

**EXPLORING THE EXPERIENCES OF TRANSGENDER WOMEN
IN THE CRIMINAL JUSTICE SYSTEM**

By

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Abstract

The broad aim of the current thesis was to explore the experiences of transgender women in the Criminal Justice System (CJS), with the view to better understand the needs of this population and consider the implications for practice. Chapter one provides a background to the research area, which provides a context for remaining chapters. Chapter two presents a systematic review of the existing literature, which explores the experiences of CJS staff working with this population and also includes first-hand accounts from people who identify as transgender. The findings of this review highlighted the unique challenges faced by transgender prisoners and the potential benefits of raising awareness to the key matters related to gender inclusion to practitioners. Conclusions derived from this chapter identified that it is an under-research area. Chapter three presents an empirical study with transgender sexual offenders in the community (under the care and management of Probation Services). Using Interpretative Phenomenological Analysis (IPA), the study gained an in-depth understanding of the experiences of three transgender people who have encountered the court, police, prison and probation services. Two superordinate themes were identified: *“The process of coming out”* and *“How the world treats/sees me”*. The results are discussed with respect to practical implications, whilst outlining suggestions for further research. Chapter four outlines a critique of a risk assessment tool - the Risk Matrix 2000 (RM2000) - and considers the use of the assessment with transgender sexual offenders. Conclusions elicited from this chapter referred to the need for practitioners to be cautious about the accuracy of their assessments, and subsequent decisions. Chapter five concludes the thesis with a summary of the main findings and provides recommendations for practice and areas for further research.

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CHAPTER 1

Introduction

There is a perception in Western cultures that gender is a stable and dichotomous construct. The majority of institutions and systems inherently categorise people as male or female (Kealy-Bateman et al., 2019). However, it is important to recognise the distinction between gender and sex. While sex is generally determined at birth and refers to physical characteristics that are biologically defined, gender is a sociocultural expression of a person's own psychological perception of being male, female, both, neither, or somewhere in between (McRaney et al., 2021). While it is often assumed that a person's gender is associated with their biological sex, how someone experiences gender is internal (Iyama, 2012). Although many individuals identify with the gender assigned to them at birth, there is an increasingly visible minority who do not adhere to the traditional conceptualisation of gender (Arcelus & Bouman, 2018). The view of gender as binary fails to capture the wide range of identities which sit between and outside the categories of male and female (American Psychological Association; APA, 2015). The idea that gender exists on a spectrum is not a new concept and has been documented in a range of historical cultures (Coleman et al., 1992; Miller & Nicholas, 2012). However, establishing the language to represent a more nuanced understanding of gender has been a more recent development.

In the modern Western world, there is an ever-growing myriad of terms and pronouns that describe the experiences of gender for people who identify beyond the binary categorisation. 'Transgender' is used as an umbrella term to describe any person whose gender identity differs from their assigned sex (APA, 2015). Appendix A provides a glossary of key terms and further information on specific identities (Gender Spectrum, 2019). While it is recognised that the term 'transgender' encapsulates a diverse range of gender identities, the predominance of literature in western cultures has focused on people who identify with the opposite gender of their assigned sex. In this thesis, the term 'transgender' refers to individuals who identify within the margins of gender binary. Moreover, the majority of literature

discussed within the thesis refers to women whose gender identity does not correspond with the assigned sex at birth. At this point, it is important to note the distinction between a person's gender identity and their sexual identity - the two are separate concepts. Transgender individuals may identify as straight, gay, lesbian, bisexual, or some other sexual orientation.

Gender identity and gender expression are two key terms that are particularly pertinent for transgender individuals. Gender identity has been described as the way a person experiences gender internally as a part of their core sense of self, while gender expression refers to the different ways in which people communicate their gender to others (Sahota, 2020). It should be noted that feelings of discomfort or distress caused by a mismatch between a person's physical characteristics and their gender identity (termed 'gender dysphoria') are not present in all transgender people; some may not seek any sort of physical intervention or transition (APA, 2013). Although gender dysphoria is not an inherent part of being transgender, a diagnosis is not only required to access gender conforming medical treatment from the National Health Service (NHS), it is also a necessary requirement for transgender people who wish to be legally recognised as the gender they identify with.

The Gender Recognition Act (Gender Recognition Act, 2004) enables people in the United Kingdom (UK) to acquire legal recognition of their gender identity as long as they identify as a man or woman, they are at least 18 years old, they have lived in their identified gender for at least two years, and they have received a diagnosis of gender dysphoria. Applications made under the Act are determined by a UK wide panel who issue Gender Recognition Certificates (GRC). Many seek legal recognition however, the process has been described by transgender people as being too bureaucratic, expensive and intrusive (Gender Equalities Office; GEO, 2018a). Other shortcomings of the legislation include the narrowly defined binary terms that exclude non-binary, non-gender and intersex people. Therefore, it is not surprising to learn that the number of people who have a GRC represent a small number of

the transgender population in the UK (GEO, 2018a). Notably, the Government had opened a public consultation on the reform of the Gender Recognition Act (Gender Recognition Act, 2004) and the matter of whether a diagnosis of gender dysphoria should be a requirement for a person to legally change their gender was under review (GEO, 2018b). Furthermore, it is of note that the latest Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) has declassified gender variance as a mental disorder (APA, 2013) to reflect the shifting narrative that being transgender is not a pathological condition. However, the classification of gender dysphoria as a psychiatric condition remains a highly debated topic amongst academics, practitioners and campaigners who have argued that the characteristics associated with gender dysphoria are medically related rather than psychiatric (Nulty et al., 2019).

In the last several years, the transgender community has received more attention in the public eye; with recent discussions about the participation of transgender athletes and the military lifting its ban on transgender individuals in the armed forces (Walton et al., 2019). It is difficult to establish the number of people identifying as transgender in the UK as no robust and representative data currently exists (GEO, 2018c). However, studies in North-West Europe have found an estimated prevalence range of 0.35% to 1.3%. When these findings are applied to population surveys, it is likely that approximately 200,000 and 500,000 people in the UK identify as transgender (GEO, 2018a).

Whilst, it is encouraging to note that some advances have been achieved in terms of addressing the rights of gender minorities, transgender people continue to face widespread discrimination and stigma (Gorden et al., 2017; Grant et al., 2011). Studies suggest that up to 87% of the transgender population experience some form of gender-based violence or harassment (Ellis et al., 2015). Furthermore, transgender people are more likely to have contact with the Criminal Justice System (CJS) as victims of hate crime, rather than due to committing an offence (Home Office, 2019). A growing body of research has consistently documented an

association with gender-based discrimination and an increased risk of experiencing mental health issues, self-harm, and suicide (Bockting et al., 2013; Shipherd et al., 2011; Testa et al., 2017). In addition to the psychological impact, many people from gender minority groups also face social difficulties. For example, 30% of respondents in a US National Transgender Survey reported experiences of homelessness following denial or eviction from housing because they identified as transgender, and unemployment rates are approximately twice those of the general population (Grant et al., 2011; Haas et al., 2014). Notably, research has identified that transgender individuals often enter the CJS due to reduced opportunities for employment and education (Simopoulous & Khin Khin, 2014). Some researchers have argued that amongst other risk factors, job discrimination and low-income levels have created a prison pipeline (Faithful, 2009).

Despite the paucity of research with transgender people who engage in offending behaviour (Buist & Stone, 2014), a small number of studies have explored the experiences of this population in prison settings. The findings indicate that they are significantly more likely to experience a range of problems in comparison to the general prison population (Gorden et al., 2017), due to frequent exposure to incidents of physical and sexual violence (Hochdorn et al., 2017; Jenness & Fenstermaker, 2014; Jenness et al., 2019; Nulty et al., 2019; Sumner & Sexton, 2015). It is noted that majority of studies stem from North America; the academic literature around transgender people in UK prisons remains limited.

1.1. Gender identity and Prisons

Until recently, prisons in the UK have paid little attention to the diversity of gender identities and people who identify outside the traditional perception of gender as binary (Bright, 2020). However, the transgender population in prisons has risen two-fold over the last three years (Ministry of Justice; MoJ, 2018). According to the latest Equalities Annual Report, 70 individuals in prison identified as transgender in 2016, these figures rose to 139 in 2018 (MoJ,

2018). This represents approximately 0.15% of the overall prison population, although it is accepted that the government's figure is an under-estimation as it did not include prisoners who have transitioned and/or acquired a GRC (Nulty et al., 2019). In addition, some individuals may be reluctant to disclose their gender identity for fear of prejudice and victimisation (Simopoulos & Khin Khin, 2014).

Although a small minority of the prison population identify as transgender, the negative experiences reported by transgender people in prisons alongside the increasing visibility of this population within custodial estates prompts issues in relation to safeguarding. The Her Majesty's (HM) Prison Service developed a series of Prison Service Instructions (PSI) in 2011, 2016 and 2019 which aim to provide an appropriate balance between the care and management of transgender individuals with the safety of other residents in the prison estate (MoJ, 2011; 2016; 2019). The guidelines in 2011 stated that people should be located according to their legally recognised gender (MoJ, 2011). Therefore, those with a GRC should be transferred to the estate of their affirmed gender unless there are any security concerns. The document also stated that should a transgender person without a GRC request to be placed in a prison which differs from their birth sex, a case conference should be convened to determine the prison location.

The subsequent two policies (i.e., 2016 and 2019) have arisen in response to cases which have highlighted the issue of inequality. In 2015, two transgender women placed in male prison estates, Vikki Thompson and Joanne Latham, died as a result of suicide within weeks of each other. Vikki Thompson had stated that she would take her own life if she was placed in a male prison. Although the review process was extended to consider the management of transgender people who were managed in the community, it was predominantly focused on having a procedure for the placement of transgender people without a GRC. It was noted that the PSI in 2016 stated that female offenders including transgender women with GRCs - could

be refused a transfer to a female estate if they pose an exceptionally high risk to others (MoJ, 2016). However, transgender men with a GRC should not be refused a transfer to male prisons. The rationale provided referred to the greater capacity for the management of high-risk prisoners within the male estate. The document also outlined that decisions regarding allocations are to be determined on a case-by-case basis by a local Transgender Case Board who work alongside the individual.

The most recent Transgender Policy Framework published in 2019 (MoJ, 2019) replaces the PSI developed in 2016. The review was prompted by the case of Karen White after she had sexually assaulted two cisgender women (refer to Appendix A for definition) when placed in a female prison. The case triggered issues around the authenticity of some transgender women with a history of sexual violence and prompted reflections about assuming the guise of a transgender woman (Bright, 2020). The revised guidelines refer to a new referral procedure where the local Transgender Case Board develop a care and management plan for transgender people who wish to remain in custodial estates of their birth sex (i.e. transgender women in male prisons). However, the allocation decisions of people who have requested to be transferred to a custodial estate which matches their gender identity, are determined by the centrally managed Complex Case Board. In addition, those with GRC's are not automatically sent to a prison that matches their legally recognised gender. The case of Karen White highlighted the need for a balanced approach that incorporates the well-being of the individual but also considers the risk they pose to themselves and others. It is clear that transgender prisoners are a vulnerable group who face unique risks in prison setting. Therefore, the care and management of transgender prisoners is a complex issue that has taken significant steps towards review and reform.

1.2 Transgender Offenders in the Community

There has been a succession of operational guidelines and policies which provide clear directions for the management of transgender individuals in the CJS. Understandably, these documents have predominantly focused on developing systems and structures that aim to ensure the safety of those who are in custodial care. While it is promising that the needs of transgender offenders are being recognised, consideration for those under probation and community services have been largely omitted. For example, there was no reference to community provisions within the initial PSI in 2011 (MoJ, 2011). However, a review in 2016 was widened to consider probation services (MoJ, 2016). The most recent Transgender Policy Framework (MoJ, 2019) has built upon these guidelines to include multi-agency public protection arrangements (MAPPA). A rudimentary operational framework has been outlined for: planning procedures for admission to Approved Premises (AP); staff involvement with gender reassignment pathways; and planning for recall or breach of sentences resulting in a custodial sentence. Notably, it has been stated that community supervisors have a role in supporting access to gender transition care as a part of the relapse prevention strategy.

MAPPA is a framework of statutory arrangements which promotes the sharing of information between various agencies such as Police, Probation and Prison Services in order to manage the risk posed by the most violent and sexual offenders living the community (Burt et al., 2014). The types of offenders who are managed within MAPPA are organised into three categories: registered sexual offenders (category one); violent and sexual offender who receive a custodial sentence for 12 months or more (category two); and individuals who do not qualify for either of these categories but are considered to pose a risk of serious harm (category three) (Burt et al., 2014). Offenders in each category are managed within three levels, based on the level of supervision and resources required. Level one involves ordinary agency management (offenders who can be managed by one or two agencies), level two involves several local agencies and those who are deemed to pose the highest risk of causing serious harm are

managed at level three. The Transgender Policy Framework (MoJ, 2019) states that transgender individuals eligible for MAPPA are managed in accordance with MAPPA guidance and therefore recommends that transgender individuals are treated no differently from those with the similar risk profiles. However, senior managers are able to exercise their discretion for non-MAPPA transgender individuals who present a significant level of complex risk and require support under MAPPA arrangements.

Notably, the policy framework made reference to managing community sentences and stated that probation officers may need to consider the delivery methods for rehabilitative interventions. However, there is limited guidance for identifying when this is necessary, what relevant factors require further consideration, and how to implement tailored interventions. The Risk-Need-Responsivity model (RNR; Andrews & Bonta, 2010) may provide a framework for probation officers to develop supervision plans and individually focused responses. The evidence-based principles of the RNR model have been described as the principal theoretical framework for offender rehabilitation (Bonta & Andrews, 2017). In short, the *risk* principle is concerned with matching the intensity of intervention with the offender's level of risk; higher risk offenders require higher intensity treatment. The *need* principle refers to addressing factors associated with reductions in recidivism (i.e., criminogenic needs), and the *responsivity* principle draws on how treatment programmes should consider the individual's interpersonal circumstances as well as their learning style in order to increase treatment effectiveness. Amongst other characteristics, the biological-social constructs of gender have been highlighted as a factor that presents its own unique considerations for assessment and/or treatment (Bonta & Andrews, 2017). Although the RNR model defines gender on the basis of a person's biological sex, there are some clear implications of the responsivity principle for transgender individuals in the CJS. The model has also outlined the importance of establishing a positive relationship with service users, which provides a foundation for learning prosocial behaviours

(Bonta & Andrews, 2017). Some of the key qualities of a positive relationship include mutual liking, respect and caring. Therefore, it would be useful for those working in the CJS to gain insight and knowledge of transgender related issues which may facilitate the development of a high-quality interpersonal relationship.

1.3 Conclusion

Taken together, it is evident that there has been much progress in the development of gender identity rights over the last few decades. This growth in advocacy has become increasingly visible within the CJS. The current operational guidelines have undergone a number of revisions in order to develop an approach which is responsive to the needs of transgender individuals. A number of high-profile cases concerning transgender women in male prison estates has highlighted that the care and management of this population is a complex and often sensitive issue. Therefore, it is understandable that the majority of research has focused on the experiences of transgender woman in custodial settings. The findings from a body of studies indicate that they are vulnerable to increased levels of violence and victimisation (Hochdorn et al., 2017; Jenness & Fenstermaker, 2014; Jenness et al., 2019; Nulty et al., 2019; Sumner & Sexton, 2015). However, there is a need for existing policies in the CJS to provide further consideration to community providers, such as MAPPA and Probation Services.

