

"I'm not different, I'm still a human being... but I am different"

An exploration of the experiences of transgender prisoners using Interpretative Phenomenological Analysis.

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17 garnered considerable political and media attention. This paper presents an analysis of the
18 experiences of three transgender women located within a male, Category C prison in
19 England. Participants were interviewed, and their accounts analysed using Interpretative
20 Phenomenological Analysis (IPA). Three overarching themes emerged from the dataset: (i)
21 participants' experiences of transition, (ii) their identity within custody and the challenges
22 associated with presenting as female within a male establishment, and (iii) what they
23 perceived as their fight against the prison system which encompassed a fight for their rights
24 alongside a daily struggle against harassment, victimisation and discrimination. Findings are
25 discussed in relation to policy and safeguarding of transgender prisoners.
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Abstract

The treatment and placement of transgender individuals within the UK prison system has garnered considerable political and media attention. This paper presents an analysis of the experiences of three transgender women located within a male, Category C prison in England. Participants were interviewed, and their accounts analysed using Interpretative Phenomenological Analysis (IPA). Three overarching themes emerged from the dataset: (i) participants' experiences of transition, (ii) their identity within custody and the challenges associated with presenting as female within a male establishment, and (iii) what they perceived as their fight against the prison system which encompassed a fight for their rights alongside a daily struggle against harassment, victimisation and discrimination. Findings are discussed in relation to policy and safeguarding of transgender prisoners.

Introduction

The DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition) defines 'transgender' as relating to *'the broad spectrum of individuals who transiently or persistently identify with a gender different to their natal gender'* (pp. 451). The term 'transsexual' is specifically defined within the DSM-5 as *'an individual who seeks, or has undergone, a social transition from male to female or female to male, which in many, but not all, cases also involves a somatic transition by cross-sex hormone treatment and genital surgery'* (pp. 451).

In order to receive gender confirming medical treatment under the care of the National Health Service, a diagnosis of gender dysphoria is currently required. This diagnosis relates to the persistent discomfort or distress resulting from the conflict between the person's gender identity and the gender assigned at birth, and/or distress about the lack of access to medical care to address the conflict (American Psychiatric Association, 2013; Whittle, Turner, Coombs & Rhodes 2008).

The Gender Recognition Act (2004) introduced legislation that enables transgender people to apply to be legally recognised as the gender they identify with, as long as: i) they are at least 18 years old; ii) they have received a diagnosis of gender dysphoria; iii) they have lived in the identified gender for a period of at least two years; iv) they intend to live in the identified gender until death. Notably, the classification of gender dysphoria as a mental disorder has received ongoing criticism by academics, practitioners, campaigners and, importantly, transgender people, who argue that the categorisation pathologises transgender identities and that the characteristics associated with gender dysphoria should be viewed as a medical matter rather than psychiatric (e.g. Arcelus & de Cuypere, 2018). Furthermore, it is of note that the UK Government has recently opened a public consultation on the reform of the Gender Recognition Act, recognising that the current process has been perceived by many transgender people as 'intrusive, costly, humiliating and administratively burdensome' (Government Equalities Office, 2018; p.2). One of the matters upon which the Government is consulting is whether a diagnosis of gender dysphoria should be a requirement for a person to legally change their gender.

There is an overall consensus that the prevalence of people identifying as transgender has increased significantly (Arcelus & Bouman, 2018). It is difficult to establish with any precision the extent to which this is the case, due to the varying ways in which transgender identity has been measured over the years (for example, clinical studies of people already engaged in gender treatment versus population surveys), the different countries/cultures from which the data has been obtained, and changes over time in terminology and definitions. Overall, based

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3 upon UK population surveys and studies from other countries in North West Europe, it seems
4 plausible that the proportion of people in the UK identifying as transgender is likely to be
5 between 1% and 2%(GIRES, 2011; Kuyper & Wijsen, 2014; Van Caenegem et al., 2015)
6

7 Studies suggest that up to 87% of transgender people have reported experiencing some form
8 of violence or harassment linked to their gender identity (Ellis, Bailey & McNeil, 2016).
9 Notably, the British Social Attitudes Survey (Clery, Curtice & Harding, 2017) found that whilst
10 82% of respondents stated that they held no prejudice against transgender people
11 whatsoever, not all of those people, for example, believed that transgender people should
12 hold public facing roles. It is of interest that the study found that acceptance (either definite or
13 more tentative) was greater for employment as a police officer than as a primary school
14 teacher; 74% of respondents held the view that transgender people “definitely” or “probably”
15 should be employed as police officers, compared with 67% saying the same for primary
16 school teachers. The study’s authors have suggested that this may reflect underlying
17 concerns that members of the public have about transgender people working with children.
18
19

20
21 There is a growing body of research which highlights the social and health difficulties
22 experienced by many people from gender minority groups. For example, the majority (57%)
23 have experienced rejection by family members, and unemployment rates have been found to
24 be approximately twice those of the general population (Haas et al., 2014). Grant, Mottet and
25 Tanis (2011) found that 19%of their transgender sample reported having been denied a
26 home, and 11% had been evicted from housing because they were transgender or gender
27 non-confirming. Furthermore, almost a third of transgender people who had tried to access
28 homeless shelters had been turned away. Hasan, Bashford and Patel (2017) highlight that
29 ‘prejudice and discrimination can undermine trans people’s career opportunities, incomes,
30 living standards, access to social capital, quality of life, and physical and mental health’
31 (pp.11).
32

