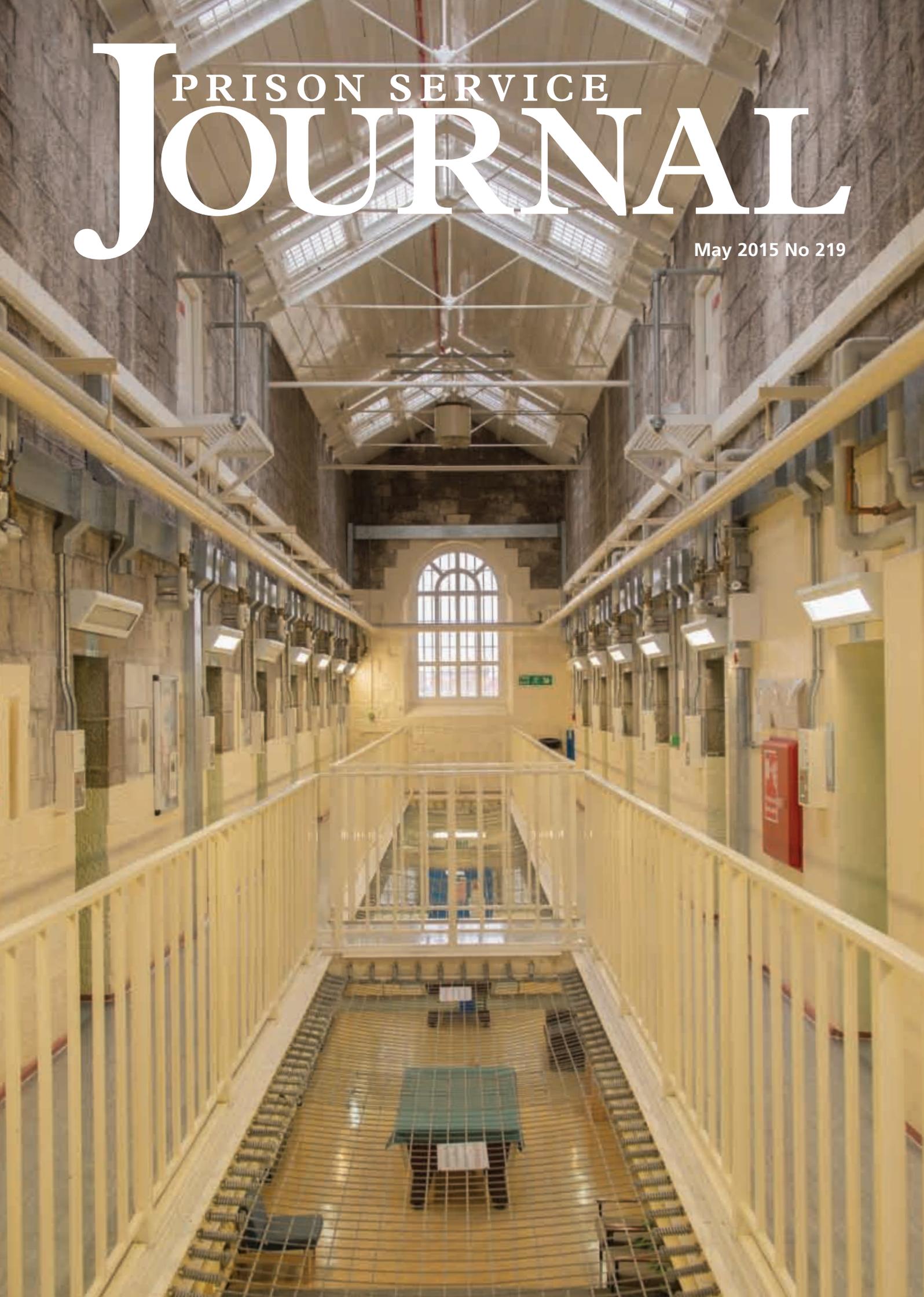


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Exploration of a transfemale prisoner's experience of a Prison Therapeutic Community

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This paper describes a piece of research undertaken to explore what it was like for transgender prisoner to engage in treatment within a prison therapeutic community (TC).

Therapeutic Communities (TC)

Prison TC's, provide a pro-social living and learning environment in which prisoners are able to explore and deconstruct the cognitions, feelings and behaviours associated with their past offending, in order to develop an alternative non-offending lifestyle. The model of change underpinning the TC uses different treatment approaches, which includes social learning, psychodynamic and cognitive behavioural approaches. This integrated approach is delivered through the TC treatment structure, which consists of small therapy groups, large community meetings and community living.¹ The TC where the research was carried out is accredited by the Correctional Services Accreditation Panel (CSAP).²

Transgender³ people within the Criminal Justice System

There is a dearth of research exploring the experiences of the transgender population⁴ both within

community and custodial settings.⁵ This is despite research indicating that transgender people are likely to be over represented within the prison system.⁶ Furthermore Jones and Brookes⁷ note that the majority of literature within this area has been conducted within the United States. They further note that most studies investigate policies concerning the management of transgender prisoners. This is problematic because there isn't enough yet known about the qualitative experience of transgender individuals in prison.⁸