There is currently little guidance for community supervisors working with transgender individuals to support their rehabilitation and re-integration into society. Although the experiences of transgender offenders in the community remains an under-researched area, existing literature with the transgender population in general has found many experience homelessness, economic hardship and poorer mental health (Grant et al., 2011; Haas et al., 2014; Testa et al., 2017). It is important to note that experiences of discrimination and social inequality could place transgender individuals at a greater risk of contact with CJS, as well as

potentially jeopardising the process of rehabilitation (Faith, 2008; Simopoulous & Khin Khin, 2014).

1.4 Thesis Structure

The broad aim of this thesis is to provide an understanding of the experiences of transgender individuals in the CJS. Chapter one of this thesis has highlighted the context, terminology, and existing research. The remainder of the current thesis consists of three main chapters: a literature review following systematic principles (Chapter 2); a qualitative research study (Chapter 3); and a critical review of an assessment tool (Chapter 4).

More Specifically Chapter 2 provides a review of the current literature regarding mainly transgender individuals within the judicial system and aims to gain an understanding of their experiences across a range of forensic contexts, including psychiatric hospitals, prisons, and the community. The review considers the experiences of staff working with this population as well as first-hand accounts from this subgroup of offenders. Results are discussed with reference to current practice and recommendations for future research are provided.

The qualitative study present in Chapter 3 explores the lived experiences of transgender sexual offenders in the community. It is the first known study in the UK to explore how gender identity may shape the experiences of transgender offenders who are residing in the community. The study aims to provide practitioners with an in-depth understanding of the challenges faced by transgender women in the CJS and the impact of these experiences on their psychological well-being. Although it is recognised that the findings cannot be generalised, the results of this study are discussed with reference to implications for practice. In addition, recommendations for future research are made.

Chapter 4 provides a critical evaluation of The Risk Matrix 2000 (RM2000; Thornton et al., 2003) - one of the most widely used static risk measures in the CJS across the United Kingdom (Craig & Beech, 2009). The tool is used to inform risk decisions regarding treatment

pathways, decisions about parole, and the management of offenders serving community sentences for sexual offenders (Barnett et al., 2010). Although, it was recognised that the RM2000 is not necessarily classified as a psychometric assessment, the measure plays a central role in the management of sexual offenders. Therefore, this chapter considers the use of the risk measure with transgender offenders and explores the reliability, validity, and practical utility of this tool more widely.

Lastly, Chapter 5 provides a summary of the findings of each chapter, highlights some key limitations of the thesis, outlines suggested implications for practice, and provides recommendations for future research.

CHAPTER 2

A Literature Review following a Systematic Approach

Exploring the Experiences of Transgender Individuals in the Criminal Justice System

2.1 Abstract

Aims

The aim of the review is to explore the experiences of transgender offenders within the judicial system. The review considers the experiences of staff working with this population and personal accounts from transgender offenders. The review provides a narrative synthesis of key findings from relevant studies and explores potential gaps in the literature, in order to identify opportunities for future research.

Method

Five academic data bases were searched, reference lists of relevant publications were hand searched and an online search engine were used to identify studies. Eleven studies were eligible for the review, all were of acceptable quality with scores ranging from 50% to 94%. None were excluded from the review due to limited number of identified studies. Data were extracted and synthesised using a qualitative approach.

Results

Findings indicate that transgender offenders experience high levels of harassment, victimisation and discrimination were found in male and female prisons, which was reported as having impacted on their psychological well-being. Findings further indicate that some custodial staff may benefit from training to address personal biases and increase understanding of the challenges faced by this population.

Conclusion

Much of the research in the area has been conducted within the field of sociology with a focus on social systems. Due to the small number of studies included in this review and the qualitative design of the majority of studies, the results must be interpreted with caution. Overall, there is a need for more psychological research exploring individual experiences of transgender offenders in forensic therapeutic inpatient and community settings.

2.2 Introduction

‘Transgender’ refers to people who have a gender identity not fully aligned with the sex assigned to them at birth (APA, 2015) (see Chapter 1 for further detail). The transgender community has become increasingly visible and recognised within today’s society. The rise of the multicultural movement has generated growing interest for the care of transgender offenders throughout the mental health and criminal justice community. Transgender offenders provide a conundrum for the CJS which determines the placement based on an individual’s sex assigned at birth. This binary definition of gender can cause problems with institutional safety, inmate housing, and access to medical and mental health care (Routh et al., 2017). Transgender individuals constantly have to place themselves according to hetero-normative social culture that is defined by biological sex (Vitelli, 2015; West & Zimmerman, 2009). This can promote feelings of inappropriateness, exclusion, isolation and marginalisation within society (Connell, 2010; Hochdorn et al., 2016; Schilt & Westbrook, 2009). Within an institutionalised environment, for example a prison or psychiatric hospital, these negative representations are likely to be exacerbated. Whilst in prison, transgender inmates experience a range of additional problems compared to the general inmate population (Jones & Brookes, 2013). Studies from the United States (US) indicate that they do not receive adequate physical and mental health treatment (Clark et al., 2017). The transgender population are vulnerable to rape, blackmail, contraction of HIV or other sexually transmitted diseases, psychological distress (Banbury, 2004; Knowles, 1999; Stephens et al., 1999), lack of social support and death due to hate crime (Knowles, 1999). Self-harm and genital self mutilation/cutting in some cases become the last attempt for denouncing the lack of recognition for their own personal right of intimate and social citizenship (Brown, 2010).

There appears to be growing interest in transgender offenders by professionals in multiple countries, however, it remains an under-researched area in England and Wales. The

majority of studies have predominately focused on experiences within a prison environment. Whilst this is encouraging, transgender offenders have specific needs and will encounter differing issues at different stages of the CJS. For example, with regards to resettlement cases, particular issues relating to continuing health care for transgender individuals (i.e., access to hormones) and allocation to hostel accommodation that would provide guaranteed levels of privacy have been raised to Probation Services (Whittle et al., 2001). Moreover, Oparah (2012) stipulates that once released from prison, transgender offenders continue to remain caught in the cycle of societal exclusion and marginalisation. This is a particularly pertinent finding given that research has demonstrated a significant correlation between gender dysphoria and criminal behaviour (Peterson et al., 1996) where an estimated 40% of transgender individuals have been involved with prostitution. Other offending behaviours are thought to be linked to life-style and social exclusion, including abusing substances to regulate intense emotions linked to their transgender status. This has been supported by figures obtained from the NHS (Department of Health, 2008) which report a higher risk of depression and suicide for people who identify themselves as transgender. It has been suggested that the marginalisation of transgender offenders only serves to perpetuate the cycle of criminal behaviour and poor emotional well-being (Faithful, 2009; Simopoulos & Khin Khin, 2014). Further evidence that offending behaviour may be related to the transgender status is provided by Whittle (1995). The study used a small sample of self-reports that suggested offending behaviour might be linked to funding for transitional surgery. Results should be considered with caution as respondents may be influenced by response bias and social desirability. In addition, results are not generalisable due to the small sample size.

In the UK, prisons are beginning to acknowledge the needs of transgender offenders in custody. As mentioned in Chapter 1, in 2011 the Ministry of Justice (MoJ) published a Policy Guidance (MOJ, 2011) outlining the care and management of transgender prisoners concordant

with UK law, i.e., the Equality Act (Equality Act, 2010) and the Gender Recognition Act (Gender Recognition Act, 2004). However, in 2015, the media reported a number of deaths in custody involving transgender offenders and the MoJ published a revised policy in 2016 (MoJ, 2016). This document noted that the treatment of transgender offenders had not kept pace with the development of a more general understanding of the issues surrounding gender in society. The key shift in policy involves the prison service recognising and respecting offenders with fluid and non-binary genders, even if they are not seeking medical interventions. The most recent policy framework was released in July 2019 and has addressed these concerns, along with guidance for community service such as Probation Services and Approved Premises (MoJ, 2019). The recognition of the needs of transgender offenders in the community is a promising development in the field. However, the implementation of this policy and its impact on outcome with this population is yet to be evaluated.

The transgender community in prison remains a niche population, although the number of people who report identifying as transgender offenders in the UK has doubled in the last three years and continues to rise (MoJ, 2018). In 2018, there were reportedly 139 transgender inmates in England and Wales in a prison population of 83,618 (MoJ, 2018). The transgender population is representative of approximately 0.1% of the whole prison population. This is likely to create some challenges for evaluative research and may be a contributing factor towards the paucity of academic literature focusing on the transgender community. Notably, these figures exclude the number of prisoners who have already transitioned, those that have a full Gender Recognition Certificate, and those whose gender identity may be an issue, but not yet openly expressed. As such, it is likely that the government's figure is an under-representation of transgender prisoners.

2.2.1 Limitations of previous literature reviews

A scoping search identified three literature reviews related to this population, all of which have been conducted in the UK (Gorden et al., 2017; Jones & Brookes, 2013; Noonan, 2019). The purpose of Jones and Brookes (2013) review was to assist staff with the management and treatment of transgender people in the CJS – nine studies were included in the review. The researchers' focus was to ascertain whether transgender offenders who are engaged in the gender reassignment process could also effectively engage in therapeutic interventions. Their review highlighted the lack of empirical studies on transgender offenders in the UK and discussed the need to consider the psychological impact of reassignment surgery when engaging in intensive treatment interventions.

The other two more recent literature reviews were conducted systematically. Both reviews examined the experiences of transgender offenders in prisons in order to inform future research recommendations (Gorden et al., 2017; Noonan, 2019). Gorden and colleague's (2017) highlighted the lack of research in this topic area, attributing this to sexual relationships and sexual assaults being an unwelcome area of research in British establishments. Their review discussed the victimisation, management and healthcare provisions of transgender people in prison. Although the authors state that a systematic review had taken place, there had been no declaration of quality assessments, inclusion/exclusion criteria and data extraction in the article's methodology. It is understood that studies included in Gorden and colleague's (2017) review originated mainly from the US and did not include transgender male offenders. Similarly, Noonan's (2019) review of 38 articles, including books, websites and legal papers, identified not only the scarcity of studies but also the lack of valid research conducted in this field. Noonan (2019) focused on issues pertaining to housing and accessing appropriate healthcare and treatment (i.e., psychotherapy and sex reassignment surgery) for the incarcerated transgender population. The results suggest that transgender offenders struggled to obtain adequate care due to limited policies and procedures.

Previous reviews have investigated and discussed policies concerning the treatment of transgender prisoners as they aim to inform care and management of transgender offenders. The current review differs from those previously discussed in several ways. It does not limit the search strategy to studies conducted in a prison context and it considers the experiences of transgender men in the CJS and more recent publications. Additionally, the methodological rigour of studies will be assessed and a systematic protocol reported. The nature of this review is to gain an understanding of their experiences and how the environment may affect their overall psychological welfare. Since the current review does not concern systemic processes, articles focused on legal and healthcare policies will not be included.

2.2.2 Current review

This review aims to consider the experiences of transgender offenders in a range of forensic contexts. This includes psychiatric hospitals, prisons and resettlement into the community. The review will explore the individuals' experiences within forensic settings, offering first-hand accounts from offenders and will also capture the views and experiences of staff working with this population. The purpose of the current review is to also explore potential gaps in the literature in order to identify opportunities for future research. Specific objectives include:

- 1) Understanding the transgender individual's experiences within a binary judicial system; identifying both negative and positive experiences.
- 2) Exploring factors that contribute towards these experiences.
- 3) Exploring staff views of transgender individuals in forensic settings

2.3 Method

2.3.1 Scoping Search

A scoping search indicated three literature reviews had already been carried out with regards to transgender offenders (Jones & Brookes, 2013; Gordon et al., 2017; Noonan, 2019).

The electronic search was completed on the 2nd April 2020 using the Cochrane Database of Systematic Reviews (CDSR) as well as Google Scholar. As noted above, the focus of the reviews differed to that of the current review. As such it was deemed appropriate to conduct the current systematic review.

2.3.2 Sources of Literature

The following databases were searched for the purpose of this review:

- Ovid PsycINFO (1960-1966: 1967-2018). Completed on 30th March 2020.
- Ovid MEDLINE (R) (1960-2018). Completed on 6th April 2020.
- Ovid EMBASE (1974-2018). Completed on 6th April 2020.
- Clarivate Analytics Web of Science Core Collection (1960-2018). Completed on 20th April 2020.
- EBSCO (1960-2018). Completed on 4th May 2020.

The databases were limited to 1964 onwards as the earliest literature pertaining to transgenderism began to emerge after 1964 (Benjamin, 1964). To reduce publication bias, unpublished studies (e.g., Doctoral level thesis) were included in the database searches. All databases were restricted to English language papers.

2.3.3 Search Terms

Initially, a number of potential search terms and synonyms of terms were developed by reviewing words or phrases which were listed as keywords in relevant research. Free text searches were performed combining synonyms of the term ‘offender’ with synonyms relating to ‘transgender’ and ‘prison/probation/forensic hospital’ environment. Where possible, key words were mapped to subject headings, which were then exploded. Synonyms for key terms were linked with the Boolean operator ‘OR’. The wild card character (*) was applied to capture possible variations of the terms. The key terms were then linked with the Boolean operator

‘AND’. The search string seen below were entered into the search fields and adapted based on the requirements of each database (See Appendix B). The individual search terms used in the review are:

(Offend* OR crim* OR perpetr*)

AND

(Transgender* OR transsexual* OR “gender identity” OR “gender identity disorder” OR “gender non-conform*” OR “gender dysphoria*” OR “gender binary” OR queer*)

AND

(Prison* OR jail* OR custody OR penitentiary* OR incarcerat* OR release* OR resettlement OR probation OR “criminal rehabilitation” OR “forensic hospital*” OR “forensic mental health” OR “secure facility” OR “clinical populat*”)

2.3.4 Study Selection

2.3.4.1 Inclusion and exclusion criteria. The widely used population, intervention/exposure, comparator, outcome study design (PICO) framework was not used for the purpose of this review as the studies related to this topic do not have clear interventions or comparisons group. For a more qualitative approach, the review topic was conceptualised in terms of PICO: **p**opulation, **p**henomena of interest (which may be either a condition or an intervention) and the **c**ontext (Joanna Briggs Institute, 2020). Please refer to Table 1 for details.

Table 1

PICO Inclusion/Exclusion criteria

	Inclusion	Exclusion
Population	Samples that include adults (18+ only) in any forensic context across the Criminal Justice System, who	Transgender individuals in the Criminal Justice System below the age of 18.

	identify as transgender men or women at any phase of their transition.	Transgender individuals with no forensic/criminal history.
Phenomena of Interest	Psychological understanding of the experiences for transgender people in the Criminal Justice System. This could also include their interactions with members of staff.	
Comparator	Not applicable (due to exploratory nature)	
Outcome	Empirical studies using qualitative or mixed methods approach (with a distinct and clearly reported qualitative element), studies employing surveys will be included if they related to the research question(s) and other inclusion criteria. In English language only.	Editorials and book chapters unless reporting the results of an empirical study, articles with a focus on legal rights/perspective, articles reporting medical conditions, commentaries, dissertations, review papers, editorials and secondary studies and studies exclusively focused on legislation / medical conditions.

