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Chloe Fuller, Lin Tong & Martha Paynter

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REVIEW ARTICLE

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Gender-affirming healthcare for incarcerated transgender and gender diverse people: an international scoping review

Chloe Fuller[a], Lin Tong[b] and Martha Paynter[b]

[a]Department of Psychology, Saint Mary's University, Halifax, Canada; [b]Faculty of Nursing, University of New Brunswick, Fredericton, Canada

ABSTRACT

Background: Transgender and gender diverse (TGD) people face unique challenges and have distinct needs while incarcerated. Gender-affirming healthcare improves mental health outcomes and supports gender transition. While in recent years, correctional institutions have begun to recognize and address the gender-affirming healthcare needs of TGD people, there is a lack of understanding and awareness of TGD people's experiences when accessing gender-affirming healthcare while incarcerated.

Aims/Method: We conducted a scoping review on international empirical research published from 2018 to 2024 on TGD people's experiences with gender-affirming healthcare while incarcerated using the Joanna Briggs Institute methodology. A search of the databases Web of Science, PsycInfo, and PubMed was completed on May 6, 2024. The data was analyzed using thematic analysis with an abolition feminist framework and transformative approach.

Results: Our search yielded 15 studies published between 2018 and 2024, across eight countries. The studies included qualitative and quantitative method designs. The main outcomes of interest were hormone replacement therapy (HRT), staff competency and training, institutional policies, gender-affirming surgeries, and mental health.

Conclusions: Findings from this review highlight the need for consistent, adequate, trans-informed gender-affirming healthcare for all TGD people experiencing incarceration. TGD people frequently face institutional and interpersonal barriers when trying to access gender-affirming healthcare. There is a need for culturally-informed training for correctional staff and clear policies in correctional settings to ensure the delivery of adequate and gender-affirming healthcare.

KEYWORDS
Gender-affirming healthcare; gender diverse; hormone replacement therapy; incarceration; transgender

Introduction

Gender-affirming healthcare includes psychosocial, hormonal, and surgical care to assist in gender transition and affirmation for transgender and gender diverse (TGD) individuals (Kamran et al., 2023). Gender-affirming healthcare improves social and mental health outcomes for TGD people and is associated with reduced levels of depression, anxiety, suicidal ideation, and stress, as well as increased levels of well-being (Allen et al., 2019; Amand et al., 2011). Gender-affirming surgeries specifically can reduce rates of suicide attempts, anxiety, depression, and symptoms of gender dysphoria, as well as increase levels of life satisfaction, happiness, and quality of life (Akhavan et al., 2021; Swan et al., 2023).

However, TGD people frequently experience barriers to accessing adequate gender-affirming healthcare, such as discrimination, cisnormativity, uncoordinated care, and lack of informed care providers (Eyssel et al., 2017; Gridley et al., 2016; Puckett et al., 2018; Vance et al., 2015). Cisnormativity is the assumption that everyone identifies as the sex and gender they were assigned at birth, and privileges and normalizes cisgender identities and experiences, which contributes to the marginalization of TGD people who do not conform to expected cisgender norms (Boe et al., 2020; Hudson, 2019). Black trans women in particular face significant health barriers and unmet healthcare needs due to intersectional stressors and discrimination (Smart et al., 2022).

CONTACT Chloe Fuller Chloe.fuller@smu.ca Department of Psychology, Saint Mary's University, Halifax, Canada.
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Carceral settings are sites of heightened oppressive logics, politics, and social forces, contributing to the structural and systemic discrimination and violence of TGD people (Brömdal et al., 2024). This intersectional oppression informs, maintains, and exacerbates pathways to incarceration, contributing to disproportionate rates of the criminalization and incarceration of TGD people (Clark et al., 2023). Once incarcerated, TGD people experience discrimination, mistreatment, physical and sexual violence, and psychological distress (Clark et al., 2023). Accessing gender-affirming healthcare while incarcerated is often met with additional barriers, which can impede quality of care and negatively affect mental and physical well-being. TGD people in prison face structural barriers such as restrictive institutional policies, budget, and prison culture, as well as individual barriers including staff's personal biases and lack of experience or training (Clark et al., 2017). Correctional staff and healthcare providers frequently deny gender-affirming healthcare to incarcerated TGD people, which may stem from attempts to maintain carceral control as well as their perception that requests for care are manipulative or fake (Daken et al., 2024). This results in TGD people often not receiving adequate, gender-affirming healthcare while incarcerated (Clark et al., 2017), which generates stress and is perceived as an additional punishment for TGD people experiencing incarceration (Daken et al., 2024; Phillips et al., 2020).

There is little research internationally on the provision and adequacy of gender-affirming healthcare among incarcerated TGD people, or on these individuals' experiences when attempting to access this healthcare. Van Hout et al. (2020) conducted a scoping review of published literature on the general health experiences of TGD people in prisons between 2000 and 2019, however there has yet to be a scoping review on gender-affirming healthcare for incarcerated TGD people. In recent years, there have been developments in the provision of gender-affirming and trans-informed healthcare for incarcerated TGD people in some countries. In 2017, the Correctional Services of Canada implemented the Commissioner's Directive 100: Gender Diverse Offenders policy to inform the incarceration of TGD people in federal correctional facilities in Canada. This policy provides guidance to correctional staff in the delivery of gender-related accommodations to TGD people including housing, mental and physical healthcare, gender-affirming surgeries, and gender-affirming items (Correctional Service Canada, 2022). In the United States (US), however, no unified policy exists for the housing of and provision of healthcare to TGD people in correctional settings (Aldrich et al., 2023).

Given advances in healthcare and increasing public consciousness of the health needs of TGD people in the past five years, we identified a need for a synthesis of the recent international literature on gender-affirming healthcare for incarcerated TGD people. The aim of this scoping review is to determine what is known internationally about access to, adequacy, and provision of gender-affirming and trans-informed healthcare among TGD people experiencing incarceration from 2018 to 2024.

Methods

We used the Joanna Briggs Institute (JBI) Methodology for scoping reviews (Peters et al., 2020). The populations of interest included transgender, gender non-conforming, and non-binary people who have experienced/are experiencing incarceration, and policies managing the incarceration of TGD people. The concept of interest was access to and utilization of gender-affirming healthcare and trans-informed healthcare. The context was incarceration broadly defined, including prisons, jails, penitentiaries, and correctional facilities. The research question for this scoping review was: What is known internationally in the existing literature from 2018 to 2024 about experiences with gender-affirming healthcare for incarcerated transgender and/or gender diverse people?

