

**PREVIOUSLY INCARCERATED TRANSGENDER WOMEN:
EXPERIENCES, NEEDS, AND RESILIENCIES**

by

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Submitted to the Graduate Faculty of
the Department of Behavioral and Community Health Sciences
Graduate School of Public Health in partial fulfillment
of the requirements for the degree of
Master of Public Health

University of Pittsburgh

2017

UNIVERSITY OF PITTSBURGH
GRADUATE SCHOOL OF PUBLIC HEALTH

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ABSTRACT

Background: Transgender women experience higher rates of incarceration than their cisgender counterparts, and this cycle of incarceration and poor health is understudied. Lack of continued healthcare, housing, and employment, as well as economic marginalization, are barriers associated with populations re-entering from incarceration. Additionally, transgender women have unique challenges that may not be addressed in standard re-entry programs. The purpose of this mixed-methods study is to understand the experiences, needs, and resiliencies of previously incarcerated transgender women.

Methods: We use qualitative interviews and mapping to describe lack of access to resources, as well as challenges regarding finding housing, accessing healthcare, and meeting probation and parole requirements. We interviewed 6 transgender women, all of whom are previously incarcerated adults residing in Allegheny County, Pennsylvania. Additionally, we mapped Allegheny County neighborhoods, mental health providers, and trans-inclusive resources using geographic information system (GIS) software to explore barriers related to transportation and access.

Results: Results indicate that access to healthcare, housing, transportation, and trans-inclusive community support are the most significant barriers to successful re-entry. Furthermore, mapping resources, or the lack thereof, and examining the spatial relationship between low-income

neighborhoods and proximity to these resources gives us insight to the challenges or resiliencies faced by transgender women. These analyses suggest that transgender women residing outside the central downtown area of Pittsburgh have increased difficulty regarding access to probation and parole offices, trans-inclusive healthcare, and LGBT community spaces.

Conclusions: Future multilevel public health interventions should incorporate healthcare, trans-inclusive community support, access to stable housing, and the alleviation of transportation barriers in order to break the cycle of incarceration and poor health for transgender women.

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PREFACE

This study received funding from the Department of Behavioral and Community Health Sciences through the Karen S. Peterson Memorial Research Award for Women's Health. The study also received funding via the Center for Health Equity (CHE) Master's & Doctoral Student Scholarship Award.

This study would not have been possible without the support and guidance of the University of Pittsburgh Center for LGBT Health Research, Dr. James E. Egan, Dr. Mary E. Hawk, and Dr. Mackey R. Friedman. Dr. Christina Mair provided guidance regarding QGIS and spatial analysis. Jennifer McNaboe, MPH, second-coded all interviews. Finally, the six transgender women who participated in this study did so with no benefit to themselves other than contributing to a body of research that will potentially alleviate the burden of future transgender women who experience incarceration. We are indebted to them.

1.0 INTRODUCTION

1.1 TRANSGENDER WOMEN

Transgender women and men, also known as transfeminine or transmasculine individuals, are people whose gender identities are incongruent with their assigned sexes at birth. Transgender individuals represent a segment of the population most understudied in research regarding health and wellness, even among LGBT populations. Currently there is no confident understanding of the prevalence of transgender individuals in the United States; estimates range between 0.3% and 4% of the population identify as transgender.^{1,2} However, estimates are likely low due to varying definitions of transgender and lack of willingness to self-report transgender identity for fear of negative consequences.^{1,2,5}

There is also inconclusive information regarding the prevalence of transgender women and men incarcerated at any one time in the United States, although one study places the number at 800 throughout the United States at any one point.¹ The 2008-2009 National Transgender Discrimination Survey (NTDS) reported that approximately 7% of transfeminine and transmasculine respondents (n=27,715) had been incarcerated; to compare, the Department of Justice reported in 2003 that approximately 2.7% of the general population is ever incarcerated at some point.³ In one study using data from the NTDS, approximately 19% of specifically

transfeminine respondents had been previously incarcerated.⁴ Therefore, transgender women are disproportionately represented in jails and prisons across the United States. Current research estimates that there are more transgender women than transgender men incarcerated at any given time, and transgender women are typically incarcerated for longer periods of time.^{2,5} The median three-year recidivism rate, or the rate at which individuals are re-incarcerated within three years, for Pennsylvania is 54% according to the 2013 PA Recidivism Report.⁶ Allegheny County's three-year recidivism rate, however, is almost 62%.⁶ There are no data regarding the recidivism rate among transgender women in the United States or Allegheny County specifically. However, due to the greater proportion of incarcerated transgender individuals across the United States compared to their cisgender (individuals whose gender identity corresponds with their assigned sex at birth) counterparts, this problem likely manifests in Allegheny County as well.⁷ Explaining the high rate of incarceration in this population involves a complex web of systemic, community-level, and interpersonal factors. Transgender women face unique stigma and discrimination from families, schools, employers, healthcare providers, housing, and public assistance programs.^{1,7,8} Transgender women and men together have more than twice the rate of poverty (29%) than the general population of the United States (14%), and almost one-third of transgender women and men in the study had experienced homelessness during their lives.⁹ Additionally, transgender women are often rejected and thrown out of their homes by their families, and are often forced to engage in illegal activities such as sex work, credit card fraud, selling drugs, and theft to provide income, housing, and healthcare.⁴ The USTS found that 15% of respondents, both transgender women and transgender men, were unemployed; this does not include respondents who chose "Unemployed, no longer seeking work," "Volunteer," "Not Employed Due to Disability," "Homemaker or full-time parent," "Student," or those who do work that is illegal or part-time.⁹

This unemployment rate is three times higher than the national unemployment rate of 5%.⁹ This survival economy causes increased vulnerability to encounters with police, who engage in discriminatory enforcement of laws, particularly HIV criminalization and sex work laws that disproportionately affect transgender women.^{7,10} One study noted that nearly half (42.3%) of their transgender study participants in Pennsylvania were arrested for financially motivated offenses.¹¹ Due to this combination of illegal activities, discrimination, lack of support and resources, and discriminatory policing, transgender women are more likely to be incarcerated.

The prison industrial complex (PIC) is a term to describe the rapid growth of jails, prisons, and incarcerated individuals as this expansion relates to economic and political agendas.¹² The PIC is historically racialized, classist, and discriminatory; people of color and people with low incomes are overrepresented in jails and prisons.¹² Interactions with the PIC often become a way of life for many transgender women and transgender men:

Inheriting a long history of being made suspect, trans/queer people, via the medicalization of trans identities and homosexuality, have been and continue to be institutionalized, forcibly medicated, sterilized, operated on, shocked, and made into objects of study and experimentation. Similarly, the historical illegality of gender trespassing and queerness have taught many queer folks that their lives will be intimately bound with the legal system.¹³

Although both transgender women and transgender men face transphobic discrimination, harassment, and violence while incarcerated, there are also marked differences between the two. Conflating the experiences of transgender women and transgender men eliminates the nuances of the transfeminine experience during incarceration, re-entry, and post-release, thus limiting our

understanding of the impacts of the PIC on this population. The unique experiences of transgender women while incarcerated are associated with negative health outcomes, both short- and long-term. In one study of transgender women, previous incarceration was associated with polysubstance abuse, low self-esteem, intimate partner violence, and victimization, all of which are related to poor health outcomes.⁴ Existing literature identifies three main factors related to associations between incarceration of transgender women and negative health outcomes: victimization while incarcerated, lack of gender affirmation and gender-appropriate housing (most transgender women are housed in men's prisons), and lack of access to medical care, particularly hormone therapies.⁴

1.2 VICTIMIZATION WHILE INCARCERATED

Using data from the NTDS, Sari L. Reisner et al. found that 19.3% of transgender women from the sample reported history of incarceration, and among those who were formerly incarcerated 47% reported victimization while incarcerated.⁴ This analysis also found that compared to transgender women who did not report victimization while incarcerated, transgender women who did report victimization while incarcerated were more likely to report negative health indicators such as cigarette smoking, suicide attempts, HIV-seropositivity, and substance use, and the risk for poorer health outcomes was between 49% to 106% higher.⁴ The 2015 United States Transgender Survey (USTS), a follow-up to the NTDS, found that approximately 30% of all transgender respondents who had been incarcerated during the last year were physically and/or sexually assaulted during their incarceration.⁹ Perpetrators of assault were not limited to other

inmates; the USTS also found that 20% of transgender respondents were physically and/or sexually assaulted by facility staff during incarceration in the past year.⁹

One California study found a prevalence of sexual assault in cisgender men of approximately 4.4% compared to 59% in transgender women.¹⁴ Similarly, 2.2% of male inmates reported sexual assault in the form of rape compared to approximately 41.2% of transfeminine inmates.¹⁴ The majority of these sexual assaults against transgender women were unreported. In the qualitative assessment, the theme of fear of physical punishment from other inmates post-reporting of sexual assault was common.¹⁴ Thus, when transgender women are released from incarceration, they reenter society in poorer health than when they were arrested.