The inclusion/exclusion criteria were applied to the remaining studies after all duplicates had been removed (Appendix C). The studies that met the inclusion criteria, based on the title and abstract were noted and the full text was obtained through the e-library at the University of Birmingham and directly contacting the authors. It was difficult to ascertain whether some studies met the inclusion/exclusion criteria based on the title and abstract alone. Therefore, attempts were made to obtain the full text for these studies, categorised as ‘maybe’.

Upon inspection a number of these studies were excluded from the review. Application of the criteria resulted in 11 articles (seven articles were entirely qualitative studies, three mixed method studies and one survey study), 62 were excluded. An overview of this search process is provided in PRISMA flow-chart in Figure 1 (see below, p. 40).

2.3.4.2 Quality Assessment. Currently there is no standard method for conducting critical appraisals for studies in a systematic review. The majority ($N = 7$) of selected studies in this review employed an entirely qualitative methodology. There are a wide range of different appraisal instruments available to assess the quality of qualitative studies. Although empirical research comparing critical appraisal tools are sparse, Hannes and colleague's (2010) have stated that the evaluation tool for qualitative studies (ETQS; Long & Godfrey, 2004) is preferable to the widely used critical appraisal skills program (CASP, 2010) tool. Researchers found the ETQS provides more detailed instructions on how to interpret the evaluation criteria. Therefore, the ETQS was used to assess validity, robustness and transparency of studies that employed an entirely qualitative methodology ($N=7$) (see Appendix H). The tool contains the following overarching sections, each with a template of key questions to guide the appraisal: phenomenon studies and context issues; ethics; data collection, analysis and researcher bias; policy and practice implications. A scoring guide was implemented for each question, a score of two was given if the condition was met, one was given if the question was partially answered and zero marks if the question was not answered. The ETQS contains 44 questions in total, marks were awarded for questions 5 to 39, and thereby the maximum score of 70 was obtainable. No marks were provided for the study's overview or referencing. Scores for each study were converted into percentage quality scores. A low quality score may indicate less accurate reporting rather than a lack of methodological rigour. Taking this into account, whilst an overall quality score may be useful for providing a rationale for the exclusion of studies of

low quality, the descriptive summary included within the tool (see Appendix D, taken from Long & Godfrey, 2004) is utilised to provide a more informative account.

Of the remaining papers, three had used a mixed method approach and one quantitative descriptive data. The Mixed Method Appraisal Tool (MMAT, 2011) is the only appraisal tool which considers mixed methods research design (Pluye et al., 2011). The MMAT is comprised of two parts. Part 1 contains five sets of criteria: (1) a ‘qualitative’ set for qualitative studies or qualitative components of mixed methods research; (2) a ‘randomised controlled’ set for controlled’ set for randomised controlled quantitative studies, and randomised controlled components of mixed methods research; (3) a ‘non-randomised’ set for nonrandomised quantitative studies, and non-randomised components of mixed methods research, (4) an ‘observational descriptive’ set for observational descriptive quantitative studies, and observational descriptive components of mixed methods research; and (5) a set ‘mixed methods’ for mixed methods research studies. Part 1 is presented in Appendix E (taken from Hong et al., 2018).

Part 2 provides guidance for describing the quality of studies (see Appendix F, taken from Hong et al., 2018). For mixed method studies the MMAT scoring guide stipulates that the lowest score of the study’s components, either qualitative, quantitative or mixed, is adopted as the overall quality score. For example, there are four criteria to be met in both qualitative and quantitative sections and three criteria to be met for the mixed methods section. A score of 25% would be given if one criterion is met in either qualitative *or* quantitative sections or if no criterion was met in the mixed method section. A score of 50% is established when two criteria are met in either qualitative *or* quantitative sections *or* if one criterion of the mixed method section. A score of 75% is provided if three criteria are met in either qualitative or quantitative sections or two criteria for mixed method. Therefore, the overall quality score based on the lowest score from either the qualitative, quantitative or mixed method criteria.

The MMAT can also be used to assess studies that are entirely qualitative or quantitative. For this reason, the tool was also used for a study that carried out a quantitative descriptive analysis. In terms of reliability, the tool produced good consistency of scoring between reviewers with an intra-class correlation of 0.72 pre-and 0.94 post-discussion. Furthermore, inter-rater reliability scores ranged from moderately reproducible to perfect agreement (Pace et al., 2011). The study had also found that 48% of 'qualitative' set results were discordant. Based on this finding the MMAT was not chosen for quality assessment of qualitative studies.

Only one researcher was involved in the quality assessment process, however a fellow researcher with experience of conducting a systematic literature review and undertaking quality assessments, reviewed three of the 11 selected articles with corroborating scores. Overall percentage scores from both the MMAT and ETQS were categorised into high (80-100%), medium high (60-80%), medium (50-60%), medium low (30-50%) and low (0-30%). The current review included four studies which were considered high, four studies medium high and two medium quality (see 2.4.2 Quality Assessment section for further details). Given the small number of relevant articles, none of the identified studies were excluded following quality assessment.

2.3.5 Data Extraction and Analysis

There have been a growing number of methods for synthesising qualitative research. However, particular problems arise for reviews that attempt to synthesise both qualitative and quantitative data (Dixon-Woods et al., 2006; Pope et al., 2007). As this review considers mixed method studies with a quantitative component, the analysis and synthesis were guided using an adaptation of the narrative approach where the results are presented in the form of themes. The widely used meta-ethnographic approach was not selected because it has not yet been used to synthesise findings from both quantitative and qualitative studies (Britten et al., 2002).

Meta-narrative review is a relatively recent systematic review methodology aimed at reviewing evidence from both qualitative and mixed-methods studies (Higgins & Green, 2011). This qualitative approach based on Kuhn’s notion of the scientific paradigm (1962), seeks to tease out the over-arching storylines of different research. Kuhn (1962) proposed that knowledge is produced within particular paradigms (particular ways of viewing the world) that inform theories. These paradigms develop through time and stages. A central stage is the stage of ‘normal science’ in which a particular set of paradigms go unchallenged and are seen to be self-evident. A meta-narrative approach arose from the need to synthesise research from a wide range of disciplines that contain many differing theories and research designs.

The process usually involves reporting the study’s characteristics, context and findings according to a standard format. Similarities and differences are compared across studies to draw conclusions. The Cochrane Handbook for Systematic Reviews (Higgins & Green, 2011) describes the general framework for narrative synthesis, summarised in Table 2. This was used to guide data extraction, where findings of the studies were tabulated into a form detailed in Appendix H. Though each of the elements are essential, they did not necessarily occur sequentially or independently. One researcher was involved in developing the form and extracting data. The same form was used to extract data from qualitative and mixed method studies.

Table 2

The main elements in a narrative synthesis

Main elements of narrative synthesis	Purpose
1. Developing a preliminary synthesis	Organise findings from included studies to describe patterns. Studies can be grouped by study setting or population for

example. Data is translated using thematic analysis to identify areas in common between studies.

2. Exploring relationships in the data
Move beyond identifying patterns and consider the factors that might explain any differences i.e. variability in settings.
Consider the effects of heterogeneity - how the results of studies might be affected by factors such as methodological differences between studies, or variable characteristics of the populations studied.
3. Assessing the robustness of the synthesis product
To provide an assessment of the strength of evidence.
Consider the amount and quality of the evidence and the methods used to synthesise the evidence.

This meta-narrative approach includes studies that use a variety of qualitative approaches (i.e., Grounded Theory, Interpretative Phenomenological Analysis and Content Analysis). The appropriateness of combining different assumptions about the nature of reality (ontology), different ideas about what is regarded as data and the methods used to elicit data (epistemology) warrants further discussion. It is also noted that there are differences in relation to whether emphasis has been placed on theory driven data collection or on theory as emerging data. Although some researchers have raised potential incompatibilities when using mixing different forms of data analysis (Howitt, 2013; Morse 2010), it has been argued that moving beyond any one epistemological and ontological views within qualitative research can minimise the imposition of researcher bias (Frost, 2011) and facilitate a more textured understanding of the phenomena when considering the layers of interpretation (Katrina, 2012). While research suggests that it is not only possible but in fact beneficial to combine different qualitative approaches in certain circumstances, Barbour (1998) states it is important for researchers to remain alert to the extent to which theoretical perspectives guide the research process (i.e., when framing the research problem or when engaged in study design).

As such the principles of thematic analysis (Braun & Clarke, 2006) have been incorporated into the narrative synthesis, as it is deemed to be a powerful yet flexible tool for analysing qualitative data across a range of theoretical and epistemological frameworks, and can be applied to a wide range of study questions, designs and sample size (Kiger & Varpio, 2020). A preliminary synthesis was undertaken in form of a thematic analysis, the analytic process involved labelling data extracts with relevant codes, noting any potential patterns or connections to identify emerging ‘descriptive’ themes within and across studies. The coded data were interpreted and ‘descriptive’ themes were constructed with the use of visual aids to map how codes relate to one another. The researcher also considered the context and characteristics of each study, and queried whether each theme had adequate supporting data to demonstrate commonality and coherence (Braun & Clarke, 2006). One researcher was involved in coding which meant that inter-rater reliability was not calculated. However, the notion of objectivity and generalisation within the qualitative field has been contested, given that different researchers are likely to elicit different data from the same respondents (Barbour, 1998). The themes and extracted data were discussed with the researcher’s supervisor to enhance the reliability of findings.

Reflexivity is a key concept in many qualitative methodologies (Haynes, 2012) Consideration was given to how the author’s experience, ideology and personal assumptions may have impacted the interpretative process. At the start of this review, the author had limited contact with transgender individuals while working in forensic settings. While this can help the author to maintain an open and curious stance, the growth in advocacy for transgender rights and the desire to promote gender inclusivity was noted. The author was mindful that her position may have led to an agenda and assumptions about the data. For example, the author was conscious that an emphasis was placed on the clinical utility of findings when exploring the dataset, but recognised that setting one’s own perspective aside supports an understanding

which represents the participant's experience. In addition, though it was possible to draw on the author's previous experience of using thematic analysis, background knowledge of the various qualitative approaches and methodologies employed by studies included in this review was based on reading around the subject matter.

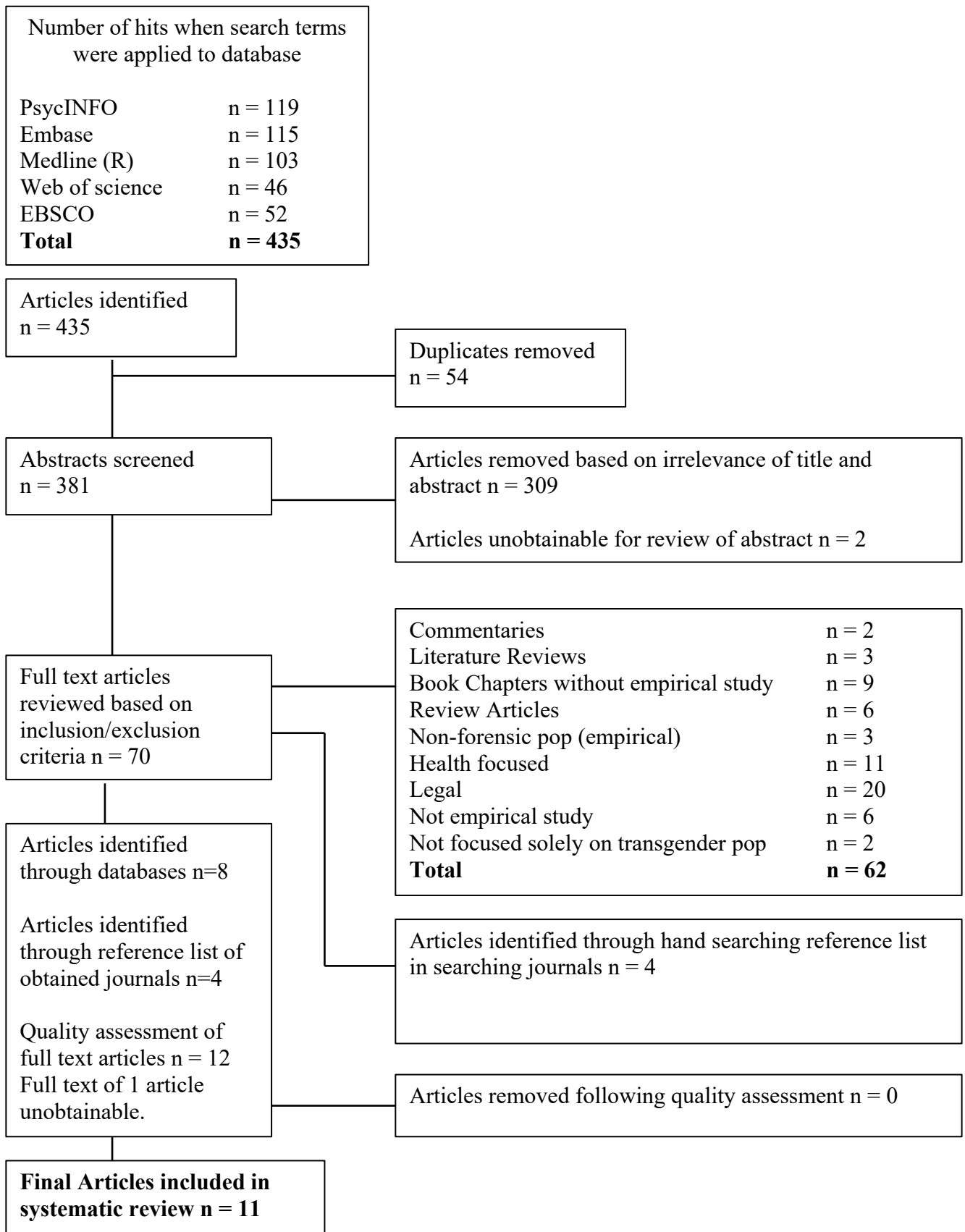
2.4 Results

A total of 435 were identified through the database search, 54 duplicates were removed leaving a total of 381 articles. From this amount, a further 309 publications were removed on the basis that they were not relevant. Seventy papers remained as two abstracts were unobtainable. A further 62 were excluded following the application of the PICO inclusion/exclusion criteria, the reasons for exclusions are shown in the PRISMA flow chart below (see Figure. 1). Consequently, eight articles were identified from the search strategy. The author from one of these identified articles was contacted for access to full text (Appendix J, 1.1), however, no response was received. The reference list from the eight obtained articles were hand searched for relevant studies. This process generated an additional four studies. In total, there were 11 studies included in this review. Although it was noted that some studies were of lower quality, the decision was made to include the studies in the review due to the limited number of identified studies. The findings were reviewed with caution given the methodological limitations (see 2.5 Discussion for further details) highlighted through the quality assessment process, which may imply that these studies are less robustly designed.

In order to ensure a comprehensive search, four experts in the topic area were contacted to ensure the search did not miss any pertinent studies (see Appendix J, 1.2). One response was received, this person provided contact details for a practicing Forensic Psychologist who was undertaking qualitative research to explore the experiences of transgender people in UK prisons. The study has been published and included in the current literature review.

Figure 1.

