panics) have shaped the experiences of people who are

TGNC, with a specific focus on the context of the criminal justice system through police interactions, incarceration, and alternative sentencing--namely community corrections.

Historical Foundations

Expressions of gender outside of the binary date back centuries and span across cultures, but the concept of TGNC identity is largely explored by sociologists in a Western context. Susan Stryker (2017), a historian of TGNC identity, recounts the sensationalized sex reassignment surgery of former U.S. military officer Christine Jorgenson in the 1950s, which carved a space for TGNC identity in this conservative zeitgeist of American society. While Christine's journey provided representation for TGNC people, the history of this community is fraught with institutional violence and societal exclusion (even from LGBTI and feminist movements) largely based upon gender panics and societal adherence to biology-based determinations of gender. For example, crossdressing, along with homosexuality, was not officially criminalized until the late 1800s. Partially responsible for this shift was criminologist Cesare Lombroso, who asserted that someone who expressed homosexuality or gender variance was an "invert" or a sexual deviant (Dennis 2014). Laws arose around the United States criminalizing these acts, from anti-sodomy laws to anti-crossdressing laws that forbid people to act and dress out of alignment with their assigned gender (Stryker 2017), thus institutionalizing the requirement to perform gender within the binary, or else face legal repercussions.

This criminalization, and subsequent laws, initiated the long and tumultuous history between LGBTI people and law enforcement that we still see the implications of today. As the TGNC population became more visible in the 20th century, the community became more at risk of police backlash. For example, in the 1960s, police would raid bars and bathhouses frequented by LGBTI individuals and arrest those who police determined to be wearing clothing of the

opposite sex (Carter 2004; Stryker 2017; Stanley and Smith 2019). Officers were known to be both physically and sexually violent toward these individuals, with some interactions even resulting in death (Daniel 2014; Dwyer 2014). This violence culminated over years and reached a breaking point in 1969 at the Stonewall Inn, the site of the infamous Stonewall Riots, when police raided the popular gay bar where patrons resisted. Marsha P. Johnson and Silvia Rivera, two TGNC women of color, were prominent figures during the riot and were prominent TGNC activists post-Stonewall (Carter 2004).

Despite the unified front of members of the LGBTI community during the Stonewall Riots, the fight for LGBTI equality was largely exclusionary of the TGNC community. The Gay Liberation Movement, the most prominent LGBTI rights movement in the 1960s-70s, excluded TGNC rights from their agenda, arguing that advocating for TGNC rights would slow down their progress, as gender variance was harder for cisgender and heterosexual people to accept than homosexuality (Carter 2004; Stryker 2017; Stanley and Smith 2019). This faction had long-lasting effects, as the fight for marriage equality took prominence and garnered mainstream acceptance with the Defense of Marriage Act passing in the Supreme Court in 2015. While this was a momentous win for the LGBTI community, protections for gender identity have lagged and there has been pronounced backlash against the TGNC population. For example, in 2020, the Supreme Court ruled that gender identity is a protected class; however, state bills are actively being debated to deny TGNC access to healthcare, employment protection, and even bathroom use (James et al. 2016; Kcomt, Gorey, Barrett, and McCabe 2020; Price-Feeny, Green, and Dorison 2020). These reactionary policies are modern examples of gender panics that aim to reinforce the gender binary on an institutional level.

Another prominent social movement in the 1960s-70s that excluded TGNC people was the second-wave feminist movement. Many feminists viewed the TGNC community as “gender traitors” and believed that they were still men, especially if they still had their penises thus reifying the very ideas about gender they were working to disrupt (Stryker 2017; Schilt and Lagos 2017). Janice Raymond, a popular feminist scholar in 1970s, pioneered the “gender traitor” rhetoric with her book, “The Transsexual Empire: The Making of the She-Male.” Here, she demonized TGNC women as deviant and pathological, and claimed that the undergoing of a sex change operation was both bodily mutilation and colonization of the female body (Stryker 2017; Schilt and Lagos 2017). While transphobia is not something that all feminists endorse, Raymond’s demonization created a large faction of feminists known as Transgender Exclusionary Radical Feminists, also known as “TERFs.” By excluding TGNC women from their movement, they effectively “othered” and marginalized women who are TGNC, thus making it harder for TGNC women to advocate for their place in “women’s only” spaces and have their experiences of womanhood validated.

Thus, TGNC people have and continue to have their identities policed through hegemonic cultural constructions, gendered structural arrangements, as well as by social movements designed to disrupt these very ideas. This section has illuminated a variety of ways that TGNC people have been targeted and excluded using the gender binary; the following section builds on this by highlighting how this population becomes systematically excluded from mainstream institutions because of their identity and how this exclusion increases their vulnerability and marginalization.

Societal Marginalization and Vulnerability

The TGNC population, because of broad societal exclusion described in the previous section, is disproportionately vulnerable to a variety of forms of marginalization (and as I will discuss later, increases this population's risk of contact with the criminal justice system) (Buist and Stone 2014; James et al. 2016; Sexton et al. 2010; NCTE 2018). Trouble for those who are TGNC often begins in childhood. TGNC youth are often cognizant of their gender dysphoria at early ages, some as young as three (Olson and Gulogoz 2018). If youth who are TGNC are "out" (meaning they have openly disclosed their identity) or display gender difference that is apparent to peers, they are more likely to experience bullying in school. For example, a 2012 study on the experiences of TGNC youth found that "80% of transgender youth did not feel safe in school because of discrimination or victimization that was related to their gender identity" (Warbelow and Cobb 2014). Similarly, in a 2010 study on incarcerated TGNC adults, researchers found that TGNC people who are incarcerated largely had education levels that stagnated at the high school level, indicating that this population is at risk for not graduating from high school or going on to pursue higher education (Sexton et al. 2010). In addition to marginalization from educational institutions, youth who identify as TGNC also experience high rates of homelessness largely due to family conflict, mental health problems, drug and alcohol abuse, and/or physical and sexual abuse (Frederick 2014), as well as homophobia and transphobia from family members. This lack of acceptance from schools and families puts TGNC youth at higher risk for mental health issues and increases risk of suicide, exposure to violence, and increases their risk of participation in criminal activity (Frederick 2014). For example, homeless youth, in efforts to support themselves, may turn to informal economies ranging from petty theft to sex work (Frederick 2014; James et al. 2016). The following figures from the 2015 Transgender Demographic Survey

highlight the experiences of TGNC youth in school and the effects of having unsupportive families.

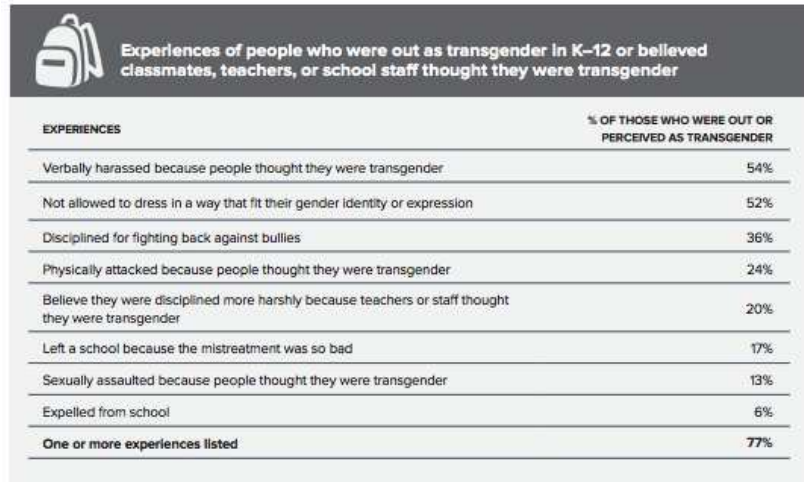


Figure 1. Negative Experiences in School.

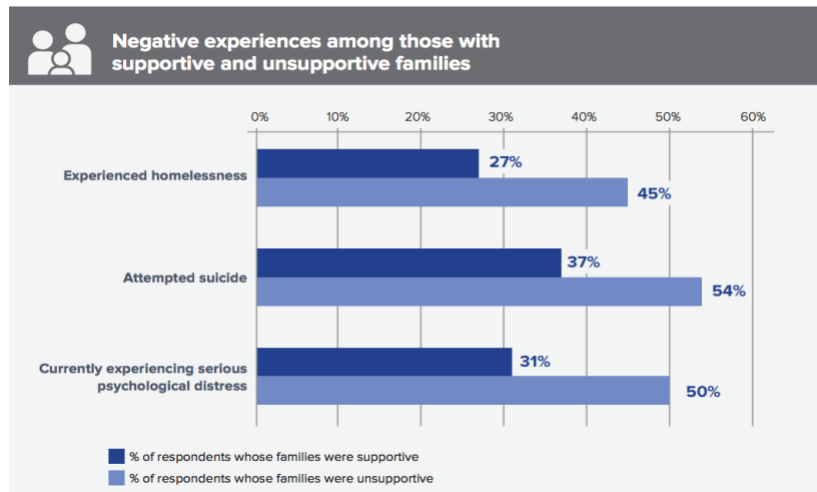


Figure 2. Negative Experiences with Family.

Unfortunately, this exclusion looks similar in adulthood for the TGNC population. Those who are TGNC face higher rates of employment discrimination, as they are more likely to report instances of workplace harassment and discrimination, as well as higher rates of unemployment than those who are cisgender (Frederick 2014; Warbelow and Cobb 2014). As mentioned earlier, in 2020 the Supreme Court ruled that the Civil Rights Act of 1964 extended to the LGBTI population, so we will see the effects of this law on TGNC employment in coming years.

However, some research shows that the ramifications of employment discrimination have caused a need for his community to seek alternative employment pathways through criminally-defined means, including sex work (Buist and Stone 2014). More specifically, according to the 2015 National Transgender Discrimination Survey, “transgender people of color and transgender women in particular had the highest rates of sex work” (Buist and Stone 2014), thus highlighting the double marginalization of TGNC identity and race. Those who are TGNC also report higher rates of alcohol and drug dependency and mental health issues such as anxiety and depression; they are also at higher risk of contracting sexually transmitted diseases, such as HIV (Sexton et al. 2010; Brown 2014).

In addition to institutional marginalization that creates clear vulnerabilities for TGNC, gender panics also play a large part in the victimization of the TGNC community, from day-to-day interactions such as street harassment and harassment on public transport (Meier and Lubuski 2013) (see figure 3), to violent hate crimes, some of them high-profile. For example, Brandon Teena, a man who was assigned female at birth, was living in rural Nebraska when he was raped and murdered by his friends when they discovered Brandon had a vagina (Buist and Stone 2014). We even see transphobia permeate the retelling of these murders, as media outlets may refer to the victims by their deadnames (the birthname given to a TGNC person that they no longer wish to use) or use incorrect pronouns (Seely 2021). However, not all instances of violence against the TGNC community is a response from these “gender panics.”

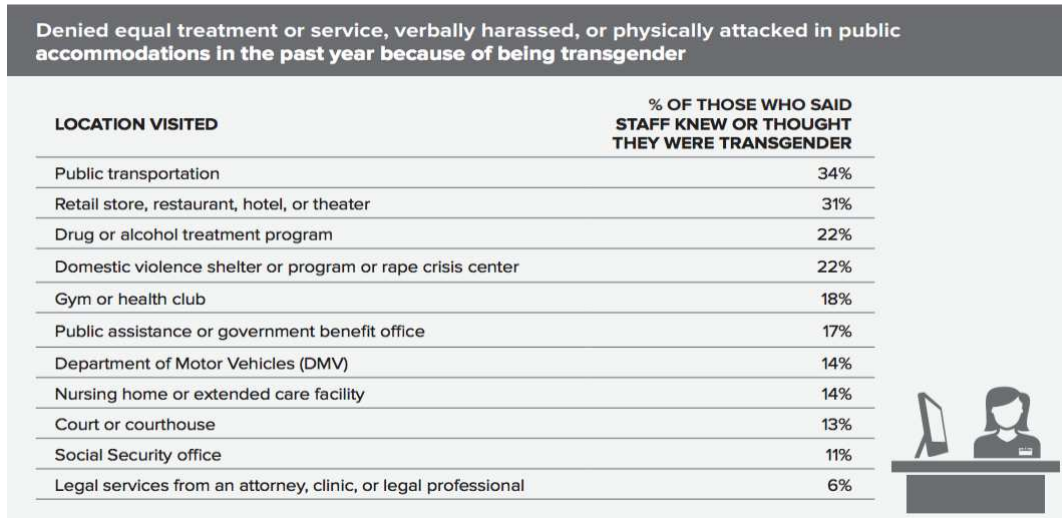


Figure 3. Victimization due to TGNC Identity.

For example, Susan Stryker notes that some of the women who are TGNC and participated in sex work and are remembered on the online memorial “Honoring Our Dead” were not killed because they were TGNC; in fact, their perpetrators did not even know they were TGNC until after they were murdered (Stryker 2017). This indicates that the spaces and avenues TGNC people are relegated to (such as sex work) are contributing factors to their overall victimization patterns (Buist and Stone 2014). Therefore, it is important to view these broad forms of exclusion and marginalization intersectionally. For example, the average lifespan of Black TGNC women (who are also the most likely to participate in sex work), is 35 years old (Dennis 2014), thus highlighting the increased danger for non-white and TGNC people living in a cultural landscape that upholds both white supremacy and the gender binary. Not only does societal and economic marginalization and exclusion make victimization more prevalent in the TGNC community, but it increases their likelihood for police contact as well.

Police Interactions

This increased participation in sex work, as well as the other characteristics of this population, makes those who identify as TGNC more vulnerable to police contact. Again, the

2015 National Transgender Discrimination Survey described “patterns of frequent harassment, profiling, and abuse by law enforcement officers and high rates of incarceration” for the TGNC community. This harassment has been documented around the world and is especially prevalent when police encounter TGNC sex workers. For instance, a study of female TGNC sex workers in Sri Lanka highlighted instances of “monetary, physical, verbal, and sexual abuse as well as inequality in police response and forced gendered behavior” (Nichols 2014). Additionally, there are frequent reports of police mis-gendering TGNC people in custody (see figure 4).

Table 14.1: Mistreatment by police or other law enforcement officers in the past year

Experiences of mistreatment in the past year	% of those who interacted with officers who thought or knew they were transgender in the past year
Officers kept using the wrong gender pronouns (such as he/him or she/her) or wrong title (such as Mr. or Ms.)	49%
Verbally harassed by officers	20%
Officers asked questions about gender transition (such as about hormones or surgical status)	19%
Officers assumed they were sex workers	11%
Physically attacked by officers	4%
Sexually assaulted by officers	3%
Forced by officers to engage in sexual activity to avoid arrest	1%
One or more experiences listed	58%

Figure 4. Mistreatment by Police.

However, police and other law enforcement agencies have begun to implement TGNC and LGBTI-inclusive policies, but they are met with some resistance (Dwyer 2014). For example, in a qualitative study that examined resistance and receptiveness of law enforcement officers to LGBTI diversity training, researchers found that officers were resistant to the training due to their commitment to law enforcement practices and preconceived beliefs about the LGBTI community (Israel 2017). However, some were motivated to understand and address the needs of

the LGBTI community and receive additional training (Israel 2017). This tension highlights a historical shift in law enforcement practices towards more inclusive policing and a concentrated attempt to decrease the net width of policing practices, but it also shows how institutional constraints and preconceived bias can hinder more progressive policing toward the LGBTI community (Israel 2017).