1.3 LACK OF GENDER AFFIRMATION WHILE INCARCERATED

Jails and prisons are considered to be highly gendered and hypermasculine institutions.⁴ Hypermasculine spaces foster dominant masculinity through violence and aggression, and this often leads to sexual and physical violence against women.⁴ When transfeminine inmates first arrive at correctional institutions, their non-masculine gender identities are not affirmed; rather, they are stripped away and erased.¹ They are considered men by corrections staff and housed with men, but they do not perform masculinity among a hypermasculine population. Not only does the lack of gender affirmation itself lead to stress and negative mental health outcomes, but also the difference in gender performance can lead to victimization of transfeminine women.¹

Historically transgender women have been housed with cisgender men based solely on biological sex. Even though there are policies in some states that base housing on genitalia, many transgender women, particularly transgender women of color and other low-income transgender women, do not have access to sexual reassignment surgery or they do not wish to undergo such surgeries.⁴ Following the Prison Rape Elimination Act of 2003, which addresses sexual assault of transgender women housed in cisgender male facilities, many facilities simply place transgender women in solitary confinement or administrative segregation (ad-seg).^{1,15} Isolating transfeminine and gender-variant inmates to protect them from sexual and physical violence often only exacerbates negative physical and mental health conditions. A 2012 thesis regarding transgender experiences while incarcerated listed a range of negative health symptoms related to solitary confinement: hypertension, confusion, lethargy, panic, impaired memory, psychotic behavior, hallucinations and perpetual distortions, difficulty eating, inability to communicate, hypersensitivity to external stimuli, violent fantasies, and reduced impulse control.”¹ Many transgender women do not report assault while incarcerated for fear of social isolation and placement in solitary confinement or ad-seg¹⁴ It is also reported but under-researched that placing transfeminine inmates in ad-seg increases their risk of sexual assault by prison staff.¹

1.4 LACK OF ACCESS TO MEDICAL CARE

Many transgender inmates require unique medical care while incarcerated, including access to hormone therapies, mental health treatment, and treatment post-physical and/or sexual assault. Transgender women may not receive the healthcare they need while incarcerated as a result of structural discrimination related to the practice of prescribing hormones and discrimination by

healthcare workers inside the jails and prisons. One study of healthcare practices of Departments of Corrections (DOC) across the United States requested information via the Freedom of Information Act regarding medical and administrative DOC policies for transgender populations in each state and the District of Columbia by April 2008.⁵ Although each state is required by law to comply with the request, six states did not submit information.⁵ Additionally, nineteen states reported they had no policies or directives for transgender inmates and three states were only in the process of developing policies or directives.⁵ Two results of note: classification of transgender in states with policies or directives was almost always based on psychiatric diagnoses, and housing of transgender women and transgender men was based on external genitalia in most policies or directives that addressed this topic.⁵

Denial of hormones was reported by 20.7% of transgender women in the NTDS.⁴ The USTS report indicates that 37% of all transgender women and transgender men who were incarcerated in the past year did not receive their hormones while incarcerated.⁹ Similar problems obtaining hormones is reflected in the study of policies and directives of state DOCs; in one state, Kansas, the only transgender women and transgender men who can continue taking using hormones are those who have completed sexual reassignment surgery, disregarding all those transgender women and transgender men who either cannot afford or do not want surgeries that alter their genitalia.⁵ Additionally, sexual reassignment surgery is not listed as possible treatment in any policies or directives.⁵ Many studies in the past have found evidence of autocastration, or surgical self-treatment, when hormone therapies have been denied for transgender women.⁵ Denial of regular medical care is similarly problematic for transfeminine inmates. Denial of healthcare was reported

by 14.5% of transgender women in the NTDS.⁴ According to one study, in 64% of sexual assault cases in transgender women did not receive medical care when it was needed.⁵

1.5 HIV IN TRANSGENDER WOMEN

The rates of HIV are significantly higher in transgender populations than the general United States population. In fact, the 2015 United States Transgender Survey Report declared that transgender women were living with HIV at almost five times the rate of the general population.⁹ Transgender women experience higher rates of HIV than transgender men, and approximately 50% of transgender women of color were living with HIV, a much higher rate than among transgender women of other races.¹⁶ Due to economic and discrimination barriers, transgender women who are living with HIV are less likely to receive the HIV treatment they need, particularly transgender women of color.^{16,17} Transgender women who are HIV-positive while incarcerated need effective HIV treatment during incarceration and re-entry. HIV care for this population while incarcerated is unclear, but we can hypothesize that HIV-positive transgender women in jail or prison have similar barriers to HIV treatment related to the stigma and discrimination they experience outside of incarceration. A 2017 study of recently incarcerated cisgender women, cisgender men, and transgender women in Washington, D.C. found that transgender women were *more* likely to have received HIV treatment while incarcerated than cisgender women and men, but this could be a result of the higher prevalence of HIV in transgender women rather than a higher percentage of HIV-positive transgender women receiving treatment compared to HIV-positive cisgender women and men.¹⁸

1.6 LACK OF RE-ENTRY SUPPORT FOR TRANSGENDER WOMEN

When transgender women re-enter the community they have unique challenges that are not addressed in standard re-entry programs due to similar stigma and discrimination that led to their incarceration. Although many re-entry programs exist across the United States and several exist in Allegheny County, only a small percentage of incarcerated individuals utilize the services because of lack of funding, although the exact rate is unknown. Anecdotal evidence from community members working with incarcerated and re-entering individuals in Allegheny County suggest that only a small percentage of re-entering individuals receives re-entry services, and this is related to substance use and homelessness specifically.¹⁹ Thus, unless a transgender woman was unstably housed upon incarceration or is in need of intensive substance use treatment, she will most likely not be referred for re-entry services.¹⁹ Furthermore, uptake of any re-entry program might be challenging for transgender women who have low incomes or transportation barriers. Meeting probation and parole requirements during re-entry is an additional stressor that could be mitigated by re-entry support. Probation and parole requirements vary based on county, state, or federal institution, but many policies disproportionately negatively affect transgender women. For example, some parole requirements include an incarcerated individual providing housing that meets parole requirements to be eligible for release, such as living with no individuals who have felonies.¹⁰ This requirement causes transgender persons to remain incarcerated longer than the general incarcerated population.¹⁰ A study of transgender women and men incarcerated in Pennsylvania found that 57% of survey respondents had served their maximum sentences, whereas only approximately 19% of the general prison population serves their maximum sentences.¹¹ Additionally, funding for interventions specific to transgender persons, particularly transgender persons involved in the criminal justice system, is severely lacking.

1.7 CYCLE OF POOR HEALTH AND RECIDIVISM

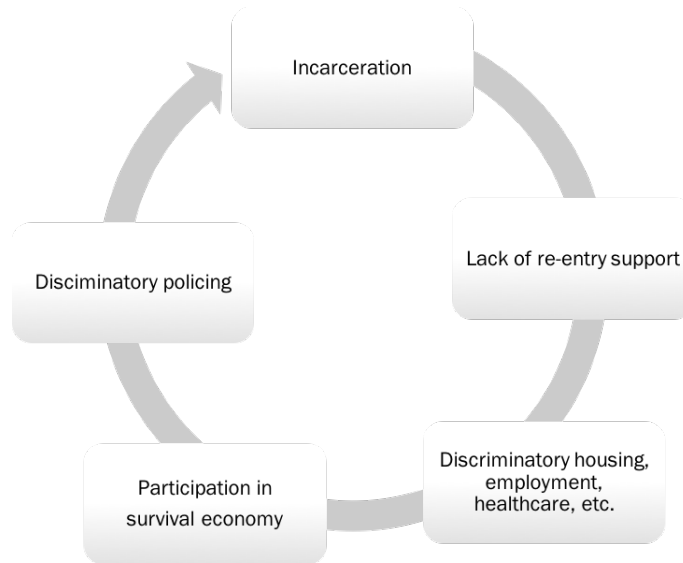


Figure 1: Cycle of Incarceration for Transgender Women

Due to the experiences of transgender women while incarcerated – violence victimization, lack of gender affirmation and gender-appropriate housing, and lack of access to hormones and other medical treatment – we can expect transgender women to have poorer health upon re-entry to the community than when they were initially arrested.^{1,4} Lack of continued medical care, housing, and employment; increased substance use and high-risk sexual behaviors; and economic marginalization are barriers associated with re-entered populations, including transgender women and especially transgender women of color.^{20, 21} The lack of discharge planning prior to release, the lack of standardized re-entry post-release, and the conditions of parole contribute to the high-risk behaviors and poor health outcomes of re-entered persons.^{20,22} Additionally, discriminatory policing and continued participation in illegal activities to generate income lead to re-incarceration,

continuing the cycle of declining health. One study found that assumptions by police officers that *all* transgender women are sex workers lead to unnecessary and unjustified interactions between transgender women and police, which often lead to arrest.⁸ Criminal records make it even more difficult for transgender women to overcome these obstacles and access the support they need.¹ These challenges coupled with the poor physical and mental health outcomes associated with incarceration create a uniquely challenging re-entry process for transgender women. Repeated exposure to incarceration can have a compounding negative effect on the health of transgender women.