Theoretical framework

We used an abolition feminist framework as an interrogative methodology and praxis, recognizing that the carceral system perpetuates violence and deflects attention from the root causes of

harm (Adams & Emmerich, 2021; Paynter et al., 2022). Abolition feminism recognizes the intersecting gendered and racist harms of the criminal legal system will disproportionately affect Black and Indigenous TGD people, including increased criminalization, exposure to sexual violence, denial of care, and inaccessibility of resources (Clark et al., 2023; Hughto et al., 2022). As posited by Stanley et al. (2012) in discussion of *Captive Genders* (Stanley & Smith, 2011), critical prison studies and abolitionist organizing should recognize and understand how enforcing gender conformity and heteronormativity are central features in the maintenance of the carceral system, along with white supremacy, ableism, and xenophobia.

We applied the transformative approach to our analysis. The transformative approach addresses and critically examines systemic violence and discrimination toward marginalized people, including TGD people, resulting in elevated rates of incarceration and criminalization (Daken et al., 2024; Kim, 2018). This approach focuses on solutions beyond the current carceral system, including decarceration. Decarceration reduces incarceration rates by seeking alternatives to incarceration and proactively addressing the socio-economic factors that drive criminalization (Bagaric et al., 2021). The transformative approach contrasts with the reformist approach, which seeks strategies to address the harms of incarceration that arise from and conform with the cis-normative and punitive prison experience, such as enhanced control and surveillance. These strategies serve to further marginalize incarcerated TGD people and do not address the root issues of their carceral experiences (Daken et al., 2024; Daley & Radford, 2018).

Regarding author positionality, all authors identify as gender diverse and/or queer, with previous experience in research on healthcare and health outcomes of incarcerated populations, including incarcerated TGD people.

Inclusion and exclusion criteria

This review included studies with participants who self-identified as transgender and/or gender diverse, and who were currently or formerly incarcerated, as well as policies on the management of TGD people while incarcerated. This included trans men, trans women, and non-binary, gender fluid, or gender nonconforming people. Gender-affirming healthcare as the outcome of interest included hormone therapy, gender-affirming items (e.g. clothing, chest binders, personal hygiene and makeup products), gender-affirming surgeries, mental health services, or any other psychosocial and physical support for gender transition and affirmation. We included published research in English of any methodology including theses and dissertations. There were no geographical location restrictions, and research published from 2018 to 2024 were included. There were no participant age restrictions.

The review excluded non-research articles, grey literature, conference abstracts, systematic reviews, and articles that were not available in English. Articles were excluded where the full text version was not available after searching all included databases and institutional library holdings. We excluded articles that did not explicitly mention TGD people or gender-affirming healthcare.

Search strategy

The JBI method uses a three-strep comprehensive search strategy. First, a trained research librarian supported an initial limited search of the PubMed database to identify articles on the topic and narrow the research question. Next, the librarian assisted author CF in creating a full search strategy for the PubMed, Web of Science, and PsycInfo databases. The search strategy (See Appendix A) included identified keywords, index and mesh terms, and was adapted for each database. Lastly, we conducted a backward search and the reference lists of all included sources of evidence were screened for additional studies. The JBI method does not require a quality assessment, and as such this was not conducted. The search was conducted May 6, 2024.

Study selection

After the search was completed, we collected and uploaded all identified citations into Covidence and removed duplicates. Two independent

reviewers (CF, LT) screened the titles and abstracts against the inclusion and exclusion criteria. They retrieved full texts of potentially relevant sources, assessed each in detail against the inclusion and exclusion criteria, and recorded any reasons for exclusion of sources. Sources were excluded if they were out of the chosen date range, were not full research articles (e.g. conference abstracts, grey literature), did not discuss the outcome of interest (gender-affirming healthcare), were not empirical research or a policy review (e.g. systematic reviews, scoping reviews, meta-analyses), or if the full article could not be accessed after searching all databases and institutional library holdings. Disagreements between reviewers at each stage of the selection process were resolved through discussion. The results of the search and study inclusion process are presented in a Preferred Reporting for Systematic Reviews and Meta-Analyses extension for scoping review (PRISMA-ScR) flow diagram (Figure 1; Page et al., 2021).

Data extraction and analysis

Data were extracted from the papers included in the scoping review using a data extraction tool