33
34 It has been noted within the research that there are a disproportionate number of transgender
35 individuals who have contact with the criminal justice system. Faithful (2009, p8) summarised
36 that “transgender people are disproportionately poor, homeless, criminalised, and imprisoned.
37 Entrenched job discrimination, low income levels, and exposure to other risk factors
38 essentially create a prison pipeline”. These findings have been replicated by Simopoulos and
39 Khin Khin (2014) who reported that transgender individuals often enter the criminal justice
40 system due to reduced opportunities in education and employment, leading some individuals
41 to turn to sex work.
42

43
44 In 2016 the Ministry of Justice (UK) started to undertake annual monitoring of the prevalence
45 of transgender prisoners. The latest figures to have been released indicate that, in April 2017,
46 125 prisoners in England and Wales were known by the prison authorities to identify as
47 transgender (Ministry of Justice, 2017). This equates to approximately 0.15% of the overall
48 prison population, although it is accepted that this may be an underestimation due in part to
49 the limitations of the data collection methods used (Ministry of Justice 2017).
50

51
52 Much of the research conducted in relation to transgender prisoners stems from the United
53 States with many authors highlighting the prevalence of physical and sexual violence,
54 discrimination and abuse of transgender prisoners within custody (Mitchell, Howarth, Kotecha,
55 & Creegan, 2009; Brown & McDuffie, 2009; Petersen, Stephens, Dickey, & Lewis, 1996;
56 Oparah, 2012). One study identified increased levels of sexual violence against transgender
57 prisoners with 59% reporting being the victim of sexual assaults, compared to 4% of the
58 general population within the same time period (Shah, 2010).
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3 Life within custody is noted to be difficult, with increased incidents of anxiety and depression
4 among prisoners generally (Castellano & Soderstrom, 1997). This is exemplified for
5 transgender prisoners who are reported to experience higher levels of depression and suicide
6 and are more likely to suffer physical and sexual victimisation (Jones & Brookes, 2013).
7

8
9 The care and management of a transgender prisoner within a male establishment is therefore
10 a complex safety and security issue for HM Prison and Probation Service and one that it has
11 taken significant steps to review and reform over the last three years in particular. Under
12 Prison Service Instruction 17/2016 (NOMS, 2016), the default position is that an individual is
13 placed in a prison establishment on the basis of their legal gender. Importantly, however,
14 transgender service users are asked for their view regarding the part of the prison estate
15 (male or female) that would be best suited to their gender identity. If they would like to be
16 placed within the part of the estate that is not congruent with their legal gender (i.e. the
17 gender on their birth certificate), a local Transgender Case Board is held within three days of
18 arrival in custody (and preferably at the pre-sentence stage) which allows professionals to
19 work alongside the service user to make a decision on placement and to review the
20 individual's additional needs as a transgender service user (e.g. safety, access to the
21 correctly gendered clothing, make-up, hair removal aids, etc.). The Prison Service Instruction
22 guides that risk to the individual and other service users should be a key consideration in
23 decision making.
24
25

26 Currently, little research exists which examines the personal accounts of transgender service
27 users' experiences of custody within prisons in England and Wales. This paper aims to
28 address this gap.
29
30

31 **Method**

32 *Participants*

33
34 Three transgender prisoners were interviewed. Each identified as female and had
35 experiences of living in up to four Category C and Category B male establishments whilst
36 living as a female. Participants were aged 25 - 53 (mean = 43 years) and had been living
37 openly as females for between five and seven years and all had been referred and were
38 engaging with the gender clinic.
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42 All individuals living in role within the establishment at the time of the research were
43 considered for participation in the research. Three consented to be interviewed for the
44 purposes of the research.
45

46 It is perhaps of note that the data was collected from participants prior to the implementation
47 of Prison Service Instruction 17/2016 and so any consequential changes to transgender
48 service users' lived experiences are not captured within this paper.
49

50 *Design*

51 Interpretative phenomenological analysis (IPA) is a form of phenomenological inquiry selected
52 for its idiographic and explorative approach (Smith & Osborn, 2003). IPA views the person as
53 an 'experiencing, meaning-making, embedded and discursive agent' (Eatough & Smith, 2006,
54 p. 486). It is influenced by Heidegger's 'hermeneutic phenomenology', which is concerned
55 with how things appear to us meaning that reality is how we subjectively experience it
56 (Eatough & Smith, 2006). The purpose of IPA is therefore to explore and understand, in
57 detail, participants' personal accounts and experiences. In IPA, researchers actively interpret
58 participants' narratives, deploying conceptual, psychological language to generate insights
59
60

into the phenomena under examination. IPA moves beyond merely describing or re-stating participants' accounts to produce more abstract, theoretical understanding of the topic. It is not a predictive methodology; IPA is used to explore and learn about a participant's psychological world. Thus, no explicit hypothesis was predicted for the study. Analysis was guided by previous precedents (Smith & Osborn, 2008; Winder & Gough 2010). Analysis began with the detailed reading and re-reading of the transcripts, notes were made of points of interest with general ideas and themes emerging.