The literature reports a high prevalence of physical and sexual assault against transgender prisoners,⁹ even when compared to rates of victimisation of other non-transgender prisoners.¹⁰ Problems related to gaining appropriate medical care and opportunities to 'live in role' (as their identified gender) have also been reported.¹¹

In relation to professionals working with transgender offenders, Poole, Whittle and Stephens¹² reported that probation officers felt they did not have enough knowledge or confidence to raise issues about someone's transgender status, deal with challenging and/or problematic behaviour and questioned whether they were able to confront and manage their own

1. HMP. (Her Majesty's Prison; 2007). *Democratic Therapeutic Communities: Core model*. Theory Manual. HM Prison Service.
2. CSAP supports the Ministry of Justice and National Offender Management Service (NOMS) in developing and implementing effective offender behaviour programmes designed to reduce re-offending.
3. A number of terms are used and referred to within the literature when discussing issues concerning gender identity. This is perhaps partly due to transgender people not conforming to the fixed structure of gender i.e. male or female (Gender Trust, nd). Blight (2000) and Michelle and Howarth (2009) advocate using self identification and state that asking the person to define their own gender status is the key indicator of trans status. In turn for the purposes of this paper, I will use the term 'transgender', which is a common umbrella term used to cover a wide variety of atypical gender experiences which may or may not lead to surgical intervention (Royal College of Psychiatrist, 2006 as cited in Jones and Brookes, 2013). However, I will use the term 'transfemale' when referring specifically to the participant in this study as this is how the participant defined her gender identity.
4. Mitchell, M. & Howarth, C. (2009). *Trans research review*. Manchester: Equality and Human Rights Commission.
5. Sexton, L. Jenness, V. & Sumner, J. (2010). Where the margins meet: A demographic assessment of transgender inmates in men's prisons. *Justice Quarterly*, 27 (6), 835-866; Poole, L., Whittle, S. & Stephens, P. (2002). Working with transgendered and transsexual people as offenders in the probation service. *Probation Journal*, 49, 227-231; See n.4.
6. See n.5; Brown, G. R. & 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.
7. Jones, L. & Brookes, M. (2013). Transgender offenders: A literature review. *Prison Service Journal*, 206, 11-18.
8. See n. 4.
9. Dolovich, S. (2011). Strategic segregation in the modern prison. *American Criminal Law Review*, 48 (1), 1-110; Edney, R. (2004). To keep me safe from harm? Transgender prisoner and the experience of imprisonment. *Deakin Law Review*, 9, 327-338; Blight, J. (2000). Transgender Inmates. *Australia Institute of Criminology: Trends & issues in crime and criminal justice*, No 168. Available at: <http://aic.gov.au/documents/A/8/6/%7BA867CA37-BCA3-4AAF-8464-1EF0352658AD%7Dt1168.pdf>
10. Sexton, L. Jenness, V. & Sumner, J. (2010). Where the margins meet: A demographic assessment of transgender inmates in men's prisons. *Justice Quarterly*, 27 (6), 835-866.
11. Edney, R. (2004). To keep me safe from harm? Transgender prisoner and the experience of imprisonment. *Deakin Law Review*, 9, 327-338.
12. Poole, L., Whittle, S. & Stephens, P. (2002). Working with transgendered and transsexual people as offenders in the probation service. *Probation Journal*, 49, 227-231.

feelings about transsexualism appropriately. Jenness¹³ further noted that transgender prisoners are often considered difficult to manage due to their unique set of needs and because they do not clearly fit within the dichotomous organisation of prisons set up to be 'male prisons' or 'female prisons'.

Transgender people and treatment

Whilst much of the research relates to gender specific treatment, literature has found that transgender people seek therapy for a range of issues that are not necessarily related to their transgender status or transition.¹⁴ For example, transgender people are reported to have higher incidences of substance misuse, psychiatric illness and psychological problems, including personality disorder.¹⁵ Despite the apparent need for treatment there appears to be barriers to transgender people gaining access to and engaging effectively in treatment. Such barriers have included previous bad experiences of treatment and therefore anticipated maltreatment. Concerns regarding the treatment providers' ignorance regarding transgender care and potential insensitivity to their transgender needs were also found to impede transgender individuals decision to engage within treatment.¹⁶

There is no evidence of research exploring transgender prisoners' experiences of offending behaviour treatment aimed at reducing prisoner's risk of re-offending.¹⁷ Understandably therefore there is little guidance for treatment providers in regards to being responsive to transgender offenders when assessing and delivering treatment to such individuals. This represents an important area of enquiry as Nuttbrock¹⁸ argues that failing to understand and accommodate gender diversity in the treatment process means that the treatment of transgender individuals will be fundamentally misguided and probably ineffective.

Aims of current study

Therefore this research sought to better understand what it is like for a transgender prisoner to

engage in a prison TC. Specifically, the research was interested in exploring what was helpful or unhelpful about her experience in the TC, how, if at all, did being a transgender prisoner / going through the transgender process affect her experience in the TC and her engagement and ability to benefit from treatment?