1.8 THEORY

The Minority Stress Model is one theory to help understand and explain the adverse health outcomes of transgender women. This model posits that stigma and discrimination directed towards minorities, in this case transgender women, cause adverse health outcomes such as stress, mental illness, and lack of access to healthcare.²³ Similarly, the Theory of Syndemics Production helps us understand that the additive nature of multiple minority identities and minority stressors, including victimization, discrimination, lack of access to healthcare, lack of social support, prior homelessness, high-risk sexual behavior, etc., can exacerbate and magnify negative health outcomes.²⁴ This theory also suggests that minority groups form resiliencies against this same stigma and discrimination, and understanding these resiliencies in previously incarcerated transgender women can assist with program planning and intervention design for this population.²⁴ This theory is also useful in predicting that transgender women will experience the impacts of cultural marginalization cumulatively across the life-course, further decreasing health and

wellness.²⁴ Adding resiliencies as protective factors to this model is helpful in describing the characteristics, experiences, and resources that some transgender women have that may mitigate the impact of incarceration, particularly repeated exposures to incarceration, on health. Finally, using the Social-Ecological Model to inform this study will provide a multi-level approach that includes systemic barriers, as well as community, interpersonal, and individual level barriers and protective factors.²⁵

1.9 AIMS

The aim of this study is to describe the experiences, needs, and resiliencies of transgender women as they are re-entering their communities from incarceration using both qualitative interviews of previously incarcerated transgender women and mapping of access to resources and needs in Allegheny County, Pennsylvania.

2.0 METHODS

We conducted qualitative interviews of previously incarcerated transgender women to understand the lived experiences of transgender women during incarceration, re-entry, and post-release. Secondly, we incorporated GIS mapping using QGIS software and spatial analysis using GeoDa to examine locations of resources and their proximity to bus lines and neighborhoods with a high percentage of poverty.

2.1 ELIGIBILITY AND RECRUITMENT

Inclusion criteria for this study were transgender women who had been previously incarcerated. All participants were 18 years old or older and were incarcerated as an adult at least one time. All participants identified as transgender women at the time of at least one incarceration to ensure that the experiences collected were those of women who were known to be transgender by those around them. All participants had to currently reside in Allegheny County, Pennsylvania. Participants were recruited in January and February 2017 using convenience and snowball sampling. Participants were recruited using flyers placed in trans-inclusive community spaces and healthcare providers, including a community-based organization (CBO) that provides community space for LGBT youth of color and a local trans-inclusive clinic providing care for HIV-positive individuals. Flyers were also posted in trans- and queer-inclusive Facebook groups by a member of those groups. Additionally, participants of the study were asked to discuss the study and refer

were asked to discuss the study and refer other transgender women who might be eligible. Participants received \$45 for their participation. The study was approved by the University of Pittsburgh Institutional Review Board.

2.2 DATA COLLECTION

All interviews were completed in February and March 2017. Interviews were conducted in person in a private location agreed upon by the principal investigator of the study (SC) who has experience in qualitative interviews and working with incarcerated and gender and sexual minority populations. All participants provided verbal consent and a 45- to 60-minute interview. The interviewer used a semi-structured interview guide developed using available information regarding the experiences of transgender women recently released from incarceration, as well as the frameworks of the Minority Stress Model, Syndemics Production, and the Social-Ecological Model. Interviews were designed to address experiences while incarcerated and after incarceration, including stigma and discrimination, social support and the role of trans-inclusive resources, gender affirmation and lack thereof, finding housing and jobs, access to healthcare and change in healthcare during release, and barriers related to transportation.

2.3 DATA ANALYSIS

Interviews were audio recorded, transcribed verbatim, and analyzed using ATLAS.ti version 1.5.3 (ATLAS.ti Scientific Software Development GmbH, Berlin, Germany). The principal investigator built a codebook using themes learned from the literature regarding transfeminine experiences of incarceration and re-entry, as well as themes gleaned from the interviews themselves. All interviews were coded by the principal investigator using the codebook. A second coder, JM, a recent graduate of the University of Pittsburgh Graduate School of Public Health, also coded all six interviews. All codes were compared and all discrepancies resolved. We used codes to identify emergent themes in the interviews and utilized content analysis to develop and revise existing and additional themes.²⁶ We then identified which themes were most prevalent among this sample of transgender women. To honor the lived experiences of the trans women interviewed in this study, verbatim quotes were included in the codebook, analysis, and results as supporting data..

2.4 MAPPING

The study utilized QGIS version 2.14 (QGIS Open Source Computer Software, QGIS Development Team, 2009), a geographic information system (GIS) software, to create maps to explore potential access barriers for probation and parole offices and post-release resources in Allegheny County.

2.5 DATA SOURCES

Data for locations of mental health providers with no fees or sliding-scale fees were obtained from Substance Abuse and Mental Health Services Administration (SAMHSA), geocoded by SC, and imported into QGIS. Locations of trans-inclusive resources were researched and geocoded by SC, and imported into QGIS. Although there are additional resources available to low-income and re-entering populations in Allegheny County, only resources using specific trans-inclusive language were included. Data for locations of probation and parole offices in Allegheny County were obtained from the Pennsylvania Center of Excellence, geocoded by SC, and imported into QGIS. Bus routes were downloaded from the Pittsburgh Port Authority and shapefiles for the city of Pittsburgh and Allegheny County by census tract were downloaded from American FactFinder. There are no current data regarding the locations of transgender women in Pittsburgh or Allegheny County. However, because transgender women, particularly transgender women of color, often experience higher rates of unemployment, lower education levels, and lower income levels, it is reasonable to estimate that more transgender women reside in census tract areas with higher percentages of poverty. Percent poverty by census tract data were downloaded from American FactFinder. Pittsburgh water data were downloaded from PGHSnap.

2.6 MAPPING ANALYSIS

Shapefiles and other data were imported to QGIS overlaying census tracts in Pittsburgh and Allegheny County. The percentage of poverty by census tract was joined to the census tract

shapefile to understand which neighborhoods were more likely to house transgender women with lower employment and higher percent poverty rates. Half-mile buffers were created in QGIS for each geocoded mental health provider and trans-inclusive resource to determine which resources were not within walking distance from bus routes. SC analyzed this final shapefile in GeoDa version 1.8.16 (GeoDa Computer Software, Luc Anselin, 2011) using the queen matrix at the census tract level. We examined spatial autocorrelation using LISA (local indicators of spatial association) statistics, most notably Univariate Local Moran's I, and G* Cluster Maps.

3.0 RESULTS

3.1 QUALITATIVE RESULTS

3.1.1 Participants

Six transgender women participated in this study, and all were between the ages of 29 and 48 with the majority of participants between the ages of 29 and 31 (n=4). Of the 6 participants, 33.3% described themselves as White/non-Hispanic (n=2) and the other 66.6% described themselves as Black/multiracial (n=4). Half of the participants were HIV-positive (n=3). All participants lived in the city of Pittsburgh in Allegheny County, Pennsylvania. Half of participants (n=3) had only been incarcerated once, while the other half (n=3) had been incarcerated at least 7 times. Five out of 6 participants had only been incarcerated in county jails; one participant had been incarcerated at a state prison in Pennsylvania. The time spent incarcerated ranged from 8 days to approximately 5 years. Most lengths of incarceration were between 8 days and approximately one month (n=4). Eighty-three percent of participants had been incarcerated at Allegheny County Jail (ACJ) at least once (n=5).

3.1.2 Lack of gender affirmation while incarcerated

As previously noted in the background, the lack of gender affirmation during incarceration is often experienced by transgender women and causes distress, embarrassment, discomfort, and negative mental health outcomes.⁴ All six participants discussed the lack of gender affirmation while

incarcerated and its impact on their mental and physical well-being during and after incarceration. Taylor, a White 29-year-old woman previously incarcerated at Allegheny County Jail for one month, described how much more difficult this made incarceration for her:

“It really sucked. I never felt like more of a woman than when I wasn't allowed to be one which was what happened in jail. They constantly misgendered me and everything, and I think jail would be hard for anyone, but it was definitely hard for me” (Participant 3).

Lack of gender affirmation included intentional misgendering by police officers, correctional officers, other jail or prison staff, and inmates through the use of masculine pronouns or their masculine names given at birth (all six discussed this at length); calling transgender women “it” or “thing”; housing transgender women with cisgender men; and forcing transgender women to alter their feminine appearances. For example, Rachel, a 29-year-old transgender woman of color who has been incarcerated at Allegheny County Jail approximately seven different times stated:

“So it was like, ‘Okay, you look like a woman.’ But technically because your sex says M still for male, they still started referring to me as him, his, he, “Oh, that's a man” (Participant 5).