IPA recognises the importance of the researcher in the analytic process, which Smith (2004) describes as a dialectical interpretative relationship between text and the researcher. A participant's experience is therefore understood through continuous engagement with the text, interpretation and analysis.

Through the analysis, the themes were identified and linked. As Smith (2004) explains, this procedure is like that of a 'magnet with some of the themes pulling others in and helping to make sense of them' (Smith, 2004, p. 71). The final stage of the analysis involves the grouping of the themes and the assignation of a descriptive label. This is known as the superordinate theme (Eatough & Smith, 2006).

Procedure

Each participant was interviewed in a dedicated interview room within the prison. Audio recordings were utilised with field notes also being taken, in line with best practice for transcription (Bailey, 2008). The interviews were transcribed verbatim and analysed.

Face to face semi-structured interviews were conducted which lasted between one and a half and three hours. The aim was to explore the experiences of the participants within a male prison. The interview schedule was therefore focused on broad issues such as participants' life in prison, the challenges they face, how they perceived they were treated by prison staff and other prisoners, what support was available and / or required.

Due to the potentially sensitive nature of some of the experiences of participants, access to appropriate support services was made available.

Results

The analysis identified the following themes:

Table 1 Superordinate and Subordinate themes

| <i>Superordinate theme</i> | <i>Subordinate theme</i> |
|----------------------------|---|
| 1. The Journey | 1.1 The beginning 1.2 Hiding 1.3 Acknowledgement = liberation & limbo 1.4 The happy ending |
| 2. Identity in Prison | 2.1 My identity 2.2 The fakers & the hierarchy 2.3 It's not about sex |
| 3. Fight the System | 3.1 Ignorance, prejudice & victimisation 3.2 Fight for my rights 3.3 The practicalities |

1. The Journey

The analysis identified a theme linked to the journey/transition to the individual's adopted gender. Zandvliet (2000) commented that the process of change is profound as the individual's life, identity and relationships require re-defining. This journey of re-definition involves internal psychological and emotional challenges as well as social challenges. For the participants this journey represented the transition from their male identity to their true female selves.

The analysis identified three key stages to this journey which are represented in the subordinate themes.

Theme 1.1. The Beginning.

Each of the participants described becoming aware that *"something was different"* at a young age. Ms C recalled *"I was five when I said to my mum, I want to be a girl"*. The DSM-5 describes gender dysphoria commonly manifesting in childhood as a discomfort with physical gender. This initial identification for each participant was met with a variation of the response; *"It's a phase – you will grow out of it"*. Ms B's father responded violently with the message *"that's not what boys do"*. This message that they are not accepted or different is a consistent experience throughout each participant's life and starts right at the beginning, in childhood, when they first started questioning their identity. Each participant described that aspect of their childhood confusing, a feeling which intensified over time. Ms B commented

"I didn't know what trans was, or who I was, and I was too young to really understand anything, I knew I felt it, but I didn't really know what it was".

The analysis demonstrates a growing discomfort with physiological gender and an ever-increasing gap between psychological and emotional identity and physical identity until they realise that they are transgender, as Ms C describes:

"I knew I was different, something wasn't right" as time passed she realised "I felt female, my brain was female and I would look at my body and it didn't match – I hated it, I realised I was born in the wrong body."

This distress is compounded by feelings of being *"different"* or isolated as Ms C explains *"I grew up miserable – not knowing how to be male"*. For one participant there was also the fear that any expression of their identity could be met with violence. The distress associated with this is summed up by Ms B who reported the use of tourniqueting in an attempt to remove her penis.

"I wanted to get rid of it, it didn't belong to me."

The use of the word *"it"* perhaps reinforces the message of separateness and distaste, always indicating that their male bodies are separate and do not belong to them. The distress associated with this discrepancy between psychological and physical gender has been linked to increased rates of suicide, self-harm and depression (BPS, 2010). The understanding that they are *"different"* and not accepted by others led each of the participants to hide their identities for varying lengths of time.

Theme 1.2. Hiding

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4 It is documented that transgender individuals suffer discrimination, stigmatisation and
5 rejection, which is thought to link to the high levels of self-harm and depression amongst this
6 population (British Psychological Society, 2010). For many this means hiding their true
7 identity for fear of reprisals and rejection. Each participant identified fears linked to rejection
8 and victimisation, with the only logical conclusion being *“you have to hide”*. The early
9 message of being different was reinforced until each participant reached the conclusion that:
10

11
12 *“I was something that society didn’t like, didn’t want to know.” (Ms B)*
13

14 This was very much internalised by each participant with them being convinced that they were
15 the problem, that something was fundamentally wrong with them. Participants not only felt
16 that they had to hide their true selves, but they actively sought to alter themselves to fit with
17 what they thought society wanted, either through getting married or emphasising hyper-
18 masculine traits.
19

20 Ms C discussed getting married and having a family as she thought that if she lived *“normally”*
21 nobody would think that she was transgender.
22

23
24 *“I tried to live like society told me I was supposed to. I was very unhappy.”*
25

26 Ms A and Ms B discussed engaging in significant violence and emphasising their masculine
27 traits in an attempt to hide their true identity from both themselves and from others. The
28 violence was an outlet for the anger and confusion which they felt.
29

