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"What's the right thing to do?" Correctional healthcare providers' knowledge, attitudes and experiences caring for transgender inmates

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ABSTRACT

Rational: Incarcerated transgender individuals may need to access physical and mental health services to meet their general and gender-affirming (e.g., hormones, surgery) medical needs while incarcerated.
Objective: This study sought to examine correctional healthcare providers' knowledge of, attitudes toward, and experiences providing care to transgender inmates.
Method: In 2016, 20 correctional healthcare providers (e.g., physicians, social workers, psychologists, mental health counselors) from New England participated in in-depth, semi-structured interviews examining their experiences caring for transgender inmates. The interview guide drew on healthcare-related interviews with recently incarcerated transgender women and key informant interviews with correctional healthcare providers and administrators. Data were analyzed using a modified grounded theory framework and thematic analysis.
Results: Findings revealed that transgender inmates do not consistently receive adequate or gender-affirming care while incarcerated. Factors at the structural level (i.e., lack of training, restrictive healthcare policies, limited budget, and an unsupportive prison culture); interpersonal level (i.e., custody staff bias); and individual level (i.e., lack of transgender cultural and clinical competence) impede correctional healthcare providers' ability to provide gender-affirming care to transgender patients. These factors result in negative health consequences for incarcerated transgender patients.
Conclusions: Results call for transgender-specific healthcare policy changes and the implementation of transgender competency trainings for both correctional healthcare providers and custody staff (e.g., officers, lieutenants, wardens).

1. Introduction

Transgender individuals face high rates of victimization and violence, substance use, mental health issues and suicide attempts, and incarceration relative to the general population (Bradford et al., 2013; Stotzer, 2009; Yang et al., 2015). Structural stigma exacerbates these disparities (White Hughto et al., 2015), which is perhaps most evident in the overrepresentation of transgender individuals in the U.S. prison system. Barriers to employment and secure housing drive involvement in illegal economies, including sex work and substance use, for some transgender people, which in turn places them at risk for arrest and incarceration (Fletcher et al., 2014; Grant et al., 2011; Nadal et al., 2012; Reback and Fletcher, 2014; Wilson et al., 2009). Once incarcerated, transgender individuals are placed in either male or female facilities according to their genitalia (Sevelius and Jenness, 2017). Due to sex-segregation in U.S. jails and prisons, the number of incarcerated transgender individuals is unknown. Yet, it is estimated that about 16% of transgender people (21% of transgender women) have been incarcerated in their lifetime (Grant et al., 2011), compared to estimates ranging from 2.8% to 6.6% of the general U.S. population (Bonczar, 2003; Glaze and Kaeble, 2011).

Every year that a member of the general population is incarcerated is associated with a two-year reduction in life expectancy (Patterson, 2013). For transgender individuals, incarceration experiences may lead to particularly deleterious health outcomes. Extensive research highlights the heightened prevalence of

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victimization among incarcerated transgender individuals, including severe verbal harassment, purposeful humiliation, physical assault and beatings, unwanted sexual touching, unwarranted strip searches and pat-downs, and forcible penetrative sex from other inmates and custody staff (e.g., corrections officers, lieutenants, wardens) (Bassichis and Spade, 2007; Edney, 2004; Jenness et al., 2007; Okamura, 2011; Rosenblum, 1999; Sumner and Sexton, 2015). Further, transgender individuals likely enter the correctional system with poorer health than the general population due to aforementioned health disparities.

Incarcerated transgender people, like all detainees, may need to access physical and mental health services to meet their general healthcare needs; some transgender inmates also require medical care in order to "transition" or medically affirm their gender. Medically affirming one's gender can include the use of exogenous hormone therapy (e.g., estrogen) or surgery to masculinize or feminize the body, with hormone therapy often being the first and sometimes only gender-affirming medical intervention sought (Coleman et al., 2012). Failure to treat symptoms associated with gender dysphoria can result in depression, suicidality, autocastration, and death (Coleman et al., 2012; Routh et al., 2015).