This process of misgendering often began during arrest and continued throughout incarceration and even re-entry. All participants (n=6) were housed with cisgender men during all incarcerations. During the process of entering the jail or prison, many participants specifically described being

forced to remove their wigs, weaves, fake nails, bras, and feminine underwear (n=4). Participants indicated that this stripping of their feminine appearances was the most traumatic and harmful aspect of the lack of gender affirmation. When transgender women were able to keep their hair, nails, or undergarments, there was a marked improvement in their incarceration experience and mental health while incarcerated. As Rachel recounted:

“I remember being okay once I got into the swing of things because I was still able to see myself when I looked in the mirror. I was still able to see myself with my hair done. I was still able to have my nails done, and have that feeling of femininity that I needed to feel comfortable enough to be myself. So it wasn't-- of course, no one's comfortable in jail, but it wasn't as uncomfortable as it was the other two times [I was incarcerated after I identified as transgender]” (Participant 5).

3.1.3 Harassment and safety concerns while incarcerated

Verbal, physical, and sexual harassment was discussed by all six participants. All of the transgender women believe they were treated differently and more poorly due to their gender identities. Janet, a 48-year-old transgender woman of color who has been incarcerated over twenty different times, described how this mistreatment began immediately:

You're treated differently automatically, the time the cuffs are put on you because you're roughed up whereas a woman wouldn't be roughed up. And

then, it's a whole deal. They make it a whole big deal, like, 'Oh, you guys should come and see this,' so they make it a big spectacle" (Participant 4).

This verbal harassment, along with knowledge of violence targeting transgender persons during incarceration, led all participants to fear for their safety while incarcerated (n=6). Transgender women often felt humiliated, embarrassed, belittled, uncomfortable, and afraid because of prison staff and other inmates as a result of their feminine presentation and identities. Participants also described physical and sexual assault by corrections officers and other inmates, a common theme from research on transgender women's experiences while incarcerated.⁴ Rachel described her harassment experience while incarcerated:

These were the correctional officers in ACJ at the time. And they were holding the mop with my wig on it and smiley face from the computer printer paper, and they were taunting [my cisgender boyfriend], and walking back and forth in front of his jail cell saying, 'Here's your girlfriend.' You know what I mean? 'You're delusional, you can't say that's a girl because she still has an M on her ID. That's a fucking man'" (Participant 5).

Harassment, assault, and fear for their safety led transgender women to alter their behavior in order to protect themselves, including pretending to be a cisgender man, claiming to have suicidal ideation when they did not in order to be placed in single cells in the mental health pod, and avoiding interactions with other inmates. The fear of physical safety was also a concern for transgender women who were also HIV-positive; because medication distribution was public,

several transgender women feared for their safety if other inmates discovered their status. The transgender women who were at one point placed in single cells in the mental health pods or in the men's pods (n=4) felt more comfortable and less afraid than those who were placed with cisgender men. Previous qualitative studies suggest that solitary confinement or ad-seg for the transgender woman's safety actually increases negative mental health outcomes.¹ Although no transgender women in this sample were placed in solitary confinement, placement in single cells with no interactions with other inmates was perceived positively in this sample.

3.1.4 Social support while incarcerated

Although not specifically asked about social support during incarceration, two-thirds of participants discussed the importance of connecting with other transgender women or cisgender men who were supportive of the transfeminine community inside the jail or prison (n=4). Additionally, they all discussed in some capacity social support as a source of resilience while incarcerated, a theme less prominent in current literature regarding this population. For Rachel, her incarceration was the first time she was exposed to trans-identified women and began to understand her rights while incarcerated:

“So, from that experience, I knew that after I started my transition if I was to ever come back to jail, that you know, try to put up a fight about keeping my bra. And [the transfeminine inmate I met] also told me that... they have to give me my hormones on the regular schedule that I take them while I'm

outside of jail. So that was the first bit of information that I found out about how I should be treated in jail as a transgender” (Participant 5).

Many participants described the support of other transgender women or gay men who were sympathetic to transgender identity as essential to their survival while incarcerated. Janet described the differences between her experience at the old jail, which placed transgender women together, and the new jail, where transgender women are housed with cisgender men:

“We played cards. We got our little radios so there are headphones and then we'd dance... The old jail, we got to go out to the yard and we got to see all the other men out in the yard. They played basketball and we'd braid their hair and stuff. We'd do our little cheers... Now, it's a hard time... Because they'll just put the girls-- they don't separate us anymore. They just put us in any and everywhere” (Participant 4).

Social support also provided comfort that mitigated the effects of traumatic experiences related to harassment, discrimination, lack of hormones or other healthcare, and physical and/or sexual assault. When participants were not around other transgender women or cisgender men who were supportive of their identity, they felt more alone and distressed, thus increasing the safety concerns described above. Janet elaborates on the difficulties of being a transgender woman alone in jail or prison:

“So you got to fight, you know. You got to fight to get the respect and then end up in the hole or something. You're by yourself because if there's not another girl in there, you're on your own” (Participant 4).

3.1.5 Re-entry processes

Of the six participants in this study, three received re-entry services and three did not. All three participants who reported not receiving services were unaware of what re-entry services were and did not know that such services were ever provided. Of the three who received re-entry services, two were released to halfway houses for substance use treatment, and one was released to a mental health housing program, none of which were trans-inclusive and all of which were housing or programs for cisgender men. These three participants described the lack of transgender inclusivity as problematic and even harmful to their mental and sometimes physical health. The participant who received mental health treatment was placed in group housing for cisgender women upon release, but then was told not to tell other residents she was transgender for her own safety. Ashley, a White 31-year-old transgender woman who was previously incarcerated in a state prison for five years, entered a halfway house for men and felt this house was even worse than the jail; the house took away her feminine clothing and made her participate in groups for men that felt irrelevant and alienating:

“I couldn't be myself. I could be more myself in prison than I could at the halfway house, because the people at the halfway house just wouldn't accept it” (Participant 1).

Many transgender women expressed that having one trans-inclusive place to go immediately upon release would be the most helpful and most important part of re-entry. Co-location of services including trans-inclusive healthcare, housing, support groups, finding income, and access to bus passes would be a “one stop shop” for transgender women to get the support they need immediately following release:

“Something that would offer healthcare and offer a support group, something like-- because I mean, I know transgender, it's just really not-- I mean, there's people out there but it's not as big as sort of like a minority, so it's-- I mean, just something, even if it was something small” (Participant 1).

Interestingly, several women described the negative effects of being stripped of their feminine appearance while incarcerated; having access to feminine clothing, hair, and/or makeup upon release is important to the process of re-establishing their identities as they re-enter their communities.

“The most helpful would be somewhere where I could receive all of that in one, if I would need all of that, because some girls don't have somewhere to go when they're released. Some girls don't have any money to get home to their destination when they're released. Me specifically in my personal case, what would help the most, and I don't think there's anywhere like this yet, is if I was able to receive all of my belongings that were discarded when I was

entered, when I was exited, that would be the most help because there's nothing worse than going into jail looking like a full-fledged woman, but when you're exiting, now you look like a cross-dresser or what [inaudible] would label as a faggot or a homosexual because now you may look like a boy with a girl's clothes on” (Participant 5).

3.1.6 Healthcare post-release

All participants discussed the importance of accessing healthcare, including hormones, mental health treatment, HIV medications, and other treatment, immediately upon release from incarceration. Many participants listed “healthcare” first when discussing the most helpful aspects of re-entry services, indicating that immediate access to healthcare upon release is essential to successful re-entry. Two of the participants receive healthcare from a comprehensive HIV primary care clinic with physicians, a pharmacist, social workers, psychiatrists, and other support staff. These participants were fully satisfied with their healthcare and both reiterated the importance of the trans-inclusive and holistic approach of the clinic. When asked about her satisfaction with her healthcare from the HIV primary care clinic, Lena replied:

“Positive everything [at the clinic]. If I need help, someone to talk to, my medications, all that, they're here. But as far as just any bad things, there is nothing bad. I can't say anything bad. Yeah. It's a good place here. They really care. They really care. No discrimination, no nothing” (Participant 2).

Two other participants were actively involved with a local community space for young Black queer and transgender folks. Although no healthcare is provided in the space, project workers help connect participants with healthcare, among other services. These participants described some satisfaction with their healthcare but treatment was not continuous and not as easily accessible. The final two participants were not affiliated with trans-inclusive support or healthcare and had more difficulties receiving healthcare post-release. Rachel was careful to find healthcare that was known to be trans-inclusive:

“I noticed when I applied for public assistance or food stamps that UPMC for You was really good for transgender health. And they cover a lot of our medications. They cover a lot of our doctor visits and a lot of things that make it easier for transgender women to succeed in their transition, as far as like dermatologists are concerned. And so that way you don't have to keep shaving and get razor bumps” (Participant 5).