PRISMA flow chart of Study Selection Process



2.4.1 Characteristics of included studies

In total 11 papers were reviewed, seven articles were entirely qualitative studies, three mixed method studies and one survey study. The views of 553 participants were synthesised, including 411 transgender women, 62 transsexuals (this is an older, outdated term to describe people who transitioned through medical intervention. Though the term could be considered offensive by some [Braquet, 2019], it was included in the search terms because previous research studies have used this to describe their sample), 32 transgender men, 20 prison healthcare staff, 10 ‘frontline’ prison staff and 18 prison mental health staff. The minimum sample size was three and the maximum was 315, with the majority identifying as transgender women. The studies were conducted across five countries (UK, US, Australia, Brazil and Italy) in 10 male prisons, two female prisons, one female unit within a male prison and one study (Wilson et al., 2016) included ex-prisoners in the community within their sample of transgender people in male and female prisons. It should be noted that the Wilson and colleague’s (2016) focused on the participants sexual experiences in prison, therefore there was no exploration of their experiences in the community. The characteristics for each study can be found in Table 3.

2.4.2 Quality assessment

The summary of quality assessments conducted using the ETQS and MMAT is illustrated in Appendix H and I. Overall, four studies were considered high, four studies medium-high and two medium quality (in relation to methodological reporting transparency). Due to the small number of studies identified, no articles were excluded on the basis of quality assessment. However, reference is made to quality assessment scores in the synthesis and discussion of the included articles.

All studies scored above 50%, with Browns (2014) study scoring the lowest (50%). This study stated that transgender inmate’s correspondence was qualitatively analysed,

however, it appears as though the content of 129 letters were grouped into themes (e.g., healthcare, social issues) to provide quantitative data that identifies transgender inmates concerns. The type or process of qualitative analysis was not stated. Furthermore, no qualitative data could be identified in the results section. The reviewer classified Brown's (2014) study as an exploratory mixed method design where qualitative data generated quantitative data. The study was quality assessed using the MMAT tool. It was noted that the study included a larger sample size from wide geographical locations that were collected over a substantial period of time, as the number of people who identify as transgender in the CJS comprise a small minority of the general prison population.

Aside from Jenness and Fenstermaker's (2014) study, all other studies scored above 71%. The reviewer noted that a quality score of 55% might not be an accurate reflection of the study's methodological rigour. Jenness and Fenstermaker's (2014) exploration into gender authenticity formed part of a larger project, where data collection and ethical consideration was reported elsewhere. However, the reviewer was unable to provide scores on this category. This highlighted the limitations of using a 'checklist' format to quality assess articles. The study was assessed as medium quality, however, the same sample had been used in a number of other studies including Sexton and Jenness (2016) and Jenness and colleague's (2019). Although this approach could address the potential limitations when considering access to this population, it is possible that there may be methodological consequences associated with the use of the same sample group. That being said, each of these studies explored different aspects of the participants' experiences and focused on separate research questions.

Clarke et al. (2017) examined correctional healthcare staffs' knowledge, attitudes and experiences in providing care to transgender inmates. The researchers provided an appropriate rationale for their qualitative approach. A socio-ecological model provided a robust theoretical framework for the conceptualisation of themes. There was ample data both for and against each

theme and the results were documented in a clear, concise and informative manner. Clarke and colleague's (2017) study obtained the highest quality score, alongside Nulty and colleague's (2019) more recent examination into the personal accounts and experiences of transgender offenders in a male prison, which also scored 94%. Although a clear rationale was provided for the use of Interpretative Phenomenology Analysis, where the role of the researcher in the analytic process was recognised, they did not elaborate on the assumptions and possible biases that are likely to influence the interpretation and analysis process. However, the study provides a valuable contribution towards the care and management of transgender prisoners through its links to policy and practice implications.

Two other studies achieved high scores of 91% (Hochdorn et al., 2017) and 82% (Marlow et al., 2015). These were the only qualitative studies to consider the researcher's role (i.e., potential bias) during research. The latter study clearly described the steps taken to analyse the data. Although contradictory data was presented, the amount of data for each theme was small. Therefore, the validity and reliability of results will need to be considered, despite a high quality score. A key strength of Hochdorn and colleague's (2017) research was the use of an innovative quali-quantitative analysis (using statistical text-mining for lexicometric analysis of textual data), which was described in detail. However, researchers failed to report on participant recruitment and data collection method.

Table 3
Characteristics of included papers

Sources	Discipline/ Country	Setting	Recruitment	Participant characteristics	Measures or data collection	Key Findings	Strengths and Limitations
Sandor Von Dresner, K. S., Underwood, L. A., Suarez, E., & Franklin, T. (2013)	Health/ medicine US	N/A. Survey study	Surveys mailed to 50 mental health directors of each state's correctional department Two months later a follow-up letter was sent containing a second copy of the questionnaire	18 of 50 mental health directors of correctional system. Majority were psychologist, some were physicians	16- item survey. Descriptive analysis of binary data to find trends 18 useable surveys were received MMAT was used for quality assessment	<ul style="list-style-type: none"> • 6 of 28 states had general guidelines for transgender inmates. • 50% reported no housing provisions for transgender inmates. • 39% reported they offered single cells • 11% provided housing on segregation units • Assessment: 78% have no staff or MH consultant proficient with transgender concerns • Every state denied having a standard battery or assessment tool • Treatment: 17 states have no transgender specific programs • 61% reported difficulty assessing need for and providing single cell. Often end up in higher security levels than required or segregation units with little social contact or privileges • Many states reported lack of understanding as a significant issue, indicating controversy over the existence of the disorder • 39% raised concerns over the efficiency of treatment provided to transgender inmates. <p>Explaining that MH staff are not</p>	<p>S: Broad range of data collected. Factual/attitudes/opinions from a wide-spread locations</p> <p>L: Low response rate</p> <p>Data errors due to non-responses may exist</p> <p>Respondent bias and social desirability</p> <p>Survey used closed question = lower validity rate</p>

						familiar with transgender specific models of care	
Brown, G. R. (2014)	Health/medicine US	N/A. Received letters from detention settings	Letter over a three year period were redacted by an editor of the Trans in Prison Journal for identifiable information and sent to author	Letters from 129 inmates Inmates identified themselves as male-to- female transsexual (48%), male-to-female transgender (49%), female-to-male transgender (< 1%), or intersex (2%)	Mixed Methods • 129 inmate letters were reviewed for thematic content • Sorted into 20 distinct categories • Representation from all 24 states. Although 6 states accounted for vast majority of letters MMAT was used for quality assessment	<ul style="list-style-type: none"> • Top 10 concerns of transgender inmates: 1. Transgender healthcare (psychiatric evaluations, cross sex hormonal treatment, SRS, access to female clothing) = 55% 2. Social issues (problems with family, conflicts with cellmates, lack of friends) = 32% 3. Legal concerns (access to probono attorney experienced with transgender inmates, help with a pending court case) = 30% 4. Physical abuse = 23% 5. Gender Dys (active symptoms of GD) = 22% 6. Sex Abuse (sexually mistreatment by other inmates and/or officers related to transgender status) = 19% 7. Poverty = 17% 8. Housing = 16% 9. Suicidal = 8% 10. MH problems = 5% 	<ul style="list-style-type: none"> S: large and diverse sample of letters which span over a period of time. Concerns were not specified by context or time L: Naturalistic, observational study of unsolicited letters. No survey/structured questions Self-reports could not be verified – implication for sexual and physical abuse, suicidality behaviours Not representative of experience of transgender inmates in other prisons or nationally. i.e. those that do not write letters Did not state the type or process of data analysis Did not find any qualitative data in results section

Jenness, V., & Fenstermaker, S. (2014)	Sociology US	Male prison	Process was not described in current study, but reference to original study. Researcher developed an inclusion criteria. Inmates were invited to participate in study if they met eligibility criteria	315 transgender women from 27 Californian prisons	Ethnographic qualitative study using semi-structured interviews ETQS was used for quality assessment	<ul style="list-style-type: none"> • Performance is characterised by socio-sexual interactions and relationships mirroring traditional hetero-normative expectations around what it means to “act like a lady” • In contrast trans women engage in physical violence to protect or marshal respect. They render fight sensible through a gendered lens • Achieving femininity in a male prison also provides protection through developing relationships with non-transgender prisoners 	<p>S: The study revealed important aspects of the daily existence and salient features of prison culture</p> <p>Valuable insight into this samples psychological experiences with ample data to support inferences</p> <p>L: Given poor reporting of methodology, how reliable are findings?</p> <p>Prison culture can vary – are findings generalisable?</p> <p>Lack of consideration given towards limitations of study design in research</p> <p>Lack of reflexivity of the researcher’s role in the process</p>
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Marlow, K., Winder, B., & Elliott, H. J. (2015)	Psychology UK	Male sex offender in a Category C prison	Global email sent to all staff at the establishment. Staff who responded was interviewed	All 6 participants British white females	Qualitative. Data from semi-structured interviewed analysed using Thematic Analysis ETQS was used for quality assessment	<ul style="list-style-type: none"> • TA = 3 themes: <ol style="list-style-type: none"> 1. Informal education. Staff educated on transgender issues through the offenders themselves. Beginning to recognise the psychological struggle of transgender inmates. Staff are keen to raise awareness of psychological impact in the hope of increasing support for these individuals. Illustrates a positive relationship between staff and transgender offenders 2. Overstepping the mark. Offenders may overstep boundaries with staff. A lack of experience with this group means staff are unsure of the appropriate boundaries 3. Management of change: Staff were enthusiastic about adopting new ways of working with transgender offenders. Staff were also mindful when it came to being sensitive towards transgender offenders and considering what adaptations may be needed for the individual 	<p>S: There were many practical implications from the study's findings</p> <p>Role of researcher was considered</p> <p>Coding of themes explained</p> <p>L: All participants were female. Is not representative of male staff members</p> <p>Sample susceptible to self-selection bias</p> <p>Generalisability – is this experience representative of higher security facilities and non-sex offender prisons?</p> <p>Not much contradictory evidence given. Not much data to support themes when reporting results</p>
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Sumner, J., & Sexton, L. (2015)	Sociology US	Female prison	Random sample of prisoners. Purposively selected non-custody staff. (Details of selection procedure were not provided)	28 transgender men and 4 prison staff Mean age was 39.7 years, 77% were of Caucasian ethnicity. The entire sample identified as female and over half (60.0 %) identified as heterosexual, 12.0 % as homosexual and 28.0 % as bisexual The staff sample all identified as White and were designated treatment staff. The staff sample was evenly split between men and women. Staff participants' mean age was 37.5 years. The average time in their current job was 5.5 years with an average of 8.6 years working for the Pennsylvania Department of Corrections	Qualitative: Content analysis of two focus groups ETQS was used for quality assessment	<ul style="list-style-type: none"> • Transgender not a useful term in women's prisons. Women who identified/presented in masculine ways were referred to as "aggressors" • Characterised by controlling, dominating and intimidating behaviours • Staff respondents – aggressors assumed to be perpetrators of violence given their gendered performance • Prisoner respondents – partner violence often motivated by jealousy within relationships • Aggressors' performance of masculinity provides higher status and advantage for sexual partnership • Adaptive nature of being an aggressor in a women's prison 	<p>S: Clear rationale for the use of focus groups which provide access to data representing the groups, norms and cultural understanding</p> <p>Insight into unique sub-population (female-male). Although findings imply that this transition is not authentic</p> <p>Highlighted the difference between male and female prison establishments</p> <p>L: study conducted in single women's facility</p> <p>Staff participants = small number. Therefore results cannot be generalised</p> <p>Lack of consideration given towards limitations of study design in research</p> <p>Ethical procedures were not explained</p>
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Sexton, L., & Jenness, V. (2016)	Sociology US	Male prison	As above (same samples used)	As above (same samples used)	<ul style="list-style-type: none"> • Mixed Method: <p>1. Quantitative - descriptive analysis + bivariate and multivariate analyses.</p> <p>2. Qualitative– Ethnographic data from open and closed questions</p> <p>MMAT was used for quality assessment</p>	<ul style="list-style-type: none"> • Significantly higher levels of both CI and CE with transgender inmates compared to the larger prison population • Transgender inmates experience a sense of CI and CE with both the transgender community and general inmate community. But associate more strongly with the transgender community in prison • Predictors of CI and CE: age, race, gender identity, gender presentation, and sexual orientation had no consistent effect • Black transgender inmates reported significantly lower Social Cohesion and Trust (SCT), while Hispanic transgender inmates reported significantly higher SCT with the general inmate reference group • Higher the proportion of friends in prison that were transgender =higher her CI with this reference group 	<p>S: Good incorporation of qualitative and quantitative data for understanding the function of behaviours in trans women</p> <p>Incorporate findings from Jenness & Fenstermaker, (2014) and understand them through the context of CI and CE</p> <p>L: Uses the same sample as Jenness & Fenstermaker (2014). Problems with population validity.</p> <p>Many other factors can affect trust and social cohesion besides predictors in study i.e. childhood experiences</p> <p>Lack of consideration given towards limitations of study design in research</p> <p>It was not clear how qualitative data was analysed</p>
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Clark, K. A., Hughto, J. M. W., & Pachankis, J. E. (2017)	Health/ Medicine US	gender- affirming healthcare for transgender patients in male prison	examine correctional healthcare providers' knowledge of, attitudes toward, and experiences providing care to transgender inmates	20 healthcare staff	Qualitative. Semi- structured interviews used to inform Grounded theory framework and thematic analysis ETQS was used for quality assessment	<ul style="list-style-type: none"> • Multiple levels at which transgender related stigma impede access to care • Limited training, restrictive healthcare policies, limited budget, oppressive culture that prioritise safety and security over treatment • Custody staff biases. Lack of understanding and sensitivity of custody staff often interrupted patient care, adversarial relationship between custody staff and both healthcare providers and inmates acted as a barrier to care • Lack of clinical and cultural competency stemming from personal bias and lack of knowledge and experience resulting in inadequate and non-gender affirming provision of care to transgender inmates • Belief of transgender inmates as innately manipulative to gain preferential treatment or attention • Clinical competency –Difficulties distinguishing mental illness, trauma and transgender experience • Withholding patient medication as a means of behavioural control 	<p>S: Clear aims with a clear rationale for qualitative study with enough data to support the themes</p> <p>L: Findings limited by the qualitative nature of the study (e.g., potential social desirability bias); however, an attempt to attenuate social desirability bias</p> <p>Sample susceptible to self-selection bias</p> <p>Participants were recruited from one state. Findings may not be transferable to correctional healthcare providers in other regions of the U.S</p> <p>90% of sample was female</p>
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Hochdorn, A., Faleiros, V. P., Valerio, P., & Vitelli, R. (2017)	Psychology Italy and Brazil	1 male Brazilian prison, 2 male Italian prisons and 1 female ward located in an Italian prison	Participant voluntarily took part in the study. No details provided for sampling procedures	All participants identified as transgender women 7 participants from Brazilian prison, 11 from Italian prison and 5 from female ward of penitentiary complex	Quali-Quantitative Analysis of 23 interviews conducted with transgender women Data analysed using statistical text-mining for lexicometric analysis of textual data Frequency, correspondences and distribution of the most representative utterances across the data were accessed and critically analysed. ETQS was used for quality assessment	<ul style="list-style-type: none"> • Two main discursive positions emerged. Transgender inmates in Brazil made repeated use of the adverb “not,” while the verb “exist” became the most representative word for the Italian sample • In Brazil, to avoid violence, excessive discrimination and transphobia inmates behave themselves according in accordance to the representation of heteronormalised masculinity • Those in Brazilian prisons often negate their feeling of a trans woman • Whilst Brazilian transgender people in Italian prisons show a more authentic representation of their gendered self 	<p>S: Study considered the findings within a wider cultural context</p> <p>Highlighted the influence of the environment on transgender inmate’s psychological well-being</p> <p>No other study conducted on transgender women in Brazilian prisons</p> <p>Although complex results were clearly explained</p> <p>L: Quali-quantitative tool does not allow or deep analysis on a deeper level i.e. reading between the lines</p> <p>Samples were interviewed in Italian and Portuguese. Both sets were analysed separately. Therefore, the overall ‘architecture’ of discourse was not considered</p>
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Wilson, M., Simpson, P. L., Butler, T. G., Richters, J., Yap, L., & Donovan, B. (2017)	Justice Health Research Australia	Male and female prisons. Study also included ex-prisoners in the community	Recruitment was driven by chain-referral (i.e. introduced through various professionals) or recruited through flyers left at organizations commonly accessed by this population	7 transgender women. 2 were aboriginal decent, remaining 5 were Anglo-Australian. Age ranged from 20-47 years	Qualitative: Themes relating to sexual experiences and personal safety explored ETQS was used for quality assessment	<ul style="list-style-type: none"> • Trans women viewed as a prize which according to some participants meant they run the show in prison • Turning down sexual advances can lead to physical violence • Continual sexual harassment Impact on emotional health – tired of their refusal to provide sexual services not being heard • All engaged in sexual behaviour with other prisoners. Motives demonstrate a level of agency • Exerting physical violence or shaming the perpetrator for keep safe • Finding protection from the attention from other prisoners • Being member of ethnic minority offer some protection. (Aboriginal peers) • Housed with women more comfortable. Reduced intimidation • Not all participants desired or were able to transfer to a women’s prison 	S: Forms of data was clear and there was ample data to support themes Contradictory evidence is provided L: Researcher does not consider their role in the process. Lacks reflexivity
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Jenness, V., Sexton, L., & Sumner, J. (2019)	Sociology, US	Male Prison	As above (same samples used)	As above (same samples used)	<ul style="list-style-type: none"> • Mixed-method: <p>1. Qualitative– Analytic abduction of open and closed questions</p> <p>2. Quantitative – logistical regression model and Chi Square</p> <p>MMAT was used for quality assessment</p>	<ul style="list-style-type: none"> • In their sample 80% of transgender women reported experiences of physical assault whilst incarcerated • 60% reported incidents of sexual assault (sexual activity against their will) • Rates increased to 69% when considering sexual victimisation (sexual activity they would “rather not do”) • Types of victimisation range from verbal harassment to life threatening sexual assault on a regular basis • The probability of sexual assault and victimisation are increased three fold when transgender women report having a sexual relationship with another prisoner • Sexual assault and victimisation tend to be perpetrated by those who are familiar and in the context of intimate relationships • Sexual activity with male partners in the context of relationships are characterised by compliance, appeasement, ambivalence and acquiescence 	<p>S: The findings highlight the high prevalence of intimate partner violence experienced by transgender women in prison</p> <p>The interplay between consent and coercion within sexual victimisation is an important revelation that raises concern regarding the (perhaps narrow) definition of sexual violence</p> <p>Quantitative results strengthen qualitative findings</p> <p>L: Uses the same sample as Jenness & Fenstermaker (2014) and Sexton & Jenness (2016). Problems with population validity.</p> <p>The findings are limited to relationships with male partners. There is a lack of consideration for transgender women with female partners</p> <p>The implications of the findings are discussed in terms of institutional arrangement and patriarchal systems. However, there are likely to be psychological factors that increase an individual’s propensity to acquiesce and comply to the demands of other. These are not considered</p>
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Nulty, J. E., Winder, B., & Lopresti, S. (2019)	Psychology UK	Category C Male Prison for those convicted of sexual offences	All individuals living as a female within the establishment was considered for participation. Three provided consent to be interviewed	3 transgender women aged between 25-53 and had been living openly as females for five to seven years	Qualitative Semi-structured interview used to collect data for Interpretative Phenomenological Analysis ETQS was used for quality assessment	<p>Three main themes were identified:</p> <p>1) The transition from male to female identity involves internal psychological and emotional distress. In the beginning, this distress is compounded by feelings of being “different”. The understanding that they are “different” and not accepted by others lead participants to hide their identities. The acknowledgement and acceptance of their true identity was linked to feelings of liberation and limbo. Acknowledgement happened at different stages for each individual</p> <p>2) Identity in prison was reflected in 3 superordinate themes: the participants own identity as a female within a male prison, the hierarchy within the transgender community and gender identity as separate from sexuality</p> <p>3) Participants discussed struggling against victimisation, fighting for their rights and their struggle to comprehend the practicalities of accessing specialised healthcare within prison</p> <ul style="list-style-type: none"> • Sexual harassment was described as a daily occurrence. This population is at increased risk of being a victim of sexually harmful behaviours • There is a need for staff training to increase understanding of the challenges faced by transgender prisoners and confidence levels 	<p>S: The study provided a detailed and rich understanding of the participant’s psychological world. This is of particular value because there are limited personal accounts of transgender prisoners’ experiences in custody</p> <p>Findings were then discussed in relation to policy and practical implications on how to best support and care for transgender prisoners</p> <p>L: Three participants are unlikely to represent the experiences and needs of this population.</p> <p>Only transgender adults who identified as female participated. The transgender population also includes those who identify as non-binary, gender fluid and/or intersex</p>
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2.4.3 Narrative synthesis of results