30
31 *“I was in denial for a very long time, I was very violent, I used to fight for no reason, anyone,
32 I’d just start.....it would take everything I was thinking and feeling out of me. It would relieve
33 me.” (Ms A).*
34

35 This notion of hiding their true selves and seeking to be *“normal”* indicates the strength to
36 which they felt their own identities were in some way abnormal.
37

38 Theme 1.3. Acknowledgement = liberation and limbo

39

40 After spending so much time in *“hiding”* and feeling that they were not *“normal”*, the
41 acknowledgement and acceptance of their true identity was a seminal point and happened at
42 different stages for each individual. The common theme outlined the feelings of liberation and
43 limbo which appear to define this stage of the journey to transition for these participants.
44

45
46 *“I just thought ‘I’m free’ so I started growing my hair and wearing make-up, it felt great to just
47 be able to be me.” (Ms C)*
48

49 Ms B shared *“I’ve accepted who I am and I’m more content”*. This acknowledgement allows
50 the individual to begin to transition towards their identified gender, a process that can start in
51 custody:
52

53
54 *“I didn’t buy a dress or skirt straight away.....it did take me quite a while to come out of my
55 cell wearing my skirt.....maybe because I was worried about reactions.” (Ms A)*
56

57 Each participant discussed feelings of *“happiness”* and *“freedom”* which came with the initial
58 acknowledgement of their identity. However, this was soon followed by feelings of limbo as
59 they recognised that the route to transition was long and complex.
60

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4 *"You are always in suspense, always in limbo" ... "How many more years am I going to have*
5 *to wait?" (Ms B)*
6

7 Each participant discussed that the journey to transition means a lot of change and
8 questioning around their identity and sexuality.
9

10 *"before I would have said I was a man who was attracted to males and females, now I'm a*
11 *woman who is attracted to men. (Ms C)*
12

13
14 For one participant who highlighted the extent to which she had hidden her true identity the
15 process of transition was also hard as for her it meant learning how to present as female.
16

17 *"I'm conscious of my body language, how I hold myself, my tone of voice" (Ms A)*
18

19 After hiding their true identities, each participant expressed feelings of joy and liberation at
20 acknowledging their true identity, however the length of time and amount of adjustment
21 required leads some to feelings of limbo which can continue for many years:
22

23
24 *"I am me, I'm closer to me than I've ever been, but I've still got a way to go". (Ms B)*
25

26 27 Theme 1.4. The Happy Ending 28

29 Each participant discussed what they wanted at the end of their transition. The key message
30 was *"acceptance"* and *"happiness"*. For each participant the prospect of transition is a long
31 and complex process, perhaps leading some to an idealised notion of the ending:
32

33
34 *"Until you get there, you will always be depressed, once I'm there I won't need anti-*
35 *depressants, everything will be great and I'll be happy." (Ms B)*
36

37 It is known that mental health rates are higher in transgender populations (Department of
38 Health, 2008). What is not clear is the extent to which mental health problems in this
39 population are linked specifically to gender dysphoria, and the role that external stressors
40 play. For Ms B in particular she viewed her transition as the answer to her problems:
41

42
43 *"It's when everything will come together." (Ms A)*
44

45 For each participant the language of *"real me"* was common, reinforcing that the culmination
46 of their journey is to be able to express and be accepted for their *"real"* selves which is not
47 represented by their physical bodies.
48

49 50 **2. Identity in Prison** 51

52
53 The ways in which transgender prisoners express their own identity, and how others view
54 them was an important theme within the analysis. The notion of identity is a critical one for
55 many prisoners; being a 'prisoner' can be a social curse for individuals, especially those with
56 sexual convictions (Winder & Blagden, 2018). Internalising a 'socially cursed' label leaves the
57 individual with an impaired ability to achieve self-respect and affiliation with mainstream
58 society (Maruna et al., 2009). Identity for those who both have sexual convictions and are
59 transgender proves to be especially complex, and the various aspects of this is reflected in
60

1
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3 the three subordinate themes within this superordinate theme. These themes comprise:
4 participants' own identity as a female within a male prison, the hierarchy within the
5 transgender community and gender identity as separate from sexuality.
6

7 Theme 2.1. My Identity

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10 At the time of data collection, it was prison policy to allocate a prison placement of an
11 individual based on 'their gender as recognised under UK law' (Prison Service Instruction
12 07/2011). Although there was provision made under this previous Prison Service Instruction
13 (PSI 07/2011) for a case conference to take place in cases where a person's legal gender
14 had not been changed, the more recent Instruction (PSI 17/2016) – which had not been
15 implemented at the time of participant interviews - is markedly more committed to working
16 collaboratively with the individual service user to enhance safety and wellbeing.
17

18
19 NHS England gender identity healthcare services typically require transgender individuals to
20 live openly in their identified gender for a minimum of two years. Transgender prisoners are
21 therefore often motivated to express and experience their identity in prison, when doing so
22 could place them at increased risk of violent and sexual assaults (Oparah, 2012; Mitchell et
23 al., 2009).
24

25
26 Participants placed significant psychological and emotional importance on items which enable
27 them to live in role.
28