Because five out of six participants in this sample were connected to healthcare and four out of five connected to healthcare utilized trans-inclusive providers, most participants did not discuss problems with healthcare discrimination or severe lack of healthcare access. However, the one participant not connected to healthcare of any kind described difficulties finding trans-inclusive healthcare and listed healthcare first during the discussion about re-entry needs for transgender women, as well as her current needs.

3.1.7 Housing post-release

None of the six participants had stable housing upon release; only one participant returned to her former apartment, but she was evicted soon after. Two participants were released to halfway houses or mental health programs with housing. One participant who is HIV-positive has received housing assistance through Housing Opportunities for Persons with AIDS (HOPWA), which she believes is the only reason she is able to sustain housing. Even when participants received these services, they were difficult to access and were not trans-inclusive. Some participants had to hide their identities in order to access housing, including Taylor, who was placed in transitional housing with cisgender women:

“It took them three months or more to find me a place. And when they did, it was a rooming house with four or five other women, and my service coordinator through Chartiers Center, she told me that I should just not let them know that I was trans and that I should just keep that a secret because it was an all women's house. And she didn't know if that would cause a problem. And I felt like, I didn't like that at all. I shouldn't have to explain why. But I didn't like that at all” (Participant 3).

Three participants indicated that they usually stayed with family members after release because they could not afford to rent housing. Furthermore, housing discrimination and policies related to use of biological names on paperwork caused distress, discomfort, and potential stigma from available housing options.

“I’ve had stable housing only due to the fact that, like I said, I was able to stay with my mom. But when I have applied for housing through housing authority and things like that, I’ve always had to write my biological name and all of my biological information and then in quotation marks put my feminine name or my female name over top of that so that way they were able to see that I’m still me from my biological identification” (Participant 5).

Frequent housing instability was a source of stress for all participants, and finding housing and ways to pay for housing was a priority in their lives.

3.1.8 Income post-release

Lack of income and access to work are enormous barriers to transgender women during the life-course. All six participants described discrimination from employers during interviews, as well as stigma and harassment from employers and coworkers while working. Stigma, discrimination, and harassment were part of the fabric of income barriers for transgender women even prior to incarceration. Rachel described her difficulties with job discrimination after she was released from jail:

“It was really hard for me to get a job because every time I would apply for a job, as with some of the housing situations, they would be expecting a man. And they would be expecting to see a male, and when I would come in

transgender, "Oh. We'll give you a call back," or, "Just give us some time," or, "You don't necessarily meet the criteria for the job position." And I would know it was because I was transgender" (Participant 5).

Once transgender women are released from incarceration they have multiple barriers to employment: identifying as transgender, and their criminal record. One participant explicitly discussed the use of transfeminine friends and trans-inclusive resources to assist with finding places of employment that will hire transgender women who have been incarcerated, indicating trans-inclusive social support may increase the ability of transgender women to find legal work. However, the re-entry process often leaves transgender women with nothing as they return to their communities, forcing them to quickly make money in the survival economy described previously. All six participants engaged in illegal work to generate income post-release; one participant sold illegal substances, one participant stole clothing and other items to sell on the streets, and five participants engaged in sex work. All participants discussed the challenges of finding work and the use of the survival economy as the only way to acquire the funds to pay rent and support their physical needs. Tina, a Black 37-year-old transgender woman who has been incarcerated over 20 times, described the difficulties of leaving jail or prison empty-handed and trying to find income:

"It's hard. It's really hard. I mean, if they can have different programs for transgenders because when you come out and you don't have nothing, it makes you want to go back out in the street and prostitute. Right now, I don't have the income, and the first thing I want to do is just say, 'Fuck it,'

and just go downtown on Liberty Avenue, catch me a few dates and save up my money” (Participant 6).

Sex work was the most common form of work to generate income in this sample (n=5). At least one participant described her dislike and fear of sex work, but she later admitted returning to it after her most recent incarceration “to get a couple dollars” (Participant 2). Taylor described her experience with sex work and its connected to generating income:

“I didn't have a lot of money. I was staying with people a lot. I stayed with people a lot to help take care of me. Also for a short time I was turning tricks. I had a friend who was doing it and helped me get into it, and that provided me with some money to get by when I didn't have a place to stay or anything” (Participant 3).

Transfeminine sex workers put themselves at risk for violence and reincarceration through sex work, and all participants who engaged in sex work discussed the stress and fear involved with the potential risks. One participant believes she acquired HIV through sex work several decades ago, and all five participants who engaged in sex work had negative physical and mental experiences related to sex work, including violence, fear of violence, sexual assault, and not being paid the agreed upon amount for their work. Lena recounted:

“I hated [sex work]. I mean, it was like you never know who you're going to meet. You could meet a serial killer, for God's sakes. This could be a

weird guy that likes to kill prostitutes. It's like putting yourself at risk”
(Participant 2).

3.1.9 Social support post-release

Perhaps the most salient indicator of successful re-entry in this group of transgender women is social support during re-entry and after release. Participants who were connected to trans-inclusive healthcare, community support, or a network of transgender friends (n=5) felt more confident in their ability to stay out of jail or prison and access the resources they need than the participant who was not connected to any transgender social support (n=1). Although Taylor was not connected to any trans-inclusive healthcare or employment, her network of transgender friends provide a source of resilience for her:

“I think I have a friend network that's very supportive. I'm friends with a lot of other trans-identified folk. And just most, and the friends who aren't-- I have a lot of friends who are trans, so it's not like-- I don't have that feeling that I used to have where I was the only one in a group of people who are like-- where I was the token trans woman, or whatever. It's like with my friends and my social network now, there's a lot of us. And so I feel like I do have a network of people I can go to” (Participant 3).

The difference between participants with social support and those without was striking. Although all participants expressed difficulties with re-entry, finding income and housing, and accessing

healthcare, social support of other transgender women or trans-inclusive providers mitigated their stress, frustration, and other mental and emotional distress. Rachel described the positive impact of transfeminine friends assisting her with finding trans-inclusive employment:

“But I’ve had friends that were able to get jobs while also being transgender, so they’ve been able to be some motivation for me. I had a friend who’s transgender and she was able to get a job at [a gas station] so apply for there, for that exact job” (Participant 5).

One participant identified the lack of social support in the form of other transgender women as the reason she was unable to sustain her one full-time job as a transgender advocate in Pennsylvania. Eventually the stress became too great and she quit to go “back to prostitution and drugs. My two reliable resources” (Participant 4). Social support in the form of a network of transgender and trans-supportive friends mitigates the negative effects of transphobic discrimination, difficulties finding and accessing resources, and living with marginalized identities.

3.1.10 Transportation and access post-release

Transportation barriers were common among the transgender women in this sample; many participants described the difficulties getting to work or their probation meetings without a car and with limited bus lines (n=4). Although Ashley always made her probation meetings, she often had to leave work early or arrive just before the probation office closed because of limited buses between her work and her probation office:

"I always made sure that I got [to the probation meeting] even if it was-- because they close at 5:00-- even if it was 4:45. I mean, I got yelled at a lot from [my probation officer] because it was like, "Why are you coming so late?" "Well, I'm leaving work and I got to catch busses. This is my only way of getting here" (Participant 1).

Even when participants lived near helpful bus routes, the cost was often prohibitive. Several participants received bus passes from providers or bus money from their partners or other family members (n=3), and those same participants believed they would not be able to attend their appointments if they did not receive this financial support. Taylor, who receives mental health treatment and tries to get bus passes through her provider, often can't get them and needs her partner's financial support to pay for transportation:

"My girlfriend gives me a card with money on it. If I start to get low, she puts money on it for me. And then like I said, [my provider] give me tickets sometimes if I'm there early enough. Their transportation department, whatever it's called, leaves at like 3:30, 4 o'clock, so if I have a late appointment and I don't call and make arrangements, then I won't get the pass" (Participant 3).

Participants often included access to bus passes or transportation generally as an immediate need during re-entry and post-release (n=3). Incorporating bus passes into re-entry programs, healthcare, and other trans-inclusive resources could relieve one of the largest barriers to

successful re-entry for this population and increase their ability to access the already limited resources available. Lack of transportation often meant Rachel missed her healthcare appointments:

“There were times that I missed appointments because I couldn't even get there. I can just visually remember living in Garfield but the clinic at the time was in Wilkinsburg... I would walk straight down the avenue, but because that was such a stretch, it would usually take me about 45 minutes to an hour” (Participant 5).