The review aimed to explore the experiences of transgender offenders in forensic settings and found that the majority of contributions within this field have been conducted in the US with a sample of transgender women in the areas of healthcare and sociology. In order to identify patterns within the data set, studies were grouped according to their sample. Five studies gathered primary data from transgender offenders (Hochdorn et al., 2017; Jenness & Fenstermaker, 2014; Sexton & Jenness, 2016; Sumner & Sexton, 2015; Wilson et al., 2017), two studies explored the experiences and attitudes of staff working with transgender offenders (Clarke et al., 2017; Marlow et al., 2015) and the remaining two (Brown, 2014; Sandor Von Dresner et al., 2013) investigated the provision of healthcare services in correctional facilities. It is important to note that a variety of qualitative research approaches can make synthesis difficult. Qualitative research begins with the view that phenomena are created and shaped within the social and historical context in which they are experienced (Smith et al., 2009). Therefore, it becomes difficult to compare phenomena located in different times and contexts. However, synthesis will allow the construction of greater meaning from results. With this in mind, the following section will present the findings within a thematic framework.

2.4.3.1 Transgender Offenders Perspective.

2.4.3.1.1 Exposure to violence. The majority of studies describe transgender inmates either perpetrating physical violence (Jenness & Fenstermaker, 2014; Sumner & Sexton, 2015; Wilson et al., 2017) and/or experiencing sexual and physical violence (Hochdorn et al., 2017; Jenness et al., 2019; Nulty et al., 2019; Wilson et al., 2017). These studies revealed the motivations for the use of violence differ between transgender women and men. For transgender women in a male establishment, violence is perpetrated to maintain respect from other prisoners and as a safety strategy to keep safe *“If you stand up and have a fight and you lose, you earn you respect because you’re having a go. But if you don’t have a fight, you lose*

all respect” (Wilson et al., 2017, p. 391). Many will find ways to avoid physical violence as they perceive it to affirm their male status. Unlike transgender women, transgender men who are placed in female prisons do not shy away from physical altercations. In a female establishment, partner violence is often related to the desirability of transgender men and jealousy (Sumner & Sexton, 2015). Furthermore, violence was used “territoriality” to attain and defend intimate relationships. The findings of Sumner and Sexton (2015) study indicated that aggression was used proactively in transgender men and reactively in transgender women.

A number of studies reported that transgender women in male prisons were exposed to high levels of sexual harassment and assault, which impacted upon their emotional health (Jenness et al., 2019; Nulty et al., 2019; Wilson et al., 2017). One participant described, *“I get sick of it. It really gets to ya after a while. Because you get it nearly every day”* (Wilson et al., 2017, p. 389). The study revealed that transgender women were viewed as a prize, where there was a tendency for male prisoners to believe they will readily engage in sexual behaviours. Turning down sexual advances led to physical and sexual violence. Two participants in Wilson and colleague’s (2017) study spoke of being violently raped and others describe witnessing rape. Evidence of harassment is corroborated in Marlow and colleague’s (2015) study, where staff witnessed inappropriate behaviour towards transgender offenders from other prisoners.

Sexual harassment is reportedly more common than direct threats of sexual violence and worse in prisons housing those convicted of sexual offences (Nulty et al., 2019). It should be noted that these findings were limited to the lived experiences of three participants residing in UK prisons. However, the study provides valuable insight into the personal experiences of transgender prisoners; an area that requires further exploration. Interestingly, the researchers also found links between previous experiences of victimisation and the participant’s passion to fight for their rights (described as gender-related items, equality and discrimination). A participant stated, *“I’ve been bullied, attacked, my right taken away from me, I won’t let that*

happen again, I will fight and I won't stop" (p. 106). Studies reported that sexual harassment was often normalised and viewed as a part of their daily routine in prison (Jenness et al., 2019; Nulty et al., 2019). Various strategies were employed to manage the frequent and on-going incidents of sexual harassment. These included put-downs and in one case a flirtatious response *"I call them on it, they are only doing it to look big in front of their mates, so I make them look stupid"* (Nulty et al., 2019, p.106). The findings from Jenness and colleague's (2019) indicate that sexual victimisation against transgender women in US prisons often occurs in the context of an intimate relationship with another prisoner, where coping strategies such as overlooking or put-downs are difficult to implement. Instead, transgender women complied and acquiesced with unwanted sexual experiences in order to appease their partner, procure gender-related items, and for the promise of protection. The results suggest a complex interplay between consent and coercion in which sexual assaults can occur. However, it is of note that the researchers used data collected approximately 10 years ago; it is probable that the current legal, political and social climate differs from that which was existent a decade ago, especially considering the more recent visibility of this population.

2.4.3.1.2 Competition. The findings of a qualitative study that employed an ethnographic approach suggest transgender women in male prisons compete with one another not only for the achievement of femininity, but also for the attention and affection of cis-gendered men to increase social status and respect (Jenness & Fenstermaker, 2014). The researchers found that femininity is characterised by mirroring traditional hetero-normative expectations around what it means to "act like a lady" (Jenness & Fenstermaker, 2014). Examples of gendered practices include a preoccupation with bodily adornment and appearance as well as embracing a deferential demeanour. One participant described the competition as being similar to a beauty pageant, *"They're jealous. It's like a beauty pageant. You're all here and seemingly getting along. But not really. Really, it's a competition. They*

smile to your face, but not sincerely. There's only one winner and maybe a runner-up” (Jenness & Fenstermaker, 2014, p. 24). Participants strive for recognition (from both the transgender community and cis-gendered men) that they are close enough to presenting as a “real girl”. Despite being engaged in competition, there is valuable support and community to be found. A mixed-method study conducted by Sexton and Jenness (2016) discovered that significant competition among this population does not preclude allegiance and presumed cooperation. The study found that transgender inmates engage in these contests in ways that acknowledge commonality of experience and identity and ultimately reaffirm their place in the transgender community.

In contrast, transgender women prisoners in Brazil align themselves as much as possible with the representation of hetero-normalised masculinity, both internally and externally (Horndorn et al., 2017) in order to avoid excessive violence and transphobia. They are forced to act within the role of a masculinised identity, as it was originally assigned at birth. According to Brazilian legislation, inmates must be detained in the prison which corresponds with their biological sex. Transgender women who have not yet completed their sex-reassignment surgery are still classified as men. They are located in ordinary sections within male jails, where they must wear male prison uniforms. They also must cut their hair, interrupt hormonal therapies and are not permitted to use female make-up. The researchers proposed that negating their feelings as a trans woman causes them to adopt an etio-pathogenetic explanation i.e., “*I am wrong*” (p.14) and/or the representation that they are a cis-gender gay man i.e., “*My sexuality is different by my sex is right*” (p.14). The differences in the context, culture and society between Brazilian and US prisons significantly impact an individual’s self-identity and self-concept.

2.4.3.1.3 Protection. Obtaining protection against sexual assaults and coercion is linked to the ‘competition’ and ‘exposure to violence’ themes. Many transgender women viewed cis-

gendered men as protectors as well as providers (Jenness & Fenstermaker, 2014). Wilson and colleague's (2017) introduced the term 'signing on' as a strategy to keep safe and uphold dignity. 'Signing on' refers to the formation of a protective relationship with another prisoner. This concept has been echoed in the former study whereby a participant stated "*Get someone to protect you. He'll take you under his wing. He'll become protective over you – like men do with women.*" (Jenness & Fenstermaker, 2014, p.25). 'Signing on' affords the individual some protection from the attentions of other prisoners. Several of the participants in Wilson and colleague's (2017) study describe a code between cis-gendered men that forbade putting moves on someone else's partner. For some 'signing on' was accidental and based on sexual desire - "*I knew nothing about protection; I was attracted to him because he was a handsome looking man. I didn't know he was top dog.*" (p. 391-392). For others, it was described as a pragmatic decision. To complicate these assertions of protection through the notion of protective pairing, a consensual relationship with another prisoner has been found to be a powerful predictor of sexual victimisation in a sample of 315 transgender women (Jenness et al., 2019). Approximately 75% of transgender women experienced sexual victimisation perpetrated by those who are described as familiar and intimate.

According to the transgender women in Jenness and Fenstermaker's (2014) study, other prisoners may be moved to chivalry, solicitous and protective behaviour towards them as females. Therefore, the attention and adoration of cis-gendered men is an important agenda for transgender women when engaging in competition. However, sexual attention from cisgender male prisoners is not always welcome. Transgender women in Nulty and colleague's (2019) study discussed feeling frustrated by the ignorance of others (who make inferences about their sexuality because of their transgender status) and fearful about the sexualisation of their behaviour by other male prisoners. The researchers proposed that these differences are attributed to the cultural differences between Californian and English prisons.

2.4.3.2 Experiences and attitudes of staff working with transgender offenders.

2.4.3.2.1 Lack of awareness and understanding. The findings of Clarke and colleague's (2017) revealed that healthcare staff lacked clinical competency, due to difficulties distinguishing between mental illness, trauma and transgender identity. Staff also lacked cultural competency (i.e. their ability to provide care that respects gender diversity), for example participants spoke of the confusion regarding which pronoun to use - 'he' or 'she'. In Marlow and colleague's (2015) study, frontline prison officers highlighted the need for raising awareness and educating others about transgender issues. The participants in this study described seeking advice from transgender individuals themselves as a form of informal education when unsure; demonstrating a collaborative relationship. In contrast, some healthcare providers held misguided beliefs of transgender inmates as innately manipulative. One nurse illustrated this belief by describing the efforts of transgender inmates to be called by their preferred pronoun "We're not to suppose to [use female pronouns/names]...But they will try. Like if a new nurse comes on they will try to be, um, treated differently than the rest. Because they want to stand out....look for more attention" (p. 84). This quote suggests that some healthcare staff can discriminate and hold certain biases about this population. One member of the healthcare team explained that prison medical staff often did not have a general understanding of the psychology behind transgender issues. Prison mental health departments also reported a lack of knowledge about transgender specific issues (Sandor Von Dresner et al., 2013). Both studies reported the limited capacity for training opportunities, which might be attributed to the lack of awareness and understanding. In a more recent study, transgender prisoners felt some staff would actively avoid contact due to perceived discrimination or a lack of confidence in managing challenges faced by transgender prisoners (Nulty et al., 2019). Taken together, the findings highlight the need for staff training to increase understanding and confidence of transgender issues.