Case Study

Background

The case study was purposively identified using inclusion criteria. The person in the case study will be referred to as 'Jane' in order to protect her identity. Jane was an adult prisoner serving a life sentence for a sexual offence. She reported attending the TC in order to address factors related to her offending behaviour. Furthermore, she expressed a need to explore her early childhood experiences in order to better understand her offending behaviour. Along with various criminogenic treatment needs Jane also had various personality, emotional and interpersonal difficulties. In relation to her gender identity, from a young age she reported experiencing gender variance. When she was 17 years old she reported realising she was transgender. Later in adulthood she identified her gender as 'transfemale'. When she had arrived at the TC she was not 'living in role' as her desired gender, although she had begun to investigate the possibility of this. At the time of research she had left the prison TC due to her being deselected for a threat of violence made towards another prisoner.

Research design

This research was ethically approved by the TC's Research Advisory Group and through consultation with the South Central Regional Psychologist of the National Offender Management Service (NOMS). As recommended by Jones and Brookes¹⁹ an explorative qualitative design was used. The qualitative design was also helpful in accessing the felt and perceived experiences of Jane. Martin²⁰ notes how qualitative approaches offer a range of information and depth of understanding about the experience of treatment that

13. 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.
14. Rachlin, K. (2002). Transgender individual's experiences of psychotherapy. *International Journal of Transgenderism*, 6 (1). Available at <http://www.wpath.org> ; Israel, T., Gorcheva, R., Burnes T. R. & Walther, W.A. (2008). Helpful and unhelpful therapy experiences of LGBT clients. *Psychotherapy Research*, 18 (3), 294-305; Shipherd, J. C., Green, K. E. & Abramovitz, S. (2010). Transgender clients: Identifying and minimising barriers to mental health treatment. *Journal of Gay & Lesbian Mental Health*, 14, 94-108.
15. See n.10; Nuttbrock, L. A. (2012). Culturally Competent Substance Abuse Treatment with Transgender Persons. *Journal of Addictive Diseases*, 31 (3), 236-241; Coid, J. (2011). The co-morbidity of personality disorder and lifetime clinical syndromes in dangerous offenders. *Journal of Forensic Psychiatry & Psychology*, 14 (2), 341-366.
16. Shipherd, J. C., Green, K. E. & Abramovitz, S. (2010). Transgender clients: Identifying and minimising barriers to mental health treatment. *Journal of Gay & Lesbian Mental Health*, 14, 94-108; Nuttbrock, L. A. (2012). Culturally Competent Substance Abuse Treatment with Transgender Persons. *Journal of Addictive Diseases*, 31 (3), 236-241.
17. Examples of such treatment programmes include the Thinking Skills Programme (TSP), Therapeutic Community (TC) approaches, Sex Offender Treatment Programme (SOTP), Self Change Programme (SCP) amongst others.
18. Nuttbrock, L. A. (2012). Culturally Competent Substance Abuse Treatment with Transgender Persons. *Journal of Addictive Diseases*, 31 (3), 236-241.
19. See n. 7.
20. Martin, S. (1997). Sex offender treatment: An uphill journey. *Journal of Child and Youth Care*, 11, 27-42.

cannot be achieved using quantitative approaches. A series of in-depth semi-structured interviews were used because this allows participants to tell their stories in their own way and allows researchers to capture the richness and complexity of the experience being investigated whilst also providing opportunities to explore and open up pertinent issues.²¹ Background information about Jane was achieved from prison records.

Analysis

The interview was analysed using Interpretative Phenomenological Analysis (IPA).²² IPA is particularly well suited to the idiographic approach, including single case study studies as it enables exploration of the meanings an individual attributes to their experience(s).²³ Meek²⁴ also notes that IPA is particularly relevant for research within prisons because of its interest in individuals' subjective experiences within their social and cultural contexts. In order to improve

the validity of the research and avoid over identification within the analysis process,²⁵ analysts were recruited to review the transcript and provided their interpretation of the data and final summary.