3.2 MAPPING RESULTS

3.2.1 Figure 2

Locations of Probation and Parole Offices in Allegheny County, PA

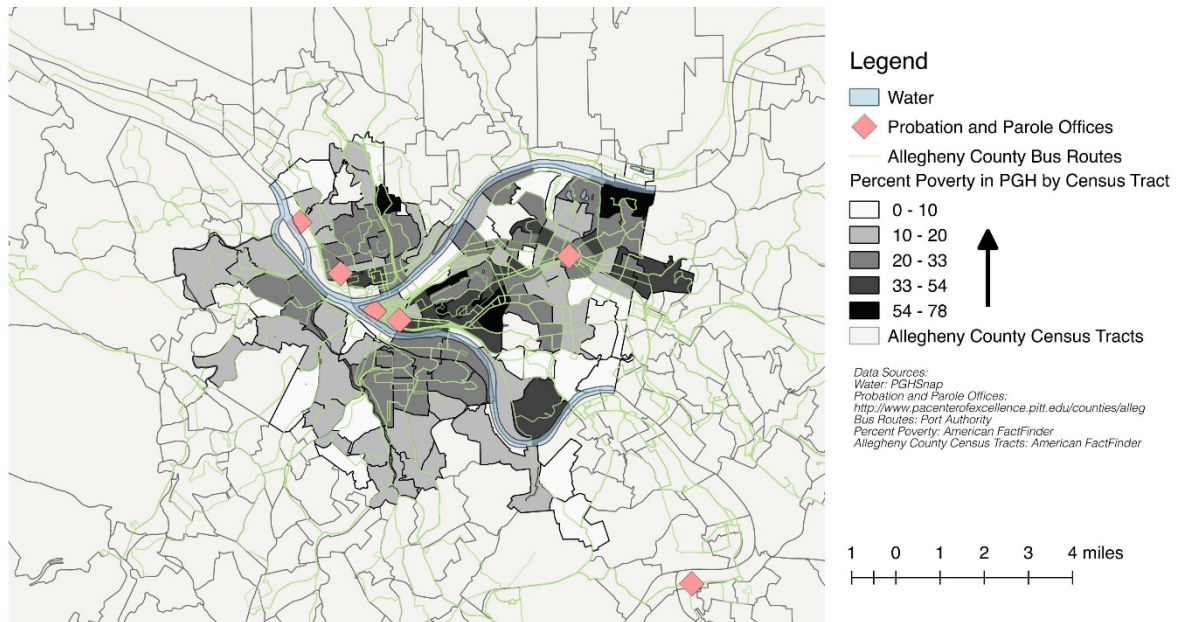


Figure 2: Probation and Parole Offices in Allegheny County

“Locations of Probation and Parole Offices in Allegheny County, PA,” describes the location of probation and parole offices in Allegheny County, Pennsylvania. The map also includes percent poverty by census tract for Pittsburgh, as well as bus lines throughout Pittsburgh and the rest of the county. Significantly, five of the six probation and parole offices in the county are located in Pittsburgh, and three of those five are clustered together in a small area in Pittsburgh near

downtown. The sixth office is located in McKeesport. Several of the census tracts with high percent poverty have fewer bus lines and thus limited accessibility to the downtown.

3.2.2 Figure 3

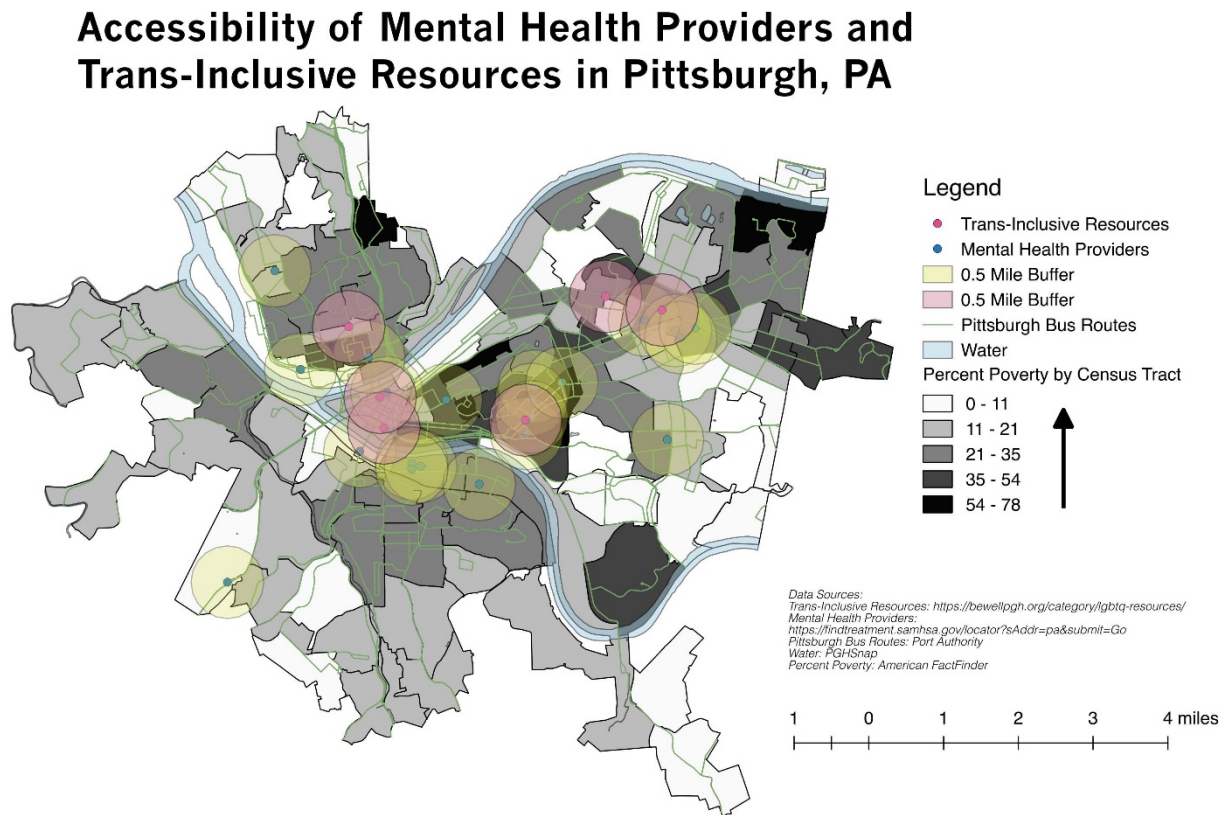


Figure 3: Resources in Pittsburgh, PA

“Accessibility of Mental Health Providers and Trans-Inclusive Resources in Pittsburgh, PA,” displays the locations of all specifically trans-inclusive resources in Pittsburgh, such as trans-inclusive healthcare providers like the Positive Health Clinic (PHC) and community spaces like

the Gay and Lesbian Community Center (GLCC). The map also displays the locations of all mental health providers in Pittsburgh who offer free services or have sliding scale fees. These locations have never been mapped separately or together. This is the first map specifically looking at resources for transgender women in Pittsburgh and their proximity to bus lines. The half-mile buffers around each location each contain at least one bus line, indicating that mapped resources have access to at least one bus line. However, many resources are clustered around four census tracts of Pittsburgh, decreasing access for transgender women who live in areas with a high percentage of poverty and fewer bus routes and/or longer travel time.

3.2.3 Spatial analysis

Using the LISA statistic of Univariate Local Moran's I in GeoDa, SC found statistically significant positive spatial autocorrelation for 24 census tracts, meaning these census tracts have positive relationships with their neighbors regarding clustering of trans-inclusive resources.

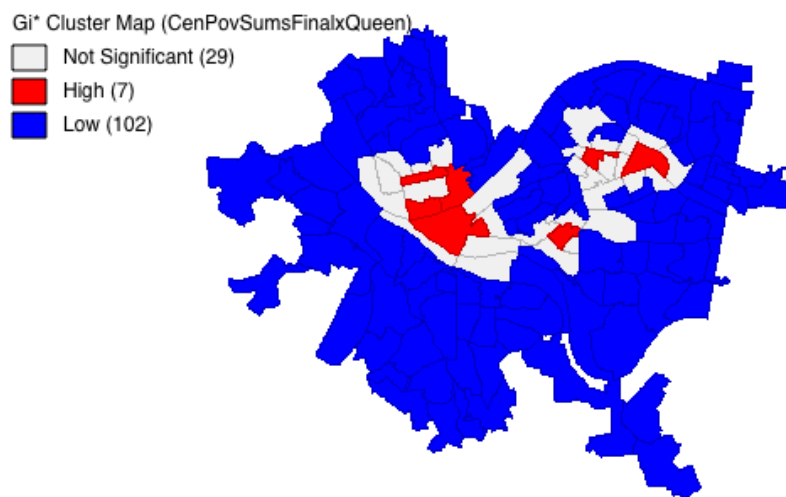


Figure 4: G* Cluster Map of Trans-Inclusive Providers

Figure 4 shows which census tracts are statistically significant for spatial autocorrelation. We can see that there are seven parcels with high clustering and 102 parcels with low clustering. Those 102 parcels indicate that the majority (102 of 138) of census tracts are statistically significantly low in clustering of trans-inclusive resources; thus, transgender women residing in these neighborhoods have less access to trans-inclusive resources in Pittsburgh.