29 *"My body doesn't match, I need my things" (Ms C)*

30
31 These items come to represent their true selves, and become intrinsically linked with
32 participant's sense of self:
33

34 *"If they take all my gender related stuff away, they are taking me away, I won't exist." (Ms A)*

35
36 Each participant described intense feelings of psychological and emotional distress when
37 items associated with their gender identity were removed from them¹:
38

39 *"If they take my clothes away I'll hang myself." (Ms B).*

40
41 The distress appeared compounded by the lack of understanding of others to the meaning of
42 their items. Ms B discussed that to others it's just a lipstick, it's nothing, but to her it's become
43 a representation of who she is.
44

45
46 *"They think it doesn't make a difference but it does. It's showing who we are as people. It's
47 just ... I don't have the words for it ... They don't know how badly it can affect you." (Ms C)*
48

49
50 Due to their physical appearance not matching their psychological identity, participants rely on
51 external items (such as clothing, wigs, make-up, hair removal products) to present as their
52 true selves. Items such as clothing and make-up therefore take on deep psychological
53 significance as the external expression of their identity; a concept which is perhaps not
54 understood or appreciated by others.
55

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59 ¹ Since the later implementation of PSI 07/2011 transgender prisoners should not have had items
60 essential to presenting as their identified gender removed, despite any other sanctions that may have
been imposed upon them.

Theme 2.2. The Fakers and the Hierarchy

Fakers or those who are not seen as “*genuine*” transgender people are separated from the transgender prisoner community, labelled as ‘not genuine’, transvestites or fetishists. The judgement of genuineness is made using different criteria. For some it’s a case of “*You can just tell by talking to somebody*”. For others, it’s the level of effort put into living in role; “*He had a beard, and that’s just wrong*” (Ms B).

One participant commented that being genuine also garnered a level of respect and this linked to acting like “*a proper lady*”. This echoes findings by Jenness (2014) who reported that transgender prisoners ‘emphasised the importance of acting like a lady’ as a route to obtaining respect.

Each participant voiced concerns about the impact that ‘fakers’ had on the ‘genuine’ transgender community. They “*slow things down for the rest of us*”, they are part of the reason that “*staff take us less seriously*”. The ‘fakers’ are viewed as damaging to ‘genuine’ transgender prisoners who are already having to fight ignorance and prejudice.

It is well established that within the prison system there are hierarchies related to gang affiliation, violence, offence type as well as sexuality and gender (Dunn, 2013). The research revealed a hierarchy within the transgender community depending on several factors.

“I’m not the same as the other transgenders. I don’t consider myself trans, I consider myself female.” (Ms C)

The point at which an individual is within their transition impacts their place in the hierarchy, with those who are more advanced being looked to for guidance. Age is also a factor with those who are younger considered to have had an “*easier*” experience, as society is arguably more tolerant and accepting than it was, for example, twenty years ago.

“She came out later, she doesn’t realise what some of us have been through.” (Ms B)

The number of times an individual has to attend a gender clinic also raises questions about hierarchy and perhaps genuineness:

“If somebody has to go back and forth to the Gender Clinic, there is a problem, you should be diagnosed within two visits.” (Ms C).

Whilst there may be a hierarchy within the transgender community, each participant spoke warmly of the sense of community and support derived from being placed with other transgender prisoners; each indicating that to be placed separately could increase feelings of isolation, loneliness and depression.

Theme 2.3. It’s Not about Sex.

How others view transgender individuals and the transgender community was an important theme throughout the analysis. Each participant highlighted encountering a lack of understanding from both staff and other prisoners. The main theme that emerged linked to the differentiation of sex and gender.

“They think it’s about sex, do we like men or women – it’s not about that.” (Ms A)

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3 This raised the question of the appropriateness of the prison based LGBT (Lesbian, Gay,
4 Bisexual and Transgender) organisations, as each participant viewed gender identity as
5 different to, and separate from, sexual orientations:
6

7 *“Lesbian, gay and bi-sexual are about sexualities. Transgenderism is about gender identity –*
8 *it’s different.” (Ms C)*
9

10 Each participant discussed experiences where inferences about their sexuality were drawn
11 from their transgender status, and also experiences of their actions being sexualised as a
12 result of people’s misconceptions of the nature of transgender identity.
13

14
15 *“People put it all down to sex – an officer gave me an IEP [behavioural warning] as he thought*
16 *I was wolf-whistling at him. I was whistling to my friend down the landing. I said you’re an*
17 *idiot, don’t flatter yourself. It’s not about sex for us.” (Ms B)*
18

19 The sexualisation of transgender inmates was a recurring theme which prompted feelings of
20 frustration and fear. Frustration at the ignorance of others, and fear about the perceived
21 sexual threat within some interactions.
22

23 Within this climate of fear related to the sexualisation of their behaviours, each of the
24 participants disclosed having been involved in sexual relationships whilst in custody. The
25 nature and type of relationships had an inherent judgement and hierarchy with all participants
26 speaking disparagingly of other transgender individuals who were viewed as being sexually
27 promiscuous. There were connotations of disapproval as evidenced by Ms B.
28

29
30 *“A lady doesn’t put it about....you want a man to treat you properly... to romance you.”*
31