Findings

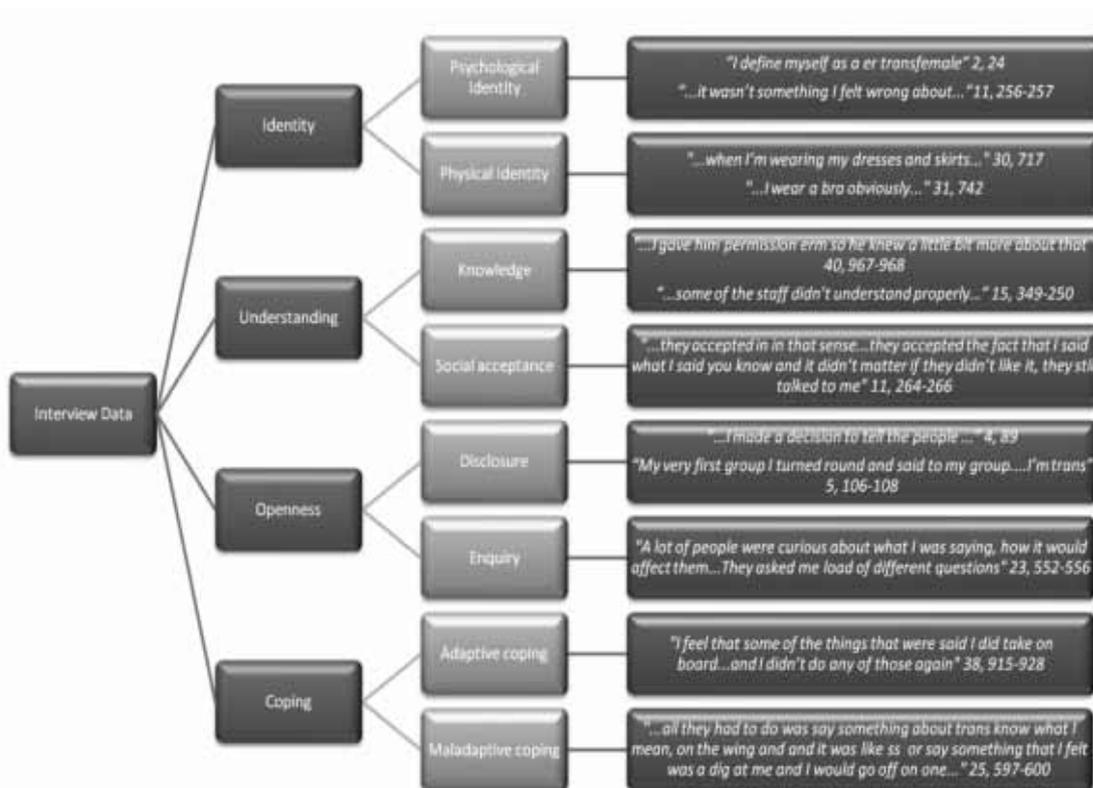
Theme descriptions

The analysis of the data revealed eight themes which were grouped into four core themes (see Figure 1):

1. Identity

This theme related to how Jane defined her gender. It comprised of two subordinate themes: 'Psychological identity' and 'Physical identity'. 'Psychological identity' related to how Jane mentally viewed her gender identity status. Physical identity related to how Jane expressed her gender identity through her physical appearance.

Figure 1:
Themes with example extracts illustrating each of the themes.



21. Eatough, V. & Smith, S. (2006). 'I was like a wild wild person': Understanding feelings of anger using interpretative phenomenological analysis. *British Journal of Psychology*, 97, 483-498.

22. Smith, J. A. & Osborne, M. (2003). Interpretative Phenomenological Analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp.51-80). London: Sage.

23. See n. 20; Smith, J. A. & Eatough, V. (2007). Interpretative Phenomenological Analysis. In E. Lyons & A. Coyle (Eds.) *Analysing qualitative data in psychology* (pp 35-50). London: Sage Publications; Larkin, M., Watts, S. & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3, 102-120; see n. 21.

24. Meek, R. (2007). The experiences of a young gypsy-traveller in the transition from custody to community: An interpretative phenomenology analysis. *Legal and Criminological Psychology*, 12, 133-147.

25. Storey, L. (2007). Doing interpretative phenomenological analysis. In E. Lyons & A. Coyle (Eds.) *Analysing qualitative data in psychology* (pp 51-64). London: Sage Publications.

2. Understanding

This theme related to others knowledge of Jane's gender status and transition (having an understanding) and their acceptance of it (being understanding). It comprised of two subordinate themes: 'Knowledge' and 'Social acceptance'. 'Knowledge' related to how much information other people had regarding Jane's gender status and transition. 'Social acceptance' was associated with the extent to which others accommodated and / or supported her gender identity.

3. Openness

This theme related to Jane being open with others about her transfemale status and the curiosity of others regarding it. The theme was made up of two subordinate themes: 'Disclosure' and 'Enquiry'. 'Disclosure' related to the process of disclosing her gender identity to others. 'Enquiry' is associated with Jane and others having open communication marked by query about her gender status and transition.

4. Coping

This theme related to how Jane coped with her experience of being at the TC as a transfemale. It consisted of two subordinate themes: 'Adaptive coping' and 'Maladaptive coping'. Whilst these are topologically distinct and therefore simplistic they provide a broad conceptualisation of the theme.²⁶ 'Adaptive coping' is concerned with Jane's use of helpful coping strategies. In contrast 'Maladaptive coping' is related to Jane's use of unhelpful coping strategies.

Discussion

The aim of this study was to explore what it was like for a transgender prisoner to engage in treatment at a prison TC. This included exploring what was helpful or unhelpful about her experience in the TC and how, if at all, did being a transgender prisoner / going through the transgender process affect her experience

in the TC and her engagement and ability to benefit from treatment.