Heightened police contact is critical to consider when thinking through the experiences of TGNC people because increased contact translates into incarceration; in fact, one study concluded that the “lifetime estimates of incarceration [ranges] from 19% to 65% among transgender women” (White-Hughto, Clark, Altice, Reisner, Kershaw, and Pachankis 2018). According to Clark et al. 2017, “it is estimated that about 16% of transgender people (21% of transgender women) have been incarcerated in their lifetime, compared to estimates ranging from 2.8% to 6.6% of the general U.S. population.” The following section will highlight what incarceration looks like for this population as well as policies that address the care and treatment of TGNC people who are incarcerated. This institutional context is important for understanding the social context of other corrections agencies, which in the case of this thesis, is residential community corrections agencies, as many of the issues in prisons appear in these other settings.

Incarceration

The legal system is one that adheres strictly to biology-based determinations of gender, as it does not recognize the difference between sex and gender when sentencing decisions are implemented. This means that a person who identifies as TGNC is going to be assigned to a correctional facility based on their genitalia alone. This creates a myriad of issues for people who are incarcerated and identify as TGNC, often resulting in questions of Fifth¹⁷, Eighth¹⁸, and

¹⁷ The Fifth Amendment of the Constitution prohibits “double jeopardy” (Whitman 2017).

¹⁸ The Eighth Amendment of the Constitution prohibits “cruel and unusual punishment” (Whitman 2017).

Fourteenth¹⁹ Amendment violations of their constitutional rights (Alexander and Meshelemiah 2010; Smith 2015; Whitman 2017). Researchers and advocates have established that some of the most pressing issues that affect people who are incarcerated and who identify as TGNC relate to concerns surrounding housing, sexual victimization, healthcare, and identity management behind bars. In this section, I describe what research has established about these topics; as a reminder, I refer here only to TGNC people who identify as women and are incarcerated as there is very little research on TGNC people who identify as male and are incarcerated (Stanley and Smith 2016).

Housing

Housing is perhaps the most contentious issue pertaining to people who are TGNC and incarcerated. Because the law adheres to these biology-based determinations of gender, people who are TGNC and incarcerated will be assigned to a prison based on their genitalia (Sumner and Jenness 2014). This practice is driven by legislation and adherence to binary assumptions of gender and heteronormative standards.

For example, TGNC women are not housed with cisgender women in prison because law makers consider this to be potentially dangerous situation to house someone who has a penis with cisgender women. This decision is based on the well-established body of research that determines cisgender men are more likely to be perpetrators of physical and sexual violence against cisgender women and other men (Katz 2006). Therefore, the decision to separate cisgender women from those who have male anatomy is understandable, given that cisgender women with sexual trauma may be further traumatized by the presence of someone with male

¹⁹ The Fourteenth Amendment of the Constitution prohibits discriminatory applications of the law, wherein one group receives unequal treatment compared to another group (Whitman 2017).

anatomy in their living quarters. However, this decision also puts TGNC women at risk as well, as being housed with cisgender men also puts them at greater risk for sexual assault, which will be discussed in the following section.

There are some suggestions from academic researchers and public interest groups on how to address these issues around housing, however. Overwhelmingly, the consensus across academic researchers and public interest groups (as well as the Prison Rape Elimination Act (PREA), which will be discussed further in the next section) is that housing designations for TGNC people should be made on a case-by-case basis. This is because there is no one-size-fits-all approach to housing TGNC people based on their individual preferences and criminal histories. For example, a study conducted in a Scotland prison on their TGNC population's housing preferences found that they have varying housing requests (Maycock 2020). Some expressed the desire to live with cisgender women in a women's facility, some wanted their own unit with other TGNC and LGBTI inmates, and others wished to remain living with cisgender men (Maycock 2020). While the default in the U.S. is the latter, jails in the U.S. have explored the first two options mentioned above. Cook County Jail in Illinois has allowed TGNC people to be assigned to housing based on their gender identity (Sumner and Jenness 2014). Alternatively, Los Angeles County Jail provides a unit for LGBTI and TGNC inmates separate from the rest of the population (Sumner and Jenness 2014). This approach does technically violate PREA's rule preventing involuntary segregation based on LGBTI status; however, this could be mitigated if other vulnerable populations were allowed to live in this wing (such as those who are younger, elderly, or who have a disability) (NTCE 2018).

While the approaches by Cook County and Los Angeles County jail may work for their facilities using available resources, this is not true for all facilities, thus necessitating housing

decisions being made on a case-by-case basis. These determinations can include criminal history assessments, victimization history, general safety concerns, facility resources, and housing preferences (ACLU; Smith and Brisbin 2012; NTCE 2018; Kending, Cubitt, Moss, and Sevelius 2019). Implementing these standards may also help mitigate risk to cisgender women if TGNC women were allowed to be housed with them. Regardless of the option chosen, involuntary segregation should not be permitted, even as a safety alternative, as this segregation often takes the form of solitary confinement, which constitutes cruel and unusual punishment (Brown 2014; NCTE 2018).

Sexual Assault

Sexual assault is endemic in prison, especially for TGNC people who are incarcerated. According to a 2010 study of 315 TGNC people incarcerated in the California Department of Corrections, this population is 13 times more likely to experience sexual assault while incarcerated than cisgender men (Sexton et al. 2010; Jenness 2010). The issue of sexual assault in prison has a long legal history that is closely tied to TGNC identity. The 1994 Farmer v. Brennan case (mentioned in the introduction) and a subsequent survey done on prisoner sexual assault by the Human Rights Watch in 2001 (Dumond 2003) made sexual assault in prison a pressing legislative issue. In response to Farmer v. Brennan and the Human Rights Watch survey, in 2003 Congress wrote and approved the Prison Rape Elimination Act (PREA) (Dumond 2003). The general guidelines of PREA are as follows:

- “1. Establish a zero-tolerance policy for the incidence of prison rape in the United States;
2. Make the prevention of prison rape a top priority in each prison system;
3. Develop and implement national standards for the detection, prevention, reduction, and punishment of prison rape;
4. Increase the available data and information on the incidence of prison rape;
5. Standardize the definitions used for collecting data on the incidence of prison rape;
6. Increase the accountability of prison officials who fail to detect, prevent, reduce, and punish prison rape;

7. Protect the Eighth Amendment rights of federal, state, and local prisoners;
8. Increase the efficiency and effectiveness of federal expenditures through grant programs and reduce the costs that prison rape imposes on interstate commerce” (PREA, 2003) (Thompson, Nored, and Cheeseman Dial 2008).

This act is required by all federal prisons and jails “to avoid a 5% reduction in certain federal prison funds” (Thompson et al. 2008). State prisons could lose federal funding if they are not compliant as well; however, this is not the same for county and local correctional facilities, as not all receive federal funding (Malkin and DeJong 2018; NCTE 2018). From 2003 to 2012, the Department of Justice evaluated these PREA standards (ACLU). Because of the strong association with TGNC identity and sexual assault (Sexton et al. 2010), in 2012 Congress added a set of thirteen provisions to the existing PREA policy that specifically addressed TGNC people who are incarcerated to contextualize their enhanced vulnerability for sexual assault. These provisions are summarized as follows (Smith 2015; Malkin and DeJong 2018):

"the definitions of transgender and gender-nonconforming are provided; protects transgender individuals during physical examinations and cross-gender searches; mandates staff training on LGBTI issues; screens for risk-based on LGBTI status; housing is assigned on a case-by-case basis and is individualized; allows transgender people who are incarcerated to shower separately; requires that LGBTI people who are incarcerated not be segregated based on their LGBTI status as well as no involuntary segregation; and finally, consider whether motivation of an attack was due to LGBTI status of the victim" (Malkin and DeJong 2018).

While this was a major step towards creating a safer environment for TGNC people who are incarcerated, it is often the only policy in place that addresses TGNC people in correctional facilities, which creates some limitations as it is not designed to be a “how to” guide for working with this population (Sevelius and Jenness 2017; Malkin and DeJong 2018). For example, it does not provide background on TGNC identity, and staff often do not receive training on how to properly care for this population (Sevelius and Jenness 2017).

Furthermore, in a thematic analysis of 66 correctional officers and 407 people who are incarcerated on their perceptions of PREA, respondents identified that while PREA increased awareness of sexual assault in prisons and changed the climate surrounding sexual assault, people who are incarcerated still reported issues with reporting sexual assault, as PREA is not always taken seriously by staff (Smith 2021). Additionally, both staff and people who are incarcerated reported that PREA is no longer necessary because they believe that homosexual relationships are more accepted in prison culture now, as they report less violence towards this subset of the population.

There are many critics of PREA, especially in the TGNC community, who believe that these protections are simply not enough. In *Captive Genders*, PREA is referred to as a “placating attempt” by the corrections system to half-heartedly address the ways that prisoners who are TGNC are marginalized and victimized (Stanley and Smith 2016). Furthermore, multiple lawsuits have been filed by transgender people who are incarcerated in PREA-compliant prisons (Thompson et al. 2008), indicating that PREA may not be enough to safeguard TGNC people who are incarcerated and ensure their needs, such as housing preferences, HRT, gender reassignment surgery, and mental health care for gender dysphoria are met (Sexton et al. 2010).

Issues with PREA may be circumvented by more training and support. Currently, PREA-compliant facilities have annual trainings on PREA (Smith and Brisbin 2012). This is useful to keep staff up-to-date on policy and procedures regarding inmate sexual assault. Additionally, a useful complement to PREA training would be to implement a committee to address TGNC needs, in addition to the required PREA coordinators (onsite staff who work specifically with PREA complaints). For example, the U.S. Immigration and Customs Enforcement (ICE) now

requires a Transgender Classification and Care Committee to address the needs of TGNC detainees (ACLU). This can be a useful tool if properly trained members are involved.

Healthcare

TGNC people who are incarcerated need access to gender-affirming healthcare. This can look like mental health treatment for gender dysphoria, access to hormone replacement therapy, HIV and STD treatment, and, when necessary, sex reassignment surgery (Sexton et. al 2010; Sevelius and Jenness 2017). TGNC people who are incarcerated have reported a lack of access to mental health treatment and HRT (Sumner and Jenness 2014). Additionally, it is very unlikely that requests for sex reassignment surgery will be honored because it is often considered to be a cosmetic surgery rather than medically necessary. As of 2015, only seven states allow sex reassignment surgery for people who are incarcerated (Sumner and Jenness 2014; Routh et al. 2017).

People who are TGNC often cite incompetent healthcare providers both in and out of prison (Salisbury and Denato 2016). TGNC people who are incarcerated reported being misgendered, inappropriately examined, (Sevelius and Jenness 2017; White and Hughto 2018), and denied access to the medical care they need due to lack of understanding of TGNC identity, lack of resources, or blatant discrimination (Brown 2014; Clark, White-Hughto, Pachnakis 2017). To understand why TGNC people reported these abuses, researchers at UCLA and Yale interviewed 20 correctional healthcare providers on their knowledge and attitudes towards working with the incarcerated TGNC population. In their qualitative analysis, they documented that healthcare providers faced institutional constraints when working with this population, as they reported a lack of training and lack of resources to provide TGNC-affirming care. Additionally, they cited interpersonal issues with other corrections staff, such as correctional officers. For instance, if

they used an inmate's preferred pronouns, the correctional officer would call them an "inmate lover." Finally, they reported individual level barriers of not knowing how to provide culturally competent care to people who are incarcerated and who are TGNC (Clark, White-Hughto, Pachnakis 2017).

Additionally, according to a study by Brown (2010) where researchers qualitatively analyzed letters from TGNC people who are incarcerated, this sample reported increased mental health issues, and, because of lack of access to gender-affirming care, increased rates of suicidal thoughts. In extreme cases, people who are incarcerated reported resorting to auto-castration of their genitalia to affirm their gender identity. The aftereffects of these self-harm attempts "may lead to extraordinary expenditures for emergency medical and psychiatric care" (Brown 2014) for the correctional facility that could be prevented if the facility provided adequate mental health and healthcare treatment for the duration of the person's sentence. Therefore, solutions to some of these issues, cited by the National Center for Transgender Equality (2018) are that treatment decisions should be made only by healthcare providers (not administrators), that previous care should not influence current care (i.e. not having a previous HRT prescription preventing a current one), medications should not be interrupted (such as HRT), and all gender-affirming treatment should be permitted, including sex reassignment surgery.

Identity Management

As discussed earlier, TGNC-affirming healthcare is closely tied to gender identity and management of that identity. Limitations to healthcare is just one part of the struggle for people who are incarcerated and TGNC to affirm their gender in prison and jail. Identifying as TGNC and being incarcerated is no easy feat from the moment they step through the doors of a correctional facility. Immediately, TGNC people who are incarcerated are "outed" (a term used

for those in the LGBTI community whose sexual or gender identity is revealed without their consent) (Jenness and Fenstermaker 2014). This can be a traumatizing experience, as revealing one's gender identity to others is a very personal experience and, as previously discussed, may make them targets for sexual assault or hate crimes.

Additionally, many prisons and jails require that people who are incarcerated wear men's clothing—another major hurdle for people who are TGNC. In some states, this has changed due to the activism TGNC people who are incarcerated. For example, in Colorado, Jayde MoonShadow filed a lawsuit in 2016. She claimed that during her incarceration in a Colorado Department of Corrections facility, she was denied access to gender-affirming clothing, such as a bra, and denied adequate hormone treatment. The court ruled in her favor that denying access to these gender-affirming necessities constitutes cruel and unusual punishment (Anon. 2016). From that court case, a policy called AR 700-14 was passed in the state legislature to allow people who are incarcerated to have access to gender-affirming items, such as bras, to affirm their gender identity.

In addition to the struggle for gender-affirming healthcare and clothing, prison culture and hierarches put TGNC people who are incarcerated in a vulnerable position. Jenness and Fenstermaker (2014) explored how 315 people who are incarcerated in the California Department of Corrections expressed their gender in men's prisons. They found that TGNC people who are incarcerated employ gender practices that “embrace male dominance, heteronormativity, classed and raced gender ideals, and a daily acceptance of inequality” in their interactions with each other and other prisoners. These gender practices and performances, when done correctly, earn these inmate's acceptance as being “close” to a “biological” woman and earns them not only respect, but safety (Jenness and Fenstermaker 2014).

Correctional Officers

Notably, throughout the literature that focuses on the challenges faced by TGNC people who are incarcerated, issues with correctional officers remain at the forefront. Research that focuses on correctional officers' interactions, knowledge, and attitudes towards the incarcerated TGNC population overwhelming shows uncertainty of how to work with this population (Marlow, Winder, and Elliot 2015; Routh et al. 2017; Kending et al. 2019; Ricardelli, Phoenix, and Gacek 2020). Correctional officers are required to protect people who are incarcerated, escort them to appointments, and have the most interaction with them daily. Therefore, if correctional officers are unsure of how to work with this population, that puts TGNC people who are incarcerated at risk for mistreatment and correctional officers at risk for maltreatment and lawsuits (Sumner and Jenness 2014). For example, a recent study of Canadian correctional officer recruits presented similar findings—that while officers were receptive to adapting prison policy to TGNC individuals, they expressed uncertainty of what being TGNC means in a correctional context, where TGNC prisoners should be housed, and how to ensure the safety of TGNC prisoners themselves (Riccardelli et al. 2020).