2.4.3.2.2 Safety and Security. Healthcare professionals described the US prison culture as oppressive and para-militaristic where safety and security were prioritised over transgender specific treatment. Interpersonal barriers between custody staff and healthcare providers were found to impede gender-affirmative care. One psychologist explained *“I have to, like, align myself with custody, while still hearing the inmates too. Because if you get looked at by custody...they’ll call you an’ inmate lover’ and shun you.”* (Clarke et al., 2017, p. 84), which highlighted differences between the ethos within prison and healthcare. Clarke and colleague’s (2017) study in US prisons found that greater emphasis was placed on security than access to trans affirmative care. A more balanced approach towards safety and security was reported in Marlow and colleague’s (2015) research with prison officers. One participant stated *“the thing that worries me most is....a lot of the issues with risk are linked implicitly with the issues to transgender and it’s not over embellishing the transgender issues and ignoring the risk issues equally, you know, it’s getting a balance”* (Marlow et al., 2015, p. 248).

2.4.3.3 Healthcare Provisions.

2.4.3.3.1 Lack of treatment. A survey study of correctional mental health service from 18 US states revealed a lack of psychological and physiological treatment for transgender offenders (Sandor Von Dresner et al., 2013). Of the 18, only one state provided a transgender specific treatment program. Furthermore, 78% of mental health services have no staff or external consultants that are proficient with transgender concerns. An analysis of transgender correspondence identified that 55% of letters were related to transgender health care issues (Brown, 2014). The study reflected that the most frequently reported problem was access to transgender healthcare, including evaluations for self-reported gender identity disturbances. This is not surprising, as all 18 states in Sandor Von Dresner et al.’s (2013) study denied having a standard battery or assessment tool. In addition, there appears to be a lack of clinical competency related to transgender care. A physician, who had worked in the correctional

facility for 21 years, did not know how to titrate hormones for her transgender patients. She explained, *“I never know if you’re supposed to titrate [hormones], what they titrate it for, how you approach dosing. I just don’t have enough experience to know. I usually just keep them what they’re on”* (Clarke et al., 2017 p. 85). A lack of clinical competency could have serious health consequences for transgender inmates.

Overall, these studies show that many correctional healthcare providers in the US do not provide gender-affirming healthcare to transgender individuals while in custody. In the UK, access to specialised healthcare is through the relatively few gender clinics that may be geographically distant from the prisons. Thus, creating challenges for the Prison Service and transgender prisoners (Nulty et al., 2019). The process of medical transitioning within a custodial environment was associated with feelings of stress, which is compounded by the long waiting lists and the lack of support. One participant highlighted that *“it would be good to have somebody to talk to about all of this, staff have no idea what is involved so can’t help us even if they want to”* (Nulty et al., 2019 p. 106). It is clear that the attitudes and knowledge of healthcare staff and prison officers have a key role in the overall wellbeing of transgender prisoners should they choose to undertake the process of transitioning.

2.4.3.3.2 Housing provisions. Housing was a fairly pertinent issue that was raised by Sandor Von Dresener and colleague’s (2013). The authors stated that adequate housing was necessary for transgender people committed to correctional facilities, which include single cell housing and possible placement in female facilities following an assessment of risk factors. Their study reported that appropriate housing was limited, with up to 50% of the US offering no housing provisions for inmates diagnosed with a gender identity disorder. Sixty-one per cent of the country had difficulty providing single cells, resulting in many transgender inmates in a higher security level than required or in a segregation unit with little social contact or privileges. However, the difficulties associated with housing did not appear to concern the

majority of transgender individuals. Only 16% reported concerns regarding housing (Brown, 2014), though participants were placed in a housing unit that was inconsistent with their gender identity.

As previously stated, not all participants desired to be transferred to a women's prison. There is a 'fear' of the female prison population among transgender women in male prisons (Jenness & Fenstermaker, 2014). Though some transgender offenders had expressed their desire of not wanting to be placed within a female establishment, they valued the presence of other transgender women in prison for support, 'girl talk' and protection (Sexton & Jenness, 2014). These findings suggest that some transgender people in prison did not perceive being housed in a male prison as problematic. In fact, most transgender women (65%) expressed a preference to be housed in a male establishment (Jenness et al., 2019). However, the importance of being placed with other transgender individuals for reasons of safety and security was highlighted by Nulty and colleague's (2019).

2.5 Discussion

The remainder of this review will discuss the experiences of transgender offenders in relation to the aims that were raised at the start of this review:

- 1) Understanding the transgender individual's experiences within a binary system and identify both negative and positive experiences.
- 2) Exploring the factors that contribute towards these experiences.
- 3) Exploring staff views of transgender individuals in forensic settings.

The findings from the current meta-narrative review indicate that the experiences of people who identify as transgender in forensic settings are negatively defined. The majority of studies included in the review highlight the high levels of physical and sexual assaults that transgender individuals are likely to experience within both female and male prisons (Hochdorn et al., 2017; Jenness & Fenstermaker, 2014; Jenness et al., 2019; Nulty et al., 2019;

Sumner & Sexton, 2015; Wilson et al., 2017). Consistent with these findings, are reports that transgender women were 13 times more likely to suffer sexual assault/rape than non-transgender inmates (Jenness et al., 2009). However, the repeated use of the sample with at least two other studies decreases the generalisability of findings, thus impacting on the validity of these studies. A survey conducted on a separate sample found 73% of trans and gender variant people from prison experienced sexual harassment, 44% sexual assault, 53% physical assault, and 27% sexual assault by a prison officer (Emmer et al., 2011). Although results are limited to transgender prisoners in the Pennsylvania prison systems, there is evidence to demonstrate that transgender offenders are exposed to several forms of violence in prisons across different countries (Hochdorn et al., 2018; Nulty et al., 2019).

Additionally, some of the articles refer to placement within a female establishment as a response to the violence found in male prisons (Jenness et al., 2019; Wilson et al., 2017). Despite these recommendations, it was also noted that not all transgender offenders wished to be transferred to a women's prison. Studies suggest that housing transgender women in a female prison may act to protect against sexual assault and coercion as the extent, nature and consistency of this violence is reduced compared to a male prison (Wilson et al., 2017). However, there is no research evidence to support this assumption. On the contrary, transgender women in Italian prisons who were housed in protected sector (within a male prison) reported experiencing more violence when compared to an exclusively male prison environment (Hochdorn et al., 2017). This does not necessarily imply that there are higher levels of bullying in female prisons, as men may be less inclined to report bullying behaviour due to social stigma and respondent biases (Simmons & Swahnberg, 2019). In addition, housing in a female establishment in the UK has practical implications. For example, there are only 14 female establishments across the country compared to 150 male prisons. Therefore, places in female prisons are limited. It is recognised that transgender offenders are a vulnerable

population, however, there may be alternative placement and housing options not yet explored or considered.

In response to high levels of violence exposure within both female and male prisons, transgender inmates seek protection through various strategies. An approach that was highlighted in several studies is the concept of protective pairing where transgender offenders form relationships as a means of protection from violence (Jenness & Fenstermaker, 2014; Jenness et al., 2019; Wilson et al., 2017). The development of romantic relationships was perceived by some transgender women to be a positive experience with reports of being in genuine and loving relationship (Jenness & Fenstermaker, 2014; Wilson et al., 2017). Trammell's (2011) examination of "prison wives" argued the contention that 'traditional' female behaviours and presentations in prisons are created by hyper-masculine prison environment. A single sex environment creates a void which is filled by constructed gender roles of a woman. However, the finding that over 78% of transgender offenders released into the community continue to present as females (Sexton & Jenness, 2016) could contest Trammell's (2011) notion.

In contrast, transgender inmates in a Brazilian prison sought protection from violence by conforming to the hetero-normalised masculine environment (Hochdorn et al., 2017). However, doing so negatively impacted their representation of self through feelings of inappropriateness and isolation. In Italy, fewer incidents of violence and discrimination were reported after prison staff received training that focused on interacting with transgender prisoners (Chianura et al., 2010; Hochdorn et al., 2015). These findings highlight the impact of influence of prison culture in defining a positive or negative experience for transgender prisoners. Furthermore, findings indicate that staff may have a role in shaping the prisons ethos and values.

The findings of the review suggest that the attitudes of staff have a significant impact on the experiences of transgender prisoners. Studies found that one of the barriers towards physical or mental health care in US prisons were related to transgender-related biases of healthcare providers (Clarke et al., 2017; Sandor Von Dresner, 2013). Some of the staff within these establishments viewed this population as manipulative and lacked the medical knowledge to provide gender-affirming care. Clarke and colleagues' (2017) also highlighted the intolerance of some custodial staff towards transgender offenders. Prisoners are likely to experience hostility, a lack of respect, and inconsistent healthcare from some prison staff. The attitudes and personal biases form negative experiences for a number of transgender offenders, which further contribute towards the marginalisation of this population. Data were collected within one correctional facility in New England. Therefore, it cannot be assumed that these were the experiences of transgender offenders in other prisons.

In British prisons, a different picture has emerged from the findings. A mindful, considerate and collaborative relationship was found between transgender offenders and UK prison staff (Marlow et al., 2015). However, all six participants were female and volunteered to participate in the study. Therefore, this sample is not only susceptible to self-selection bias, it is not representative of male staff members and the experiences of British prison officers more generally. From the perspective of transgender prisoners, there have been reports that they perceive some staff members to be prejudicial, discriminatory and ignorant due to their lack of previous experience with this population (Nulty et al., 2019). However, none of the participants felt that staff were overtly discriminatory or prejudicial. Participants also reported valuing positive relationships with staff members who demonstrated interest and acceptance. All participants highlighted the positive impact of diversity and equality legislation on the culture within prisons.

Lastly, it was found that the lack of psychological and physiological treatment for transgender offenders in US prisons (Clarke et al., 2017; Sandor Von Dresner et al., 2013; Browns, 2014) affected their experiences in custody. These findings are disconcerting, considering that transgender people are at a higher risk of depression and suicide (Department of Health, 2008). There have also been cases where inmates have engaged in attempted or completed surgical self-treatment via auto castration (i.e., genital self-mutilation) due to denial of access to transgender healthcare (Brown, 2010). In addition, the difficulties with housing provisions often force transgender offenders to be placed in segregation or mental health units which has been found to lead to a lower quality of life and greater chance of comorbid symptoms because of the lack of support and social interaction ((Sandor Von Dresner, 2013). As of yet, there has been no empirical research that the reviewer is aware of which addresses the provision for this population in the UK. Overall, findings suggest that the lack of provisions can have a serious, negative impact on transgender offenders' health and well-being.

2.5.1 Strengths and Limitations

The current review has synthesised research regarding transgender individuals in forensic settings, leading to the identification of implications for practice and suggestions for future research (see below). Given the limited amount of research in the area, the literature search was designed to be broadly inclusive. The search terms used were broad and aimed to capture all relevant studies. However, one limitation is that only peer-review articles published in full were included in this review. It is possible that relevant information from unpublished articles could have missed. Nevertheless, limiting the review to published articles encouraged the inclusion of robustly designed studies.

In addition, the reference list of shortlisted articles was scanned to identify articles of potential relevance. The expansion of the search in this way involved some level of subjectivity, which may have led to unintentional selection bias. However, the inclusion and

exclusion criteria, and the data extraction form, were designed with the intention to minimise the introduction of bias. One limitation is that patterns within the data were determined by the researcher and therefore subject to bias. Although it was not possible to complete an inter-rater reliability test on the themes due to time constraints, the researcher's supervisor reviewed the themes and discussions took place around the clarity of these. In order to maximise the rigour of the themes, it would have been preferable if inter-rater reliability was attested.

2.5.2 Conclusions

Overall, the review identified that most of the research in this field has focused on transgender prisoners in male prisons. Research with other gender minority groups, such as those who identify as intersex, non-binary and transgender men is limited. Only one study explored the experiences of gender non-conforming prisoners in a female prison (Sumner & Sexton, 2015). The researchers concluded that the culture and environment in women's prisons differs from male establishments and that the concept of being transgender is not as predominant in this setting. Therefore, it would be beneficial for future research to examine transgender identity within the context of women's prisons, although there are likely to be issues in identifying participants.

In relation to the findings, this review revealed that transgender women in male prisons experience a range of negative experiences whilst in custody. Incidents of physical and sexual assaults are widely recognised and discussed in the majority of these studies. Notably, sexual harassment is described as a feature of their daily lives with some individuals resorting to the use of violence in order to maintain respect, and others developing a protective relationship with cis-gender male inmates or implementing deflection strategies. Participants described sexual harassment as a range of behaviours from unwanted sexual comments to sexual assaults (e.g., experiences of groping to non-consensual sex). This suggests that transgender women are at an increased risk of being victim to sexually harmful behaviour, a finding that is consistent

with previous research (Banbury, 2004; Glezer et al., 2013). A more recent study has differentiated between sexual assaults which is defined as acts against one's will and sexual victimisation is more broadly conceptualised as acts that are against one's will and would one rather not do (Jenness et al., 2019). The researchers found that sexual compliance is prevalent in consensual sexual relationships with male partners, where consent is questionable and coercion is guaranteed. The findings emphasise the complexities in the care and management of transgender prisoners, who are arguably the most vulnerable group of service users.

The review also found that this population has difficulty accessing transgender healthcare, experience societal bias and discrimination by some prison staff, therefore they are likely to have poor mental health. Although it is important to note that the majority of these findings are related to people who identify as female in male establishments, transgender individuals in the CJS have unique needs which are not being properly addressed at present. However, it is promising to note that the most recent policy framework published in 2019 has outlined specific guidelines around healthcare and housing with the aim of developing inclusive practices across HM Prison & Probation Service (MoJ, 2019).

2.5.3 Implications and recommendations for further research

The review highlighted that transgender individuals are likely to experience discrimination and violence in custodial settings. Given that this population are at increased risk of victimisation and psychological distress, it is important that practitioners working with this population recognise the negative impact of these experiences on their mental health. The implications of these findings for the care and management of transgender individuals within the prison estate are twofold. Firstly, there is a need for greater consideration of additional support systems for transgender individuals in the CJS. There were a number of studies which highlighted the importance of peer support within custodial settings (Jenness & Fenstermaker, 2014; Nulty et al., 2019). Participants from Nulty and colleague's (2019) study suggested that

a support group could offer a space to discuss and/or report issues, and receive emotional and practical support. The researchers also proposed that there may be value in prisons collaborating with community-based transgender groups who may be able to offer in-reach and through-the-gate services (Nulty et al., 2019).