Overall, results indicate that others having knowledge about Jane's gender identity and the transition process, those who enquired about this and who were accepting of this helped increase her feelings of approval and reduced her negative emotional responses. Her experience of the TC was partly affected by her transition process, particularly when disclosing her gender identity to others and gaining access to items related to her physical identity. These experiences were unique to Jane and required additional attention and resources. The process of disclosing her gender identity to others also had an impact on her engagement in treatment. Specifically, at the disclosure point, telling others about her gender identity and experience of gender variance was prioritised over other treatment areas. There was no evidence that her gender identity or transition process impacted on her ability to benefit from treatment. To the contrary, she appeared to develop adaptive coping strategies during her time within treatment.

Each of the themes are discussed in turn complimented by extracts from the transcript to illustrate the relevance of the themes within the Jane's account.

Identity

Despite previous experiences of maltreatment and a lack of support, Jane had developed a strong positive psychological identity as a transfemale.

I define myself as a er transfemale...

...I didn't think it was er weird, I didn't think it was a fetish, I didn't think it was wrong...

Branscombe and Ellemers²⁷ state that the importance of a person's identity (e.g. being transfemale) is a crucial determinant of how negative events will be perceived and coped with. Specifically the Rejection Identification model²⁸ notes that perceiving prejudice directed against one's identity can be harmful to the individual's psychological wellbeing. However,

26. See Skinner EA, Edge K, Altman J, Sherwood H. (2003). Searching for the structure of coping: A review and critique of category systems for classifying ways of coping. *Psychological Bulletin*, 129, pg 216–269 for further consideration of coping strategy categories.

27. Branscombe N. R. & Ellemers, N. (1998). Coping with group-based discrimination: Individualistic versus group-level strategies. In J. K. Swim & C. Stangor (Eds.), *Prejudice: The target's perspective* (pp. 243-266). New York: Academic Press.

28. See n.25.

identifying more with their stigmatised identity can function as a buffer to counteract such harm. Therefore Jane's strong sense of self as a transfemale may be, in part, used as a means of protecting herself against negative responses from others.

Following the disclosure of her gender identity she was able to explore and develop her physical identity as a transfemale. This experience was initially marked by a fear of ridicule but through experiences of acceptance it appeared to help her develop her physical identity and confidence in living as a transfemale.

...the very first time erm I come out (in female clothing), I went down to X's cell ... I knew he'd be in there and he'd be the biggest one to laugh ... and I went 'can I come in', (he said) 'yeh I ain't bothered' and oh o.k. and he went 'what reaction do you think you were going to get?' And I turned round and said 'I thought you were going to laugh cause you are the biggest one for laughing' and that is how I gauged that know what I mean, how I overcome that probably for my group for when I went into my group (wearing female clothing).

Zandvliet²⁹ notes that whilst 'gender' can be considered a psychological concept, being transgender is heavily related to physical aspects, including appearance. It appeared Jane's process of developing her physical appearance was mediated by both psychological support provided by others and contextual support provided by the establishment. In relation to the latter point, previous research has found prisons often deny transgender prisoners opportunities to express their gender identity and live in role.³⁰ This was to some extent also a feature of Jane's experience, as her ability to express her gender identity physically for example gaining gender specific items such as clothing, hair removal equipment, was affected by the extent to which the context and

regime were willing and able to accommodate and support her and other transgender prisoners gender expression.

...she wasn't allowed to live in role at that time...

I would have to go to him to get him to sign off my stuff...

It seems that a number of conflicting pressures were present; a need to support her living as a transfemale but an uncertainty of what this meant in practical terms, monitoring items requested and also ensuring items complied with security requirements.

It seems that a number of conflicting pressures were present; a need to support her living as a transfemale but an uncertainty of what this meant in practical terms, monitoring items requested and also ensuring items complied with security requirements. This coupled with a lack of knowledge or understanding from staff appears to have contributed to Jane struggling to live in role and express her gender identity at times.

Understanding

Whilst it was not consistently experienced, being accepted by others was an important feature of Jane's experience. Jane noted how being referred to as 'she', 'her' and by her female name were important indicators of acceptance and support from others.

Jane: Erm I don't like it, I still don't like it, staff here they say 'come on fellas' and I think to myself he ain't talking to me...

Researcher: And why is that important for you; for people to call you 'she' and 'her' and 'Jane'?

Jane: Because it's my identity of living as a transfemale... I feel that that it's a sign not not of respect but a sign of them accepting the fact that even if they don't like it, they accept that I'm trans.

29. Zandvliet, T. (1996). 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.

30. Sylvia Rivera Law Project. (2007). "It's war in here": A report on the treatment of transgender and intersex people in New York state men's prisons. The Sylvia Rivera Law Project: New York.

Being searched as a male prisoner was also a marked negative experience that affected her wellbeing and conflicted with her gender identity.

... (it's) derogatory ... it makes me feel bad ...
I feel that I should be treated as a female.

Zandvliet³¹ states that an important aspect of being transgender is not about 'being' a male, female or neither but of being considered, respected and treated as whatever one experiences oneself to be. Therefore, it also seems that having an experience of being accepted and having one's gender identity affirmed is likely to impact on the extent to which clients engage and benefit from treatment. Indeed, Israel et al.³² found such clients valued therapists who were respectful, helpful and affirming in dealing with the client's gender identity. Social acceptance links closely with the concept of therapeutic alliance, which refers to relationships marked by mutual support and trust. This concept is a core underlying principle and practice of TC treatment³³ and whilst not consistently experienced by Jane it appears such TC principles were important in engaging Jane positively within treatment.

A lack of knowledge by others of gender identity and the transition process acted as a barrier to Jane developing more meaningful relationships with other prisoners and staff within treatment and limited her ability to explore the psychological effects of the transition process.

Researcher: 'Is that how you expected people to react when you started wearing female clothes in front of others? You felt that they would laugh?'

Jane: Yeh people who don't understand they either just ignore you and and say nothing or they take the mick because it makes them feel better and and that is what I found...

This finding supports other literature which has found that professionals working with transgender clients, including the delivery of treatment to transgender clients, lack knowledge and confidence in working with such clients.³⁴ Treatment providers' lack of knowledge is also linked to client's lack of engagement in treatment and in turn their ability to benefit from treatment.³⁵ There are various ways professionals are able to develop their understanding and knowledge of such issues. This includes but is not limited to reviewing relevant literature and discussions with experienced professionals. It also makes sense that through exposure and experience of working with transgender clients professionals would develop their knowledge and understanding of such issues specific to the individual. Indeed Rachlin³⁶ found that therapists who were more experienced with working with gender issues produced more positive results of treatment. The danger of a lack of knowledge and understanding is the use of stereotypes about the attributes of transgender people; a process which often occurs when there is a lack of information or understanding. Overall this research has provided support to

This concept is a core underlying principle and practice of TC treatment and whilst not consistently experienced by Jane it appears such TC principles were important in engaging Jane positively within treatment.

Shiphherd, Green and Abramovitz³⁷ assertion that as treatment providers increase their knowledge barriers to treatment for transgender clients are likely to be reduced.

Openness

The disclosure of a transgender identity to others, and in turn receiving responses from others which allow for the desired gender role behaviour, are reported to

31. See n.27.

32. See n.31.

33. Shuker, R. (2010). Personality Disorder: Using therapeutic Communities as an integrative approach to address risk. In R. Shuker & E. Sullivan (Eds.) *X and the emergence of forensic Therapeutic Communities: Developments in Research and Practice*. Chichester: Wiley-Blackwell.

34. See n.27 and n.12.

35. Israel, T., Gorcheva, R., Burnes T. R. & Walther, W.A. (2008). Helpful and unhelpful therapy experiences of LGBT clients. *Psychotherapy Research*, 18 (3), 294-305.

36. Rachlin, K. (2002). Transgender individual's experiences of psychotherapy. *International Journal of Transgenderism*, 6 (1). Available at <http://www.wpath.org>

37. Shiphherd, J. C., Green, K. E. & Abramovitz, S. (2010). Transgender clients: Identifying and minimising barriers to mental health treatment. *Journal of Gay & Lesbian Mental Health*, 14, 94-108;

be defining events for transgender people.³⁸ Jane described this process as a freeing experience that allowed her to be honest with others.

Researcher: 'What was that like, saying that you wanted to tell people...?'

Jane: For me it was starting to become part of a release to say o.k. this is me know what I mean and no matter what you think of me this is how it is... and that for me was a liberating thing, you know...I felt a big release, you know.

Jane: ...me not keeping it in, me not keeping a secret, me not erm basically in retrospect met not erm (pause) lying to people so to speak.

Researcher: And was that something you found helpful?

Jane: Yeh, I found it helpful...

In order for this to happen she emphasised the importance of individual choice.

I just said you need to take that to your group...let them do it in their own time.

Zandvliet³⁹ states that by helping someone to own their own experience individually whilst at the same time sharing the experience with the wider group/society is important in validating the person's experience. Nuttbrock et al.⁴⁰ also found that transgender people were more likely to disclose to those who were likely to hold positive attitudes toward a gender variant lifestyle. This suggests that the TC provided a supportive context for disclosure to occur. Stevens⁴¹ describes an experience for prisoners within TC's of finding out and

being 'who you really are'. Therefore, it may be that TC environments are conducive to disclosure and identity development. The finding that having control and autonomy over the decision to disclose supports Israel et al.⁴² results which found that transgender clients in treatment experienced therapists who pushed them to disclose as unhelpful.

The process of disclosing her transfemale status did appear to impact on her engagement in treatment in the short term as it was considered an urgent priority.

I said I wanted to use the group straightaway, first group ...I wanted to tell them as soon as possible...

Zandvliet³⁹ states that by helping someone to own their own experience individually whilst at the same time sharing the experience with the wider group/society is important in validating the person's experience.

This is in line with Jones and Brookes⁴³ hypothesis that addressing gender discomfort may feel critical to the offender and in turn may affect engagement in treatment. This impact on treatment did not appear to be detrimental however. In contrast, the prioritisation of the individual's experience of gender variation and decision to disclose appeared to counteract what has been described as a stressful and distressing experience.⁴⁴

Others enquiring and consulting with Jane regarding her gender identity and transition, served to improve her feelings of social acceptance.

...she didn't know as much as me (but) she wanted to know as much as me and she wanted that knowledge and she went and she found that knowledge ... for me that was brilliant because then although she wasn't as clued up we didn't get to stumbling blocks because we didn't talk about the ins and outs of everything I'd be going through, we talked about how I feel ... at least there was someone that I had an outlet to you know.

38. Nuttbrock, L. A., Bockting, W. O., Hwahng, S., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2009). Gender identity affirmation among male-to-female transgender persons: a life course analysis across types of relationships and cultural/lifestyle factors. *Sexual and Relationship Therapy, 24* (2), 108–125.

39. See n.27.

40. See n.36.

41. Stevens, A. (2013). *Offender rehabilitation and therapeutic communities: Enabling change the TC way*. New York: Routledge.

42. See n.31.

43. See n.7.

44. Purnell, A. (2004). *Transsexed and transgendered people: A guide*. Gendys Network, London; Purnell, A., & Bland, J. (2011). *Trans in the twenty first century: Concerning gender diversity*. Beaumont Trust, London.

The opposite was also true where she reported feeling angry when there was a lack of enquiry about her gender identity and transition process on the part of others.

Jane: '...you turned round and said you'd been told I was padding. I went ape... I was getting so angry I just had to shut up.

Researcher: What was it you found unhelpful about that question?

Jane: You didn't ask me a question you made a statement.

Zandvliet⁴⁵ emphasises that good practice should involve finding out about the individual's experience and not making assumptions or categorising. Israel et al.⁴⁶ also found that therapists who impose their values, judgements or decisions on the transgender clients are unhelpful. A culture of enquiry which encourages people to be curious about themselves and others is a core feature of TC treatment.⁴⁷ It is hypothesised that where there was a lack of enquiry on the part of others, this may be linked to a lack of knowledge. Indeed as previously noted the use of stereotypes about the attributes of social groups for example transgender people, are often used when there is a lack of information or understanding. In turn Matusitz⁴⁸ notes that having more knowledge about another group leads to a reduction in the use of stereotypes and in turn prejudices.

Coping

The use of maladaptive and adaptive coping mechanisms⁴⁹ was evident in how Jane sought to manage stressful experiences within the TC. In relation to maladaptive coping Jane primarily used aggression at times where she felt her gender identity was being threatened.

...I would've dealt with that (other prisoners not wanting a transgender person on their group) you know, in probably in an aggressive way ...

Dolovich⁵⁰ and Alexander and Meshelemiah⁵¹ note how the 'hyper-masculine' context of prison can deter transgender prisoners from expressing their gender identity and contribute to negative reactions to such expressions. Interestingly Stevens⁵² in her research exploring prisoners' experiences of TC treatment notes how aggression and the related concept of hyper-masculinity was not as highly valued within prison TCs as it is within mainstream prison culture. Instead vulnerability, including the use of emotional expression and interpersonal and communication skills, were admired. This may explain why Jane seemed to develop the adaptive coping strategies of seeking out support and increased verbalisation of her struggles to others during her time at the TC.

I slowly got a sort of lid on that ... I mean I talked about it on my small group, why I felt like I felt...

Seeking out and gaining support were salient features of her experience. She reported a mixed experience of contact with other transgender prisoners.

Researcher: 'There were other people who were going through that process so ... what was that like?

Jane: Erm (pause) I'll be honest with you I did not believe what this person was saying to begin with erm.

Researcher: Believe in terms of what?

Jane: There were certain things that was being said that didn't ring true in my eyes ... I

A culture of enquiry which encourages people to be curious about themselves and others is a core feature of TC treatment.

45. See n.27.

46. See n.31.

47. Campling, P. (2001). *Therapeutic communities. Advances in Psychiatric Treatment*, 7, 365-372.

48. Matusitz, J. (2012). Relationship between knowledge, stereotyping and prejudice in interethnic communication. *Revista du Turismo y Patrimonio Cultural*, 10 (1), 89-98.

49. See n. 26.

50. Dolovich, S. (2011). Strategic segregation in the modern prison. *American Criminal Law Review*, 48 (1), 1-110; Edney, R. (2004). To keep me safe from harm? Transgender prisoner and the experience of imprisonment. *Deakin Law Review*, 9, 327-338; Blight.

51. Alexander Jr., R. & Meshelemiah, J. (2010). Gender identity disorder in prisons: What are the legal implications for prison mental health professionals and administrators?. *Prison Journal*, 90 (3), 269-287.

52. Stevens, A. (2013). *Offender rehabilitation and therapeutic communities: Enabling change the TC way*. New York: Routledge.

said I'm not going to give up my stuff for you to go to clinic right and and yam up my stuff, know what I mean, because the person was asking me about my life my experiences, about my, you know, what I felt and and I wouldn't give that up...