32 There are interesting parallels to Jenness’ (2014) work which further explores this concept
33 and concludes ‘The dynamic nexus between being transgender in a sex-segregated
34 environment and the centrality of earning respect as a lady is anchored in the embrace of a
35 feminine ideal akin to the iconic Victorian-era normative construct first described by Barbara
36 Welter in “The Cult of True Womanhood, 1820-1860” (Welter, 1966)’.
37
38

39 **3. Fight the System**

40 The fight of transgender prisoners was clear throughout the analysis. Three subordinate
41 themes were identified linking to their accounts of struggling against victimisation, their fight
42 for their rights and their struggle to comprehend the practicalities involved in transitioning.
43
44

45 Theme 3.1. Ignorance, Prejudice & Victimisation

46 It is well documented within the literature that transgender prisoners are at increased risk of
47 sexual and physical violence (Oparah, 2012). The analysis revealed different layers of
48 violence and discrimination experienced within the transgender prisoner community. Each of
49 the participants in this study reported having experienced sexual violence at the hands of
50 other prisoners or in one case a member of staff.
51
52

53
54
55 *“I was raped, they said I must like it because I’m gay – I’m not gay.” (Ms B)*
56

57 Each participant reported daily occurrences of harassment, discrimination and prejudice:
58

59 *“They treat us like we are lepers, like we shouldn’t be here.” (Ms C)*
60

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3
4 The term “lepers” was used consistently by one participant, drawing parallels with a group of
5 people rejected by society and deemed to be diseased. Feeling like a “leper” was a daily
6 experience for this participant, impacting self-esteem and emotional wellbeing. The feelings of
7 rejection and discrimination linked to experiences with members of staff as well as other
8 prisoners. None of the participants felt that current staff were overtly discriminatory or
9 prejudicial. However, staff were perceived to actively avoid contact with transgender prisoners
10 either due to a perceived discrimination or due to a lack of confidence in managing
11 transgender issues.
12

13
14 *“Staff don’t know how to deal with transgender, some staff are just ignorant and some staff*
15 *actively avoid or ignore you.” (Ms B)*
16

17 Each participant differentiated between staff whom they perceived to be ignorant through lack
18 of experience with transgender individuals and those that were perceived to be prejudicial and
19 therefore actively avoided contact.
20

21
22 *“Some staff want to know you, others don’t, and for some the whole concept is just too difficult*
23 *to get their heads around – but we are all human so as long as they treat me decently, that’s*
24 *all that matters.” (Ms C)*
25

26 When there was a perceived positive relationship with a member of staff, this appeared to
27 hold genuine significance for the participants, possibly because of the extent to which they
28 otherwise felt misunderstood or rejected.
29

30
31 *“There have been two members of staff who really took the time to get to know me and*
32 *wanted to know more about who I am, I’m still grateful to them.” (Ms B)*
33

34 The staff members who demonstrated interest and acceptance were valued by each
35 participant:
36

37
38 *“An officer said to me, sorry but I don’t know how to address you, so we sat and had a*
39 *conversation about it. He might not be completely okay with all things trans but we can*
40 *communicate and I appreciate that.” (Ms A).*
41

42 One participant reflected that as she progressed through her transition, she felt more
43 discriminated against as a woman than as a transgender prisoner. For example, she reported
44 being told that she was not suitable for prison roles which included the handling of heavy
45 machinery; instances she attributed to sexism:
46

47
48 *“I was discriminated against as a transgender, now I’m discriminated against as a woman.*
49 *The discrimination just changes slightly as people try to make sense of who you are.” (Ms C)*
50

51 She also highlighted the propensity of staff and prisoners to accept her more as female, which
52 she attributed to being further along in the transition process. This could link to society’s
53 dichotomous understanding of gender, in which people can feel more comfortable with an
54 individual who they can recognise as female (Rahilly, 2015).
55

56 Notably, experiences of overt threats and prejudice by staff appeared confined to previous
57 decades with all participants highlighting the positive impact that diversity and equality
58 legislation has had on the culture within prisons. However, experiences with other prisoners
59 are markedly different:
60

1
2
3
4 *"I call the male prisoners the paparazzi as they are just all around you all the time. You can't*
5 *get away from them."*
6

7 Each participant spoke about daily sexual comments and innuendos:

8
9
10 *"It's like I'm a piece of meat, every day I get comments like..... give us a blow job, on my way*
11 *here two guys were saying things to me."*
12

13 The sexual harassment was described as "pestering", or "annoying comments". This
14 minimisation of sexual harassment could link to normalisation as there was a level of
15 acceptance of sexual harassment as part of their daily routine. Ms C described it as just
16 another tiring aspect of her day. However, there was an undercurrent of anger displayed by
17 each participant with Ms C describing how her experiences in prison have given her a "deep
18 seated fear and hatred of men". Each participant had developed various ways and means of
19 coping with the sexual harassment, from ignoring it, put-downs, swearing, and in one case a
20 flirtatious response:
21

22
23 *"I call them on it, they are only doing it to look big in front of their mates, so I make them look*
24 *stupid."* (Ms B)
25

26 Direct threats of sexual violence were reported to be less common than the harassment and
27 viewed more severely, evoking a higher level of fear and anxiety:

28
29 *"I've had people threaten to rape me, tell me that they are going to get me in my cell, it does*
30 *scare me."* (Ms B)
31

32 The lack of understanding or ignorance of staff was a key issue when it came to reporting
33 threats or sexual harassment, with one participant asking:

34
35
36 *"What's the point? They either can't or won't do anything about it."* (Ms B)
37

38 This appeared to add to the general feeling that sexual harassment was just something that
39 transgender prisoners had to put up with.