Secondly, correctional staff appear to have limited access and opportunities for developing their understanding of gender-affirming care. It is likely that there have been limited opportunities for large national training programmes, given that transgender prisoners are a minority group (Nulty et al., 2019; Sandor Von Dresner et al., 2013). Additionally, the lack of empirical research with this population (particularly outside prison settings) may also reflect the knowledge gap of some correctional staff working with transgender individuals. However, it has been noted that research in the field is fast evolving. Therefore, it is important that policy makers and others involved in the training provisions within the CJS recognise that gender inclusivity is an area which requires further consideration. The current review has highlighted the need to consider how staff are supported in increasing their levels of confidence in managing the challenges faced by transgender individuals. It may also be useful to consider training which aims to develop on staff's knowledge on transgender rights and gender-affirming interactions (i.e. use of correct pronouns) in order to promote social change and minimise stigmatisation.

With regards to suggestions for future research, many of the studies included in the current review reported the experiences of transgender individuals, there were few that explored the psychological impact and/or processes of their experiences. Considering previous research has found that experiences of discrimination and social inequality occur prior to contact with the CJS (Faith 2008, Simpolous & Khin Khin, 2014), and the increased risk of harm to self (see Chapter 1 'Gender Identity and Prisons) future research may seek to develop psychological understanding into the experiences of transgender offenders within and also

beyond the CJS. The findings may could provide insight into how to meet the psycho-social needs of this sub-group of offenders and inform not only treatment intervention but a holistic model of care. There has been little empirical research to guide criminal justice professionals in the management of risk and recidivism in the transgender population. The relationship between gender diverse identities and offending behaviour are important areas for future research. There is a need for more research to inform practice and policies on an approach based on gender-affirming care.

All of the studies included in this review explored transgender experiences in a prison environment. There may be some merit in investigating whether these experiences would differ in a therapeutic setting, such as a psychiatric hospital. The findings may aid discussions on how best to support and care for this client group. Furthermore, much of the research in the area has been conducted in the field of sociology where findings relate to social systems. More psychological research focused on the transgender individual and their experiences is needed. To date, there have been no studies exploring the experiences of transgender offenders in the community. In light of the new guidelines for managing transgender individuals who are subjected to community sentences and licences in the UK (MoJ, 2019), there is arguably a need for research to gain further insight into the needs of transgender offenders in the community.

CHAPTER 3

An Exploration into the Lived Experiences of Transgender Sexual Offenders in the Community

3.1 Introduction

The UK is one of the most progressive countries in terms of equality legislation for gender minority groups and CJS policies for transgender offenders (Knight & Wilson, 2016). As highlighted in Chapter 2, there have been significant developments in relevant legislation for transgender offenders in the UK. However, the academic literature does not reflect the changing legal and cultural understanding of this population. At present, research and theoretical understanding into the criminogenic factors and circumstances in which transgender individuals engage in offending behaviour is limited (Peterson & Panfill, 2014). Therefore, it should be noted that much of the material in this section draws on research and evidence from wider sources. A growing body of literature underpinned by criminology suggests a relationship between gender-based victimisation and crime (Faithful, 2008; Nadal et al., 2014; Reisner et al., 2014; Simpolous & Khin Khin, 2014).

Individuals who defy traditional gender norms not only experience high levels of victimisation whilst imprisoned (see Chapter 2), many also experience discrimination and prejudice in the community. In a National Transgender Survey, 57% of transgender adults report experiencing family rejection, which places them at an increased risk of substance use and imprisonment when compared to those who received support from their families (Grant et al., 2011). The report also found 19% experienced homelessness as a result of family rejection and were denied a home because of their gender identity. Experiences of homelessness increased chances of imprisonment by approximately 50%, when compared to those who have not experienced homelessness (Grant et al., 2011). Furthermore, transgender individuals are twice as likely to be unemployed (14%) compared to the general population (7%) (Haas et al., 2014). The combined effects of these factors, namely reduced opportunities in housing, employment and for social support can lead to economic insecurity (Hasan et al., 2017), high levels of psychological distress (Testa et al., 2015) and in turn, increased interactions with the

CJS. Reduced opportunities and the impact of discrimination can result in some transgender individuals engaging in criminal activity such as survival sex and prostitution, as well as shoplifting and robbery (Nadal et al., 2014; Reisner et al., 2014; Simpolous & Khin Khin, 2014).

Although much of the research discussed stems from the US where transgender people still face challenges to equal rights and protection under the law (Faithful, 2009), research in the UK indicates similar experiences of transphobic discrimination despite legal protection (i.e., the Equality Act, 2010). Transphobia has been described as “a fear, dislike or hatred of people who are transgender or challenge conventional gender categories” (McIlroy, 2009, p.1). A survey conducted by the Government Equalities Office found 50% of transgender employees experienced discrimination and harassment in the workplace and 88% stated that ignorance of transgender issues was one of the most significant challenges they faced at work (Home Office, 2011). In relation to healthcare, transgender people can experience negative attitudes, even in gender identity clinics, and problems including a lack of knowledge on the part of GPs (Treasury H. M., 2015). There is no shortage of literature demonstrating the higher rates of discrimination experienced by transgender individuals and reduced opportunities to access social capital. As noted by Knight and Wilson (2016), the social inequality and marginalisation of the transgender community are significant factors in the pathway towards offending. Research indicates that transgender people are overrepresented in the CJS (Poole et al., 2002).

3.1.1 Gender-Related Discrimination and Mental Health

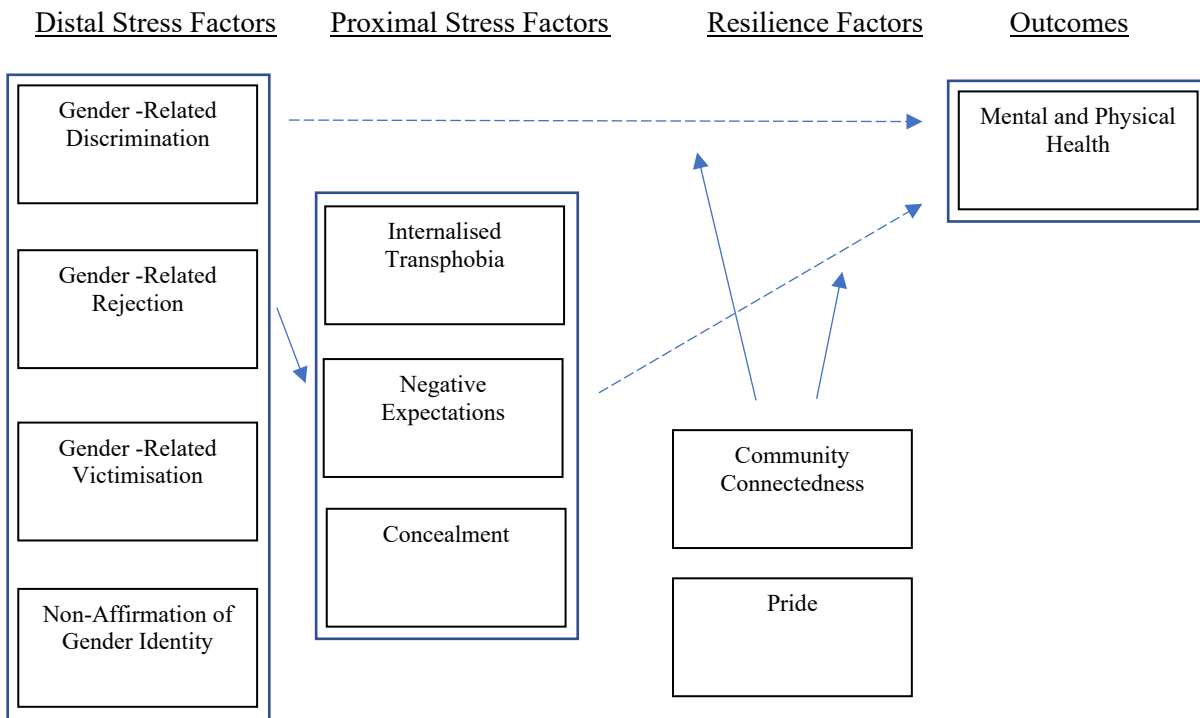
Research with transgender people in the UK indicate between 38% and 55% have previously been diagnosed with a mental health problems (McNeil et al., 2012), compared to estimates in the general UK population, where rates of approximately 18% have been found (Office for National Statistics, 2015). There is evidence to suggest that psychological distress and poor mental health outcomes stem from gender related discrimination (Bockting et al.,

2013; Timmins et al., 2017). The relationship between psychological distress and offending has been widely recognised in cis-female offenders (DeCou et al., 2015; Motz 2020; Winham et al., 2015). At present, it is unclear whether this association relates to transgender offenders who identify as female due to the lack of studies that explore offending behaviour with this population.

The Gender Minority Stress and Resilience (GMSR) model (Testa et al., 2015) provides a framework for understanding the psychological processes through which persistent societal stigmatisation affects mental health among transgender populations. According to the GMSR model, there are two major stressors (proximal and distal) that adversely affect the mental and physical health of transgender individuals, while connection with other transgender people and pride in one's identity (resilience factors) can mitigate the impact of these stressors. The model proposed four types of distal or external stressors, these include: gender-based victimisation (verbal or physical acts); rejection (non-acceptance by people, institutions and communities); discrimination (difficulties accessing housing, employment, legal documents and medical care); and non-affirmation (gender identity is not recognised by others). Proximal stressors are internal to the individual and include internalised transphobia, which can be described as a discomfort with one's transgender identity as a result of the internalisation of societal expectations of gender (Bockting, 2015). Other proximal sources of stress include negative expectations related to gender identity and concealment of one's identity. Testa and colleague's (2015) suggests that distal (external) stressors have a negative effect on psychological well-being and lead to proximal (internal) stressors. Proximal factors partially mediate the relationship between distal stressors and psychological distress while resilience factors moderate the effect of distal and proximal stressors on psychological well-being.

Figure 2

Diagrammatic representation of the gender minority stress and resilience model.



Note. Adapted from “Development of the gender minority stress and resilience measure” by R. J. Testa, J. Habarth, J. Peta, K. Balsam & W. Bockting, 2015, *Psychology of Sexual Orientation and Gender Diversity*, 2(1), p. 71. Copyright 2020 by the APA.

Although research has supported various components of the GMSR model (Bockting et al., 2013; Seelman, 2016; Timmins et al., 2017), the recently proposed model has not yet been subjected to good empirical testing since studies that test the full GMSR model are limited. Those that explore the application of the model tend to focus on the transgender community in the US. One such study examined suicidal ideation (SI) in a sample of 816 transgender participants (Testa et al., 2017). The researchers found effects consistent with the GMSR model. All proximal (internal) and distal (external) stressors related to SI, where negative expectations and internalised transphobia mediated the relationships of gender-based

rejection, non-affirmation and victimisation to SI. Other studies on minority stress experiences in transgender people support the validity of the GMSR model with depressive symptoms, however, the relationship between depressive symptoms and resilience factors is less clear (Breslow et al., 2015; Jaggi et al., 2018; Nuttbrock et al., 2014).

All the studies discussed used a cross-sectional design, which only allows for correlational inferences. Lloyd and colleague's (2019) identified the lack of longitudinal research with this population and noted the limitations this places on establishing causality. In their longitudinal examination of the GMSR model with a sample of transgender people in the UK ($N=358$) over a period of 12-months, Lloyd and colleague's (2019) found no evidence that gender-related discrimination predicted internalised transphobia and concealment of one's identity. Additionally, psychological distress (anxiety, depression and stress) was not predicted or mediated by internalised transphobia and identity concealment. These findings are contrary to prior research and prompt queries about whether the relationships specified in the GMSR model can account for the long-term development of psychological distress in transgender people who experience discrimination. The study highlights the need for future research testing the GMSR model to employ more methodologically sophisticated investigations. Although research investigating the validity of the GMSR model has revealed mixed results, Testa and colleague's (2015) highlight a multitude of ways in which potential stressors may impact transgender individuals in the CJS and more importantly acknowledge strength-based factors.

3.1.2 Transgender Individuals and Sexual Offending

As described in Chapter 2, though small in numbers, the transgender population in the CJS is rapidly increasing. According to the Ministry of Justice (MoJ, 2018), the number of transgender individuals in prison has doubled within the last 3 years and continues to rise. It could be inferred that the increasing population represents a greater number of people who identify as transgender. This could reflect a change in societal attitudes towards transgender

people (Schilt, 2017), which may enable individuals to express and disclose their transgender identity more readily. The latest figures suggest that approximately 50% of the 139-transgender prisoners in England and Wales are serving time for sexual offences (Ministry of Justice Publication, 2018).

At present, little is known about transgender individuals who have received convictions for sexual offences (Marlow et al., 2015). It is not known whether there are any differences between cis-male offenders and transgender individuals who are transitioning from male to female. Empirical research and theoretical models that guide assessment and intervention for this sub-group of offenders is limited. It is likely that the practicality of accessing this niche group is a contributing factor when considering the paucity of literature. There is not only the size of population, but the absence of statistical information identifying transgender sexual offenders across the CJS which presents challenges for conducting research. However, there is a need for a clearer understanding of how, or if, gender identity impacts an individual's risk.

To date, there has only been one study that has focused specifically on transgender offenders with convictions of sexual offences. Marlow and colleague's (2015) explored the experiences of female staff who were working with this population in a UK male prison. The findings demonstrated that staff adopted an open-minded approach, they became aware and educated about transgender issues through their experiences of working with transgender offenders. The study also highlighted the need to raise awareness and understanding of the psychological issues faced by transgender offenders to ensure they are appropriately supported. Staff appeared to adhere to the Need and Responsivity principles (Andrews & Bonta, 2010) (see 'What Works' In Probation section below). They believed that addressing criminogenic needs was central to reducing re-offending and that it was necessary to tailor treatment to the specific needs of the offender. However, some staff was unsure about the ways in which a transgender identity may impact on the individual's criminogenic needs. Therefore, it is

difficult to ascertain the ways in which interventions aimed at reducing re-offending in transgender offenders could be adapted. As previously discussed, this is a research area that has not yet been explored. There are currently no known assessment and interventions within the forensic field that are specific to transgender sexual offenders. Marlow and colleague's (2015) do not provide any further details as to what a tailored approach involves. However, there is clearly a need for further examination and understanding into this under-researched sub-group of offenders.

3.1.3 Risk Need and Responsivity Principles in Probation

Many of the programmes across the CJS in the UK are based upon Andrews and Bonta's (2010) Risk-Need-Responsivity (RNR) principles (Polaschek, 2012). In short, the *risk* principle is concerned with matching the intensity of intervention with the offender's level of risk; higher risk offenders require higher intensity treatment. The *need* principle refers to addressing factors associated with reductions in recidivism (i.e., criminogenic needs) and the *responsivity* principle states that the style of treatment programmes should consider the offender's individual and interpersonal circumstances as well as their learning style in order to increase treatment effectiveness. Considering the unique stressors faced by transgender offenders, it could be argued that adherence to the responsivity principle is of particular importance.