Whilst her decision to distance herself from other transgender prisoners may be for a number of reasons, the perceived authenticity of the other transgender prisoner's motivations appeared to influence her decision as to whether to accept support and share experiences with the individual. This is in line with research exploring the functioning of marginalised individuals and groups. Namely identifying and affiliating with other similarly stigmatised individuals can act as a useful coping mechanism which protects the individual's self concept and self esteem from the effects of discrimination.⁵³ However, Hornsey and Jetten⁵⁴ found that when there is an 'imposter' within a group this was considered to be damaging and they were less likable than an authentic non-group member. What appeared significant was not necessarily having other transgender prisoners to speak to but having anyone who understood her and who she could express herself to.

I felt alone as in the sense of the only person on the wing who was transgender but I didn't feel isolated as such erm based on other people, my best mate (non-transgender prisoner) for example that knew about me erm and he knew quite a lot about my life as well erm so I had somebody else to go and talk to.

This was further evidenced in her relationship with other transgender prisoners, which was not solely based on their experiences of being transgender / transfemale.

...we didn't talk about trans stuff...we wouldn't just talk about that issue we talked about lots of different things...

Jane also placed significant importance on having extensive knowledge regarding her gender status and transition process, which seemed to help her feel more secure. This is likely to have contributed to her strong sense of self as a transfemale which in line with the Rejection Identification model⁵⁵ states that identifying more with a stigmatised identity can function as a buffer to counteract harm that is experienced.

...see in the world of everything, knowledge is power so therefore erm I made it my business to know as much as I know about transgender and about my process and about everything.

. . . identifying and affiliating with other similarly stigmatised individuals can act as a useful coping mechanism which protects the individual's self concept and self esteem from the effects of discrimination.

Practice implications

Transgender offenders and TC treatment

The aim of this research was to better understand what it is like for a transfemale prisoner to be in treatment within a prison TC. Specifically, the research conducted provides further insight into the extent to which disclosure impacts upon treatment engagement and indicates how supporting the prisoner in having autonomy over the process and decision to disclose is important. In regards to treatment responsivity factors, Jones and Brooks⁵⁶ state that sequencing of treatment requires consideration when gender reassignment affects the prisoner's short and long term response to the therapeutic intervention. This research indicates that transgender prisoners are able to benefit from offending behaviour treatment. Their engagement in offending behaviour treatment is mediated by the extent to which the treatment approach is responsive to the needs of the transgender prisoner. Specifically engagement within treatment was enhanced where the treatment environment and those involved in treatment were able to be supportive,

53. Abrams, D., Hogg, M. A. & Marques, J. M. (2005). *The Social Psychology of Inclusion and Exclusion*. Psychology Press: New York.

54. Hornsey, M. & Jetten, J. (2003). "Not being what you claim to be: Impostors as sources of group threat". *European Journal of Social Psychology*, 33, 639-657.

55. See n.25.

56. See n. 7.

knowledgeable and engage with the individual about their gender identity and transition process. From this the following considerations are recommended for professionals when working with transgender prisoners within offending behaviour treatment:

- What is the prisoner's transgender status and what does it mean to them individually?
- To what extent is the prisoner's transgender status apparent / known to others? What confidentiality issues and / or agreements need to be considered in relation to this? How would disclosure affect their treatment engagement?
- Practically what needs does the prisoner have that may impact on treatment engagement, for example location and association with other prisoners?
- How will other prisoners respond? How will this be managed?
- What changes to course material are required so the individual's transgender status is recognised and affirmed?
- How do the treatment providers feel about working with the transgender prisoner in terms of their confidence, knowledge and understanding and views regarding transgender status and transition processes generally? What support can be offered to inform and skill up treatment providers?
- Does the individual's transgender identity and transition process feature in their risk of reoffending? If yes, how is this going to be approached / addressed in treatment?

Case study research

A common concern associated with case study research is the generalisability of the results. The author makes no assumption that the single case study presented in this paper is representative of all members of the transgender prisoner population. Furthermore, whilst the generalisation of results is important to help aid practice and scientific development, the value of case studies in developing our knowledge and understanding of the specific experience should not be underestimated. It provides a detailed account of the experiences of one member of a group largely ignored by both the general research community and the criminal justice system.⁵⁷ Limitation to case study research concerns the potential for 'verification bias', a tendency to confirm the researcher's preconceived notions. However, Flyvbjerg⁵⁸ reports that all researchers, quantitative and qualitative, are vulnerable to verification bias. Furthermore, Flyvbjerg⁵⁹ notes that due to quantitative data being unable to 'talk back' there is a higher likelihood of verification bias, compared with qualitative research.

Future research

There is no official data held in relation to the number of transgender prisoners within the UK Prison estate,⁶⁰ which would help facilitate further research within the area. In turn further research exploring transgender prisoners' experiences of treatment would help provide further insight. Such research will help better inform guidance and policy for treating such prisoners whilst in custody. In addition, consideration of how gender reassignment impacts upon risk of future reoffending would be of value. This would help inform risk assessments of such offenders to ensure they are managed safely and supported appropriately.

57. See n. 23.

58. Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry*, 12 (2), 219-245.

59. See n.56.

60. See n. 12.