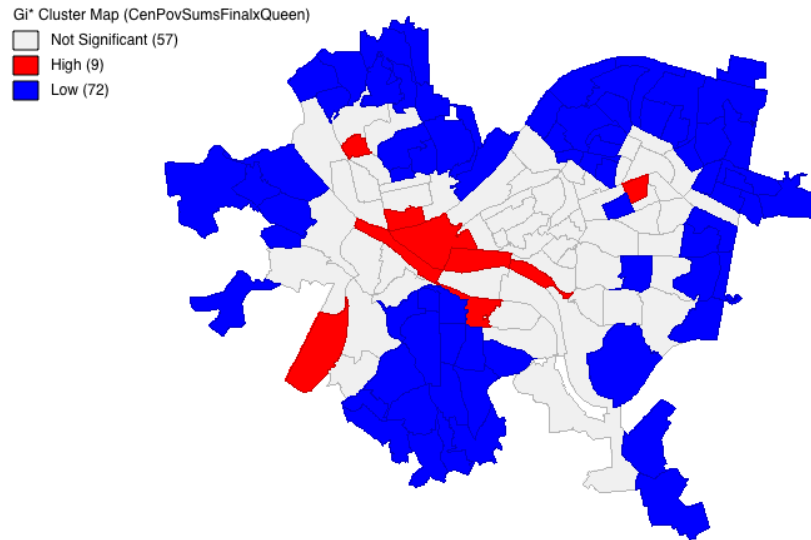


Figure 5: G* Cluster Map of Mental Health Providers

Similarly, Figure 5 shows us that there are 72 census tracts with statistically significantly low clustering. Transgender women have more access to mental health providers than trans-inclusive resources, but the volume of low clustering indicates that accessibility for these resources is similarly decreased for many neighborhoods in which transgender women may reside.

4.0 DISCUSSION

In this study we explored the unique experiences of transgender women during incarceration, re-entry, and post-release to better understand the poor health and recidivism in this population. Although transgender women and their experiences with the PIC are understudied, there are more peer-reviewed studies regarding the experiences of transgender women while incarcerated than during their re-entry processes. Just as these studies have shown, we found that lack of gender affirmation and violence victimization while incarcerated were prevalent in this sample of transgender women. We also learned that many transgender women are neither aware of re-entry services nor receive them, which indicates that many transgender women are released from incarceration with no immediate support or services. Re-entry services that were received were not trans-inclusive, further marginalizing transgender women during a particularly vulnerable time. Healthcare, housing, and income are all immediate needs upon release, and there are significant barriers to accessing these needs. Along with stigma and discrimination, transportation barriers due to lack of funds or bus lines impact the ability of transgender women to obtain the services they need. In Allegheny County, resources are significantly clustered in a small number of neighborhoods, indicating low access for many census tracts that have high percentages of poverty, which likely house many transgender women.

While many previous studies highlighted the negative incarceration experiences associated with adverse health outcomes, few, if any, discuss social support as the most important attenuating factor for negative experiences. In this study we found that when transgender women were cellmates with other transgender women or when, in the case of one participant who was

incarcerated at the old jail in Allegheny County, transgender women were all placed together, participants gained knowledge of their rights, knowledge of resources after incarceration, and often abiding friendships that continued post-incarceration. At least two participants even preferred their time in incarceration with social support to their halfway houses among cisgender men during re-entry with no social support. Also dissimilar to previous studies was the perception of placement in ad-seg. Although no participants in this sample were placed in solitary confinement, many were placed in or chose single cells for their own safety, and all those who did responded positively to this placement. These findings suggest a tier of best housing policy practice to create safer and healthier environments for transgender women in cisgender men's facilities: (1) placing transgender women with other transgender women, (2) placing transgender women in single cells, and, worst of all, (3) placing transgender women with cisgender men. Many studies suggest transgender women should be placed with cisgender women; this sample had no experience in cisgender women's facilities and had mixed opinions on the helpfulness of placing transgender women in cisgender women's facilities. Placing transgender women with other transgender women is the most positively impactful housing policy for this vulnerable population when incarcerated with cisgender men.

Discussions of the re-entry process told a similar story: trans-inclusive services during re-entry mitigate the negative effects of their unique experiences of stigma and discrimination during incarceration. Although most participants did not receive re-entry services, the few who did described the lack of transgender inclusivity as problematic and even harmful to their mental and sometimes physical health. After the social support experienced during incarceration, transgender women leave jail or prison searching for resources that support their distinct needs. As suspected,

re-entry services that place transgender women with cisgender men or do not affirm the gender of transgender women in other ways are not as effective at facilitating successful re-entry. Therefore, policies to include all transgender women in current re-entry services are not enough; re-entry services themselves need to incorporate the specific needs of transgender women into their programs and services. For example, like jails and prisons re-entry services must change policies regarding the placement of transgender participants: transgender women should be placed with cisgender women if housing is segregated by gender, and all transgender women should be allowed to present as they identify.

No previous studies have researched transportation barriers for post-release transgender women, specifically. In order to meet probation and parole requirements, attend job interviews and go to work, and access healthcare, transgender women must have access to transportation. Meeting probation and parole requirements is a significant factor for successful re-entry and reincarceration. In Allegheny County, many transgender women likely reside in neighborhoods with low access to the central downtown area of Pittsburgh where many of these resources are located, including probation and parole offices. “Locations of Probation and Parole Offices in Allegheny County, PA” (see Figure 2) is the first time these locations have been mapped. The locations of probation and parole offices for all of Allegheny County are limited to McKeesport, East Liberty, the Northside, and downtown area of Pittsburgh, indicating that if transgender women on probation or parole live outside McKeesport or the downtown area, their access to these locations is limited. Transgender women living outside of Pittsburgh or even some neighborhoods in Pittsburgh, particularly those with a high percentage of poverty, may have decreased access to probation and parole offices due to lack of adequate bus lines or length and/or difficulty of travel.

Several participants reside in Pittsburgh neighborhoods identified as census tracts with higher percentages of poverty (Penn Hills, Wilksburg, Southside, etc.), and those participants discussed difficulties with travel time and lack of bus routes.

Similarly, mental health providers and trans-inclusive resources in Allegheny County have never been mapped separately or together. This is the first map specifically looking at resources for transgender women in Pittsburgh and their proximity to bus lines. (Similarly, “Accessibility of Mental Health Providers and Trans-Inclusive Resources in Pittsburgh, PA” (see Figure 3) displays significant clustering of resources for transgender women during post-release. This map shows both the positive resources and protective factors for trans women post-release in Allegheny County. Half-mile buffers were initially used to identify resources that were not within walking distance from a bus line. All buffers included at least one bus line, indicating that all resources are accessible via bus. However, not all neighborhoods reach all areas of Pittsburgh via bus. For example, one participant residing in the Penn Hills neighborhood reported difficulty getting downtown by bus because of length of travel and length of time between the few buses available. Using this map can assist with highlighting areas in which targeted efforts need to be made regarding access to resources for all residents of those neighborhoods, particularly transfeminine residents previously incarcerated.

Due to lack of trans-inclusive resources and debilitating transportation barriers for transgender women in Allegheny County, participants indicated that the most helpful re-entry program for transgender women would be a co-location of services easily accessible by transgender women as soon as they are released from incarceration. Co-location of services is an evidence-based model

that utilizes shared space for multiple services in order to eliminate barriers related to transportation the stigma of accessing services.²⁷ Within this same toolkit is the Care Coordination Model, another evidence-based model that utilizes care coordinators to create individualized plans for clients and connect them to necessary resources.²⁷ The differences between participants who utilized trans-inclusive healthcare and community spaces and those who didn't are notable; participants who immediately accessed trans-inclusive support during re-entry often described it the reason they were able to survive. Those services provide bus passes, therapy, housing options, substance use treatment when requested, job opportunities, and lists of transgender services like assistance with legal name changes. Several participants also indicated that providing trans-feminine specific amenities such as wigs, clothing, and transfeminine support groups are much-needed. This suggests that future interventions for this population could include a re-entry care coordination program that houses all these services under one roof by adapting the Co-Location of Services Model and Care Coordination Model to fit transgender needs. Programs such as these could provide easier access to a multitude of trans-specific services, which, in addition to eliminating current barriers to support, could provide sources of resilience for transgender women during the difficult period of re-entry and post-release.

Limitations of this study include a small sample size and lack of generalizability outside of Allegheny County. Although four of the six participants were transgender women of color, only one discussed the impact of race on her experience of incarceration and post-release, describing the trauma of dealing with racism and transphobia at the same time. Future studies should examine the effects of multiple minority identities for transgender women of color while incarcerated and during post-release. This sample included three HIV+ transgender women, but data were not

collected regarding in-depth experiences of HIV while incarcerated or during re-entry or post-release. Data are not available regarding where transgender women reside in Allegheny County, limiting the ability to ascertain which neighborhoods need targeted interventions for transgender women. While census tracts with a high percentage of poverty were utilized, this method of identifying locations of transgender women is only theoretical.