40
41 Each participant had experience of residing in prisons with and without men convicted of
42 sexual offences. The sexual harassment was reported to be worse in prisons housing those
43 convicted of sexual offences. This may be due to the nature of the population or the
44 prevalence of sexual pre-occupation within this population (Winder, Lievesly, Kaul, Elliott,
45 Thorne & Hocken, 2014).
46
47

48 Theme. 3.2 Fight for my Rights

49

50 Each participant talked passionately about their fight for their rights within custody and
51 language associated with battle was frequently used. Each participant also used variations of
52 'us against the system' language when discussing their rights; indicating that they viewed the
53 Prison Service as an adversary against whom they had to fight for their rights, for equality and
54 their (female) clothing. This was a key focus for each participant, with reports of many hours
55 spent writing, campaigning and formally complaining when they felt their rights were being
56 violated or over-looked.
57
58

59 *"We have to fight for what we want in prison, they don't want us to have it."* (Ms A)
60

1
2
3
4 The passion and determination evident in interviews appeared linked to previous experiences
5 in which they felt victimised or that their rights had been withheld:
6

7
8 *"I've been bullied, attacked, my rights taken away from me, I won't let that happen again, I will*
9 *fight and I won't stop."* (Ms B)

10
11 The 'fights' described by participants included: fighting for gender related items, fighting for
12 the Prison Service Instruction to be properly implemented, fighting for equality, fighting
13 discrimination and fighting back against the prisoners who seek to victimise them.
14

15 Theme 3.3. The Practicalities

16
17 The actual process of medical transitioning is long and complex. The practicalities of
18 accessing this specialised healthcare within prison comes with its own challenges and
19 complexities for transgender individuals as well as for the Prison Service. Prisons can be
20 geographically distant from the relatively few gender clinics across the United Kingdom and
21 so supporting prisoners to attend appointments in person requires resources and planning.
22
23

24 *"It's so much.....just loads of paperwork, processes, appointments, meds, rules and different*
25 *things to get your head around."* (Ms B)

26
27 Following the process within custody was linked to feelings of stress with one participant
28 describing it as "overwhelming". This is coupled with the stress associated with waiting lists
29 and the lack of support.
30

31
32 *"It would be good to have somebody to talk to about all of this, staff have no idea what is*
33 *involved so can't help us even if they want to."* (Ms C)

34
35 It is acknowledged within the literature that transgender individuals are disproportionately
36 subject to poor education and employment opportunities (Simopoulos & Khin Khin, 2014).
37

38
39 *"If you struggle to read or write, or didn't do well at school. Then....well.....it's near impossible,*
40 *and can be really stressful."* (Ms A)

41
42 There is a feeling that professionals make the decisions regarding their care and needs,
43 leading the participants to feel out of control with regards to their own gender needs:
44

45 *"I arrived here on a Friday, they had a multi-disciplinary meeting on Monday involving eight*
46 *people, I wasn't one of them. They decided what was gonna be in my compact, how to deal*
47 *with me."* (Ms A)

48
49 This type of experience was replicated for each participant and fed into the perception that the
50 Prison Service either does not care or simply does not know how to deal with transgender
51 issues. This also linked to participants' passion for fighting the system as they felt quite
52 separate from the decisions being made. This said, there were clear examples of positive
53 experiences within the Prison Service, where participants felt that their needs and concerns
54 were listened to and respected. One participant demonstrated a certain amount of empathy
55 for the challenges faced by the Prison Service:
56
57

58 *"I do get how difficult it is.... for some staff they've never even heard of transgender. I am in*
59 *prison at the end of the day so I do need to be treated as any other prisoner, and I'm not*
60

1
2
3 *different, I'm still a human being..... but I am different.....that's hard for me to get my head*
4 *around sometimes.” (Ms B)*
5
6
7

8 **Discussion**

9
10 Each of the participants interviewed for this study identified specific needs which have
11 implications for the care and management of transgender prisoners within the prison estate.
12

13 The sexual harassment reported by transgender prisoners was described as a daily
14 occurrence, with each participant saying they have experienced a range of behaviours from
15 unwanted sexual comments to direct threats of sexual violence from other prisoners. This
16 increased risk of being a victim of sexually harmful behaviours is consistent with findings
17 reported by Glezer et al. (2013).
18

19
20 In their study of Californian transgender prisoners, Jenness and Fenstermaker (2014) also
21 described sexual attention from cisgender male prisoners as a prominent feature of
22 transgender women's daily experiences in a male prison. However, Jenness and
23 Fenstermaker portray this as having been somewhat more welcomed by many of their
24 participants; sexual relationships were used for purposes of protection, preferential treatment
25 and status, and there was competition between transgender prisoners to secure these
26 relationships. Notably, in the current study (although much smaller in sample size), this theme
27 did not emerge so strongly. Some participants spoke disparagingly of other transgender
28 prisoners who they viewed as sexually promiscuous, but a stronger theme was that of
29 frustration and fear at the prospect of being sexualised by male prisoners. It is not clear at this
30 stage why these differences between studies have emerged. It is possible that there are key
31 differences between the English and Californian prison cultures. It is also notable that the
32 current study was completed in a prison which specialises in working with men convicted of
33 sexual offences; this does not seem to have been the case in Jenness and Fenstermaker's
34 study.
35
36