Another study out of the United Kingdom explored the relationship between correctional officers and their incarcerated population that held dual sex offender and TGNC statuses. Researchers found that challenges arose for correctional officers including needing to lean on people who are incarcerated themselves to learn how to work with them; a lack of education on how to work with this population; issues with boundaries on what was appropriate to talk about related to gender; and concerns about overlapping TGNC and sex offender identities (Marlow et al. 2015). However, they all expressed a willingness to adapt to new changes to effectively work with this population. Researchers asserted that “the lack of experience with this minority group

means they do not have the specific skills and expertise to know how to adapt treatment appropriately,” and more training was needed to bridge these knowledge gaps (Marlow et al. 2015).

In the United States, as part of her larger study of TGNC people who are incarcerated in California Department of Corrections facilities, Jenness (2010) was able to informally interview correctional officers throughout her day-to-day interactions with them as she conducted her study on TGNC people who are incarcerated. She noticed that correctional officers would often conflate TGNC identity with homosexuality. For example, when she spoke to the warden of the prison about the population she wished to interview, he responded with “so you want our homosexuals?” (Jenness 2010). She even experienced correctional officers bringing her homosexual, cisgender people who are incarcerated to interview instead of her requested population. While the purpose of her study was not focused on correctional officers’ understanding of TGNC identity, these interactions proved insightful about how correctional officers conflate sexuality and gender.

These studies highlight a pervasive issue in corrections pertaining to the TGNC population: an overwhelming lack of training. Solutions to this gap exists, however. First, and most obvious, researchers and public interest groups suggest that training regarding the needs of TGNC people who are incarcerated must be required for all corrections staff in addition to PREA trainings. This is because, as previously discussed, PREA is often cited as not being a sufficient and comprehensive enough guide to help staff work with their TGNC population. (Sevelius and Jenness 2017; Malkin and DeJong 2018; Smith 2021). Therefore, additional trainings on risk factors and demographic information of this population are pertinent to deliver culturally competent care. Facilities should recruit knowledgeable trainers and, when possible, utilize

trainers who identify as TGNC (Kending et al. 2019). Additionally, training should be catered to the characteristics of the correctional facility and should allow for roleplaying scenarios for staff to work through together (Kending et al. 2019).

Another useful practice is for facilities to incorporate gender affirmation practices into their standards of care with TGNC clients. Gender affirmation is:

“an interpersonal, interactive process whereby a person receives social recognition and support for their gender identity and expression, including in interactions with state officials responsible for the care of transgender people in custody” (Sevelius and Jenness 2017:34).

In practice, some examples of gender affirming care includes correctional officers, administrators, and healthcare providers using a person’s preferred name and pronouns (NTCE 2018; Kending et al. 2019), providing access to gender-affirming healthcare and gender-affirming clothing and products in the commissary, and finally, allowing TGNC people to choose the gender of the guard that searches them (and these searches should be conducted privately) (ACLU; NTCE 2018; Kending et al. 2019). Incorporating this framework into trainings and policies will help facilities create an inclusive and supportive culture for staff and everyone in their custody.

In sum, these studies all highlight the limitations that correctional facilities face with caring for their TGNC populations. Limitations with housing, healthcare, and gender expression make proper care inaccessible for those who are TGNC. Additionally, increased risk for sexual assault makes this population even more vulnerable in a correctional context, which is furthered by the limitations of PREA. Driving these limitations is the pervasive lack of training of correctional staff on how to meet this unique population’s needs. Public interest groups and academic researchers have provided some alternatives and solutions to these issues, but not all correctional agencies implement them. Finally, while this section highlighted issues in prisons

and jails, the focus of this thesis is on residential community corrections, which the next section will address.

Residential Community Corrections

As described above, most of the research and advocacy efforts have been focused on two specific contexts: prisons and jails. This is not surprising given that much of our broader national conversation focuses on these forms of social control. However, many more people are under the supervision of the criminal justice system in a different context: community corrections, including residential community corrections. Given the more focused attention to prisons and jails, it is unsurprising that little research focuses on the experiences of TGNC, their relationships with staff, or the relevant policy and training gaps in this context. As this is the focus of this thesis, this section provides some general information on what community corrections is broadly, what residential community correction is, and highlights the lack of research in both areas pertaining to TGNC clients.

While research regarding people who are TGNC largely focuses on prisons and jails, community corrections is an important area to explore, as it is increasingly becoming a popular correctional option due to bipartisan efforts to curtail mass incarceration that have been supported in recent decades (Jones 2014; Cullen et. al. 2017). Broadly, community corrections can include the use of diverted sentences, wellness and drug courts, and the increased use of probation, parole, and halfway houses. Community corrections can be residential, meaning that clients live in the facility and can undergo mental health treatment and/or substance abuse treatment, and can be directed by case managers toward counseling and career services. Residential facilities, like prisons and jails, separate clients by sex, so there are designated men and women's units (although certainly there could be men's only and women's only facilities as

well). Sentences for community corrections tend to be shorter than jail or prison sentences, usually six months to a year in length, and both felony and misdemeanor offenders could be sentenced to these facilities.

The goal of all these forms of community corrections is to reduce the use of incarceration and offender recidivism, harm for victims, offenders, and the community (Cullen et al. 2017). Working in both non-residential and residential community corrections are parole and probation officers as well as case managers, all of which are trained staff that oversee programs and sentences and provide support to clients. This relationship between case manager and client “is a key ingredient for reducing recidivism” (Cullen et al. 2017), and clients have “greater changes in attitudes and behavior when they have good relationships with staff, hold positive views of program employees, and are matched closely with those that share similar characteristics” (Cantora, Mellow, and Schlager 2014). Because of the importance of this relationship for client success, it is a vital area of study, which makes the gap in research between residential community corrections case managers and TGNC clients even more glaring.

This relationship between TGNC people and care providers in various institutions, as I have previously discussed, is often fraught with misinformation, discrimination, and misunderstanding. For example, in a study of social service providers and transgender individuals, people who are TGNC reported a lack of empathy and competency regarding their needs, and providers overwhelmingly reported a lack of information on the TGNC community and access to resources (Salisbury and Dentato 2016). Furthermore, in an ethnographic study of 41 queer women in a northeastern U.S. residential halfway house, Kerrison found that heteronormativity played a large role in the structure of the facility, with “heteronormative house mandates [and] heteronormative reentry goals and behavioral expectations” being omnipresent

for the women living there, invalidating their lived experiences and their hopes for their individual futures (Kerrison 2018). Moreover, a focus on gender-responsive programming, rather than gender-affirming programming, pushed these heteronormative ideals forward (Kerrison 2018). Her discussion of gender-responsive programming is especially interesting, as this is a progressive tool some (but not all) correctional agencies implement when working with incarcerated female populations and is used in the residential facility I studied for this thesis. Gender-responsive programming is designed to acknowledge the unique differences between male and female offenders, such as history of sexual abuse, drug dependency, relationships marked by intimate partner violence, and other forms of trauma (Covington and Bloom 2007). Gender-responsive programming acknowledges that women are more relationship-focused (especially toward family) and do not respond well to traditional forms of authoritative correctional practices (Covington and Bloom 2007). Including gender responsive programming in residential facilities has shown to create more positive relationship dynamics between staff and clients (Cantora, Mellow, and Schlager 2014).

While gender-responsive programming is certainly useful, it is limited in that it does not provide much room for those who do not identify with the societal constructs of womanhood, as Kerrison (2018) found in her study. This has been observed in other areas of the criminal justice system as well. For instance, in a study of gender-responsive training in juvenile corrections, researchers found that the complex intersections between the youth's race, sexual orientation, gender identity, and gender expression indicated that there is "need to move from gender-responsive programming, which is typically informed by an assumption of a male/female gender binary, toward gender-affirming programming for all youth across the gender spectrum" (Irvine-Baker 2019).

These studies highlight a need for more training on TGNC populations in community corrections facilities. Luckily, there is evidence that those working as case managers are open to trainings that would help them more effectively work with their clients. A 2017 study that surveyed differences in burnout between non-residential versus residential community corrections officers found that educational training positively affected residential officers and made them feel more successful in their roles (Rhineberer-Dunn, Mack, and Baker 2017). Researchers stated that because residential officers spend more time with their clients (compared to non-residential case managers and parole and probation officers), and subsequently, “their interactions with offenders may influence offender success while in the work-release or half-way house facility” (Rhineberer-Dunn et al. 2017). However, this training and information needs to be comprehensive, as “policy and practice that are guided by piecemeal rather than systematic information on a range of dimensions may be worse than no information at all” as it can cause serious problems when overlooked (Cullen et al. 2017).

These studies indicate a need for further exploration of how residential case managers work with TGNC clients within the binary space of residential community corrections. The following study aims to bridge this gap by exploring how residential community corrections case managers work with TGNC by asking about their experiences with this population. Thus, this study aims to address the specific gaps this literature review identifies by exploring the following research questions and sub-questions:

1. How do binary conceptions of gender within community corrections shape how staff perceives and interacts with TGNC clients?
 - a. What do case managers know about TGNC identity?
 - b. What assumptions do case managers have about their TGNC clients?

- c. What needs of their TGNC clients are they aware of?
 - d. What responsibility do case managers believe they have to their clients?
- 2. Do community corrections case managers believe that PREA is a sufficient policy to address TGNC needs?
 - a. What aspects of PREA are useful to case managers?

CHAPTER 3 - METHODS

Purpose and Research Questions

The primary purpose of this study was to understand case managers experiences working with TGNC clients. Additionally, I sought to understand how case managers work with TGNC clients in a correctional setting that adheres to the gender binary by only having male and female designated housing, programs, and male and female segregated caseloads. To achieve this purpose, I focused on three objectives that shaped my research questions, methodology, and methods. The first purpose was to gather data on the community corrections case manager's understanding of TGNC identity. The second was to gather data on their experiences working with TGNC clients (if applicable). The third was to understand how training that case managers had received (including PREA training) had prepared them to work with TGNC clients. This qualitative project is part of a cooperative agreement between myself and the facility to provide feedback on their current policy and practices that pertain to working with TGNC clients. Per the organization's request, I will provide the facility with a presentation of my recommendations and a copy of this thesis.

As stated earlier, my primary research question was: How do binary conceptions of gender within community corrections shape how staff perceives and interacts with TGNC clients? I followed with these sub-questions:

- a. What do case managers know about TGNC identity?
- b. What assumptions do case managers have about their TGNC clients?
- c. What needs of their TGNC clients are they aware of?
- d. What responsibility do case managers believe they have to their clients?

Additionally, I sought to answer another primary question: Do community corrections case managers believe that PREA is a sufficient policy to address transgender needs? And the following sub-question: What aspects of PREA are useful to case managers?

I developed these questions from reviewing previous literature that focused on the experiences of TGNC people in the criminal justice system, as well as the experiences of social service, corrections, and community corrections staff working with TGNC and LGBT populations. As described at length in the literature review of this thesis, I based my first research question and sub-questions on the literature that show that corrections staff struggle to understand TGNC identity and the needs of this population (Marlow et. al 2015; Ricardelli et. al 2020), are constrained by lack of institutional resources (Clark et al. 2017), and report a lack of training on working with this population (Kending et. al 2019). I also based my second research question and sub-question on the literature that highlighted the limitations of PREA of its ability to protect TGNC clients (Malkin and DeJong 2018), as well as help corrections staff navigate working with this population (Smith 2021). I also based these questions on discussions with the assistant director of the facility based upon her broader, institutional goals for the study, which were the following:

1. Is what we are doing appropriate / best practice? Could we be doing something better?
2. From these findings, what could we do better in the building, policy, and training?
3. If we build a new facility with a flexible purpose (i.e. A small wing), what would be best?

While my research questions did not specifically include questions about housing (as her third goal represents) I included questions about housing in my interviews. Finally, I also vetted these

questions by conducting a pilot study to assess and modify my research questions for relevance (Kim 2010). In the following sections, I describe at length my methods and methodology, recruitment methods, sample, data analysis, and limitations of my study.

Qualitative Research: Semi-Structured Interviews, Case Study, and Feminist Methodology

Qualitative methods were the most appropriate for this study for a variety of reasons. The questions I sought to ask aimed at gathering rich, detailed, and context-specific data (Weiss 1994:9) that could not be accomplished with survey methods. I sought to understand the meaning-making that case managers created while working in their roles, specifically with TGNC clients. To accomplish this, I employed semi-structured interviews, and case study and feminist methodologies.

I employed semi-structured interviews for this study. Semi structured interviews are “a blend of closed-and open-ended questions, often accompanied by follow-up why or how questions” (Adams 2015:493). I did not utilize unstructured interviews as I had specific questions I needed to ask based on my review of the literature and the goals of my project. Additionally, I did not use structured interviews because I wanted to allow the interview to take different directions if needed and make room for participants to expand on their relevant experiences. Therefore, semi-structured interviews were the most appropriate interview method because they allowed me to build in specific questions but made room for the interview to move in different directions that respondents might take (Adams 2015:492). Semi structured interviews are useful for small sample sizes (Adams 2015:493) and for people who work within an institution of which the researcher wants to understand the day-to-day operations or phenomena specific to that institution, which was necessary to accomplish for my study.

When I conducted these interviews, they were recorded over the phone (due to the COVID-19 pandemic, explained at length later) with the participant's consent (see appendix B) after I had them sign and email me their consent forms. I used the voice recording application on my phone or the phone call recording application, Tape-A-Call. All interviews took place remotely, with participants usually at their offices or homes and while I was in my home office. No one was ever in my home while I conducted these interviews to ensure confidentiality. I transcribed all recordings into a word document which I kept in a password-protected file on my computer, along with participants' consent forms, demographic information, and pseudonyms. I deleted all identifying information after the interviews were completed.

I constructed a semi-structured interview guide (see appendix C) of 13 questions and sub-questions that revolved around case manager's roles, their understanding of TGNC identity, experiences working with TGNC clients, and their preparation to work with this population. I began by asking demographic information such as the race age, gender identity, and name and pronouns they preferred. I then asked them about how they came to work at this facility, and prompted them to tell me more about their educational background and career. I asked about their current role and responsibilities. Asking these questions helped me build rapport with my participants, as they were “low risk” questions that they could easily answer and get comfortable with the interview process (Weiss 1994:62).

To transition to talking about TGNC clients, I asked them how they define transgender (it is important to note that I used the term transgender instead of TGNC in the interviews for sake of clarity with my participants). I did this to gain insight into their understanding of this identity and their comfortability in talking about it. I then asked them if they had worked with a transgender client before, and had follow-up conversations prepared both for if they had or had

not. I then asked them about the needs TGNC clients have, including medical needs, housing, and reentry issues. I would often skip the reentry question as many case managers worked with residential clients, not nonresidential clients. My last topic of questions I asked about their training and policies, asking broadly, “how has this facility prepared you to work with transgender clients?” This set of questions included questions about PREA, gender-responsive training, and any other pieces of training they had received that might pertain to this population. I ended the interviews by asking what they would change about training and policies that pertain to this population. I reached data saturation (or “the point at which no new information or themes are observed in the data”) (Guest, Bunce, and Johnson 2006) after 10 interviews, as case managers relayed similar stories, information, and experiences.

There were some risks to this study. Since I was interviewing people from the same organization and giving my findings to their management team, this study could have put their jobs at risk. For example, if a participant said something homophobic or transphobic and I did not deidentified them well enough in my findings, they could face backlash from management. Therefore, I took extra steps to ensure confidentiality by using pseudonyms and changing information about clients that could make the case manager or client identifiable to the reader. Participants were not compensated for their time, but I did let them know I would be providing recommendations and my findings back to the facility.