5.0 SUGGESTIONS FOR FUTURE RESEARCH

As the research of transgender women currently and previously incarcerated in United States correctional institutions is limited, research needs are vast and paramount. Longitudinal rather than cross-sectional studies are needed to further assess causal relationships between incarceration, victimization, and negative health outcomes.³ Most findings in current literature regarding health outcomes for transgender women are preliminary and examine associations only. Many studies do not distinguish between transgender women and transgender men; more research is needed specific to both populations due to their unique experiences and health needs. Additionally, transgender women of color are more likely to be incarcerated and experience negative health outcomes, meaning further research on this subpopulation is crucial. To better understand transgender women in Allegheny County, future research of this population should include surveys of transgender women in Allegheny County regarding neighborhood of residence, access to county resources, and transportation barriers.

Despite the lack of research for previously incarcerated transgender women, findings from this study are rich enough to support the pilot-testing of a re-entry intervention specific to transgender women. In Allegheny County, for example, probation and parole officers in Allegheny County can refer 20 adult (18+) transgender women to the care coordination service within one week of release from incarceration. The study goal is to test the efficacy of care coordination services with 10 transgender women compared to 10 transgender women who receive regular re-entry services. Transgender women who consent to participation in the study will be randomized into two groups. When a transgender woman is referred to the study she will be randomly assigned to the

intervention group or the control group. The transgender women in the intervention group will receive care coordination services for two months from the start date of entrance to the program. Participants will first complete a baseline survey. Participants will then be assigned a care coordinator who will meet with them to determine helpful resources, including job skills, connections to housing, referrals for mental health and/or substance use services if requested, bus passes, and transfeminine support groups. Each participant will meet with the care coordinator once per week for eight weeks to determine needs and challenges. The participant will receive two follow-up surveys at one-month and three-months post-release, along with one final survey at six-months post-release. The transgender women in the control group will receive regular re-entry services. Participants will first complete a baseline survey. Participants will then receive two follow-up surveys at one-month and three months post-release, along with one final survey at six-months post-release. The primary goal of this analysis is to compare the health outcomes and perceived re-entry success of transgender women who receive the care coordination service to transgender women who complete typical re-entry programs. This research could be used to inform future research regarding the intersection of health and incarceration in transgender women, including longitudinal cohort studies in the future. These studies could measure long-term health impacts, including describing and measuring HIV and other STI outcomes and their relationship to incarceration and re-entry. This research can also be used to design and implement large-scale interventions related to breaking this cycle of poor health and recidivism.

Re-entry is arguably the most critical point during in the life-course in which to change the structures that impact health. Although this study is confined to Allegheny County, Pennsylvania, it provides valuable insight into the lived experiences of a hard-to-reach population. By reaching

transgender women during this vulnerable position in their lives, we have the potential to create meaningful changes the impact health and wellness to a wider and more pronounced degree than other points in the life-course. Breaking the cycle of incarceration by providing resources to decrease stress and increase wellness is beneficial to transgender women, to our criminal justice system, and to all our communities.

APPENDIX: Semi-Structured Interview Guide

Interview Guide for Previously Incarcerated Trans Women

Introduction

- Thank you for agreeing to participate in this interview. My name is Stephanie Creasy, and I am a graduate student at the University of Pittsburgh Graduate School of Public Health.
- I am here to talk with you about your experiences and needs related to reentering your community after release from incarceration.
- I will be recording this interview, and I will use this recording to analyze the data and write my report, which is my thesis.
- We will not use the recording for any other purpose, and everything you say will remain confidential.

Background

- We are conducting a research study to understand the experiences and needs of trans women when they are released from jail or prison. Currently, there isn't much research on this topic, and any research looks at both trans women and trans men. We are interviewing trans women in Pittsburgh and surrounding areas who have been previously incarcerated for this study.
- I'm going to ask you several questions that will help us understand your experiences during incarceration, during re-entry, and after your release.

Introduction to the Interview

- Before we begin, I want to emphasize that there are no right or wrong answers to any of these questions. We are interested in your honest opinions.
- Please let me know at any time during the interview if you have any questions or would like me to explain what I mean by any of the terms being used or questions being asked.
- As you know, we are recording this interview, and we will use this recording to analyze the data and write our report. We will not use the recording for any other purpose, and everything you say will remain confidential. We will not use your name or any identifying information in any of our reports. Your participation is completely voluntary, and you may stop the interview at any time if you choose not to continue.

- You will receive \$45 for participating in the interview.
- Do you have any questions?
- Okay, I'm going to turn on the recorder now. Let's begin.

Experiences while incarcerated

Now I would like to ask you some questions about your experiences while you were incarcerated in jail or prison.

First I'd like to start with – what is it like to be a transgender woman in jail or prison?

1. Were you housed with men or women while incarcerated? What was it like to be housed with [men][women]?
 - a. What do you think are some advantages of that housing?
 - b. What do you think are some disadvantages of that housing?
2. Were you ever placed in solitary confinement? If yes, why? What was that like?
3. Tell me about your experience getting healthcare while you incarcerated?
 - a. Was it easy or difficult?
 - b. Tell me about your experience with hormones while incarcerated.

Experiences with re-entry

Now I'd like to switch gears a little and focus more on what happened when you got out of jail/prison. I'm going to ask you some questions about your re-entry process.

4. Did you receive re-entry services before you were released? (If yes, ask questions below. If no, skip to next section.)
5. Tell me about the re-entry services you received.
 - a. What was helpful about the services?
 - b. What was not helpful about the services?
 - c. Why do you think you received services when others did not?
6. Tell me about what re-entry services you needed or wanted but did not get.
 - a. Why did you not get them? (Probe: not available at all, not available to her, others)
 - b. How would it have been different if you would have been able to get these services.

Experiences post-release

The rest of the questions are going to focus on your experiences after you were released.

[Housing]

7. Tell me about where you stayed as soon as you were released.
8. What was your experience finding housing when you were released?
 - a. What were the challenges in finding permanent housing after you were released?
 - b. What made you successful in finding permanent housing after you were released?

[Income]

9. How did you make money when you were released?
 - a. How did you make money before you were in jail/prison?
 - b. How is it different since release? Why?
10. Tell me about the process of finding a job when you were released.
 - a. What kinds of work were you looking for?
 - b. What made it easy or difficult to find a job?

[Healthcare]

11. What made it easy or difficult to get medical treatment when you were released?
12. How did your **getting** healthcare after release compare to getting it while incarcerated?
 - a. who took care of you? (probe MD, RN, PA)
 - b. what kinds of things did you get taken care of (conditions/meds/etc)
13. How did the **quality** of healthcare after release compare to the quality of care while incarcerated?
14. Tell me about any discrimination you've experienced by a doctor or other medical professional since living openly as trans.
15. Tell me about your experiences getting medicine and paying for that medicine.

[Risk behavior]

16. I'm wondering about what the first few days/weeks – I'm not sure how long – post release where people might go a little 'wild' as they get to do all the things that they couldn't do while incarcerated. Have you or anyone you know experienced anything like this? Explain what that looks like for you. What kind of things do you do?
17. I'm also interested knowing more about your relationships after you left jail/prison.
 - a. What was it like re-uniting with friends and family?

[Social support]

I'd like to talk about social support that you had after jail/prison. By social support, I mean the people in your life who help you when you need something – this might be a shoulder to cry on,

someone to give you advice, or help in many other ways. You might get social support from friends, family, partner(s), etc.

18. Tell me about your social support when you were released.
19. How did your time in jail or prison impact your social support?
20. What made it easy or difficult to feel supported when you were released?

[Parole requirements]

21. What was your experience with meeting parole requirements while incarcerated and after?
 - a. What made it easy or difficult to meet the parole requirements?

[Criminal justice system encounters]

22. Tell me about your experiences with police after you were released.
23. Tell me about any discrimination you experienced from police.
24. Tell me about any positive or negative experiences you've had with the justice system.
 - a. Are they related to your gender identity? Why or why not?

Last qualitative question: In this research, I'm really interested in figuring out how to help trans women transition from periods of incarceration back into their community. Learning from experts like you about what works and does not work is very important. As a last question, I'd like you to just imagine for a moment as if there were no restrictions on money, time, or staffing...

25. If you had your dream re-entry program, what would it look like?

I have just a few more questions that we are asking of all participants in order to get some basic information about you for the purposes of the study.

26. How old are you?
27. How many times have you been incarcerated?
28. What are the general dates of incarcerations?
29. Where were you incarcerated? (Can answer by county or region if not specific jail or prison.)
30. How would you describe your race?
 - a. American Indian/Alaska Native

- b. Asian
 - c. Black/African American
 - d. Native Hawaiian or Other Pacific Islander
 - e. White/Caucasian
 - f. Multi-racial, please specify
 - g. Other, please specify
 - h. Prefer not to answer
31. When did you start to identify as a trans woman?
32. Were you incarcerated at county/state/federal facilities?

That is all the questions I have. Do you have any questions for me? Is there anything I should have asked you that I didn't?

Thank you for your time participating in this study.

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