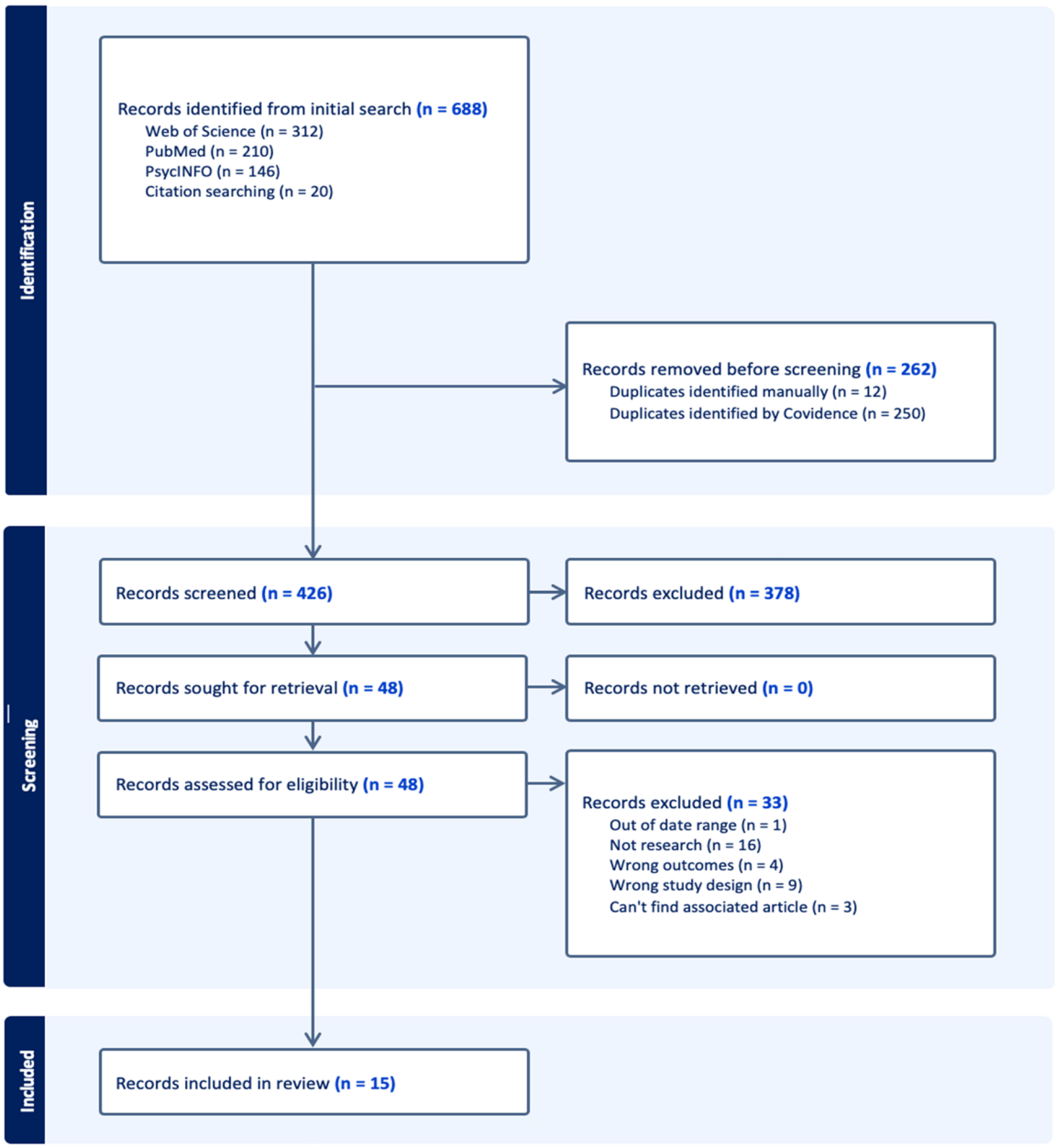

Figure 1. PRISMA diagram.

developed by the research team. Fields included study aim, design, geographical location, type of participants (trans women, trans men, trans people, trans youth, non-binary people, etc.), sample size, participant context (currently incarcerated, formerly incarcerated, etc.), outcome measures, relevant key findings, and relevant policy recommendations. Themes from the data were developed using thematic analysis.

Results

Study characteristics

The 15 included studies were published between 2018 and 2024 (see Table 1). Study settings included Scotland (one), England and Wales (one), Australia (one), Australia and New Zealand (one), Italy and Brazil (one), Australia and the US (three), and the US (seven). In six studies, the population was currently incarcerated, in seven studies the population was formerly incarcerated, and two studies included staff working with incarcerated TGD populations. Eight studies included both transgender men and women, three of which specifically included and discussed non-binary and gender diverse individuals. Six studies focused solely on transgender women, and one study looked at just transgender and gender diverse youth. No studies examined solely transgender men. Sample sizes ranged from 10 to 6450 participants. Eleven studies used qualitative methods, including 10 with qualitative in-depth interviews and one with qualitative written correspondence. Two studies used quantitative survey data and two reviewed policies.

Outcomes

The main outcomes of interest included experiences with hormone replacement therapy, staff competency and training, policies, gender-affirming surgery, and impacts on mental health.

Hormone replacement therapy

Twelve of the 15 studies addressed TGD peoples' experiences with hormone replacement therapy (HRT) while incarcerated (Clark et al., 2023; Dalzell et al., 2024; Hochdorn et al., 2017; Hughto et al., 2018; Hughto et al., 2022; Kilty, 2021; Mallon & Perez, 2020; Maycock, 2022; McCauley et al., 2018; Radice, 2020; Sanders et al., 2023; Winter, 2024). Of these 12 studies, eight found barriers to accessing HRT while incarcerated (Clark et al., 2023; Kilty, 2021; Mallon & Perez, 2020; Maycock, 2022; McCauley et al., 2018; Radice, 2020; Sanders et al., 2023; Hughto et al., 2018). One of the most significant barriers was the requirement that TGD people interested in accessing HRT while incarcerated must provide proof of a community HRT prescription prior to incarceration (Clark et al., 2023; Hughto et al., 2018; McCauley et al., 2018; Sanders et al., 2023). This requirement delayed or prevented many TGD people from accessing HRT while incarcerated. Kilty (2021) reported that only two of 10 participants had consistent access to their HRT medications while incarcerated, with the other eight participants reporting disruptions or outright denial of access to their medications. Participants also reported inconsistent access to human immunodeficiency virus (HIV) medication, with harmful physical side effects from this disruption of care (Kilty, 2021). McCauley et al. (2018) found that seven out of 10 trans women reported HRT use within prison and of these seven, six experienced a disruption of their medication upon intake. Two out of three women who were not taking HRT prior to incarceration reported that this was because of financial reasons and lack of insurance, and expressed interest in starting HRT while incarcerated if it were an option (McCauley et al., 2018). Hughto et al. (2022) reported that while two participants had been on HRT before incarceration, none of the 76 participants tried to access HRT while incarcerated.

Reasons for incarcerated TGD people not having previous proof of prescription included issues with health insurance, not having a prescribing doctor, economic disadvantages, homelessness, lack of social support to retrieve the documentation, and a lack of qualified health professionals in their community (McCauley et al., 2018; Hughto et al., 2018; Sanders et al., 2023). Some participants also reported that they had been using non-prescribed or street hormones prior to

Table 1. Gender-affirming healthcare for TGD people in prison.

Author and year	Jurisdiction	Aim	Participants	Sample size	Methods	Outcome Measures	Relevant themes/Issues	Results
Brömdal et al. (2024)	Australia and the US	Explore trans women's carceral housing preferences and contextual experiences	Trans women currently incarcerated in prisons designated for men, women, and trans-specific carceral settings	24	Qualitative interviews	Housing preferences and experiences while incarcerated	Staff competency and training, impacts on mental health, access to care	Participants held diverse housing preferences, with most emphasizing the importance of being given a choice of where to be housed
Clark et al. (2023)	Australia and US	Develop a conceptual model demonstrating how intersectional forms of oppression inform, maintain, and exacerbate pathways to incarceration, experiences while incarcerated, and postrelease experiences	Trans women formerly incarcerated in prisons designated for men	12	Qualitative interviews	Pathways to incarceration, experiences during incarceration, and post-release experiences	Experiences with hormone therapy, staff competency and training, policies, transphobia during healthcare interactions	Participants had little to no access to proper gender-affirming healthcare while incarcerated
Dalzell et al. (2024)	Australia and New Zealand	Review policies relevant to placement, naming, appearance, and gender-affirming healthcare for trans people, and discuss potential mental health impact of these policies on trans people experiencing incarceration	N/A	19 policies	Policy review of 19 policies	Placement, naming, appearance, and gender-affirming healthcare	Experiences with hormone therapy, gender affirming surgery	Policies have become more concordant with human rights standards, but discrimination and human rights violations were present in all jurisdictions, with many having limited or no healthcare policies for trans people experiencing incarceration
Drakeford (2018)	US	Examine the link between correctional policies and attempted suicide among trans people who have been incarcerated	Formerly incarcerated trans adults	6450	Survey data	Attempted suicide, victimization, and access to transgender-related healthcare	Impacts on mental health	Transgender individuals reporting long-term incarceration and residing in states providing high levels of transgender-related health services were significantly less likely to report attempting suicide
Hochdorn (2017)	Italy and Brazil	Critically investigate how the discursive positioning among the Self and Other might promote the internalization of positive and/or negative attitudes toward the self, and offer suggestions for counseling goals and strategies with trans people experiencing incarceration	Trans women currently detained in prisons designated for men or women	23	Qualitative interviews	Structure of interviews as well as frequency, correspondences, and distribution of utterances	Experiences with hormone therapy, gender affirming surgery	Trans people experiencing incarceration in Brazil used the adverb "not", while the verb "exist" was the most representative word for the Italian sample. Trans women in Italy were detained in protected sections, allowed to wear female clothing, and continue hormone treatment, but suffered more violence

(*Continued*)

Table 1. Continued.

Author and year	Jurisdiction	Aim	Participants	Sample size	Methods	Outcome Measures	Relevant themes/Issues	Results
Hughto et al. (2022)	US	Examined lifetime incarceration experiences of TGD people; identified classes of lifetime and carceral victimization, examined the association of demographic and mental health factors and lifetime victimization; and identified subgroups at elevated risk for victimization during incarceration	Formerly incarcerated TGD adults	76	Survey data	Sociodemographics, mental health, and lifetime victimization associated with lifetime incarceration, as well as association between gender, race, HIV status, visual gender nonconformity, and class of victimization during incarceration	Experiences with hormone therapy, transphobia during healthcare interactions	People of color, those with HIV, non-binary individuals, and those with a nonconforming gender expression reported the highest levels of victimization while incarcerated
Kilty (2021)	US	Explore how intersectional stigma emerges in the carceral environment in relation to the women's multiple identity locations and the ways that HIV and transgender stigma are linked to two harmful correctional practices	Previously incarcerated TGD adults, and staff in AIDS service organizations	23	Qualitative interviews	Intersectional stigma and how it is linked to harmful correctional policies	Experiences with hormone therapy, staff competency and training, policies,	Intersectional stigma leads to physical and mental harm for transgender experiencing incarceration who are living with HIV
Mallon & Perez (2020)	US	To examine the challenges for young people, and, as well as consider recommendations for juvenile justice professionals to make changes in policies, practices, and programs that are needed to support young people who are transgender or gender expansive	Formerly incarcerated trans youth and staff members from the juvenile justice system	18	Qualitative interviews, case examples, and descriptive analysis	Policies, practices, and training models	Experiences with hormone therapy	Inconsistent access to healthcare and hormone therapy for trans youth within detention facilities, which can have negative impacts on mental and physical health, including depression, suicide attempts, and self-treatment
Maycock (2022)	Scotland	Analysis of life within prison for transgender people	Currently incarcerated trans adults	13	Qualitative interviews	Deprivations and frustrations within the prison setting as trans people experiencing incarceration	Experiences with hormone therapy, access to gender-affirming healthcare	Custody had a significant impact on the transitioning journey of participants, and experiences differed based on when transition had begun. Transitioning in custody is overall particularly difficult
McCauley et al. (2018)	US	To document health-related experiences and needs of jail-detained trans women	Trans women currently incarcerated in a county jail	10	Qualitative interviews	Health-related experiences, including hormone treatment access, victimization, housing, and mental health issues	Experiences with hormone therapy, staff competency and training, policies, impacts on mental health	Participants experienced high levels of abuse, discrimination, and harassment, solitary confinement, mental health issues, and lack of access to hormone treatment

(*Continued*)

Table 1. Continued.

Author and year	Jurisdiction	Aim	Participants	Sample size	Methods	Outcome Measures	Relevant themes/Issues	Results
Radice (2020)	US	Understand the lived experiences of trans people with incarceration	Currently incarcerated trans adults	11	Qualitative interviews	Challenges faced and challenges of corrections	Experiences with hormone therapy, staff competency and training, policies, access to gender-affirming healthcare	Participants identified experiences with stigma, discrimination, and lack of proper mental health and medical treatment
Sanders et al. (2023)	Australia and US	How the prison functions according to the theory of trans architecture and the notion of archive fever	Formerly incarcerated trans women	24	Qualitative interviews	Prison as an archive and as an architectural construct	Experiences with hormone therapy, gender affirming surgery	The cisnormative archive of the justice system negatively impacts trans women in men's incarceration settings through restricting their presentation. Demonstrates how trans people may use and perform gender to survive carceral violence
Suhomlinova et al. (2023)	England and Wales	Explore how TGD people experiencing incarceration experienced and coped with pandemic stressors, including within healthcare and mental health contexts.	Currently incarcerated TGD adults	15	Qualitative correspondence	Mental health and well-being	Gender affirming surgery, access to gender-affirming healthcare	The COVID-19 pandemic significantly impacted TGD prisoner's mental health and well-being through restricting access to gender-affirming healthcare
Hughto et al. (2018)	US	Examine healthcare experiences while incarcerated	Trans women formerly incarcerated within the last five years	20	Qualitative interviews	Healthcare experiences while incarcerated	Experiences with hormone therapy, staff competency and training, policies, transphobia during healthcare interactions, impacts on mental health, access to gender-affirming healthcare	The carceral institutional culture does not recognize trans identity, and its policies serve to create and reinforce the gender binary through restrictive access to gender-affirming healthcare, which stigmatized and forced participants to conform to male gender norms
Winter (2024)	Australia	Review carceral policies of each Australian correctional service regime on their coverage of issues regarding trans people experiencing against international standards and prior Australian recommendations	N/A	41 policies	Policy review of 41 policies	Healthcare access, placement decisions, and classification systems	Experiences with hormone therapy, gender affirming surgery, access to gender-affirming healthcare	Information on transition-related healthcare access policies for trans people experiencing incarceration is limited, and no jurisdiction reached all three of the applied benchmarks

incarceration, and as such lacked an official prescription according to prison policy (Hughto et al., 2018; Maycock, 2022). This was often due to convenience and to avoid adverse experiences with formal healthcare services and providers (Maycock, 2022). These issues were especially prevalent for more marginalized people such as First Nations TGD people in Australia who faced additional barriers and discrimination in accessing healthcare and therefore having the necessary paperwork (Sanders et al., 2023). One trans woman reported that since there were no prison policies on transgender medication, staff refused to let her continue her HRT or access healthcare services, even after intervention from her lawyer (Radice, 2020). Another trans woman reported having her hormones thrown out by prison staff (Radice, 2020).

Those who were able to access HRT while incarcerated reported inconsistencies, delays, and disruptions when accessing this medication (Kilty, 2021). Some TGD people reported that when they were able to access HRT while incarcerated, the medication was a different brand to what they had been taking before incarceration (Kilty, 2021). Many individuals reported long wait times for health appointments, which further delayed HRT access and subsequent gender affirmation (Maycock, 2022). Furthermore, Kilty (2021) found inconsistencies as participants moved from one institution to another, with participants reporting differences in HRT access between the local jail and federal prison.

Several studies reported on the deleterious side effects on participants of inadequate HRT access, including both negative mental and physical health impacts (Clark et al., 2023; Kilty, 2021; Mallon & Perez, 2020; McCauley et al, 2018). Clark et al. (2023) found that participants who ceased HRT while incarcerated reported symptoms including severe mood swings, depression, and gender dysphoria. Mallon & Perez (2020) similarly reported that youth who experienced sudden withdrawal from HRT when entering detention facilities reported negative health consequences. Other withdrawal symptoms reported from lack of HRT access included hot flashes, physical changes, and stalling in the physical transition process (McCauley et al., 2018).

Staff competency and training

Six studies addressed correctional staff and healthcare provider competency and training on trans-informed and gender-affirming healthcare (Brömdal et al., 2024; Clark et al., 2023; Kilty, 2021; McCauley et al., 2018; Radice, 2020; Hughto et al., 2018). Incarcerated TGD people frequently identified correctional staff as a barrier impeding their access to gender-affirming healthcare, due to lack of knowledge, biases, and mistreatment. Kilty (2021) found that correctional officers (COs) and healthcare providers (HCPs) held negative attitudes toward TGD people and their care. Hughto et al. (2018) also found that HCPs disregarded the importance of HRT, resulting in inadequate care and barriers to accessing gender-affirming healthcare. HCPs did not understand the importance of maintaining continuous HRT and prioritized other medications they deemed to be more medically necessary than HRT. Participants suggested that HCPs are uninformed on the physical and psychological benefits of HRT, resulting in perceptions that HRT lacks significant health benefits and is therefore not prioritized in TGD prisoner care (Hughto et al., 2018). Furthermore, some participants reported that HCPs withheld hormones with the rationale that being on HRT would result in violence from other incarcerated people (Hughto et al., 2018). Participants also reported that they were subject to invasive questioning about their bodies and medical/life histories by healthcare staff (Hughto et al., 2018). Clark et al. (2023) similarly reported that staff had limited or no training on trans healthcare needs. Trans women incarcerated in the US and Australia identified the need for sensitivity training for correctional officers in trans- or gay-specific housing units (Brömdal et al., 2024).

Along with lack of training and knowledge, research has also found that HCPs can also be openly disrespectful, transphobic, and biased (Clark et al., 2023; Hughto et al., 2022; Hughto et al., 2022; McCauley et al., 2018). Transgender and gender diverse people reported HCPs were unprofessional, inconsiderate, biased, and did not respect their privacy (Radice, 2020). Hughto et al. (2018) reported that participants experienced

blatant mistreatment and disrespect by HCPs. Hughto et al. (2022) reported 5.5% of formerly incarcerated TGD people experienced outright verbal harassment from healthcare providers. Being misgendered was a common form of mistreatment from healthcare providers. Clark et al. (2023) reported that HCPs would purposely misgender trans patients. Another incarcerated TGD person described being misgendered by an HCP (McCauley et al., 2018). Hughto et al. (2018) described how HCPs held a lack of respect for trans women's pronouns and feminine gender identity, regularly misgendering and defeminizing participants.

Institutional policies

Several studies examined how institutional policies affected experiences with gender-affirming healthcare while incarcerated (Brömdal et al., 2024; Dalzell et al., 2024; McCauley et al., 2018; Winter, 2024). Many policies were outdated, unclear, or insufficient, resulting in inconsistent access to gender-affirming healthcare for TGD people while incarcerated.

Winter (2024) found that correctional policy information on transition-related healthcare access for TGD people experiencing incarceration in Australia was limited, with no extant policies on healthcare in the states of Victoria, Western Australia, Queensland, or the Australian Capital Territory. No jurisdiction met all three benchmarks for healthcare policies for TGD people experiencing incarceration, as outlined by national and international frameworks: access to HRT during incarceration based on medical need rather than discretion; healthcare access equivalent to community availability that is free of charge and without discrimination; and HRT access for TGD people while incarcerated without undue delay (Winter, 2024). In a review of correctional policies for TGD people in Australia and New Zealand, Dalzell et al. (2024) found gender-related discrimination and human rights violations present in correctional policies for TGD people in all jurisdictions. Australian Capital Territory had no policies addressing gender-affirming healthcare for TGD people experiencing incarceration.

McCauley et al. (2018) reported that for the purposes of receiving health services, policies required the gender of incarcerated people be defined based on sex at birth and anatomy, resulting in incarcerated trans women being considered male. Brömdal et al. (2024) found that COs were not permitted to provide trans women housed in prisons for men in the US with gender-affirming items that would be available in prisons for women, such as bras, hygiene products, razors, or makeup.

Gender-affirming surgery

Six studies discussed access to and experiences with gender-affirming surgeries for TGD people experiencing incarceration. Hochdorn et al. (2017) found that in interviews with incarcerated trans women in Brazil, terms referring to gender-affirming surgeries and bodily transition frequently arose, such as "body," "silicone," and "breasts." These terms denoted an emphasis on and importance of transitional surgeries and feminine bodily presentation (Hochdorn et al., 2017). Suhomlinova et al. (2023) reported that due to stress, uncertainty, increased wait times, and a lack of communication stemming from COVID-19 lockdowns, an incarcerated trans woman attempted to perform her own orchiectomy [surgery to remove testicles]. Two other incarcerated trans women also reported similar attempts (Suhomlinova et al., 2023). Brömdal et al. (2024) found that some trans women experiencing incarceration believed that having genitalia-centered gender-affirming surgery should be the qualification for housing trans women in prisons for women.

South Australia is the only jurisdiction in Australia with a correctional policy governing access to gender-affirming surgeries, which states that gender-affirming surgeries are only considered for those who will be in custody for at least a five-year non-parole period (Dalzell et al., 2024). However, Winter (2024) also reported that South Australia's policy simultaneously states that "prison is not the ideal environment to embark upon sexual transition" and emphasizes that gender-affirming surgery will only be considered for those with "essential medical" need. In

Tasmania, TGD people experiencing incarceration are not permitted access to gender-affirming surgery (Winter, 2024).

Sanders et al. (2023) reported that the carceral system in the US has a rigid and binary interpretation of the clinical guidelines recommending a trans person has "one year of continuous living in a gender role that is congruent with one's gender identity" before accessing gender-affirming surgeries. As explained by a trans woman incarcerated in the US, to do so and present femininely while incarcerated would result in violence and harassment from other incarcerated people (Sanders et al., 2023).

Mental health

Seven studies discussed the impact of access and quality of gender-affirming healthcare on incarcerated TGD people's mental health (Brömdal et al., 2024; Drakeford, 2018; Hughto et al., 2018; Maycock, 2022; McCauley et al., 2018; Radice, 2020; Suhomlinova et al., 2023). Negative experiences with COs and HCPs when attempting to access gender-affirming healthcare were often detrimental to incarcerated TGD people's mental health. Hughto et al. (2018) reported that incarcerated trans women's mental health was impacted by negative interactions with correctional medical and mental health providers. In another study, an incarcerated trans woman reported being harassed and dehumanized by HCPs when trying to access HRT, which reduced feelings of safety and self-worth, and increased institutional distrust (McCauley et al., 2018). Brömdal et al. (2024) reported that trans women housed in prisons for men concealed their identity to fit in and reduce harassment, which negatively affected mental health and feelings of gender affirmation. One US participant fully detransitioned for the entirety of their 10-year incarceration (Brömdal et al., 2024).

One study in the US found changes in reports of lifetime suicide attempts according to different "levels" of transgender-related correctional healthcare and length of incarceration (Drakeford, 2018). The levels were determined based on access to transgender-related healthcare across five domains: psychological evaluations, consultation with an experienced provider, continuation of HRT, freeze-frame hormone dosages, and initiation of hormones. The more domains of access, the higher the level of care. Transgender and gender diverse people reporting long-term incarceration in states with low levels were found to have odds of reporting lifetime attempted suicide three times higher than that of short-term incarcerated participants. However, in states with higher levels of correctional transgender-related healthcare, the rate of reported suicide attempts did not increase with longer incarceration terms (Drakeford, 2018).

The COVID-19 pandemic worsened mental health impacts for TGD people experiencing incarceration due to increased medical appointment wait times and uncertainties while in lockdown. Suhomlinova et al. (2023) reported suicide attempts by several participants in part due to stress around accessing gender-affirming healthcare while incarcerated during lockdowns. Participants reported that gender-affirming healthcare did not appear to be a priority. Maycock (2022) similarly reported TGD people faced challenges with accessing gender-affirming healthcare including lack of communication, appointment restrictions, and wait lists, which was distressing for participants.

In terms of mental health treatment, Radice (2020) found that all incarcerated trans participants reported partaking in some form of medical or mental health treatment while incarcerated, with varying degrees of efficacy and continuation of appointments. One trans woman reported being put on a waitlist to attend mental health group therapy (Radice, 2020).

Discussion

This scoping review aimed to synthesize what is known about access to and experiences with gender-affirming healthcare for transgender and gender diverse people experiencing incarceration. Our review found that TGD people face several institutional and interpersonal barriers when trying to access adequate, consistent gender-affirming healthcare while incarcerated. These barriers occur due to a lack of, unclear, and/or restrictive correctional policies, transphobia during interactions with COs and HCPs, and a lack of training and understanding on gender-affirming healthcare by HCPs.

The transformative approach recognizes and addresses the systemic marginalization of TGD people that increases their rates of incarceration and criminalization. Our results illustrate TGD people experience systemic discrimination while incarcerated, impeding the quality and availability of gender-affirming healthcare. Several studies discussed how the cisnormative nature of the prison environment does not recognize gender diversity and marginalizes those who do not conform to the expected cisgender norms (Brömdal et al., 2024; Sanders et al., 2023). Many TGD people reported their gender transition being inhibited or delayed while incarcerated due to the challenges accessing gender-affirming items and consistent HRT, long healthcare appointment wait times, and lack of access to gender-affirming surgeries (Clark et al., 2023; Hughto et al., 2018; Maycock, 2022; McCauley et al., 2018; Radice, 2020; Suhomlinova et al., 2023). Transgender and gender diverse people also reported strategies to survive violence and discrimination while incarcerated that included fully detransitioning, concealing their gender identity, or using their TGD identity to their advantage while incarcerated (Brömdal et al., 2024; Sanders et al., 2023). As discussed by Hughto et al. (2018), TGD people experiencing incarceration report an institutional culture in which their identity is not recognized or understood. Both correctional policies and staff uphold the gender binary and restrict access to gender-affirming healthcare, resulting in TGD people not having their needs adequately met while incarcerated.

The most common gender-affirming healthcare outcome of focus was HRT. TGD people reported experiencing challenges accessing consistent HRT while incarcerated, due to systemic issues such as correctional policies resulting in delays and disruptions, as well as from HCPs who did not recognize the medical importance of HRT. A common barrier that arose was policies requiring documentation as proof of HRT prescription prior to incarceration. This systemically reduced access to HRT, particularly for those who faced barriers in the community when trying to access HRT such as living in a rural area, experiencing transphobia in healthcare settings, having no healthcare insurance, having no primacy care provider, economic disadvantages, and homelessness. This resulted in some TGD individuals using non-prescribed HRT or being unable to access HRT entirely, resulting in a lack of adequate documentation to access HRT while incarcerated.

Several studies focused solely on the experiences of transgender women. Trans women disproportionately experience housing insecurity, discrimination, violence, gender-based and sexual violence, and health disparities including HIV, due to transmisogyny (Beltran et al., 2019; Jin et al., 2019; Silva et al., 2022; Sumner & Sexton, 2016). Transmisogyny describes the discrimination that trans women face due to the intersection of their oppressions of misogyny and transphobia (Serano, 2007). As found in this review, incarcerated trans women have unique experiences due to their identities that affects access to gender-affirming healthcare, interactions with HCPs, mental health, and gender presentation. Previous research has suggested that the hypermasculine setting of prison exacerbates reactions to TGD people, particularly expressions of femininity by trans women (Sumner & Sexton, 2016). This makes trans women more vulnerable to victimization in correctional settings and can result in trans women having to conform their gender presentation while incarcerated (Brömdal et al., 2024; Jenness et al., 2019). This is particularly salient for Black transgender women, who experience intersectional oppression when seeking gender-affirming healthcare. Black TGD people's experiences of cisnormativity and gender oppression is intertwined with white supremacy and racism, resulting in this community being disproportionately criminalized and incarcerated (Berke & Collins, 2023). These experiences of discrimination and violence can create in distrust in community services including healthcare, resulting in decreased or delayed utilization of healthcare due to anticipated mistreatment by providers (Berke & Collins, 2023).

We note the lack of research directly addressing the experiences of non-binary and gender non-conforming people experiencing incarceration, as well as transgender men. Much of the research on the incarceration of TGD people has focused on transgender people, specifically

transgender women. Research including other gender diverse people often failed to differentiate their unique experiences from those of binary study participants. One study noted that participants with non-conforming gender presentation were more than twice as likely to report victimization during incarceration compared to transgender men and women (Hughto et al., 2022). Non-binary and gender non-conforming people's unique carceral experiences merit further research to identify how their gender-affirming healthcare needs may differ from that of other TGD people while incarcerated.

As researchers based in Canada, we recognize the lack of research within Canada on the experiences of TGD people with gender-affirming healthcare while incarcerated, particularly since the implementation of the federal Gender Diverse Offender policy in 2017. This policy updated regulations and procedures for TGD people in correctional institutions, including with intake and assessment, transfers, collection of information, and gender-related accommodations (Correctional Service Canada, 2022). This review found no studies based on Canada since this policy's inception, and research in this area would be valuable to examine the application of the policy and TGD people's experiences. There is also little known about transgender and gender diverse people and their gender-affirming healthcare experiences and needs in carceral settings in Northern and Eastern Europe, Africa, Asia, and New Zealand, warranting more research in these areas.

One of the most surprising results was around the differing choices and opinions of TGD people experiencing incarceration with gender presentation and gender-affirming surgeries. Some TGD people chose to fully or partially detransition during their incarceration to fit in and prevent violence or harassment, while others embraced their trans presentation and identity, with some recognizing its value with other inmates (Brömdal et al., 2024). Additionally, it was surprising to find that some trans women thought that pre-operative trans women should not be housed in prisons for women. This belief appeared to stem from concerns of their safety as well as social tensions with cisgender women housed there (Brömdal et al., 2024). Many women anticipating hostility or false accusations of assault and claimed it would be unfair to put trans women through the psychological harm of being perceived as a threat and/or male by other people who are incarcerated (Brömdal et al., 2024). These findings are in conflict with prevailing assumptions that all TGD people experiencing incarceration have homogenous housing preferences based on gender identity, when in actuality these preferences are contingent on various competing factors such as gender-affirmation, safety, and social cohesion. These results emphasize how challenging it is for TGD people when navigating gender identity and presentation while incarcerated.

The transformative approach emphasizes the importance of decarceration through seeking alternatives to incarceration and addressing the factors that disproportionately criminalize and incarcerate TGD people. Several studies recommended decarceration or suggested prison alternatives (Brömdal et al., 2024; Maycock, 2022). Maycock (2022) suggests that reducing the prison population will reduce the adverse experiences of TGD people while incarcerated. Brömdal et al. (2024) argues that reformist solutions for the housing of trans women in prison, such as housing them in single cells, protective custody, or trans-specific units, are not sustainable with current rates of incarceration, lack of prison spaces, and costs associated with building new units or prisons. Instead, they argue that eradicating transphobia and reducing the overrepresentation of TGD people in prison is a more sustainable solution to start implementing. Furthermore, they emphasize the importance of finding alternative forms of accountability for those who do harm other than relying on the carceral system as the only solution. This includes addressing the systemic discrimination that TGD people experience which result in a pipeline of disproportionate interactions with the criminal justice system (Brömdal et al., 2024).

Brömdal and colleagues (2019) recommend the use of a whole-incarceration-setting approach, which goes beyond solely prioritizing safety and security to ensure the health and rights of incarcerated TGD people and provide an inclusive, gender-affirming, dignified, safe, and secure

living environment. This approach recognizes the social, political, legal, medical, economic, and demographic contexts in which incarceration-settings operate. It targets gender-affirming change at multiple levels including administration, COs, and HCPs to ensure a mentally and physically healthier prison population (Brömdal et al., 2019).

Policy recommendations from the included studies focus on the continuous provision of safe and accessible healthcare including HRT for TGD people who are incarcerated, training for COs and HCPs, the development of clear and expansive policies on the incarceration of TGD people, and the provision of trans-informed mental healthcare services for TGD people while incarcerated. This aligns with the recommendations from the whole-setting approach, which encourages the creation of TGD-supportive policies and standards of healthcare including uninterrupted gender-affirming medical and mental healthcare and the training of all staff and HCPs (Brömdal et al., 2019).

Essential correctional healthcare should be redefined to include gender-affirming healthcare to ensure TGD people receive complete care while incarcerated (Suhomlinova et al., 2023). This includes access to all necessary medications including HRT, regardless of whether they were receiving HRT prior to incarceration or are able to provide prior medical care or prescription documentation (Brömdal et al., 2019; Kilty, 2021; Radice, 2020). Gender-affirming surgeries are also an important aspect of gender-affirming healthcare and can improve well-being and gender-affirmation in incarcerated TGD people through decreasing rates of gender dysphoria, depression, and suicidality while improving quality of life (Akhavan et al., 2021).

Transgender and gender diverse people experiencing incarceration should also have continuous access to mental health services that recognize and address the specific needs of TGD people and which support gender affirmation (Drakeford, 2018; Hochdorn et al., 2017; McCauley et al., 2018; Radice, 2020). This includes access to qualified mental health care practitioners that are trained on trans-informed and queer counseling (McCauley et al., 2018). Trans women's unique mental health resource needs due to their interlocking experiences with transphobia, misogyny, and sexism should also be considered and addressed (Shelton & Lester, 2022). Tele-health services could help to ensure continuity of gender-affirming healthcare and would address COVID-19 disruptions to in-person services (Suhomlinova et al., 2023). Mixed-modal delivery of gender-affirming healthcare and gender related necessities, mental health care, and peer support would reduce minority stress and assist in the delivery of adequate care for TGD people while incarcerated (Suhomlinova et al., 2023).

As suggested by Daken and colleagues (2024) there is a systemic lack of knowledge and experience of COs working with TGD people. Research suggests that correctional staff do not see gender-affirming healthcare as a carceral concern or priority (Daken et al., 2024). Our findings emphasize the need for training COs and HCPs on TGD people's needs and rights to ensure cultural and clinical competency when working with this population. This includes education on the importance of HRT and continuation of medications for gender transition, as well as sensitivity training (McCauley et al., 2018). Additionally, the efficacy of these training programs should be continuously monitored and verified (Hochdorn et al., 2024). Structural, systemic, and organizational factors that impact staff knowledge, attitudes, and behaviors need to be addressed (Daken et al., 2024).

To reduce transphobia in correctional settings, structural and interpersonal interventions should be undertaken to target policies and staff as sources of transphobia. Current correctional policies need to be evaluated and revised to ensure they recognize and address the existence and needs of TGD people experiencing incarceration. Policies should be clear and specific in order to reduce reliance on staff discretion. This includes policies on accessing gender-affirming items, gender-affirming surgeries, HRT, and trans-informed mental healthcare. For correctional staff, these interventions include requiring staff to appropriately address TGD people with their correct name and pronouns to support gender affirmation if safe to do so (Brömdal et al., 2019; Dalzell et al., 2024). Language that misgenders incarcerated TGD people should be avoided, and cross-cultural concepts and practices of culturally

different TGD communities should be respected and acknowledged (Brömdal et al., 2019). Furthermore, TGD people who are incarcerated should have the resources and support to report any mistreatment by staff and ensure that staff members are held accountable for discrimination or violence toward incarcerated TGD people under their care (Hughto et al., 2022)

Based on the complexities of TGD people's experiences and identities while incarcerated, correctional policies should be developed in collaboration with TGD people to adequately protect the rights and safety of incarcerated TGD people and to seek solutions beyond the binary gender model of the current correctional system (Dalzell et al., 2024). Sanders et al. (2023) challenges the carceral system to reflect on how prisons uphold systems of cisgenderism and cisnormativity that enact additional punishment and violence on TGD people experiencing incarceration. Other scholars in this field call for future research to be based in the transformative approach with the goal of decarceration and abolition, while maintaining the self-determination, meaningful safety, and collective health of TGD people (Brömdal et al., 2024).

Strengths and limitations

Our review has several limitations. The review was restricted to articles published in English, which limits the scope for an international review and understanding of the experiences of TGD people with gender-affirming healthcare in correctional settings in non-English speaking countries. Only four of the 15 studies specifically identified and included non-binary and gender diverse people, which may limit the implications for those with gender diverse identities experiencing incarceration. The strengths of this review are the focus on gender-affirming healthcare which does not have a lot of research examining in the context of incarceration and the use of the abolition feminist framework and transformative approach in analysis and discussion of the results.

Conclusion

The experiences of TGD people with gender-affirming healthcare while incarcerated are understudied. This review provides a better understanding of the recent international research on access to and experiences with gender-affirming healthcare in correctional settings. The primary outcomes studied were HRT, gender-affirming surgery, and experiences with COs and HCPs when accessing care. Access to consistent, adequate gender-affirming with qualified practitioners is important for TGD people's health and well-being while incarcerated. As correctional services continue to recognize and address the needs of TGD people while incarcerated, it is important that psychosocial and physical support for gender-affirmation, including consistent access to HRT, gender-affirming surgeries, gender-affirming items, and trans-informed mental health services are provided and have clear policies governing their provision. Correctional staff, including COs and HCPs, also need to be trained on the unique needs of TGD people while incarcerated in order to ensure that the application of these policies are fair and consistent.

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ORCID

Chloe Fuller http://orcid.org/0009-0006-6955-365X
Lin Tong http://orcid.org/0009-0005-5227-389X
Martha Paynter http://orcid.org/0000-0002-4194-8776

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Appendix A: Search strategy

Database	Search terms
Web of Science	(TI=(gender-affirming care OR minority health OR gender-affirm* OR gender-affirming health* OR health* OR health care OR health services)) OR (AB=(gender-affirming care OR minority health OR gender-affirm* OR gender-affirming health* OR health* OR health care OR health services)) AND (TI=(gender-nonconforming OR transgender* OR non-binary OR gender diverse OR gender non- conforming OR nonbinary OR trans woman OR trans women OR trans man OR trans women OR gender queer OR two-spirit* OR trans people OR transsexual OR transsexualism OR gender minorit* OR intersex* OR gender varian*)) OR (AB=(gender-nonconforming OR transgender* OR non-binary OR gender diverse OR gender non- conforming OR nonbinary OR trans woman OR trans women OR trans man OR trans women OR gender queer OR two-spirit* OR trans people OR transsexual OR transsexualism OR gender minorit* OR intersex* OR gender varian*)) AND (TI=(prison* OR incarcerat* OR criminal* OR offender* OR inmate* OR jail* OR correctional facilit* OR correctional institution)) OR (AB=(prison* OR incarcerat* OR criminal* OR offender* OR inmate* OR jail* OR correctional facilit* OR correctional institution))
PubMed	(("Gender-Affirming Care"[Mesh]) OR ("Minority Health"[Mesh]) OR (gender-affirming care[Title/Abstract]) OR (gender-affirm*[Title/Abstract]) OR (gender-affirming health*[Title/Abstract]) OR (health*[Title/Abstract]) OR (health care[Title/Abstract]) OR ("Health Services for Transgender Persons"[Mesh])) AND (("Gender-Nonconforming Persons" [Mesh]) OR ("Transgender Persons"[Mesh]) OR (transgender*[Title/Abstract]) OR (non-binary[Title/Abstract]) OR (gender diverse[Title/Abstract]) OR (gender non-conforming[Title/Abstract]) OR (gender non-binary[Title/Abstract]) OR (nonbinary[Title/Abstract]) OR (trans woman[Title/Abstract]) OR (trans women[Title/Abstract]) OR (trans man[Title/Abstract]) OR (trans men[Title/Abstract]) OR (gender queer[Title/Abstract]) OR (two-spirit*[Title/Abstract]) OR (trans people[Title/Abstract]) OR (transsexual*[Title/Abstract]) OR ("Transsexualism"[Mesh]) OR (gender minorit*[Title/Abstract]) OR (intersex*[Title/Abstract]) OR (gender varian*[Title/Abstract])) AND (("Prisoners"[Mesh]) OR ("Incarceration"[Mesh]) OR ("Criminals"[Mesh]) OR (incarcerat*[Title/Abstract]) OR (offender*[Title/Abstract]) OR (inmate*[Title/Abstract]) OR (criminal*[Title/Abstract]) OR (jail*[Title/Abstract]) OR (correctional facilit*[Title/Abstract]) OR (correctional institution*[Title/Abstract]))
PsycInfo	(TI (prison* OR incarcerat* OR criminal* OR offender* OR inmate* OR jail* OR correctional facilit* OR correctional institution*) OR AB (prison* OR incarcerat* OR criminal* OR offender* OR inmate* OR jail* OR correctional facilit* OR correctional institution*)) AND (TI (gender-nonconforming OR transgender* OR non-binary OR gender diverse OR gender non-conforming OR nonbinary OR trans woman OR trans women OR trans men OR trans man OR gender queer OR two-spirit OR trans people OR transsexual OR transsexualism OR gender minorit* OR intersex* OR gender varian*) OR AB (gender-nonconforming OR transgender* OR non-binary OR gender diverse OR gender non-conforming OR nonbinary OR trans woman OR trans women OR trans men OR trans man OR gender queer OR two-spirit OR trans people OR transsexual OR transsexualism OR gender minorit* OR intersex* OR gender varian*)) AND (TI (gender affirming care OR minority health OR gender-affirm* OR gender-affirming health* OR health* OR health care OR health services) OR AB (gender affirming care OR minority health OR gender-affirm* OR gender-affirming health* OR health* OR health care OR health services))