Because I was working within a specific organization with a small population size, case study methodology was the most appropriate type of qualitative method to employ. A case study is “a comprehensive description of an individual case and its analysis; i.e., the characterization of the case and the events, as well as a description of the discovery process of these features that is the process of research itself” (Starman 2013). While case study methodology has a reputation

for being unable to produce generalizability compared to other qualitative methods and quantitative methods (Flyvbjerg 2006), case study methodology is particularly useful to understand the workings of an organization and the meaning-making that participants of that organization produce within the context-specific setting or phenomena (Flyvbjerg 2006; Baxter and Jack 2008; Starman 2013). The type of case study I employed is a descriptive case study, as I am trying to “describe an intervention or phenomenon and the real-life context in which it occurred” (Baxter and Jack 2008). Case study methodology can achieve validity and reliability if research questions are substantiated (which can be achieved by reviewing previous literature), appropriate sampling strategies are used, and “data are collected and managed systematically” and correctly analyzed (Baxter and Jack 2008).

In addition to employing case study methods in my project, I used feminist methodology to inform my project, specifically using Cook and Fonow’s (1986) definition. According to these scholars, the feminist methodological approach employs the following tenants:

“(1) the necessity of continuously and reflexively attending to the significance of gender relations as a basic feature of all social life, including the conduct of research; (2) the centrality of consciousness-raising as a specific methodological tool and as a “way of seeing;” (3) the need to challenge the norm of “objectivity” that assumes a dichotomy between the subject and object of research; (4) the concern for the ethical implications of research; and (5) an emphasis on the transformation of patriarchy and the empowerment of women” (Cook and Fonow 1986).

Using the feminist methodological approach to guide research on LGBTI and TGNC populations has been cited as harmful (Nagoshi and Brzuzy 2010) as it often centers the experiences of white and cisgender women, thus continuing to essentialize the category of “woman,” which as stated in my literature review, often invalidates that experiences of TGNC women and TGNC women of color. With these limitations in mind, I sought to employ feminist methodology in specific ways for my study that I thought would reduce harm and promote social change.

First, I chose this methodology because of the inherent questioning of the gender binary at the center of this methodology. As Vincent (2018) writes:

“The value of feminist methodology to transgender research comes in transferable contributions – challenging ossified research paradigms that took no issue with power imbalances between ‘researcher’ and ‘researched’, problematizing objectification and research paradigms constructed as ‘objective’, and recognition that methods of data production shape the ways data can be interpreted (pg. 13)”

While I was not specifically interviewing TGNC clients, as I was interviewing their case managers, I determined that while risk of reproducing harm was still present, it would likely be minimal considering that my research questions are critical of the gender binary, not the participants themselves. Using feminist methodology to guide my research allowed for the questioning of the gender binary from myself and my participants, and allowed participants to reflect on how the binary nature of the facility might shape TGNC client’s experiences. This approach could be considered a form of “studying up” or asking questions of those in power to understand the experiences of those without power (Nader 1972).

Second, I was also able to incorporate the consciousness raising tenant of feminist methodology into my study. For example, case manager Rick reflected on how the facility might be “missing the mark” with TGNC clients, similarly to how they have previously with women and clients who have a sex offender status:

Yeah, you know, I tell a lot of people like, there's a lot of research on sex offenders still going on today. It's constantly changing. It's constant learning. And you know that's just because that's the field I've fell into. You know, it's got to be somewhat the same with people with mental health issues, with transgender [clients], with you know, women and, you know, yeah, you got all those cookie cutter models. And I would have never thought about transgender being one of those populations until somebody said, “Hey, can I talk to you about it?”

Here, Rick explicitly addressed the consciousness raising that the interview brought forth, and other case managers similarly echoed that this was a topic they had not thought about previously. Because this issue was brought to their attention through the research and interview process, some participants were able to reflect on and notice how TGNC clients navigated the facility that they might not have otherwise. Third, I utilized feminist methodology by incorporating reflexivity throughout my study. To accomplish this, I kept a reflexive journal to challenge my bias and my own feelings about my gender and my interactions with participants. I utilized this journal at every step of the research process, from my pilot study, after interviews, and during data analysis.

Finally, Cook and Fonow cite concerns for the ethical implications of research. One ethical concern is that conducting research takes from the population and does not give anything in return, thus not giving the value of the research conducted back to those being studied. Therefore, I decided to employ reciprocity in my study to help mitigate some of those ethical concerns (Devault 1996). To achieve reciprocity, I will be providing recommendations (located in the discussion and conclusion section) back to this facility to employ when working with future TGNC clients, thus facilitating social change (if implemented).

Recruitment

I began recruitment in January 2020. My advisor and gatekeeper (Ostrander 1993), Dr. Tara Opsal, introduced me to the assistant director of this facility, who I then met in person in January. In that conversation, she discussed how she was seeking program, policy, and training recommendations for community corrections on best practices for working with TGNC clients. I expressed interest to do this for my master's thesis and asked if I may do a pilot study first to get a sense of the case managers experiences before embarking on the thesis. She agreed and let me

know that she would put me in contact with three case managers when I was ready to conduct the interviews. This pilot study was the main project for a course I was taking called Methods of Qualitative analysis, also taught by Dr. Opsal. Through this pilot study, I interviewed 3 case managers, transcribed those interviews, and thematically analyzed them. From this project I was able to test my interview guide and modify any issues that arose (Kim 2010). The major benefit of the pilot study was that I was able to get a sense of my population's day-to-day activities, job responsibilities, and a general understanding of the organization's experience with TGNC clients. This meant that in my interviews for this thesis I was able to better contextualize my questions (Kim 2010) and spend less time trying to understand the job responsibilities of the case managers I interviewed. For the pilot study, the assistant director and I stayed in contact throughout the semester through email, and I continuously kept her updated on my progress with the project and to continue to build rapport, as I knew that her status made it important that I maintain a good relationship to have access to my population (Ostrander 1993; Reeves 2010).

After completing the pilot study in May 2020, I met with the assistant director again to discuss my preliminary findings and to see if she would be willing to move forward with the thesis. She agreed and we solidified her goals for the project (as described earlier). I agreed that I would provide a presentation and my completed thesis to the facility in return for participation in my study. I agreed to do this to fully engage with the integral practice of reciprocity, which is a tenant of feminist methodology (Cook and Fanow 1986; Devault 1996. Huisman 2008). I submitted my IRB application in August 2020 and received approval three weeks later. I then spoke with the assistant director again, and she forwarded me a list of all the case managers at the facility. She indicated on this sheet which case managers had worked with a TGNC client, those that had received gender-responsive training, and those that had received PREA training.

Before I sent the email inviting case managers to participate in this study (see appendix A), she let the case managers at the facility know I would be recruiting them, thus giving her formal endorsement to the project and adding legitimacy to my study (Adams 2018:495). I sent out a recruitment email to all case managers on the list the first week of September and received immediate replies. From September 1st to December 12th of 2020 I conducted 11 semi-structured interviews with case managers.

Sampling

I engaged in convenience sampling, which is a type of sampling that researchers use to locate “convenient cases who meet the required criteria and then selecting those who respond on a first-come-first-served basis until the sample size quotient is full” (Robinson 2013). I did this because I knew my sample size would be small and that I would need focus on my specific inclusion criteria to engage with my research questions sufficiently. I also engaged in snowball sampling, as the assistant director was the one to introduce me to my participants (Robinson 2013) and was necessary given that this is a case study with a small sample size.

My inclusion criteria were all community corrections case managers because they have the most contact with clients in the facility, including TGNC clients. I required that they must have received PREA training at least a year before my study, thus providing a level of physical and life experience homogeneity in my sample (Robinson 2013). I included case managers from all community corrections programs to provide heterogeneity in my sample (Robinson 2013). It is important to include case managers from a variety of programs because TGNC clients could be involved in multiple programs at once. I also included case managers who may have not worked directly with TGNC clients to broadly understand how all case managers understand

how to work with this population and to gauge whether they feel they would be prepared to work with a TGNC client in the future.

My exclusion criteria included other community corrections staff members without direct supervisory responsibilities, such as security staff and administrators, and TGNC clients (Robinson 2013). Even though it would have been useful to interview security staff as they have contact with clients as well, they most likely do not have the same depth of relationships that clients have with their case managers. Additionally, most case managers start out working in security staff, so I was able to gain insight into their previous experience in that role, making it unnecessary for me to interview other current security staff members. Administrators would have been useful to interview as well as they often control and implement policies in correctional facilities, but I specifically want to focus on interactions with transgender clients, which they may not have much experience with. Additionally, I am not including the voices of TGNC clients themselves. While this is something I feel would have made my project stronger because the lived experiences of TGNC clients is important to fully understand what changes need to be made and would support feminist methodology, I did not believe it would have been possible to do so. This decision was due to the short timeline of a master's thesis, the IRB restrictions on interviewing vulnerable populations, the small number and high turnover of TGNC clients in community corrections, and was not consistent with the research questions I identified (Weiss 1994; Robinson 2013).

Study Site

Community corrections is an alternative sentencing facility in the Western United States that serves felony offenders. The goal of this facility is to provide support to clients, ranging from therapy to substance abuse treatment to financial planning. The goal of community

corrections is to reduce recidivism in the community by allowing clients to maintain employment and connections with their community rather than navigate community reintegration after incarceration in jail or prison. There is an evaluation process for clients to be accepted into the facility. The Evaluations Unit conducts interviews with potential clients to see if they would be a good fit for the facility based upon their previous criminal record, substance abuse history, and social history. There are a variety of residential and non-residential programs available, as well as substance use programs for offenders who have intersecting issues of mental illness and substance use.

When clients are in the program, they work through a “levels system” of 1-8 where case managers assess the client’s criminogenic risk factors, which include employment, education, treatment, antisocial peers, impulse control, attitudes, thoughts, beliefs, and family/marital relationships. As clients move through the levels, they can move into the non-residential program and no longer live in the facility, but will still meet with their case managers as they complete their sentence. The case managers primary responsibility is to help clients work through this levels system and to help clients build life skills and take responsibility for their treatment. While case managers are not therapeutic providers or counselors, they do a check-in with clients and talk to them about how they are doing personally and in the program. Case managers help clients manage finances, provide coursework, and mitigate personal issues. Finally, this facility is also Prison Rape Elimination Act (PREA) compliant, so case managers are required to report and document any sexual activity in the facility, both consensual and nonconsensual, as romantic relationships are not allowed in the facility and case managers (due to *Framer v. Brennan*) can be held liable for any harm that befalls the client while they in the facilities’ care.

Participants

For this case study, I interviewed nearly half (~ 40%) of the 28 case managers at the facility. I sent out emails to all 28 case managers, and 12 responded. Those that responded had been identified by the assistant director as those who had received gender responsive training, had a TGNC client in the past or currently, or had come in contact with TGNC clients in some other capacity. Those interviewed worked in a variety of programs offered in the facility and had experience working with male and female clients, making them a representative sample of the population. My sample ultimately included 11 case managers, 4 men and 7 women. 10 participants identified as White and 1 participant identified as African American. Of the sample, 7 had worked directly with a TGNC client while 4 had worked indirectly (either through security or supervision) with a TGNC client. I did not ask for participant's age, but I did ask how long they had been employed as a case manager, which ranged from less than 1 year to 25 years. All case managers possessed at least a bachelor's degree.

Table 2. Participant Demographics.

Name*	Race	Gender	Level of Education	Worked directly with a TGNC client
Rick	White	Male	Bachelors	No
Amy	African American	Female	Bachelors	Yes
Laura	White	Female	Bachelors	Yes
Ellen	White	Female	Masters	Yes
Beth	White	Female	Bachelors	Yes
Helena	White	Female	Bachelors	No
Sam	White	Male	Bachelors	No
Zeke	White	Male	Bachelors	No
Trixie	White	Female	Bachelors	Yes
Carmen	White	Female	Bachelors	Yes
Josh	White	Male	Bachelors	Yes

*All names are pseudonyms

Positionality

I would like to state my positionality in this project (Goldberg 2015). While I did not see most of my participants face-to-face, I knew I possessed a level of insider status (Wiess 1994) because I am a White (which most of my participants are as well) and had previously worked in law enforcement for a police department for two years. I was able to build rapport because of my knowledge of jargon specific to the criminal justice field. I have also interned in the adult sex offender and pre-sentence investigation units in probation, so I was able to better understand the experiences of case managers who supervise clients with sex offenses.

Because I knew I would be discussing TGNC issues with my participants, I knew there would be a discussion of other LGBT identities, as people often conflate gender and sexuality. There was some emotion-work for me to navigate (Dickson-Swift, James, Kippen, and Liamputtong 2009) as I identify as a lesbian and non-binary, and a few case managers discussed LGBT identities in a dismissive way. I noted any personal revelations and reactions in my reflexive journal that I kept throughout this project and I acknowledged that I am interested in researching TGNC issues partly due to my own identities. During the interviews, two of my participants did “come out” to me and other case managers talked about their gay co-workers and family members. I would acknowledge when they came out to me by asking how their identity related to their placement with a TGNC client (i.e. asking “so you think you were placed with this client because you identify as gay?”). I did not share my identities with these case managers because I did not want to center my own identity in the conversation, and I did not share it with other case managers because I did not want them to feel that they could not candidly share their perceptions and experiences for fear of offending me.

COVID-19 Impact

In January 2020, I began my pilot study for this project. I had scheduled 3 interviews to take place in person in March of that year. On March 16th, it became clear that in-person interviews would not take place due to the COVID-19 pandemic. These interviews were also rescheduled multiple times due to the uncertainty surrounding the pandemic. These pilot interviews took place over the phone using a phone recording service, Tape-A-Call. Later, in July 2020, I wrote my IRB application with COVID concerns at the forefront, indicating that these interviews would take place over the phone or through face-to-face applications, such as Skype, Zoom, or Google Hangout, keeping in mind I could add in an amendment later for in-person interviews if COVID allowed.

I began interviews in September 2020 and used Tape-A-Call and Zoom to conduct interviews. In October, COVID numbers were low and I felt comfortable enough to meet the facility director in person for an informal tour of the facility and to gather more participants, but no interviews occurred in person. By November 2020, COVID numbers spiked, so all interviews took place over the phone or Zoom. Only two of my interviews took place over Zoom because I quickly realized that while technical issues still arose with phone calls (such as the call dropping on occasion) there were more feedback and connection problems with Zoom. There were drawbacks to conducting interviews over the phone, namely that I could not see the visual cues that would have been present in face-to-face interaction (Sturges and Hanrahan 2004). It was hard to gauge when the participant finished answering the question or was simply pausing, which caused interruptions from both me and the participants. Additionally, not being able to see nonverbal reactions made the natural flow of conversation difficult at times. However, the phone

interview set-up allowed me to take more notes and think more about the follow-up questions I would ask (Sturges and Hanrahan 2004).

Not only did COVID affect my interview process, but it affected the information I gathered from participants. COVID forced the facility to put people into “cohorts,” meaning the same clients who lived together would eat and do recreation time, and some programming together. This affected TGNC clients because they were no longer able to eat or do recreation time with the women because they did not want to risk infection between the men’s side and women’s side. Therefore, the much information I gathered from case managers on their procedures with TGNC clients was based on pre-COVID workings of the facility, not real-time.

Data Analysis

After I completed these interviews, I transcribed these recordings into transcripts for my analysis. I engaged in two rounds of coding. For my first round of coding analysis, I used line-by-line in vivo coding (which is the process of creating codes verbatim from the participants), so I could stay as true to my participant's words as possible and limit my own bias and subjectivity (Saldana 2016). I memoed, or analytically unpacked these codes, by writing extensively about their meaning immediately after coding each interview. I also kept a reflexive journal to help me unpack my biases, thoughts, and rationalization for my codes. To move my codes forward analytically, I printed out these codes, cut them out, and sorted them into thematic piles. Again, I wrote analytical memos about these themes. I then sent my memos to my advisor, who then helped me move from more descriptive to analytic themes.

The six initial themes were: the sex/gender binary; gendered sexual violence (concerning housing placement); sex offender identity; transphobia/panic; lack of trans-responsive training; and the physical structure of the facility. I then created a brief codebook of these themes to guide

my second round of coding. I used NVivo qualitative data software for this second round of coding. I then engaged in a final round of memoing these analytic themes, drawing on the data I collected during my second round of coding. From these memos, I was able to determine that I could focus on three primary themes for my analysis, as they were the thickest and most prevalent themes throughout the 11 interviews: sex-segregation, fear of sexual violence, and lack of training.

Methodological Challenges and Limitations

There are limitations to this study. First, I was only able to interview case managers and not the TGNC clients themselves, which is an important limitation for training and policy considerations. To fully understand the experience of being TGNC in community corrections, interviews with TGNC clients (both current and former) should take place. Second, I have a small sample size (n=11) which is a weakness of case study research, as it limits generalizability. However, as stated earlier, the purpose of my study was not to produce generalizability, but to have a nuanced understanding of one facility. Additionally, the cultural milieu found in my data is likely found in other similar facilities across the country, indicating that more case study research should be conducted in these spaces. Finally, I reached data saturation after 10 interviews, as consistent themes, examples, and stories about specific TGNC clients emerged across the interviews (Guest, Bunce, and Johnson 2006), thus making 11 interviews adequate for my study.

Finally, the mixed methods I used for my study involved using existing research to guide and inform my research questions (Cho, Jesik and Allen 2006; Morse 2015), which means I did not utilize survey data for this study. The use of survey data is often considered necessary to ensure the validity and rigor in qualitative work. However, given that survey methods could not

fully capture the lived experiences of this population and the meaning-making processes of working with TGNC clients, survey methods were not appropriate for the scope of this study. Additionally, there are only 28 case managers who work at community corrections; therefore, the return on a survey would have been too small to analyze.

The following section will explore my three findings sex-segregation, fear of sexual violence, and lack of training.

CHAPTER 4 - FINDINGS

In this section, I present the findings for this thesis. I identified three prominent themes in my analysis of the interviews, which I labeled sex-segregation, fear of sexual violence, and lack of training. In each theme, I discuss both the institutional and interpersonal challenges case managers face to highlight how institutional rules and practices affect case management of TGNC clients. In the first theme, I discuss the challenges that case managers face working with TGNC clients in a sex-segregated institution and how they attempt to mitigate these challenges. In the second theme, I explore how the facility tries to prevent sexual violence and how these institutional rules affect case management, as well as case managers' fears regarding sexual violence in the facility. In the third theme, I explore how case managers navigate the lack of training they receive regarding TGNC clients and how they fill this knowledge gap. Throughout each theme, I compare the practices of community corrections to those in prisons and jails, as one of the goals of this thesis is to address the gap in the literature pertaining to community corrections.

Finding 1: Sex-Segregation

As previously discussed in the literature, a central issue in correctional institutions is the sex-segregated nature of these facilities and the subsequent marginalization of TGNC identities. This community corrections facility is similar to prisons and jails in that it also relies on a sex-segregated structure. This first theme highlights how the sex-segregated nature of the facility creates institutional challenges related to housing for case managers who have TGNC clients, and how these limitations are addressed through programming opportunities. Additionally, sex-segregation creates interpersonal challenges for case managers, both with their TGNC clients and

with co-workers, as the tools and procedures they use for cisgender clients become less applicable to this population.

Institutional Challenges

Housing

This facility, as with all correctional facilities, relies on sex-segregation to orient clients in the facility. Cisgender men sleep on what the facility refers to as the “men’s side” and cisgender women sleep on the “women’s side.” Treatment programs, such as substance use and mental health treatment programs, are also separated based on sex. Additionally, case managers often have caseloads that serve only women or only men, with a few exceptions of case managers who serve both. Therefore, when someone who does not fit within these binary categories arrives at this facility, issues arise. Historically, there have been very few (known) TGNC clients to arrive at the facility—the case managers I spoke to estimated roughly 10 since the early 2000s. The majority of TGNC clients that have come to this facility have been clients who are assigned male at birth and have not undergone sex reassignment surgery, meaning they still have their penis. Because of this biological marker, these clients are housed on the men’s side. However, case manager Amy notes that sex reassignment surgery would make a difference in the housing designation, stating that “I’ve heard as long as this person got “that” [a penis] she cannot sleep over there on the women's side. And that to me implies that if she did [have sex reassignment surgery] she could sleep over on the women's side.”

Case managers have mixed opinions on this institutional practice. A substantial minority (n=3, 27%) think that this policy is necessary, primarily because they do agree that clients who have a penis pose a potential threat to the cisgender female clients (which will be explored in the next theme) and should not be housed on the women’s side regardless of their gender

identification. Even fewer case managers (n= 2, 18%) believe this is an unnecessary and overly fear-based precaution, and they believe that not allowing TGNC clients to be housed with the gender they identify as was setting them up for ridicule and danger. The majority of case managers (n=4, 36%) believe that TGNC clients would appreciate being housed with others who are TGNC as it would increase mutual feelings of understanding and safety. This is currently not an option because there are often less than 10 TGNC clients at the facility at a time and the facility must fully fill each room (which holds 10 people) because of space and financial constraints. However, this option is potentially possible in the future given that a new women's facility is nearing the start of construction, and there are discussions of allowing a flexible unit that would house TGNC clients and other vulnerable populations. Whether this is the best choice of action for housing TGNC clients is uncertain, however. This uncertainty is common across correctional facilities, as many correctional officers, as well as TGNC people who are incarcerated, have different opinions on whether integration or segregation would increase comfort and safety for this population (Marlow et al. 2015; Ricciardelli et al. 2020). Ultimately, due to the existing sex-segregated nature of housing at this facility, case managers must find alternatives for their TGNC clients to receive gender affirmation, which is largely accomplished through programming opportunities.

Programming

Because most TGNC clients cannot live with the gender they identify as, case managers try to find alternative ways for clients to have time to be with cisgender women. This is quite a notable practice, as this does not tend to occur in the context of prisons or jails, but case managers have identified this time as something that TGNC clients need access to. Case manager Helena states:

We're having these clients we're identifying as female, so how do we bring that gender responsive piece into it for them? Because they're not housed with women, where do we meet them where they are, and give them the support that they need, with the clientele that we're just not really used to having? And so, part of that has been [through] programming.

While programming has been identified as a solution to the housing issue, this alternative often requires much more work on the case manager's end, as they are required to ask their supervisors if their clients can do certain things, which leads to the need for extra "staffings" (meetings about clients) to take place. These staffings are also necessary because there are very few policies that explicitly state how to work with TGNC clients, so case managers must determine what their TGNC client can and cannot do in the facility for each individual case. These staffings allow for case managers to decide their TGNC client's programming, which can take the form of allowing their clients to do recreation with the cisgender women's side, eat with them, smoke with them, and engage in treatment programs with them. However, the COVID-19 pandemic did hamper these activities for some time, as every client had to stay within an assigned "cohort" to stop the spread of the outbreak. Case managers also explained that clients do have a say on which of these opportunities they would prefer. While these are seemingly reasonable and workable solutions, problems do arise for case managers when monitoring their TGNC clients as they go between the men and women's sides for these programs. Beth, a case manager who supervised a TGNC client, expressed how she believes that TGNC clients will often manipulate the scheduling to gain extra privileges:

I think we struggle with them [TGNC clients] bouncing back and forth. It is conducive today to eat with the women and tomorrow to eat with the men. So, I don't think we do a very good job. I think they almost get more perks, because we don't police it, you know, very well. So, they might get a smoke break with the women because they want women's programming, and then come over and have a smoke break with the men, because it's an extra smoke break kind of thing. So, they will kind of manipulate the scheduling that way. You know, they play along with female drama, I guess I would say, like, passing notes - several of them have gotten in trouble for that. They will pass notes because they

can go over there and be with them [the women]. And they come live over here [on the men's side]. So we've had trouble with that kind of thing.

Three other case managers agreed with Beth, saying they felt that their TGNC clients were more manipulative in general or would try to use their identity to gain extra advantages or immunity from discipline. These case managers are not alone in this view, as one study on correctional healthcare providers reported they felt that TGNC patients' requests for gender-affirming care were "manipulative attempt[s] to gain preferential treatment or attention" (Clark et al. 2017). While the majority of case managers did not share this view, the fact that these concerns arise shows how the institutional limitations generated from the use of the gender binary to organize the facility and its workings, as well as the lack of policy and procedures pertaining to this population, can create confusion among staff on what TGNC clients should be allowed to do. On one hand, all case managers want to ensure that their TGNC clients feel affirmed and comfortable in the facility. On the other hand, there is underlying suspicion that TGNC clients may be taking advantage of these exceptions they are given. This creates issues in a correctional facility, as the purpose of the facility is to supervise and monitor client behavior—to allow certain clients to deviate from that behavior could possibly undermine the authority of the institution. Conversely, not allowing TGNC clients these privileges could also cause harm to their clients and possible lawsuits, as seen with other correctional facilities (Alexander and Meshelemiah 2010; Smith 2015; Whitman 2017).

Despite the constraints that the sex-segregated nature of the facility puts on what TGNC clients can and cannot access in terms of housing and programming, this facility does have some policies in place to accommodate TGNC needs and has streamlined a few procedures regarding TGNC clients. Unlike prisons and jails, it is easy for all clients, including TGNC clients, to access medical care, such as hormone replacement therapy, and they do have access to

counselors. They also can express their gender through their clothing (although there are often issues with dress code, as some case managers report that TGNC clients may wear too short of shorts or skirts), which is not often allowed in jails and prisons (Jenness and Femstermaker 2014; Anon. 2016). However, similarly to prisons and jails, this facility does not have the resources to accommodate sex reassignment surgery, and even if they did, providing this surgery may be difficult as clients are only at the facility for a short period of time (approximately 6-8 months if the sentence is completed).

Additionally, the facility provides accommodations for pat searches and urinary analyses (UAs), which is unlike most correctional institutions (NCTE 2018). TGNC clients can choose the gender of the staff member who pats them down, and these searches are conducted privately. As for UAs, TGNC clients can opt to do oral swabs instead, thus preventing the potential discomfort of having to urinate in front of a male staff member. These procedures make it easier for case managers to ensure their clients are appropriately accommodated and comfortable at the facility. For example, case manager Laura recounts how she had forgotten to tell staff that her client wanted to do oral swabs instead of UAs before her first UA took place, but was able to fix her mistake for her client's future experiences:

It was that that first initial entry, I tried to get up front before she got here to let them know that she chooses to do oral swabs and not UAs because we can't have males watching her go to the bathroom. And I didn't get up there in time and I apologized to her and she said, "It's no big deal. You know, not the first time I've had to take a UA in front of a guy, so no big deal". You know, but we made sure from there on after that she was doing oral swabs and just made sure that she understood that she has the right to say, "I would like a female patting me down." Or if you're indifferent, either [gender can] pat you down. Because it is normal for the same sex to pat someone down. So just let her know that you know, we won't decide for her, she has to be able to say it out loud. And then we will honor that."

Laura's experience of ensuring that her TGNC client can access available accommodations is consistent across all case managers I interviewed who directly supervised a

TGNC client (n=7, 63%). This experience highlights how having these procedures in place makes it easier for case managers to meet their clients' needs (even if there is an initial hiccup) and how it allows for clients to have a say in their care, which is unique for a correctional institution. In sum, the overarching sex-segregated nature of this facility fosters uncertainty among case managers, as programming is the main way to provide gender-affirming care due to housing constraints. However, programming leaves room for suspected manipulation from TGNC clients, which case managers have a difficult time navigating. While there are streamlined institutional practices that allow for gender-affirming care, the overarching sex-segregation of the facility creates uncertainty for how to best work with their clients within the bounds of a correctional facility and affects their interactions with clients and other case managers, which I will explore in the following section.

Interpersonal Challenges

Sex-Segregation and Interactions with TGNC Clients

The sex-segregated nature of the facility influences how case managers work with TGNC clients. As I will unpack further in the third theme of this thesis, case managers undergo gender-responsive training if they are going to be working primarily with women, but there is no specific training for case managers who work with TGNC clients. Therefore, many case managers have noted that case managers who have had experience working with women and/or have had gender-responsive training are more likely to be assigned TGNC clients. While these trainings are beneficial when working with cisgender and heterosexual women to understand the unique experiences that lead them into the criminal justice system, it is often limited in its ability to help those who identify as LGBTI and/or TGNC (Kerrison 2018). Most case managers I interviewed have had this training (n=7, 63%) or have predominately worked with women in the

past (n=5, 45%). Those who had a TGNC client and have one of these work histories tend to treat their TGNC clients as they would a cisgender woman, as case manager Ellen explains here:

So, I was trying to treat her like she was already like a female and entirely gone through her change. And so, talking to her about that sort of stuff, she was really wanting to get her hair done and like, hanging out with the girls more and, and that sort of stuff... Yeah, just trying to focus on what I would normally [with a female client].

Another case manager even went as far as to offer unsolicited clothing and makeup suggestions to her TGNC client, who she believed was not dressing appropriately for her age or body type. While these interactions illustrate case managers clearly trying to recognize their client's preferred gender identity, it does not wholly acknowledge the nuances of being someone who identifies as TGNC, as it is based on cisgender assumptions of gender and gender expression. However, it is also important to recognize that for most TGNC people who encounter the criminal justice system, they are often treated by correctional officers and staff as the gender they were assigned at birth (Jenness 2010; Jenness and Femstermaker 2014). As stated in the literature review, this mis-gendering is psychologically damaging and cruel (Brown 2014). Therefore, while treating clients through a cisgender lens is not the ideal approach, it is important to recognize that, while imperfect, this approach is likely less harmful than what is reported in prisons and jails.

Sex-Segregation and Interactions with Other Case Managers

When TGNC clients come to the facility, it creates some tensions between case managers (including case managers not included in my sample) and staff, especially security staff, as it creates new challenges for the facility to face outside of the standard routine. Zeke, a case manager who started out as security staff (as most case managers do), recalls the first time he experienced a TGNC client come into the facility:

Yeah, I think—I'd like to go back to the first time we had a transgender client. If I remember back, our first transgender client is when we really had to put our heads together and go, "Okay, like, how do we deal with this?" And I remember, I definitely know staff struggled with it. They struggled with some—I think some people just personally have an issue with the whole concept of it. And they may not agree with it. As far as that translating into how they worked with a person, I don't know, I don't remember anything damaging happening. But no, there was definitely that gossipy stuff that kind of happened around it. It didn't always feel very respectful or understanding. What I remember is, I think the big things that we really struggle with was first housing, you know, do we house somebody—we have two sides, right? We have a male side and a female side, so where do they fit in?

Three other case managers reiterated Zeke's experience, with case manager Trixie even describing the experience of having a TGNC client making case managers and staff "kind of walk on eggshells." This "gossipy stuff," as Zeke describes it, illuminates how a lack of institutional protocol and education can foster this persistent uncertainty and even ignorance among staff. We see this behavior from correctional officers in prisons and jails as well, although research shows much more aggressive behavior, such as admonishing prison healthcare staff for using TGNC patients' correct pronouns (Clark et al. 2017). While Zeke said that this behavior among staff did not seem to affect the way that case managers worked with their clients, it is difficult to know if that is true without speaking to TGNC clients. Ultimately, this situation shows that there are these possible barriers to gender-affirming care for clients.

Despite some gendered issues working with clients, all case managers I interviewed discussed a remarkable practice: when they meet with every client, they ask for the client's preferred names and pronouns, which is an element of gender-affirming care not employed in other sex-segregated correctional institutions. Carmen, a case manager who had never had a TGNC client before, found out her client identified as genderfluid and had a wife who also identified as a transgender woman. After asking her co-worker how she should proceed, she prioritized this conversation next time she saw them:

So, next time I went in, I sat him down and said, “I, in no way want to be disrespectful to you. So, I need to ask you, what pronouns would you like to use?” and he said “Wow, thank you for asking. He or him.” He says, “while I'm in this program, I will identify as he or him for my own safety.” And I said, “how would you like me to identify your partner?” He says, “Oh she'd kill us if we didn't say she or her.” I said “Okay, thank you.” And honestly, that was probably the most enlightening conversation I've ever had with the person, it like broke the ice with us, with us, because we get along really well. He seems to be able to ask questions about anything. And I'm so glad I get to ask the same of him. And, you know, not that I go in and say, “Hey, can you explain this? And, you know, why are you that?” but it's an ever-evolving situation for me. Where, I guess I don't know, I ask or look it up, because I don't want to... the last thing I want to do is offend anybody.

Carmen's story illuminates how case managers must look for information on their own time because of the lack of tools the institution provides, as well as a desire to treat their clients with respect despite lack of knowledge of their gender identities. Other case managers talked about managing this uncertainty by using their own experiences, talking to other case managers, and talking to TGNC clients, all of which I will explore further in the third theme. In sum, the sex-segregated nature of the facility affects how case managers work with their clients, namely that they interact through cisgender social norms and that they must piece together information from various resources to help them interact with their clients. Additionally, navigating integrating TGNC clients into the facility creates tensions between case managers and with security staff. In the next theme, I will explore another area that affects case management, which is the fear of sexual violence occurring in the facility.

Finding 2: Fear of Sexual Violence

As discussed in the literature review, a major element underlying the rationale for having a sex-segregated correctional facility is this second theme: fear of sexual violence. This theme highlights how the facility navigates PREA and how this policy influences how clients with TGNC status (and overlapping sex offender status) are managed in the facility. Additionally, this

theme will explore case managers' concerns for their cisgender female clients and their TGNC clients regarding sexual assault.

Institutional Challenges

PREA and Housing Segregation

This facility is PREA complaint, and this policy affects how the facility runs on multiple levels. The most important facet of this is when clients are preparing to enter the facility. Clients go through an evaluation screening that includes a PREA screening, which case manager Josh describes here:

We do a PREA screening when they initially arrive. That's an informative video that they watch. And then when they meet with their case manager, we go through a questionnaire that basically assesses if they are prone to victimization, if they are a victim, or if they are a predator. So, every client in the building is classified, you know, and has gone through that investigation. So, the people who are victim or could be prone to victimization, obviously, they're in a room without anybody who is or had scored out as a predator.

As Josh stated, "victim" status is determined based on someone's history of sexual trauma or any of the vulnerability indicators that PREA designates, which includes those who hold a status that increases their risk of sexual violence. These statuses include those who are young, those who have previous sexual trauma, or those who have an LGBTI identity (or a combination of some or all of these factors) (Thompson et al. 2008; Smith 2015; Malkin and DeJong 2018). "Predator" status is determined by a client's criminal history and/or history of perpetrating sexual violence. A clear determination of "predator" status is someone classified as a sex offender. Those with a sex offender status are housed separately than those without one. Cisgender men with a sex offender status are housed in a men's sex offender wing, while cisgender women with a sex offender status are housed at an off-campus facility (this extra layer of segregation is due to much of the women's programming involving children). However, TGNC clients, both with a sex offense and without, pose a challenge to the facility because of the overlapping vulnerability

of their identity. As discussed in the literature review, research shows that TGNC people who are incarcerated are 13 times more likely to experience sexual assault while incarcerated, largely because they are placed in men's units and are in a vulnerable position in terms of prison hierarchies (Sexton et. al 2010; Jenness and Femstermaker 2014).

Similarly, for the reasons jails and prisons are sex-segregated, there is a fear of housing TGNC women with cisgender women because of the assumption that if they still have a penis, they could easily sexually assault a cisgender woman. This fear stems from research that shows that cisgender and straight-identified men (Katz 2006) do perpetrate sexual violence against cisgender women at the highest rate, so it should be an important goal of a correctional facility to recognize this vulnerability and mitigate as much harm as possible. Case manager Sam describes this fear here:

But I think the major concern for management at that point, like [TGNC women] living on the women's side, was that there are not cameras in rooms. And anytime anyone has any sort of sexual contact in the facility, it's a big deal....And regardless of that person identifying as a female, they have a phallus and it can be used for sexual gratification much more commonly and easily on the women's side than it can be on the men's [side].

Other case managers share this fear (as I will discuss in detail later), especially case managers who have mostly worked with cisgender women. However, it is important to note that there are multiple assumptions in Sam's statement. One is that because a TGNC client has a penis, they could be sexually violent, which discounts other more significant factors, such as previous history of sexual violence or other violent behavior. Additionally, some TGNC women identify as straight or bisexual so by housing them on the men's side, they could theoretically be housed with their sexual preference, which undermines one of the purposes of sex-segregation—to remove sexual and romantic interest. Finally, this assumption is based on protecting cisgender

women, not TGNC women, which automatically puts TGNC clients in a more vulnerable position in the facility.

Sex Offender Status

Furthermore, TGNC clients with sex offender status are further limited in what they can do with other clients and out in the community. Beth, the only case manager I spoke to with a TGNC client who also had a sex offender status, felt that her client was largely ignored by the facility because of her client's sex offender status:

I mean, I will say what they were accepting and how they treated other transgender clients versus my sex offender transgender client- very different. They hardly acknowledge that I had a transgender [client] because it was a sex offender—our staff, are very biased with the sex offender population, I get it. But there were never conversations with management about how to treat her, or what were we doing with her? Whereas other trans [clients] there's conversations.

What Beth highlights here has important implications because those who identify as TGNC and are incarcerated do have high rates of sex offenses (Sexton et. al 2010). This is not to say that TGNC identity and sex offender status are causal. Of course, those who are TGNC, as with anyone regardless of gender identity, can be capable of committing sexually violent acts. However, looking at the history of TGNC marginalization, specifically of TGNC women, we see a history of police monitoring and prosecuting based on “sexual deviance” (such as anti-sodomy laws) (Stryker 2017) as well as traditional economic avenues being barred for TGNC people, resulting in heightened participation in sex work, which can lead to sex offender status (Buist and Stone 2014). For example, until 2012, Louisiana required that those who were convicted of prostitution offenses were required to register as a sex offender, which disproportionately affected cisgender and TGNC women who participated in sex work (Dewey and Germain 2015). The overlapping identities of TGNC person and sex offender status relates further marginalization for TGNC clients as sex offender becomes a “master status,” thus making other identities invisible—

especially, as I will discuss in the next section, when there is a documented instance of sexual violence from a TGNC client (see Cubellis, Evans, and Fera 2018 for further discussion of stigmatization of sex offender status). In sum, the facility is tasked with keeping all clients safe from sexual violence under PREA, but the sex-segregated housing makes it difficult to protect the interests of both cisgender and TGNC women, as well as clients who hold a sex offender status. The next section will explore how this fear of sexual violence affects case managers who work with cisgender women and TGNC women.

Interpersonal Challenges

Concerns for Cisgender and TGNC Clients

These institutional rules understandably trickle down into concerns case managers have for their clients' safety. The discussion of these concerns is notable because while in the prisons and jail literature there is certainly discussion from correctional staff on their desire to prevent sexual violence, it is often discussed primarily in terms of an institutional level rather than an interpersonal level (Ricardelli et al. 2020). While corrections staff oversee day-to-day operations in jails and prisons, case managers are required to have one-on-one meetings with clients and directly oversee their participation and success in their programs. This is not to assume that correctional staff are less concerned about those in their care than case managers; rather, it highlights how community corrections is unique from prisons and jails due to case managers' deeper relationships with their clients compared to correctional officers and people who are incarcerated, which is reflected in case managers' heightened concerns for their clients' safety.

Most case managers I spoke to expressed concern for the potential sexual violence that could occur if TGNC clients were housed with cisgender women. Exacerbating the fear of sexual assault at the hands of TGNC clients is an actual instance of this occurring. Helena, a case

manager supervisor, found out from her client that she had experienced sexual assault before she entered the facility by another client who identified as TGNC (at the time of this sexual assault, that client was presenting as male). Helena describes that experience here:

And then just knowing that a lot of women have been sexually assaulted. And so, living with someone who is genetically male could be traumatizing for them. In fact, we actually had a transgender [client] that one of my clients reports that she raped her [before she transitioned]. And so just having that part, I think it's what's hard for me is because I am so supportive of the women and I love the women's program, also wanting to protect them from that piece of it [sexual assault].

While this situation is the only instance of this happening in my sample, this example presents a real and concerning event and should understandably be taken seriously. Due to gender-responsive training, case managers are well-versed in the fact that women who have contact with the criminal justice system often have a history of sexual trauma and need support and resources to heal from that trauma (Covington and Bloom 2007). It then makes the logic of not wanting to place someone with a penis in a housing situation with cisgender women understandable. However, case managers with TGNC clients also worry about how this regulation increases the risk of sexual assault for their clients. Laura, a case manager who had a TGNC client who experienced sexual and transphobic harassment from her roommates, said this about the situation:

She had a roommate that was walking around naked, thinking that she enjoyed it. And she kept saying, "I don't think he realizes that I don't like men, just because I'm transgender doesn't mean I like men. I like women. But I identify as a woman you know." And so we did a PREA investigation, which is the Prison Rape Elimination Act, and moved her room to make sure that she was safe. Like someone had [also] put a sign on their door saying "no women allowed."

Other case managers (n=5, 45%) have reported similar instances of transphobic and sexual harassment toward their clients from other clients. For example, Carmen recalled an experience of a cisgender male client yelling in the lobby that they could not be housed "with someone like

that,” (“that” being Carmen’s TGNC client). Because of this vulnerability, case managers who have had TGNC clients have stressed to them that they must keep them informed of their safety due to the anxiety case managers have about them being harmed.

Because of the increased risk of harm for this population in correctional settings, not all case managers agree with the logic of separating TGNC women from the cisgender women’s side for their safety. Zeke addresses the underlying assumptions of housing TGNC women with cisgender women:

To me, it would mostly be safe [to have clients who identify as TGNC women live on the women’s side]. It’s something we need to consider. There are women that don't agree with, kind of like the men, right, they don't have an open mind about it and don't understand it. So, they're just afraid of it. And then I think there is like this kind of myth perpetuated that, “Oh, there could be somebody that's just a pervert that, you know, that wants to be housed with women and might be dangerous.” And like, I just, I don't think, if that ever happened, or if it has, it's probably more rare than getting struck by lightning, would be my thought, right? Like that, it's such a big undertaking to make that decision. And if somebody was just doing it for perverted reasons, like that would take such a level of dedication that I just don't even need to be concerned about, but I think that's a perception that people have. And so, let's say we decided to do that and we have somebody over there that has male genitalia. I think a lot of the women would really react negatively, especially at first, but I think it could be done, but we would need to have a big plan, right of like, how do we educate the population over there and have a big discussion around it and kind of get everybody on the same page? Maybe it could be something we could try. I'm sure upper management would be afraid of something bad and then feeling responsible for that. I don't know, maybe I’m making a big assumption there.

Zeke’s discussion is notable because he is the only case manager who one, thinks this housing situation would be safe (as opposed to the other case managers who agree with the current policy or think TGNC clients should be housed separately with each other), and two, unpacks systemic perceptions about TGNC people and safety around others. What Zeke highlights is the difference between safety and discomfort. While there are certainly exceptions (as we see with Helena’s client), much of the fear around TGNC people in cisgender spaces stems from the discomfort of being around someone who does not fit within the taken-for-granted gender binary (Westbrook

and Schilt 2014). We have seen these fears and discomfort play out in debates about TGNC women being allowed in bathrooms, the assumed threat they pose to women and children, and the underlying assumption that this population is inherently predatory. These fears further alienate TGNC people and put them at risk for violence (Westbrook and Schilt 2014). In sum, case managers struggle with how to ensure the safety of both their cisgender and TGNC clients in the facility and whether the current housing practices are appropriate. In the next theme, I will explore how the lack of training on how to work with the TGNC population reinforces the challenges explored in the previous findings.

Finding 3: Lack of Training

This final theme ties into the previous two themes, as much of case managers' uncertainty of how to work with TGNC clients stems from lack of training on how to work with this population, which is consistent across the literature on correctional institutions (Clark et al. 2017; Smith 2021). This theme will discuss the institutional constraints case managers face from a lack of training on this population; it will also highlight other trainings the facility offers that often replace formal training on the TGNC population. Additionally, it will highlight the other ways that case managers find the information they need—through their own research and identities, co-workers, and clients.

Institutional Challenges

Lack of Training

The most pervasive issue throughout the literature on TGNC people who are incarcerated is an overall lack of training on this population (Marlow et. al 2015; Routh et. al 2017; Kending et. al 2019; Ricardelli et. al 2020). Similar to the research on TGNC clients in prisons and jails, case managers all report a lack of training on how to work with TGNC clients. However, this

community corrections facility requires more training and provides more learning opportunities than what was reported in the literature overall, as much of the training discussed in other correctional contexts focused on PREA. When I asked case managers how the facility prepared them to work with TGNC clients, (n=11, 100%) reported: “not at all.” This creates foundational issues for case managers, as they are left without crucial information of how to work with TGNC clients, such as what factors lead TGNC people into the criminal justice system, trauma histories, medical needs, and terms pertaining to different facets of LGBTI identities. As previously mentioned, this facility is PREA compliant, which means that case managers do receive PREA training. However, as seen in previous research on PREA in a prison and jail context (Sevelius and Jenness 2017; Malkin and DeJong 2018; Smith 2021), the PREA training they receive does not serve as a how-to guide for working with TGNC clients. In fact, 45% of case managers reported they did not find PREA useful, with (n=2, 18%) case managers not remembering much of their PREA training, and (n=3, 27%) viewing the training as more of a guide for handling sexual assault in the facility. Most case managers said that tend to rely on PREA coordinators for any sexual assault issue, thus lessening the amount that case managers themselves need to rely on PREA on a day-to-day basis.

Case managers I interviewed did have a general understanding of medical issues that pertain to TGNC clients, such as access to HRT and possibly needing care relating to HIV. They also all had a way to explain their definitions of TGNC, which did indicate a general knowledge of TGNC identities. As stated earlier, all case managers do practice asking their clients their pronouns and preferred names, which indicates understanding and sensitivity interacting with this population that is not reported in the research conducted in prisons and jails. One case

manager even knew to check in with her client on why she had not legally changed her name yet and pushed her to find resources to do so when she pleased.

However, while case managers may have varied knowledge of these issues, without the formalized context of a facility training, they are left without context-specific and streamlined training that they might receive for other populations (e.g., clients with sex offense status or women). This creates uncertainty for case managers, liability issues for the facility, and potential for improper care of TGNC clients. As Cullen et al. (2017) states, “policy and practice that are guided by piecemeal rather than systematic information on a range of dimensions may be worse than no information at all.”

Other Trainings

Case managers are required to complete 40 hours of training per year, and this training can be from sources outside of the facility. These external training opportunities have been fruitful, and (n=4, 36%) of case managers have been able to gather some information on TGNC clients. For example, Josh was able to attend an out-of-city trauma training and was able to gain some information on trauma histories of TGNC people. Sam participated in a training where he learned about some of the trauma histories that TGNC people can experience and what factors may increase their chances of becoming involved in the criminal justice system. Laura was able to do an online training that covered the basics of LGBTI identities, which she decided to take after being assigned a TGNC client. Finally, Ellen was able to attend a training at the local sheriff’s office (which was offered after a lieutenant came out as transgender) that covered the basics of TGNC identity such as terms, definitions, and pronouns.

In addition, there are facility-provided trainings that are not focused on TGNC issues but that case managers still rely on to work with TGNC clients. The most commonly cited one is

gender-responsive training, 63% (n=7) of which the case managers I interviewed had received. This is notable because literature that focuses on TGNC people who are incarcerated often does not include gender-responsive training because, as mentioned earlier, it is a training that centers the unique experiences, trauma history, and specific needs of cisgender female offenders, and TGNC women are often incarcerated in men's prisons. Since this facility has mostly encountered TGNC women, gender-responsive training has been the default for working with TGNC clients. Some case managers believe they have been given clients because they have received this training or have worked with women previously or currently. Two of the case managers I interviewed were supervisors responsible for assigning clients to case managers. Both emphasized that the main determinations of which case managers get what clients are based on availability and program affiliation (i.e., if case managers work specifically with sex offenders) However, Rick, a supervisor, did say the following:

I: What about this case manager made you think she would work well with transgender clients? Was it her training, her history?

Rick: She'd worked on the women's side. So that, I thought, and she had had some of that gender-responsive training, which was something I thought, you know, it can't hurt. I don't think of the two parallel 100%. I don't know, but it just felt like it was a good fit, because of her background with having worked on the women's side and having some, not transgender, but gender-responsive training. And just overall, she is a really good case manager.

As Rick states, gender-responsive training is not the same as a TGNC training, but because the facility most often sees TGNC women, this training easily becomes a stand-in for a TGNC training. As stated in the first theme, the intentions of utilizing this training are good, but it lacks the nuance needed for this specialized population.

Besides gender-responsive training, there are other trainings the facility provides that case managers find helpful when working with any client, TGNC or otherwise. Case manager

Trixie said that other trainings provided by the facility have been helpful for working with all clients, as she states here:

We talk a lot about STDs, pregnancies, abusive relationships, like, so there's so much that we talk about. I think we get a lot of training on just being human with anybody who sits in front of us. And that's my view of my job. Like everyone, they all have something that they might not say or talk about to their best friend, but we get all that stuff. And so, I don't have any, like I said, the transgender stuff I do not have any specific training on. But I think all the other training I have kind of makes it just easy to treat the person across from you, you know, like any other person.

Many case managers echo Trixie's sentiments that it is important to treat any client with respect and "like any other person" and the facility does a good job of giving them the tools to work with their clients overall. As Sam states, the facility and the county it is in "has done a good job of cultivating a culture of inclusivity and acceptance." This an important baseline, but even with these trainings that are offered within and outside of the facility, combined with a desire to treat clients respectfully, case managers are still forced to reckon with knowledge gaps pertaining to TGNC identity. How they manage these knowledge gaps is addressed in the next section.

Interpersonal Challenges

Without a formalized training, case managers must piece together information through other sources, including their own experiences, co-workers' knowledge, and clients themselves.

Personal Experience as a Resource

Using personal experience as a resource for working with TGNC clients was a unique a finding to this facility. Two case managers I spoke to identified as part of the LGBTI community. Amy, a case manager who self-identified as gay, believed that she was assigned a TGNC client based on her identity. As Amy recalled that she thought a supervisor probably gave her a TGNC client because they thought "she's gay, she's liberal, she works with women. Let's put her with the transgender people." Additionally, Amy knew TGNC people in her personal life,

so she knew a lot about this identity prior to working with a TGNC client. Interestingly, however, Amy expressed the most concern that her TGNC client was manipulative and used her identity to get what she wanted. This tension illuminates the fact that while identity can provide some understanding of other identities, it is problematic to assume that it can take the place of formal education. Furthermore, Ellen, who was assigned a TGNC client, disclosed that her wife's work revolves around the LGBTI community. She expressed that she believed she had access to more resources for TGNC clients because of her personal connections. While having these connections is certainly useful, these resources should be known by all case managers who work with TGNC (and LGBTI) clients. Relying on personal identity to assign clients could pigeonhole these case managers and allow other case managers to bypass learning more about this population of clients. Additionally, relying on personal experience or identity is not a viable substitute for institutionalized and formal training on this area, as there is considerable nuance to being a TGNC person in the criminal justice system.

Other Case Managers as a Resource

Another resource for case managers is other case managers, which is another finding that is unique to this facility. Known TGNC clients have been trickling into the facility since 2008, so there are case managers who have worked with TGNC clients who can share what was and was not successful while working with his population. As mentioned earlier, Carmen was recently assigned her first TGNC client. After her first interaction with them, she reached out to a co-worker for guidance, and this co-worker told her to ask her client their pronouns and how they identify. Additionally, Zeke, who interacted with TGNC clients when he worked security but has not yet been assigned one on his caseload, says that if he was assigned a TGNC client, he would reach out to his co-workers first:

First I would, with what I have now, I would first seek out case managers that have worked with a transgender client, and just kind of have it, yeah, have a conversation around what worked? What didn't work? You know, what, how was your experience? And kind of just gathering information of what we already have.

Seeking out knowledge and advice from other co-workers, while important, supports a process of gathering piecemeal information, which as stated earlier, should be avoided in case management (Cullen et. al. 2017).

Clients as a Resource

Finally, case managers rely on their clients themselves. Relying on the client or incarcerated person themselves is a cited practice, as a study on correctional officers' experience working with TGNC people who are incarcerated and have a sex offense status (Marlow et al. 2015) states, "if staff were unsure of the appropriate course of action concerning a particular issue, they would seek advice from transgendered individuals as a form of informal education." For case managers, much of their reliance on clients comes in the form of asking their clients to speak up about what they need and if they feel uncomfortable in certain situations, such as their living space. This does put more responsibility on the client, but it is an effort to ensure their client, who they are aware is more vulnerable in a correctional setting, is safe while under their care. Additionally, as Carmen states here, they can find resources and information from their own client or other clients:

As far as medications and stuff that they may need, I actually have one of my other offenders, my direct sentence clients, his brother is transitioning right now. And we had a discussion recently about surgery that he was having, as well as medications that he needed that he thought he was not going to be able to access because mom was losing Medicaid. And I'm like, "To be honest with you, I'm pretty sure I know some resources." And I actually went to one of my other offenders... and asked him privately, for some referral information that he'd given me when he first came on my caseload and I passed that on to my client. Because I know that there are different needs as far as medications.

Furthermore, asking clients about their own identity can in some cases build better rapport. For example, Laura asked her client questions about their identity such as, “What age did you know you felt different? And at what age did you decide to start looking into what this would look like for you?” Carmen and Laura’s experiences are notable because the majority of case managers did not think it was appropriate or did not feel comfortable discussing identity in their meetings with clients, while Carmen and Laura believed that it helped them build rapport with their clients and that it was important to acknowledge a significant element of their lives.

Even though case managers have figured out ways to circumvent lack of training, all would still like training to occur so they can improve their care of TGNC clients. There are different opinions on what this training would look like. The majority of case managers (n=7, 63%) I spoke to want a basic training that would go over foundational knowledge, such as terms and definitions pertaining to LGBTI and TGNC clients. However, a minority of case managers (n=3, 27%) wanted a more specific training beyond foundational knowledge, as Sam discusses here:

Well, the training that I would want, may not be the training that everybody should have. Because like, one of the things that I understand is sort of a linguistic distinction that people have trouble drawing between normal and common. And so, when, and this is something that I've thought about a lot, like people refer to transgender people as not normal, what they really mean is transgender people aren't common. When some people hear transgender people aren't normal, what they hear is, transgender people are bad. So, like clearing up that distinction, for some people, maybe something that they need a lot of work on. I don't. I get that. So, some of the things that I would want are, like, what exactly are, you know, the kinds of medical needs that transgender people have and what exactly are the kinds of psychological needs that transgender people have that are different from cisgender individuals? Does this apply to all transgender people? Is there gender responsive programming from male to female transgender, that's different from female to male transgender? Yeah, there's a lot in there. What else would I want? What are what are the what are my legal responsibilities for transgender individuals? Because I don't want to get sued. Even if I mess up. If I make a legitimate mistake, I really don't want to get sued.

The differences in training needs shows a wide gap in knowledge bases in case manager staff. Furthermore, what Sam unpacks here highlights the complexity of supervising someone outside of the gender binary and of what case managers need to know to effectively do their jobs and support their clients. Sam's last point about his possible legal responsibilities is especially salient for case managers, as they could become liable for any maltreatment, even if it is unintentional. Finally, it is important to note that training for case managers will look different than training for correctional staff in prisons or jails—as mentioned throughout this thesis, case management is a much deeper relationship than that of the relationship between correctional officer and incarcerated person (Cullen et al. 2017). For example, while both correctional officers and case managers will need training to ensure the safety of clients and how to provide gender-affirming care, case managers may need more training on trauma histories and interpersonal issues, as well as barriers to care out in the community (Kending et al. 2019).

Finally, regarding trainings that case managers would like to see, a small number of case managers (n=2, 18%) report wanting to hear from clients themselves on their experiences with their identity and their experiences with the program. This is especially interesting as previously mentioned, many case managers who have worked with TGNC clients believe that they should not or did not report talking about identity in their working relationship together, partially due to case managers' worry about not being trained properly to engage in those conversations. Therefore, it seems that having a TGNC person or client share their experiences in a training setting would be more comfortable for case managers than asking their own clients so they could ask questions and gather information in a safe, supportive environment.

In sum, using case managers' individual identities, knowledge, and client connections to compensate for the lack of training does not properly rectify this issue that should be dealt with

on a systematic level so that everyone has the same knowledge base from which to work. Based on these findings, I will discuss recommendations that would be useful for the facility to implement in the following discussion section.

CHAPTER 5 - DISCUSSION AND CONCLUSION

This section will briefly summarize my findings and the gaps I identified in the literature review. However, because one of the major goals of this thesis was to provide recommendations to the facility, I will devote much of this section to discussing these five recommendations.

In this thesis, my goal was to shed light on the institutional and interpersonal challenges community corrections case managers face as they work with TGNC clients in a facility that adheres to the gender binary, as well as address the gaps in the current literature of community corrections case managers experiences working with TGNC clients. I accomplished this task by employing case study methodology to gain an in-depth understanding of this facility.

Additionally, I utilized feminist methodology to ground my work using its tenants of consistent questioning of the gender binary, consciousness raising, and reciprocity. I collected my data using semi-structured qualitative interviews with 11 case managers. From there, I thematically coded these interviews through multiple rounds of coding and memoing.

My findings included three prominent themes of sex segregation, fear of sexual violence, and lack of training. The first theme of sex segregation highlighted how the binary nature of the facility affects case managers and their TGNC clients institutionally by creating uncertainty around what TGNC clients can do in the facility, how to interact with these clients, and interacting with other case managers and staff who hold negative views of TGNC identity. The second theme, fear of sexual violence, highlights how PREA shapes how clients with TGNC status (and overlapping sex offender status) are managed in the facility, as well as case managers' concerns for their cisgender female clients and their TGNC clients regarding sexual assault. Finally, lack of training highlights what the facility does and does not offer to case

managers in terms of training, and how case managers compensate for these knowledge gaps to better serve their clients.

Findings & Future Research

These findings align with much of the previous literature on TGNC people who are incarcerated as well as their experiences with corrections staff, but there are a few notable differences. First, the sex-segregated nature of community corrections does affect TGNC clients similarly in that they cannot live with the gender by which they identify (Sumner and Jenness 2014), cannot receive sex reassignment surgery (Brown 2014; Routh et al. 2017), and face transphobia while at the facility (Sexton et al. 2010; Jenness 2010; Stanley and Smith 2016). However, this facility is remarkably different than prisons and jails because case managers practice elements of gender-affirming care (Sevelius and Jenness 2017) that public interest organizations and scholars recommend, such as asking clients for their preferred name and pronouns, allowing clients to wear gender-affirming clothing, allowing private pat searches, and offering oral swabs for UA's (ACLU; Sevelius and Jenness 2017; NTCE 2018; Kending et al. 2019). Additionally, clients can do programming with women at the facility, which is a unique practice for a correctional institution.

However, the sex-segregated nature of the facility creates similar barriers for staff in that it breeds uncertainty for how to treat these clients (Marlow et al. 2015; Routh et. al 2017; Clark et. al. 2017; Kending et. al 2019; Ricardelli et. al 2020). Additionally, these findings align with prison and jail literature that shows how PREA falls short as a training for how to work with this population (Malkin and Dejon 2018; Smith 2021). While PREA does serve to address sexual assault, it does not provide enough guidance for corrections staff or community correction case managers for working with a specialized population (Smith 2021). Finally, fear of sexual assault

in the facility is a similar pervasive issue that does further alienate TGNC clients by placing them in housing based on their genitalia alone (Sexton et al. 2010; Jenness 2010). This fear is heightened for case managers compared to correctional officers because they work more closely with their clients, and thus, form deeper relationships with clients, and do not want to further traumatize their cisgender female clients by housing them with someone who still has a penis (Covington and Bloom 2007; Westbrook and Schilt 2014). However, case managers do recognize that their TGNC clients are also vulnerable, leaving them just as uncertain as correctional officers of what housing situation would make their clients the safest (Marlow et al. 2015; Riccardelli et al. 2020).

Given the findings of this study, future research should consider the following directions. First, given the unique context of community corrections facilities, including the relationship between client's success and case management (Cullen et al. 2017), more studies should be conducted on community corrections facilities. Specifically, these studies should focus on case management of TGNC clients and what tools other facilities use to meet the needs of this population. Next, more research should be conducted on correctional facilities that have demonstrated progressive housing and treatment of TGNC people who are incarcerated (e.g. Cook County Jail and Los Angeles County Jail). As my recommendations align with their current housing practices, it is worthwhile to explore how these practices affect both TGNC people who are incarcerated and correctional officers (Jenness 2021). Finally, a major limitation of my study is that I did not collect data on TGNC clients themselves. Understanding the lived experiences of these clients in a community corrections context is necessary to create a complete picture of what changes need to be made in this specific correctional setting, as they are the experts on their experiences and needs.

Policy Recommendations

1. Provide training for all case managers on TGNC identity and needs.

The most important change that this facility can implement is training on TGNC identity and needs. While case managers have strong foundational knowledge and trainings that help them effectively work with their clients, but based on these findings, case managers have piecemeal knowledge of TGNC identity, needs, and issues that arise at the facility. However, there are various areas of improvement. First, case managers overwhelmingly express uncertainty on how to proceed working with these clients, especially in terms of programming and other activities on the women's side of the facility. Second, case managers struggle with interacting with their TGNC clients because they have not undergone training on how to ask questions pertaining to identity. Additionally, while not discussed in my findings, some case managers I spoke to struggle with using clients preferred pronouns and names or use terms such as "the transgender" or "a transgender" to reference clients. While some of these issues may have been contained to the context of these interviews, ensuring case managers have the language tools is an important part of sustaining a culture of inclusivity and acceptance in a facility (Sevelius and Jenness 2017; Kahel and Rosenbaum 2021).

Therefore, providing a training or identifying different trainings that case managers could take as a part of their 40-hour training requirement would be extremely beneficial. While this training would ideally stand on its own, it may not be possible given the unique context of community corrections and case management. Therefore, it is an also an option to find trainings or speakers that cover different aspects of what I will list here or incorporate these recommendations into pre-existing trainings given at this facility. Additionally, further

partnerships with a university could produce a training regarding TGNC identity developed for this facility.

This training (or trainings) should cover specific aspects of TGNC identity, as these will be the most useful for case managers to understand. First, a training should cover terms and definitions of TGNC and LGBT identities and what they mean. Most case managers reported needing this information, as many terms related to TGNC identity are new to them. While some case managers I spoke to had a good grasp of these terms already, reviewing these terms as a starting point will help all case managers understand the various gender identities and sexualities with which their clients may identify, as well as have the language to discuss these issues with clients.

Second, this training should discuss how to talk to a client about their identity, such as asking for their preferred name and pronouns and how they identify. For example, the National Center for Transgender Equality suggests the following question for prison intake staff to ask:

“After asking about other vulnerability factors, intake staff could ask, ‘Are there other factors that may make you vulnerable or require special consideration, such as being gay, lesbian, bisexual, or transgender (LGBTQ) or intersex?’” (2018:9).

When clients enter the facility, they are asked about their LGBT status. However, it may be useful for case managers to have an opportunity to approach this question in their first meeting with their client. They may already be aware of their client’s identity, but it is useful to address it as it is an important aspect of a client’s life for their safety at the facility.

Third, this training should cover trauma histories of TGNC people and factors that influence their likelihood to become justice-involved. As stated in my literature review, TGNC people can become justice-involved due to marginalization from their families, schools, and their community, and they are at higher risk for becoming involved in criminal activity for economic

survival (Buist and Stone 2014). It is important to note that not all TGNC clients will have these histories, but it is important for case managers to understand that these factors could be applicable to their clients.

Fourth, a review of TGNC medical and mental health needs would be useful. While case managers are not healthcare or mental health providers and do not need to know the ins and outs of these needs, it is useful for them to have a baseline understanding of resources clients may say they need, such as hormone replacement therapy or counseling for gender dysphoria, depression, or anxiety (Sexton et al. 2010; Brown 2014). Understanding these needs will help case managers better direct clients to the resources they desire.

Finally, this training must cover how case managers should handle instances of transphobia that their clients face at the facility, including what transphobia looks like, how it can appear, and how to address it (Kahel and Rosenbaum 202; NCTE 2018). Transphobia can take more obvious forms of harassment, such as when a TGNC client at this facility experienced a male client putting a sign on her door that said “No Women Allowed.” Other forms of transphobia are less obvious and take the form of microaggressions, or unintentional slights against someone’s identity that can be harmful (Kahle and Rosenbaum 2021). Examples of this are using deadnames, incorrect pronouns, or mis-gendering someone (NCTE 2018; Kahel and Rosenbaum 2021). All these forms of transphobia are extremely psychologically damaging to TGNC people and must be avoided, or addressed if they occur (Brown 2014).

Ideally, the leader of this training would be a qualified TGNC person or a guest speaker that is formerly justice-involved, as this has been cited as an effective and necessary training tool (Kending et al. 2019) and has also been requested by a few case managers at this facility. Speakers can likely be found through resource centers such as the National Center for

Transgender Equality, One Colorado, Speakerhub, other corrections agencies, or through partnerships with universities.

2. *Incorporate gender affirmation into gender-responsive case management.*

As stated in the literature review and the findings, gender-responsive programming acknowledges the unique differences between male and female offenders, such as history of sexual abuse, drug dependency, relationships marked by intimate partner violence, and other forms of trauma; it also recognizes women's prioritization of relationships (Covington and Bloom 2007). While gender-responsive programming is remarkable in that it recognizes these nuances for female offenders, studies have emerged that highlight its limitations when applied to LGBT and TGNC offenders (Kerrison 2018; Irvine-Baker, Jones, and Canfield 2019; Kahle and Rosenbaum 2021). These limitations arose in my findings, as case managers interacted with their TGNC clients through a binary lens and focused on treating their clients as cisgender women. While this is not wrong per se, it does bypass the nuances of being a TGNC and LGBT person. This is not to say that gender-responsive programming should not be used when working with TGNC clients; rather, by incorporating an intersectional lens into existing programming (Kahle and Rosenbaum 2021), gender-responsive programming can adequately serve clients who do not identify as heterosexual or cisgender.

In Kahle and Rosenbaum's (2021) study, they walk through the tenants of gender-responsive programming and insert ways to incorporate inclusivity for those who identify as LGBT and TGNC. They included that power dynamics between the case manager and their client should be recognized and not abused. Additionally, LGBT and TGNC identities, mental health, and healthcare needs should be recognized, not ignored, to increase clients' feelings of emotional and physical safety. Furthermore, cultural competencies should explicitly include

LGBT and TGNC identities, and correctional facilities should provide continuous training for staff on “how to recognize, respond to and prevent harassment” for LGBTI and TGNC clientele. Furthermore, staff must recognize the trauma histories specific to LGBT and TGNC clients, much of which comes from familial and institutional exclusion, and help address other institutional barriers, such as barriers to employment. Finally, staff should familiarize themselves with local LGBT resources to help clients gain access to the resources they need (Kahel and Rosenbaum 2021). Incorporating these goals into gender-responsive programming will help foster a culture of inclusivity for TGNC clients.

3. Continue to allow accommodations for TGNC clients around UAs, pat searches, and programming.

This facility currently allows TGNC clients to use oral swabs for UAs and choose the gender of the person who pat searches them, which is a common recommendation for criminal justice agencies to ensure gender-affirming care for this population, as it fosters an environment of safety and respect for the client (Kending et al. 2019; NCTE 2018). The facility should continue these practices and ensure that clients and case managers know that these options are available to them. Furthermore, while my findings show that there is some uncertainty and suspicion around letting TGNC clients participate in programming and other activities with the women’s side, this is an important practice to keep. Case managers report that this is an important element for gender affirmation and is something that their TGNC clients regularly request. What may be useful to case managers is to create a protocol around how to manage TGNC clients’ activities on the women’s side, so case managers can reference it when they are assigned a TGNC client.

4. House TGNC clients on a case-by-case basis.

Housing for TGNC clients is a complicated issue across all correctional facilities and there is no one-size-fits-all approach. However, PREA guidelines explicitly state that housing assignments should be made on a case-by-case basis (ACLU; NCTE 2018; Kending et al. 2019). Based on my findings, housing decisions at this facility are made based on anatomy alone, which does put TGNC clients at risk. Therefore, housing assignments must be made on a case-by-case basis. Case-by-case basis assignments should involve assessing the client's criminal history and noting if they have a sex offense on their record. If there is a case in which a TGNC client has a sexual assault offense (which has occurred at this facility), then they should not be housed with the gender that they have assaulted. Barring a sex offense status, client's own opinions on where they feel safest, whether it is on the men's side, the women's side, or a flexible unit, should be considered, and, if deemed appropriate, honored.

Additionally, the creation of a flexible unit in the new women's building should involve an option to house TGNC clients, but it should not be segregated housing. This means that someone with a TGNC or LGBT status should not automatically be housed in that unit, and that unit should not be reserved only for those with and LGBT or TGNC status (ACLU; NCTE 2018; Kending et. al 2019). Rather, this flexible unit should be available to other vulnerable or specialized populations as well (i.e., those who are older, pregnant, or have a history of victimization) (ACLU; NCTE 2018). Allowing for these accommodations will increase safety for TGNC clients, as they will not automatically be housed in a wing that does not correspond with their gender identity and puts them at higher risk for sexual assault and violence (Sexton et al. 2010). This practice is also an effort to ensure the safety of other clients, as it will ensure that a TGNC client with a sex offense on their record will not be housed where they are at risk of

harming someone. Other agencies, such as Los Angeles County and Cook County Jail, have implemented similar policies successfully, and their policies can be referenced as a model of how to implement these changes (NCTE 2018).

5. *Create written policies that address TGNC clients.*

Case managers report that they feel like they are “figuring it out each time” they get a TGNC client, which is exacerbated by the lack of policies that guide them to work with this population. If not already available, create a written policy for UA’s and pat searches, as well as programming for TGNC clients. As the facility implemented other changes, such as protocols for housing assignments, ensure there are written policies for these new accommodations. The National Center for Transgender Equality has example forms for various policies that can be used as tools to create policies for individual facilities. Ensure case managers, and, when appropriate, TGNC clients, can provide input on these policies, and ensure case managers and clients are aware of and fully understand these policies (Kending et. al. 2019).

Conclusion

In conclusion, this thesis employed semi-structured interviews to capture data on the institutional and interpersonal challenges case managers face working with TGNC clients. By employing case study methodology, I was able to gain a nuanced and context-specific understanding of this facility and case managers experiences with these clients. Using feminist methodology, I was able to address questions of the effects of the gender binary in this facility, embrace consciousness raising in the interviews with my participants, and focus my efforts on reciprocating the knowledge gathered here back to the facility. Based on the literature review and these findings, I provided recommendations to the administration of this facility that will help them create policies and procedures to address the needs of their TGNC clients.

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APPENDICES

Appendix A: Recruitment Email

Hello!

I am a graduate student in the Sociology Department at Colorado State University. I am conducting a pilot study that focuses on community corrections case manager's experiences working with transgender identifying clients. Participation in this research means talking with me for 45-minutes to an hour about the following:

- Program placement processes
- Your experiences working with transgender identifying clients
- Policies that you have been trained on that address transgender clients
- Ways you think these policies and trainings are working well or could be improved

If you have questions or are interested in participating, please contact me by email or phone:

taellis@rams.colostate.edu or 817-718-8881.

Appendix B: Consent Form

Colorado State University

Consent to Participate in Research

Community Corrections Case Manager's Experiences with Transgender Clients

Introduction and Purpose

My name is Taylor Ellis and I am a graduate student at Colorado State University in the Department of Sociology. I would like to invite you to take part in my research study, which looks at community corrections case manager's experiences working with transgender clients

Procedures

If you agree to participate in my research, I will conduct an interview with you at a time and location of your choice, or by phone, Zoom, Skype, Microsoft Teams, and Google Hangout. We will cover a variety of topics in this interview, but we will mainly focus on your understanding of transgender identity and policies or trainings that you have received that have shaped your knowledge of how to work with transgender clients. Additionally, if you have worked with a transgender client, directly or indirectly, we will discuss that as well. The interview should last between 45-60 minutes. With your permission, I will audiotape using my phone and take notes during the interview. The recording is meant to accurately record the information you provide and will be used for transcription purposes only. If you choose not to be audiotaped, I will take notes instead. If you agree to being audiotaped but feel uncomfortable or change your mind for any reason during the interview, I can turn off the recorder at your request. If at any time during the interview you don't wish to continue, you can stop the interview. You will not be contacted for a follow up interview; however, I will provide you a brief of the findings before the completion of the study that you will have the opportunity to respond to if you wish. This is completely voluntary and would take no more than 25 minutes of your time.

Benefits

There is no direct benefit to you from taking part in this study; however, the research findings will help Larimer County Community Corrections to establish best practices to work with transgender clients.

Risks/Discomforts

Some of the research questions may make you uncomfortable or upset. You are free to decline to answer any questions you don't wish to, or to stop the interview at any time.

As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.

Confidentiality

Your study data will be handled as confidentially as possible. If results of this study are published or presented, individual names and other personally identifiable information will not be used.

To minimize the risks to confidentiality, we will use pseudonyms for all names given and will change any identifiable information in the transcribe transcripts (i.e. we will change the name of the unit you work in). Myself and my advisor, Tara Opsal, will be the only people able to hear the recordings or see the transcripts. All of this data will be stored on my personal computer and will be password protected.

We will transcribe the audio recordings as soon as possible after the interview, and then delete the recordings after the research is completed. When the research is completed, I will save the transcriptions for up to 3 years for possible use in future research done by myself or others. The same measures described above will be taken to protect confidentiality of this study data. We may be asked to share the research files with the sponsor or the CSU Institutional Review Board ethics committee for auditing purposes.

Compensation

You will not be paid for taking part in this study.

Rights

Participation in research is completely voluntary. You are free to decline to take part in the project. You can decline to answer any questions and are free to stop taking part in the project at any time. Whether or not you choose to participate in the research and whether or not you choose to answer any questions or continue participating in the project, there will be no penalty to you or loss of benefits to which you are otherwise entitled.

Questions

If you have any questions about this research, please feel free to contact me at 817-718-8881 or taellis@rams.colostate.edu or my advisor, Dr. Tara Opsal, at [\(970\) 491-5438](tel:9704915438) or tara.opsal@colostate.edu.

If you have any questions about your rights or treatment as a research participant in this study, please contact the Colorado State University Institutional Review Board (IRB) at: 970-491-1381, or e-mail RICRO_IRB@mail.colostate.edu.

CONSENT

Do you consent for your interview to be audiotaped?

Yes

No

If you wish to participate in this study, please sign and date below. You will be given a copy of this consent form to keep for your own records.

Participant's Name (please print)

Participant's Signature

Date

Appendix C: Interview Guide

Interview Guide

1. I want to start with a few demographic questions: Race? Gender identity? Pronouns?
2. Tell me about your educational background
3. Tell me about your professional background and what brought you to ComCor.
 - a. How long have you worked at ComCor?
4. Tell me what you do here.
 - a. What is your specific role?
 - b. What units/programs are you placed with?
5. As you know, I am here to know more about transgender clients. Could you tell me, in your own words, how you would define transgender?
6. Have you worked with a transgender client before?
 - a. If yes...Can you tell me about that experience?
 - b. If no... have you known someone who has?
 - i. What did they say about their experience?
 - ii. Do you feel prepared for if/ when you do work with a transgender client? Why or why not?
7. What was different (or what do you think would be different) about working with a transgender client?
 - a. What do you think are some needs that transgender clients might have that are different from the general population?

I'd like to get into more about some of those specific needs transgender clients might have

- a. What kind of medical needs have you heard of that transgender clients have?
 - b. What's the process here at ComCor that you have to follow to meet those needs?
 - c. How are those medical needs prioritized? *Probe for specific examples*
 - d. (if they ask for an example): For example, how is the need for hormone replacement therapy ranked compared to blood pressure medication?
8. What does the housing process look like for transgender clients? *Probe for various concerns and possible client preferences*
- a. Where are they showering and using the bathroom?
9. What about reentry? What does that look like for a transgender client?

Now I'd like to talk about your training:

10. How has ComCor prepared you to work with transgender clients?
- a. (If they mentioned PREA)... Can you tell me about your PREA Training?
 - b. (If they do not mention PREA)... What about PREA?
 - c. Do you recall any part of the training on (x policy) that addressed transgender-specific needs?
11. What trainings have you been through, either at Community Corrections or elsewhere, that have helped you understand how to work with transgender clients?
- a. Can you give me an example of how this training has been or would be helpful to you when working with a transgender client?
12. What would you change about the polices or trainings at community corrections that you think would help you better work with transgender clients?
13. Is there anything you would like to add?