37 Each participant in the current study voiced a reluctance to report experiences of sexual
38 harassment to staff. This appeared compounded by the perception of a general lack of
39 support throughout the Prison Service. The reporting and management of sexual harassment
40 requires further exploration with the scope and implementation of existing violence reduction
41 protocols being reviewed. Given that this population is at increased risk of victimisation, self-
42 harm and suicide, additional support systems need to be discussed and considered.
43 Suggestions from participants included a transgender representative and a support group; the
44 aims of which would be to give transgender prisoners practical support and a space in which
45 to discuss / report issues and receive emotional support.
46
47

48 Notably, one of the subordinate themes ('The fakers and the hierarchy') to emerge in the
49 current study reflects a theme highlighted by Jenness and Fenstermaker (2014) of being 'the
50 real deal'. Jenness and Fenstermaker point out that the object is not to avoid being 'clocked'
51 as being legally male; the transgender women are in a male prison and therefore 'no other
52 truth is possible'. However, comparing their femininity of appearance and 'ladylikeness' of
53 behaviour to other transgender prisoners was something that Jenness and Fenstermaker's
54 participants had in common with participants in the current study. Similarly, both studies have
55 identified that whilst there is competition reported between transgender prisoners, there is
56 also valuable support and community to be found.
57
58
59
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1
2
3 A significant level of frustration stemmed from the inconsistency experienced across different
4 establishments in relation to the transgender items allowed². Since the data was collected,
5 Prison Service Instruction 17/2016 has been implemented (January 2017). It is hoped that as
6 its content continues to be implemented in prison practice, improvements will be seen by
7 transgender prisoners in relation to some of the issues they have raised in the research
8 interviews. An evaluation of its application and impact may therefore be beneficial.
9

10
11 Participants highlighted the need for staff training to increase understanding of the challenges
12 faced by transgender prisoners as well as to increase confidence in managing such
13 challenges. Research has highlighted that staff working with transgender prisoners can feel
14 overwhelmed and de-skilled due to the nature and breadth of their needs (Dunn, 2013). Given
15 that transgender prisoners are a minority group, a large, national training scheme would
16 perhaps be unrealistic to implement and resource. However, establishments with an existing
17 transgender population could consider prioritising staff training in this area.
18

19
20 Each participant highlighted the importance of being placed with other transgender individuals
21 for reasons of safety and support. An option would be for particular establishments to become
22 centres of excellence for the care and management of transgender prisoners. Staff training
23 and other facilities could therefore be more targeted. However, the benefits of this would need
24 to be balanced with factors such as the prisoners' proximity to their home area (to facilitate
25 social visits, where relevant) and their preference or not for being treated differently and
26 located separately from the rest of the prison population.
27

28 29 **Limitations**

30
31 Three participants were interviewed for the purposes of this study and provided a rich dataset
32 for analysis. Whilst IPA does not require large sample sizes (Smith & Osborne, 2003) further
33 larger scale studies are required to increase understanding of the needs of transgender
34 prisoners.
35

36
37 It is also of note that to enhance the homogeneity of the sample, this study engaged only with
38 transgender adults identifying as female. It may be beneficial to undertake similar research
39 with other gender minority groups within a custodial setting, including young people,
40 transgender men and those who identify as non-binary, gender fluid and/or intersex.
41

42 43 **Conclusion**

44
45 The care and management of transgender prisoners is a complex issue, the aim of this paper
46 is to increase understanding of the experiences of transgender prisoners and contribute to the
47 discussion on how best to support and care for this group of service users who are arguably
48 amongst the most vulnerable within our prison system.
49

50 51 **Implications for Practice**

- 52 • A separate review of the reporting and management of incidents of sexual harassment
53 and/or assault alleged by transgender prisoners could inform practice and policy
54 development.
55

56
57
58
59 ² Participants reported that different prisons allowed different items such as wax strips, nail polish
60 remover, hairdryers, etc. This led to distress when different establishments removed different items in
line with their local security policies.

- Greater consideration could be given to emotional and social support for transgender prisoners. This could come from the transgender community within prisons. There might be value in prisons developing collaborations with community-based transgender groups who may be able to offer in-reach and through-the-gate support to transgender service users.
- Prison managers and staff should be mindful of the diverse and complex relationships that may exist between transgender prisoners and their cisgender male peers. Some of these relationships may be protective whilst others may not be.
- An evaluation of the application and impact of Prison Service Instruction 17/2016 could provide key insight to support ongoing improvements to policy and practice.
- Training for prison staff in relation to transgender identity and the content of Prison Service Instruction 17/2016 is recommended. Ideally this would be applied to all staff nationally but with priority given to prisons currently caring for transgender prisoners.
- Consideration should be given to the 'clustering' of transgender prisoners to particular prison sites to facilitate greater levels of support and appropriate care and safeguarding.

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