Structural barriers (i.e., laws, policies, regulations) impede adequate healthcare provision for incarcerated transgender individuals. As of 2015, just seven states had a policy allowing sex-reassignment surgery (SRS) for transgender inmates (Routh et al., 2015); until January 2017, when the California prison system funded SRS for a transgender inmate under their care, no transgender inmate had been successful in obtaining SRS (Thompson, 2017). Medically necessary hormone therapy (Coleman et al., 2012) is often equally difficult for transgender people to procure while incarcerated. A national study investigating the incarceration experiences of transgender inmates (N = 129; 97% transgender women) across 24 states found that just 14% of the participants reported accessing cross-sex hormones (Brown, 2014). Qualitative research conducted with recently incarcerated transgender women (N = 20) found that correctional policies required transgender women to prove that prior to incarceration, a physician had prescribed them hormones. This policy presented challenges for many of the women, some of whom had not been regularly engaged in care or had been taking "street hormones" (e.g., acquired through friends or online) prior to being incarcerated (White Hughto et al., in press-a). Due to the high rates of illicit street hormone use among low income transgender individuals (Rotondi et al., 2013; Sanchez et al., 2009) and widespread policies requiring documentation of physician-prescribed medications (Brown and McDuffie, 2009; Routh et al., 2015), a high percentage of incarcerated transgender individuals are forced to stop their hormone regimen once incarcerated. While such structural barriers to healthcare are relatively well-documented in the literature, less is known about the *quality* of care transgender inmates receive from correctional healthcare providers.

Individual-level (i.e., lack of provider knowledge and bias) and interpersonal-level (i.e., interactions with custody staff) barriers may also impede adequate healthcare provision for incarcerated transgender individuals. A recent qualitative study with 20 formerly incarcerated transgender women found that correctional healthcare providers lacked the ability to provide gender-affirming care due to transgender-related biases and had limited knowledge of appropriate care (White Hughto et al., in press-a). Tenets of gender-affirming care for transgender individuals include access to transition-related medical care (i.e., hormone therapy, surgeries) in a culturally-tailored environment provided by knowledgeable healthcare providers (Reisner et al., 2015). Similarly, a 2009 survey of transgender and gender non-conforming inmates in Pennsylvania (N = 59) found that 42.4% of the sample believed their medical needs were not taken seriously by medical staff (Emmer et al., 2011). Further, studies have shown that there is often tension between custody and care in the prison system, in which the goals of custody staff (i.e., safety, security, management) are at odds with the treatment goals of prison healthcare providers (Short et al., 2009; Willmott, 1997); however, no research to date has investigated this conflict in regards to transgender patient care.

While research has documented the healthcare experiences of transgender inmates, to our knowledge, no study to date has sought to understand correctional healthcare providers' experiences providing care to transgender patients from the perspective of providers themselves. By understanding the perspective of correctional healthcare providers in their care of transgender inmates, this study intends to provide information to better intervene at the staff-level to influence adequate provision of care. This study comprised a qualitative investigation to better understand healthcare provision for incarcerated transgender individuals from the perspective of correctional healthcare providers. The aim of this study was to investigate healthcare provider's knowledge, attitudes and experiences providing healthcare to transgender individuals in correctional settings. Results were expected to inform future interventions to ensure access to quality gender-affirming care for incarcerated transgender individuals.

2. Method

2.1. Sample

Twenty correctional healthcare providers were recruited to participate in an in-depth, semi-structured interview to examine their knowledge, attitudes, and experiences caring for transgender inmates. Eligible participants were age 18 years and older; self-identified as a correctional healthcare provider (e.g., physician, nurse, psychologist, mental health counselor, social worker); worked within a correctional facility in New England; and had prior experience caring for or interacting with one or more transgender inmates. All correctional healthcare providers worked in state prisons and were employed by an external healthcare organization affiliated with a local university. Following IRB approval, an administrator within the central branch of the affiliated healthcare organization emailed a recruitment flyer to all correctional healthcare providers in the state. Interested providers contacted study investigators for additional information.

2.2. Procedures and data analysis

Semi-structured interviews were conducted between January and February 2016. Interviews were conducted by the first and second author and lasted between 25 and 75 min. The interview guide was created in collaboration with the authorship team; it drew on healthcare-related interviews with recently incarcerated transgender women (White Hughto et al., in press-a) and formative key informant interviews with correctional healthcare providers and administrators. Drafts of the interview guide were reviewed for cultural relevance to the correctional system (e.g., use of appropriate terms and language used by correctional staff). Prior to data collection, the interview guide was pilot tested with three correctional healthcare providers to finalize the interview guide. The final interview guide included themes related to the providers' background, the prison setting in which they worked, and providers' experiences caring for transgender people, including perceived facilitators and barriers to caring for transgender people in correctional settings. To limit social desirability, interviews were conducted by phone and were not audio recorded, as recommended by research showing that audio recording can cause