The responsivity principle has been divided into *specific responsivity* which refers to the individual characteristics of offenders (Andrews & Bonta, 2003), factors relevant to this population include interpersonal skills and psychological well-being. As previously mentioned, mental health problems are understandably not uncommon for transgender individuals, following persistent exposure to societal discrimination. These experiences are likely to shape the ways in which they communicate and build relationships with others. Developing relationships are likely to be difficult for people who have previously experienced rejection

and victimisation. There are a multitude of ways in which people's experiences shape the ways in which they relate to others. Therefore, there is a need to consider an individual's social and personal circumstances when working to support transgender individuals in the CJS. In fact, positive changes in an individual's social and personal circumstances have been associated with a reduced likelihood of offending (Farrall, 2004). However, it should be noted that Farrall's (2004) sample population was predominantly cis-male (173 men and 26 female). At present, it is not possible to ascertain whether these findings are applicable to the transgender population

In relation to the application of the RNR principles in practice, the model tends to underestimate the relevance of contextual or ecological factors in offender rehabilitation (Ward & Brown, 2004). This raises some concerns in relation to its application to transgender offenders where societal factors have been linked to criminal behaviour (Knight & Wilson, 2016). It would be premature to conclude that the RNR principles were ineffectual with this population, rather, given the evidence outlined above regarding transgender individuals in general and transgender offenders, it is suggested that particular attention may need to be paid to the responsivity principle with this sub-group of individuals.

3.1.4 The Current Study

As outlined above, transgender sexual offenders are monitored and supported by probation services on their release from prison or when serving community sentences. There is an evidence base to suggest that adherence to the responsivity principle will benefit individuals in their rehabilitation. It is suggested that more research is needed to assist probation staff (and those in the CJS in general) in supporting transgender sexual offenders in the community, i.e., to be responsive to their needs.

This study addresses the gap in the literature by exploring the lived experiences of transgender sexual offenders in the community. This is the first known study in the UK to

explore how gender identity may shape the experiences of transgender offenders who are residing in the community. This study will explore the lived experiences of transgender women who have received a conviction for a sexual offence(s) and are under the care and management of the National Probation Service (NPS). The research is exploratory in nature and aims to provide insight into and psychological understanding of some of the challenges these individuals may face during their re-integration into society or when serving a community sentence.

The qualitative data analysis approach of Interpretive Phenomenological Analysis (IPA; Smith et al., 2009) was used to elicit rich, in-depth personal accounts from participants about participants' lived experiences. As previously mentioned, there is a lack of research with this population, this coupled with the rising number of transgender people in the CJS and few resources on how best to work with this population has led staff in Probation Agencies to request that research is conducted on this sub-group of offenders. Findings are, in part, intended to help inform practice for working with this population.

3.2 Methodology

3.2.1 Design

There are various approaches in qualitative research with different epistemological foundations which offer different views on what may be inferred about that data. Interpretive Phenomenological Analysis (IPA; Smith et al., 2009) was considered to be the most suitable approach due to its' compatibility with the epistemological positioning of the research aims. IPA is concerned with how individuals make sense of major life events and the psychological interpretations of these experiences (Howitt, 2013). Therefore, the meanings which the individual uses to understand their own experiences and the insights they provide are central to this approach. IPA has links with other forms of qualitative analysis, such as thematic analysis, however the theoretical underpinnings characteristic to IPA encourages researchers

to incorporate more elements of the person into the analysis. Participants tend not to be viewed as providers of text or conversation but are regarded as being experts about their experiences. Grounded in phenomenology and hermeneutics, IPA aims to capture the participants' personal narratives of their realities that are likely to be influenced by both social and cultural structures (Smith, 2004). IPA's idiographic nature enables the researcher to conduct a detailed examination of each case where there is a focus on the particular and an exploration of the participant's personal perspectives (Pietkiewicz & Smith, 2012). The analytic process involves moving from single cases to examining the similarities and differences across the cases (Smith et al., 2009). Its concern for individuality and commitment to a rigorous finely-textured analysis lead to themes that reflect the participants' shared experiences, as well as the distinctive voices and variations within them (Smith & Eatough, 2006). IPA is committed to gaining an in-depth understanding about personal experiences rather than the language through which this is expressed, but recognises that the researcher's interpretation of the participant's understanding of their personal and social world is inextricably linked to their own assumptions and subjective judgments (Smith et al., 1999).

The approach requires the researcher to engage in a process of 'double hermeneutics', whereby they adopt a central role in the interpretation and systematic analysis of the data in order to make sense of the participant's interpretation of their lived and personal experiences. Essentially, the process involves the participant's attempts at making sense of their world and the researcher's attempts at making sense of the participant's sense-making (Smith et al., 2009). Therefore, the methodology strongly acknowledges the role of the researcher and encourages an open, non-judgmental approach alongside an awareness of biases that informs reflexivity. The approach aims to capture the unique nuances of participants lived experience as narrated through the researcher's lens (Callary et al., 2015; Smith et al., 2009).

3.2.2 Participants

Due to the practical challenges of accessing a niche population, a small sample size was expected. However, IPA seeks an in-depth understanding and positions quality over quantity (Smith et al., 2009). A total of three participants under the supervision of the NPS agreed to be interviewed. Whilst there are “no right answer to the question of sample” in IPA, the sample size fell within the recommended three to six participants for student projects (Smith et al., 2009, p. 51). The aim of the study was to recruit five participants; however, significant challenges were experienced in achieving this. One participant was transferred to a different division of Probation Services following their initial agreement (not accessible due to ethics) and another was arrested and remanded into custody at the time of data collection.

To ensure as homogenous sample as possible, the study included an inclusion and exclusion criteria (see Table 4). Adults over the age of 21 who identify as transgender and received a conviction of at least one sexual offence was eligible to participate. Table 5 provides demographic information for the participants; pseudonyms have been used to ensure anonymity. All participants identify as female and aged between 20 to 50 years. The participants characteristics was largely dictated by the limited access to a small population. During recruitment, there was a total of nine transgender individuals working with Probation Officers in the community. It should be noted that the study aimed to include participants who had been released from a custodial setting, however, one of the participants had not served a prison sentence but was carrying out a community order. The researcher only became aware of this while conducting the interview. While the researcher had hoped to have a more homogenous sample to explore the participants transition from a prison setting into the community, and their experiences in Probation Services, the decision was made to include this participant in the study. She still met the inclusion criteria, spoke candidly and provided

an insight into her experiences as a transgender person in Probation Services once questions were amended accordingly.

Table 4

Inclusion and Exclusion Criteria for Participation

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> • Identifies as a transgender woman (male to female) • ≥ 21 years • Lives in the community • Supervised by Probation Services • Received a conviction for at least one sexual offence • English speaker 	<ul style="list-style-type: none"> • Does not identify as a transgender woman (i.e., transgender men, cisgender male or female, gender non-binary) • < 21 years • Residing in Prison or a Mental Health facility • Not supervised by Probation Services • Received convictions for violent offences only • Non-English speaker

Table 5

Participant Characteristics

Participant (pseudonym)	Age when transitioned	Age at time of interview	Method of interview	Experience within the CJS
Harriett	35-40	40-45	Face to face	Prison and Community services
Kate	20-25	20-25	Face to face	Community services
Sophie	35-40	45-50	Telephone	Prison and Community services

3.2.3 Procedure

3.2.3.1 Stage 1: Recruitment and Consent. Participants were recruited from the NPS. The managers of all offices under a particular division were contacted via email and asked to identify Probation Officers who were supervising transgender individuals with a history of sexual offending (see Appendix K). A low response rate led to further liaisons with the Equalities Manager who was able to provide details of Probation Officers supervising participants who met the eligibility criteria. A total of nine transgender individuals were identified as potential participants, their Probation Officers were subsequently contacted via email and invited to ask people who identified as transgender whether they would be interested in participating the current study. Probation Officers were informed about the aims of the study (see Appendix L) and provided with an information sheet (Appendix M), which was given to potential participants.

Once participants agreed to be interviewed, an appointment at their local Probation Office was arranged via telephone. On the day of the interview, the researcher summarised the key points on the information sheet and stated the purpose of the study. Participants were informed about confidentiality protocols and the need to break confidentiality should any concerns with regards to the risk they posed to themselves or others arise. They were also reminded that they had the right to withdraw at any time, during the interview or up to one month post-interview, and that participation in the study had no bearing on the supervision they received from Probation Services. The storing of information, anonymity and use of any quotes in the write up were outlined in the information sheet, and this was highlighted to participants prior to the interview commencing. If the participant wished to continue, verbal and written consent was obtained (Appendix N).

3.2.3.2 Stage 2: Data Collection. In order to gather information of sufficient depth and quality, the data were collected using a semi-structured interview. The format allowed for a flexible approach in which questioning could be modified in response to participants' responses and the importance they placed on particular experiences (Smith et al., 2009). This enabled the researcher to facilitate conversation and follow novel areas relevant to the research questions (Smith & Osborn, 2008).

The interview schedule (see Appendix O) was informed by relevant literature, discussions with the research supervisor, further consultation with an experienced IPA researcher and guidance related to the use of IPA with transgender communities (Chan & Farmer, 2017). The use of exploratory and open-ended questions enabled the participant to discuss what was important to them. Participants were initially asked about the time they started identifying as transgender, followed by questions related to their thoughts and feelings associated with this period. Subsequent questions explored their experiences in the community, which included the first few weeks post-release from prison (in the case of two participants) and also their experience with Probation Services, before going on to discuss their personal experiences as a transgender woman, recent challenges which may be linked to identifying as a gender minority and the impact these may have had upon them and their future plans. The interview schedule was constructed to facilitate a collaborative relationship between the researcher and participants by allowing participants to express themselves freely with minimal interruption from the researcher.

Interviews lasted between one and a half to three hours. All the interviews were audio-recorded and transferred to an encrypted memory stick before leaving the premises. Once the interviews had been completed participants were debriefed (see Appendix P) and offered the opportunity to ask questions. In addition, participants' general wellbeing was attended to as they were discussing major life events in case this caused upset or distress. All participants

were made aware of the avenues of additional support and ways to access them should they wish, which were detailed within the information and debrief sheets. Two interviews took place in person while the third interview was conducted via telephone due to COVID-19.

3.2.4 Data Analysis

There is not a single prescribed ‘method’ for data analysis (Smith et al., 2009). However, analysis was centred on balancing two elements: (i) the ability to give voice to an experience, and (ii) making sense of that experience (Larkin & Thompson, 2012). Each of the audio recordings were transcribed verbatim with any potentially identifiable information omitted. During the initial stages of analysis, the researcher attended to each of the transcripts individually. The first stage involved reading and re-reading the text where initial thoughts, and observations were noted. These were organised into descriptive comments (content and use of language), linguistic comments (repetition, metaphors, non-verbal accounts) and conceptual comments (questioning the participants’ sense making). Following this initial open engagement with the text, the researcher moved on to identify and label themes when working through the text line-by-line. The thematic labels aim to capture what is represented in the text and the psychological essence of the participants experiences. This required the researcher to move from descriptive to a higher level of interpretation (Smith et al., 2009). An annotated example of a passage in Appendix R shows the researcher’s exploratory comments recorded on the right and the thematic labels on the left margin. Each of the transcripts was systematically analysed in this manner; each being put aside prior to commencing the detailed analysis of the next one. This approach is consistent with IPA’s idiographic sensibility and helped to acknowledge new issues emerging in each transcript.

The next stage involved looking for connections and conceptual similarities between the thematic labels and tentatively compiling emergent themes for each of the transcripts. During this process each transcript was examined individually and a table of major/emerging themes

with supporting key verbatim text extracts was produced (refer to Appendix S for excerpt). The researcher consulted with her supervisor and an experienced IPA researcher at the University of Birmingham after emergent themes were developed for the first participant. Initial discussions centred around the extent to which the themes reflected the meaning conveyed within the data, areas of agreement and disagreement were also deliberated upon. A further two meetings were held after emergent themes for participant two and three had been developed. These discussions continued to focus on the depth of interpretation and considered the different ways in which the themes could be arranged into major themes and subthemes. Having produced three separate tables of emergent themes (one for each of the participants) with the support of the researcher's supervisor and an IPA researcher, attempts were made to integrate these into an inclusive list of master themes that reflected the experiences of the group of participants as a whole. The process of integration was carried out in a cyclical manner whereby higher-order emerging themes were checked against the transcripts to ensure they were grounded in the interview data and reflected what the participants said.

When looking across the entire corpus of data (i.e., all cases), the construction of the table of master themes included superordinate themes and subthemes that aimed to capture the quality of the participant's shared experience and the essence of being transgender (refer to Appendix T for an excerpt of the thematic structure for the group with relevant short extracts from the transcript). While this table shows the connection across the participants as a whole, the themes were developed to represent the participant's unique idiosyncratic perspectives within shared higher order concepts. For example, when referring the points of interest column in Appendix T, the 'transitioning' subtheme highlights how the participants conceptualised the notion of transition differently. Harriett was focused on developing her make-up skills and her appearance as a woman, whereas Kate placed an emphasis on the medical model and changing her physical appearance. Harriett also spoke about the significance of receiving a diagnosis and

her appearance (make-up and clothes) but getting her name changed played a pivotal role in her transition process. It should be noted that the arrangement of themes was subjected to a number of revisions until a ‘best fit’ was reached. When the themes were organised into a hierarchy, the overall research question (experiences of transgender women in the CJS) and the “story” presented in the findings were considered. The thematic structure followed a temporal order to reflect the chronological presentation of the participants’ lives from childhood to adulthood. However, one of the subthemes in an earlier draft was not included in the final write up. This subtheme highlighted how participants dealt with the challenges they faced and how these experiences lead to positive changes (living an offence-free life). One of the participants spoke about learning to cope without the use of substances and others describe findings hobbies/prosocial ways of occupying their time. The researcher and supervisors felt that after some of the key quotes around coping were incorporated into other existing subthemes, the experiences related to being an ex-offender. As the focus of the research question was exploring experiences specifically related to the participants gender identity, this subtheme was omitted from the final list of themes.

3.2.5 Researcher’s reflections

Acknowledging the ways in which the researcher is implicated in the research and its findings is an important aspect in qualitative research. The primary researcher completing the study was aware of being a female who has worked in various forensic settings. Although her experience centred around cis-men, she has worked therapeutically with transgender men and women during her role as a trainee psychologist. The use of a reflective diary highlighted that each of the interviews felt distinct from one another but the researcher felt able to build rapport with participants. It has been stated that the first two interviews with Harriett and Kate took place in person, the last interview with Sophie was conducted via telephone due to COVID-19 lockdown restrictions (see Table 5). The researcher did not feel that the quality and depth of

the participants narratives were impacted by the change in the way data were collected. She noted becoming more comfortable with the interview schedule after each participant, but was made aware of a pre-existing developmental condition which impacts how an individual communicates and socialises with others during the second interview (refer to Appendix for Q further details). It was recognised that the homogeneity of the group may have been impacted, but after careful consideration, the researcher felt it was important to include the data while acknowledging the limitations. Further consideration for how the researcher's person (ethnicity, personal assumptions and positionality) may have affected the ways in which data was collected and/or analysed is provided in the reflective statement (see Appendix Q).

3.2.6 Ethics

The study was granted full ethical approval by the Science, Technology, Engineering and Mathematics Ethical Review Committee at the University of Birmingham (ERN_ 19-0562). The researcher adhered to the British Psychological Society's Code of Human Research Ethics (BPS, 2021) throughout the study. In addition, the study was reviewed by the HM Prison and Probation Service Ethics Committee and permission was granted.

3.3 Results

The analysis identified two superordinate themes: (i) "*The process of coming out*" and (ii) "*How the world treats me/sees me*". Within each superordinate theme lay several subordinate themes, the arrangement is outlined in Table 6. