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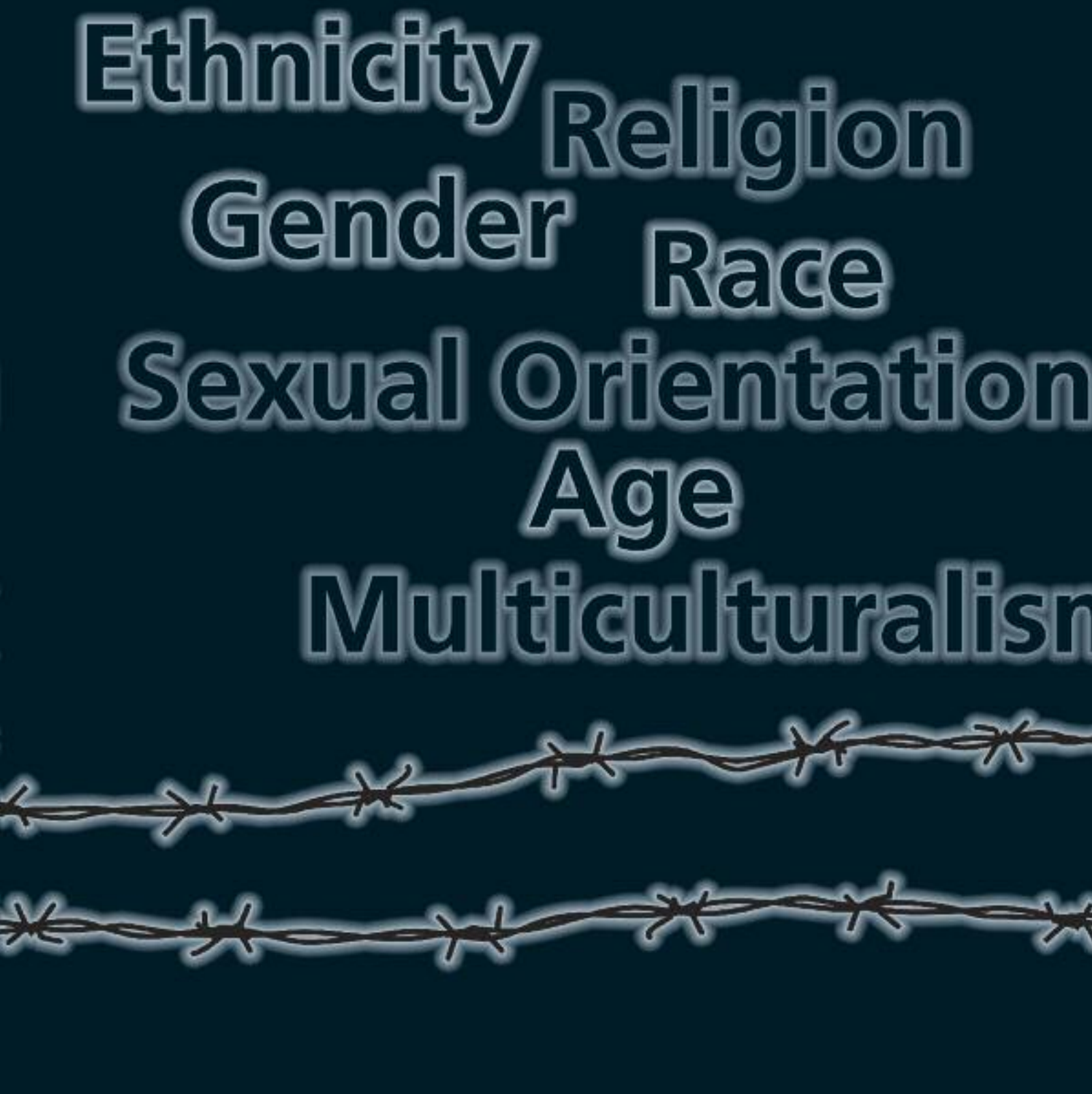

Transgender Offenders:

A Literature Review

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Questions concerning the management and treatment of transgender offenders are becoming increasingly prevalent as the prison service becomes progressively more sensitive to the needs of those who have commenced the process of gender reassignment or who are contemplating starting this complex journey. This article aims to address some of these questions and so assist front-line staff, managers and clinicians in their work with transgender offenders. It does this through reviewing some of the published literature to explore three key areas of concern: Firstly, what does the research tell us about working with and relating to transgender offenders? Secondly, what are the gaps in the research regarding transgender offenders? And, thirdly, can transgender offenders engaged in gender reassignment process also effectively engage in a therapeutic intervention, including being a resident member of a therapeutic community?

Gender identity definitions

When considering and discussing gender identify, a number of terms and phrases have been used. These include:

Transgender which is sometimes understood as an umbrella term to cover a wide variety of atypical gender experiences which may or may not lead to a permanent change of gender role and will not necessarily lead to surgical intervention[1]. Trans or transgender is not a mental illness[2].

Gender Dysphoria (sometimes called gender variance) is a commonly used professional term used to describe experienced dissonance between gender identity and phenotype (the external characteristics of the body)[3].

Gender identity disorder[4] (GID) is a condition where there is a strong and persistent cross-gender identification and a persistent discomfort with the sex or a sense of inappropriateness in the gender role of that sex[5].

Transsexualism[6] is experienced when there is a desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with or inappropriateness of one's anatomic sex along with a wish to have hormonal treatment and surgery to make one's body as congruent as possible with the preferred sex[7].

'Trans people' refers to people who cross contemporary cultural gender boundaries for any reason[8].

Gender reassignment occurs when there is the changing of social gender roles, the taking of feminising or masculinising hormone treatment and having surgery to alter the body to be more congruent with gender identity. Not all trans people who change gender role will elect hormonal treatment or genital reassignment surgery[9].

Legal context

It is only within recent years through the introduction of the 2004 Gender Recognition Act that transsexual people can apply to have legal recognition as members of their new gender. Mitchell and Howarth[10] highlight that the Gender Recognition Act states that applicants need to have been living in their new identity for a minimum of two years and to have medical support before a certificate is issued. Cases are reviewed by the 'Gender Recognition

1. Royal College of Psychiatrists (2006). *Good practice guidelines for the assessment and treatment of gender dysphoria (Open Consultation Document).* Available at: http://www.translondon.org.uk/resources/Standards_of_Care_Draft_v8.3bp.pdf (accessed 11 December 2012).
2. Department of Health (2008). *Trans. A practical guide for the NHS*. Department of Health.
3. Barrett, J. (2007). *Transsexual and other disorders of gender identity*. Oxford: Radcliffe.
4. American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders* (Fourth Edition, Text Revision). Washington, DC: APA.
5. GIRES (Gender Identity Research and Education Society) (2008). *Guidance for GPs, other clinicians and health professionals on the care of gender variant people. Transgender wellbeing and healthcare*. London: Department of Health.
6. World Health Organisation (1992). *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines*. Geneva: World Health Organisation.
7. See n.5.
8. See n.2.
9. Eyler, A.E. (2007). Primary medical care of the gender-variant patient. In R. Ettner, S. Monstrey and A.E. Eyler (Eds), *Principles of transgender medicine and surgery* (pp.15–32). New York: The Haworth Press.
10. Mitchell, M. & Howarth, C. (2009). *Trans research review*. Manchester: Equality and Human Rights Commission.

Panel' and it is they who issue, when considered appropriate, the Gender Recognition Certificate'. Notably, applicants do not necessarily have to have had gender reassignment surgery before the certificate is issued.

Experiences of transgender

General literature within the area of transgender highlights what it may be like to experience gender variance, and illustrates why understanding, managing and supporting transgender offenders is important. For example, it is highlighted that those experiencing gender variance have experienced discomfort with their identity for many years, and for some this feeling can go as far back as they can remember. Therefore, addressing their gender discomfort may feel critical, they may experience high levels of distress and they may feel suicidal[11]. Further reports have stated that trans people are at greater risk of depression and risk of suicide[12] and that the need for gender reassignment is often reported as a matter of life and death[13].

Zandvliet[14] states that the gender transformation process is a time of profound change, as the person's whole life becomes visible and requires redefining in, for example their relationships and sexuality. Furthermore, Levine and Davis[15] argue that the transition of living full-time in a new gender identity is a complex, intricate and convoluted process[16]. Moreover, it is argued that sometimes transgender people may not have realistic expectations of surgery and consequently feel disappointed and frustrated by the limitations of the outcomes[17].

The literature highlights the need for transgender people to access therapy/counselling. A point highlighted is that effective psychotherapy is crucial to supporting the self-assessment process and should be accessed prior to and during someone's treatment programme. It helps people to be clearer about their gender identity including whether they want to start or reverse treatment[18]. Purnell[19] argues that not accessing effective counselling during gender transition invites future problems.

Literature on transgender offenders

This review found that the majority of literature on transgender offenders has been conducted in the United States. These publications precede the most up to date Prison Service guidance on working with transgender offenders so will be discussed prior to reviewing UK literature.

US forensic studies

Nine studies were identified which have looked at the transgender prisoner population in the United States. Notably the majority of studies have investigated policies concerning the treatment of transgender prisoners.

A point that it is repeated within the literature is that there is very little scholarly information available regarding transgender prisoners[20]. Yet, as Jenness[21] indicates, transgender prisoners are a visible population because they are often seen as the source of disorder within prisons and thought of as management problems. Additionally, it is highlighted that transgender prisoners are often targeted by others.

Demographics of US transgender prisoners

One demographic assessment of transgender prisoners in men's prisons[22] found that the composition of the transgender population was a marginal one, noticeably different from the composition of the total population of prisoners in prisons for adult men. Transgender prisoners tended to be: middle aged (36-45); white or black (in comparison to Hispanic, Asian/Pacific Islander and Other); convicted of sex offences or property crimes; and less frequently identified as gang members. Furthermore they found that: over 70 per cent reported having a mental health problem at some point in their lives; alcohol and drugs were misused; there was an increased rate of HIV, and physical victimisation was high.

It was also reported that transgender prisoners were uniquely stigmatised and disadvantaged in terms of 'life

11. See n.5.
12. See n.2.
13. Zandvliet, T. (2000). Transgender issues in therapy. In, C. Neal and D. Davies (Eds) *Issues in therapy with lesbian, gay, bisexual and transgender clients* (pp.176-189). Buckingham: Open University Press.
14. Ibid.
15. *Levine,S.D & Davis, L. (2002). What I Did For Love: Temporary Returns to the Male Gender Role*. Available at: http://www.wpath.org/journal/www.iiav.nl/ezines/web/IJT/97-03/numbers/symposion/ijtvo06no04_04.htm (accessed 11 December 2012).
16. Maguen, S., Shipherd, J. & Harris, H. (2005). Providing culturally sensitive care for transgender patients. *Cognitive and Behavioural Practice*. 12, 479-490.
17. See n.5.
18. See n.1.
19. Purnell, A. (2011). The client leads in gender counselling. In A. Purnell & J. Bland, (Eds.) *Trans in the twenty first century. Concerning gender diversity* (pp. 91-105). London: Beaumont Trust.
20. Tewksbury, R. A. & Potter, R. H. (2005). Transgender Inmates: A Forgotten Group. In S. Stojkovic (Ed.) *Managing Special Populations in Prisons and Jails*. Kingston: Civic Research Institute.
21. Jenness, V. (2010). From policy to prisoners to people: A "soft mixed methods" approach to studying transgender prisoners. *Journal of Contemporary Ethnography*, 39, 517-553.
22. Sexton, L., Jenness, V. and Sumner, J. (2010). Where the margins meet: A demographic assessment of transgender inmates in men's prisons. *Justice Quarterly,* 27 (6), 835-866.

chances', with the recommendation being that policies needed to balance treating transgender prisoners in a similar way to other prisoners whilst at the same time acknowledging and taking into account the implications of their differences.

Transgender and the prison environment

Edney[23] highlighted factors that create difficulties for transgender prisoners. These include that there can be extreme vulnerability from sexual violence from other prisoners. As a result some are placed in 'protection' which means they are disadvantaged within the prison system and experience a more punitive daily regime. In terms of treatment and well-being, there can be inadequate or inappropriate medical and psychological care, and in particular institutional practices can 'erase' aspects of transgender lives so presenting challenges in achieving 'real life' experience.

Blight[24] noted that transgender prisoners have a unique set of issues that could increase the risk of assault and self-injurious behaviour, while Brown and McDuffie report studies[25] which highlight that in a custodial environment the challenges to managing transgender prisoners include safety considerations, predatory behaviour by other prisoners, rules regarding clothing, hair and make-up and healthcare considerations unique to this population.

Tarzwell[26] argues prison can be a brutal experience for any prisoner, however she states that the hyper-gendered prison experience is particularly difficult for transgender individuals. She argues that transgender individuals are not compatible with a system that relies on and requires gender boundaries to function.

Transgender and legal cases

Alexander and Meshelemiah[27] highlight a number of legal cases involving transgender prisoners. Examples include prisoners suing the Director of the Bureau of Prisons and the Medical Director for its policy regarding transsexual prisoners, challenging the Bureau of Prison's policy on treatment for transsexual prisoners and a discrimination lawsuit based on denial of treatment.

This article highlights that the courts have not informed prisons how to treat transsexual prisoners, instead this responsibility is given to mental health professionals who are able to make decisions regarding treatment. However, it is suggested that prison mental health professionals may receive pressure from prison administrators who employ them to not recommend surgery. Furthermore, the study states that a prison mental health professional who recommends surgery is not likely to remain employed within the prison system for long.

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Transgender and custodial policies

Brown and McDuffie[28] summarised policies regarding transgender prisoners' health care and housing in 44 state prison systems. They found that there were large differences in healthcare provisions for prisoners with gender dysphoria (GD) or related conditions. It was reported that the majority of systems permitted diagnostic evaluation, although there was a wide variability in access to cross-sex hormones and de novo initiation of treatment. There was consistency in the denial of surgical treatments for GID.

Similarly, Edney[29] argues that a major worry for transgender prisoners is that they may not receive adequate medical treatment for their condition whilst in prison. He highlights that decisions regarding medical treatment depend on the prison and jurisdiction. It is put forward that some jurisdictions allow the continuation of hormonal therapy for prisoners who started this prior to custody. However, others would stop the supply of medication when the individual entered custody. Furthermore, few jurisdictions supported sex surgery.

Tarzwell[30] argues that without policies specifically addressing the needs of transgender prisoners, they are not likely to receive gender affirming medical care and

23. Edney, R. (2004). To keep me safe from harm? Transgender prisoners and the experience of imprisonment. *Deakin Law Review*, 9, 327-338.
24. Blight, J. (2000). *Transgender Inmates*. Australian Institute of Criminology: trends & issues in crime and criminal justice, No 168. Available at: http://www.aic.gov.au/documents/A/8/6/%7BA867CA37-BCA3-4AAF-8464-1EF0352658AD%7Dti168.pdf (accessed 11 December 2012).
25. Brown, G. & McDuffie, E. (2009). Health care policies addressing transgender inmates in prison systems in the United States. *Journal of Correctional Health Care*, 15 (4), 280-291.
26. Tarzwell S. (2006). The gender lines are marked with razor wire: addressing state prison policies and practices for management of transgender prisoners. *Columbia Human Rights Law Review*. 38, 167-219.
27. Alexander, R. & Meshelemiah, J. (2010). Gender identity disorders in prisons: what are legal implications for prison mental health professionals and administrators? *The Prison Journal*, 90 (3), 269-287.
28. See n.25
29. See n.23.
30. See n.26.

may face harassment and assault. She highlights that whilst courts have recognised that transsexualism is a serious medical need requiring treatment, they have consistently held the position that constitutionally no particular treatment is required. Tarzwell concludes that few states have implemented written policies addressing the management of transgender prisoners and that existing policies do not guarantee safe, sensitive placement or provision of gender-affirming medical care to transgender prisoners. Her study provides recommendations which include involving transgender individuals and transgender advocates in the development and revisions of written policies regarding the management of transgender prisoners — that transgender prisoners should have a management and treatment plan which should be created by a transgender committee. Further guidance includes that decisions regarding the placement of a transgender prisoner must be based on the prisoner's subjective gender identity, preference and safety. Also, it is recommended that staff participate in transgender awareness training.

A point noted by Springer[31] is that not being able to access transgender health care in institutions has caused or added to serious negative health outcomes including depression, exacerbation of other mental illness, suicidal thoughts and behaviour. In contrast to the US, Brown[32] highlights that prisoners in the UK have similar access to transgender healthcare as they would outside of institutions.

A review of policies of correctional facilities relating to transsexual prisoners in Europe, Australia, Canada and the United States[33] found that:

- ❒ Only 40 per cent of correctional services departments had either formal or informal policies which addressed issues such as hormone treatment.
- ❒ The majority would not initiate hormone therapy, although they would maintain previously prescribed hormone treatment.
- ❒ Genital status was the main factor which determined placement in a men or women's prison.
- ❒ There was no agreement on the risk of either physical or sexual assault of transsexual prisoners.
- ❒ In nearly all cases there was no specialised counselling or therapy provided for transsexual prisoners.
- ❒ The majority of respondents indicated that sex reassignment would not be considered for an already incarcerated transsexual of either biological origin.
- ❒ The majority adopted the concept of 'freeze framing' which refers to when the individual is 'freeze framed' at the stage he or she was at when they arrived in custody. Dickey[34] highlights that the argument for freeze-framing is based on 3 factors (i) the artificial nature of the prison environment, (ii) the difficulty assessing accurately the intensity of gender dysphoria in such an environment and (iii) the lack of genuine real-life test[35] in such a controlled setting.

Further guidance includes that decisions regarding the placement of a transgender prisoner must be based on the prisoner's subjective gender identity, preference and safety.

Brown[36] highlights that institutions can adopt the freeze frame approach in order to deny care to prisoners. He argues that it is possible to achieve the real life experience in a prison setting, and that revisions to standards of care should include that GID is a serious medical need requiring treatment in prison. Brown recommends that treatment for prisoners with GID should be considered on an individual basis, with no blanket denials of care for prisoners diagnosed with GID and that hormone therapy could be started de novo for prisoners if medically appropriate.

A further comparative analysis of American, Australian and Canadian prison policies concerning the treatment of transgender prisoners was conducted by

31. Springer, A. (1981). Cited in n.32.
32. Brown, G. (2009). Recommended revisions to the world professional association for transgender health's standards of care section on medical care for incarcerated persons with gender identity disorder. *International Journal of Transgenderism*, 11, 133-139.
33. Petersen, M., Stephens, J., Dickey, R. And Lewis, W. (1996). Transsexuals within the prison system: An international survey of correctional services policies. *Behavioral Sciences and the Law,* 14, 219-229.
34. Dickey (1990). Cited in n.33.
35. "The real-life test is almost universally accepted as an essential means of evaluating the severity of transsexual feelings and comprises being able to successfully live, work, attend school or perform community-based volunteer work, in the larger society, in the adopted gender role, for a period of at least one and more often two full years before qualifying as a surgical candidate" (See n.33).
36. See n.32.

Mann[37]. She found that both the US and Canada locate transgender prisoners in prisons based on the prisoner's anatomical sex and include a maintenance policy of 'freezing' transgender prisoners hormone level (at the level it was when they entered prison). Australia, however, continues hormone therapy for those prisoners who commenced therapy prior to coming into prison and adopts the gender-identity approach which locates prisoners in prisons corresponding to their gender. This identity-based placement takes into account the psychological as well as the physical aspect of GID. It helps the individual to maintain their sense of identity and promotes gender equality. However, it was commented that this approach could lead to problems, such as increased safety concerns for the transgender prisoner. While prisons in the US do not provide sex reassignment surgery, transgender prisoners in Australia and Canada do have the opportunity to undergo sex reassignment surgery, but at their own expense.

Across the different studies, consistent recommendations were: that hormone therapy started in the community should continue and not cease on entry into prison; transgender prisoners should be provided with the opportunity to undergo sex reassignment surgery at their own expense; and psychotherapy should be offered to transgender prisoners.

UK forensic studies

While there is no official monitoring within the prison system for gender identity[38], Poole, Whittle and Stephens[39] indicate that transgender people may be over represented in the Criminal Justice System. Brown[40] suggests possible reasons for this including experiencing discrimination, marginalisation and rejection.

To date, it appears that there is one published article in the UK which relates to transgender offenders, and this explores working with transgender offenders in the probation service[41]. The small exploratory survey identified probation practitioners who were in contact with transgendered offenders and explored their views on what would enable them to work more efficiently with this client group. They expressed that they did not have sufficient knowledge or confidence to raise issues of trans status when writing pre-sentence reports. Questions concerning how to appropriately deal with transgender offenders were raised, which included understanding prejudice and discrimination and how to cope with their own feelings about transsexuals.

Poole, Whittle and Stephens found that officers experienced difficulties in managing other challenging or problematic behaviours that transgender offenders are presented with.

Hartmann, Becker and Rueffer-Hesse[42] highlight that co-morbidity rates for psychological problems with transgender individuals are higher than in other populations. Consequently, officers' assessments are more complex. Poole, Whittle and Stephens found that officers experienced difficulties in managing other challenging or problematic behaviours that transgender offenders are presented with. However, they also reported that probation officers considered transgender offenders to be similar to other prisoners in many ways, and that their offending behaviour needed to be addressed regardless of their trans status. Some broad areas of guidance for working with transgendered people in the CJS were provided within the study and included that they should: be shown respect for their chosen path and should be referred to by the appropriate gender pronoun and name of choice; be involved in the decision — making process about their health and social needs; be given personal privacy whenever possible; have a right to medical treatment and a medical assessment file should be completed; have the right to confidentiality of medical care; and staff should avoid disclosing information about their transgendered status, if at all possible, without express permissions.

37. Mann. R. (2006) The treatment of transgender prisoners, not just an American problem. A comparative analysis of American, Australian, and Canadian prison policies concerning the treatment of transgender prisoners and a "universal" recommendation to improve treatment. *Law and Sexuality Review*, 91 (15), 92-134.
38. Barnett Page, C. (2012). Personal Communication to first author, 4 July 2012.
39. See n.38.
40. Brown, G. (2001). Cited in n.25.
41. Poole, L. , Whittle, S. & Stephens, P. (2002) Working with transgendered and transsexual people as offenders in the probation service. *Probation Journal*, 49, 227-232.
42. Hartmann, U. Becker, H. & Rueffer-Hesse, C. (1997) Self and Gender: Narcissistic Pathology and Personality Factors in Gender Dysphoric Patients. Preliminary Results of a Prospective Study. Available at http://www.wpath.org/journal/www.iiav.nl/ezines/web/IJT/97-03/numbers/symposion/ijtc0103.htm (accessed 12 December 2012).

In addition to this study there is a *Prison Service Instruction 2011/07, The care and management of transsexual prisoners*, which was written to comply with the Equality Act 2010 where gender reassignment is specified as a protected characteristic in law[43]. The PSI reflects many of the points highlighted within the US literature concerning consideration of healthcare and housing/location of transgender prisoners. It provides guidance on:

Medical treatment, for example, that 'Establishments must provide prisoners who have been diagnosed with gender dysphoria with the same quality of care (including counselling, pre-operative and post-operative care and continued access to hormone treatment) that they would expect to receive from the NHS if they had not been sent to prison'

Prisoners living in their acquired role, for example, that 'an establishment must permit prisoners who consider themselves transsexual and wish to begin gender reassignment to live permanently in their acquired gender. ... permitting prisoners to live permanently in their acquired gender will include allowing prisoners to dress in clothes appropriate to their acquired gender and adopting gender-appropriate names and modes of dress'.

Location within the estate, for example, 'In most cases prisoners must be located according to their gender as recognised under UK law. Where there are issues to be resolved, a case conference must be convened and a multi-disciplinary risk assessment should be completed to determine how best to manage a transsexual prisoner's location'.

A recommendation put forward for healthcare providers was for there to be a staff development structure that regularly incorporated training about trans people's issues.

UK non-forensic studies

A small number of studies have explored transgender peoples' experiences outside of a forensic setting. Whittle, Turner and Al-Alami[44] conducted a qualitative study which included analysis of responses from self-identified trans people in an online survey and found that the main trigger point for inequality or discrimination was when the individual began their transition process in the workplace. Other trigger points were when a person started cross dressing in public, during the process of gender reassignment surgery or when a person's trans status was discovered within the family home. A recommendation put forward for healthcare providers was for there to be a staff development structure that regularly incorporated training about trans people's issues.

Mitchell and Howarth[45] conducted a review of academic sources, 'grey' literature (non-published or non-peer-reviewed) and policy documentation on trans people, in order to establish a recent and relevant evidence base on equality and discrimination in relation to trans people. They found that there is no official estimate of the trans population. Furthermore they found that trans people experience social exclusion as a result of transphobia. For example they argued that there may be an increased risk of experiencing housing problems and homelessness, due to transphobic reactions and harassments by family, neighbours and members of their local community. In addition, despite anti-discrimination and equalities legislation, trans people continue to experience restricted opportunities, discrimination and harassment within employment. In terms of access to medical treatment, trans people can experience significant delays in access to gender reassignment treatment through the NHS.

Guidance for professionals working with transgender individuals

A number of documents have been published which provide guidance for professionals, that is clinicians, psychologists and health professionals, when working with transgender and gender dysphoria[46 47 48 49]. Key points

43. Lamble, S. (2012) Rethinking gendered prison policies: Impacts on transgender prisoners. Howard League for Penal Reform ECAN Bulletin, Issue 16, August 2012. Available at: http://t.ymlp209.net/bhumavabuywaraeeuapauswqe/click.php (accessed 12 December 2012).
44. Whittle, S., Turner, L., Al-Alami, M. (2007) *Engendered penalties: Transgender and transsexual people's experiences of inequality and discrimination*. London and Manchester: Press for Change/Manchester Metropolitan University.
45. See n.10.
46. See n.1.
47. See n.2.
48. See n.5.
49. British Psychological Society (2012) *Guidelines for literature review for psychologists working therapeutically with sexual and gender minority clients*. Leicester: British Psychological Society.

that are likely to be applicable when working with transgender offenders are:

Relating to transgender people

- ❒ Patient autonomy for decision making should be emphasised and staff should be flexible in responding to the wide range of needs among trans people[50 51].
- ❒ Refer to individuals as their self-identified gender, regardless of their appearance or stage of transition[52 53]. Staff should use the preferred language of sexual and gender minority clients[54].
- ❒ It is important that trans people are not judged[55].
- ❒ It is important that clients have access to support in order to explore their own feelings about their gender identity in a non-threatening, non-judgemental, supportive environment[56].
- ❒ The avoidance of assumptions and stereotypes is important[57].
- ❒ Staff should remain neutral regarding outcomes, so that the client does not feel that a particular outcome is favoured. Staff should not pressure trans people to change roles, as they may do so prematurely[58].
- ❒ Staff should aim to create and maintain a respectful relationship in which the client feels able to explore gender concerns[59].
- ❒ Avoid humour directed at discriminated groups and which permits the expression of prejudice to seem normal[60].
- ❒ Allow the client to have space to define their sexuality[61].

Staff self awareness

- ❒ Acknowledge the potential challenges sexual and gender minority clients may face in their relationships and families[62].
- ❒ Be trained to act with intelligent sensitivity[63].
- ❒ Educate yourself about this client group in order to provide clinically appropriate, sensitive and supportive care[64].
- ❒ Reflect on your personal views around sexuality and sexual and gender minority issues[65].
- ❒ Have an accepting attitude and avoid having the belief that being trans is the problem[66].
- ❒ Recognise the effects of societal discrimination and prejudice[67].

Discussion

This review attempted to answer three questions, which will be addressed in turn.

1) What are the gaps in the research regarding transgender offender?

The review has highlighted that there are very few studies on transgender offenders in the UK. The majority of studies available are based on US samples addressing issues concerning healthcare services and provision, policies and allocation of transgender offenders in custody. Thus, further research on transgender offenders in the UK is warranted. Given the lack of research, explorative studies concerning transgender prisoners' experience of custody may be beneficial, especially since the small literature available indicates that there are a number of factors that create difficulties for transgender prisoners. Whilst it is not possible to establish the number of transgender prisoners within the prison system, the sample size available is likely to be small therefore consideration of qualitative designs may be priority.

2) What does the research tell us about working with/relating to transgender offenders?

The review provides broad guidance for working with transgender people in the criminal justice system, although this echo's the general guidance provided when relating to transgender people. Key concepts include respecting privacy, referring to the individual

50. See n.1.
51. See n.5.
52. Maguen, S., Shipherd, J. & Harris, H. (2005) Providing *culturally sensitive care for transgender patients. Cognitive and Behavioural Practice*. 12, 479-490.
53. See n.5.
54. See n.49.
55. See n.5.
56. Ibid.
57. See n.49.
58. See n.49.
59. See n.5.
60. See n.49.
61. Ibid.
62. Ibid.
63. See n.2.
64. See n.52.
65. See n.49.
66. Ibid.
67. Ibid.

using their preferred gender pronouns and name, respecting autonomy in decision making, being responsive to individual needs and for professionals to be reflective of their own beliefs and biases and take responsibility in educating and learning about this population.

3) Can transgender offenders engaged in gender reassignment process also effectively engage in a therapeutic intervention, including membership of a therapeutic community?

The lack of research on transgender offenders in the prison system and their engagement in offending behaviour programmes makes it difficult to provide a definitive answer to the above question. However the literature does provide some points for consideration when an offender decides to start the gender reassignment process whilst engaged in a therapeutic intervention.

(i) Potential difficulties that could affect engagement with the therapeutic process

- Addressing gender discomfort may feel critical to the offender, they may experience high levels of distress and they may feel suicidal[68].
- Gender transformation can be seen as a time of profound change, and a complex, intricate and convoluted process[69].
- Transgender offenders may need access to therapy/counselling to focus on their gender identity and gender reassignment/transition process.

The above points indicate that the gender reassignment process alone is a complex, stressful and life changing event, which could impact on an offender's psychological capacity to engage in an intensive treatment intervention. Therefore, sequencing of treatment may need to be considered.

(ii) Sequencing of treatment

Literature within the area of treatment sequencing highlights factors that may be helpful when considering the sequencing of engagement in the gender reassignment process and engagement in a therapeutic intervention:

- When patients present with several problems that need treatment, if one problem makes it difficult to address the other, the initial problem needs to be addressed first[70].
- A question that might help when considering this area is: 'Does the process of gender reassignment affect the offender's short and long term response to the therapeutic intervention and residency within a therapeutic community' [71]?

Conclusion

In conclusion this literature review has highlighted there is limited research on transgender offenders in the UK, indicating that further research is required in order to increase our knowledge of this population. However, there are a number of publications on the care and treatment of transgender people where guidance can be drawn upon to inform our practice of working with transgender offenders.

The current literature indicates that transgender offenders engaging in gender reassignment process may find it difficult to also effectively engage in an intensive therapeutic intervention, and therefore there is an argument for consideration of sequencing of treatment. However, there is no research evidence to support this assumption, therefore it would be advised that each case is considered on an individual basis and a 'blanket policy' should be avoided.

68. See n.5.
69. Seen n.16.
70. Federici, A., Rowa, K., & Antony, M. (2010). Adjusting treatment for partial- or non-response to contemporary cognitive-behavioral therapy. In D.McKay, J. Abramowitz, & S. Taylor (Eds.). *The Expanded Scope of Cognitive-Behavior Therapy: Lessons Learned from Refractory Cases* (pp. 11-37). Washington, DC: American Psychological Association.
71. Brown, T & Barlow, D (1992) Comorbidity among anxiety disorders: Implications for treatment and DSM IV. *Journal of consulting and clinical psychology*, 60 (6), 835-844.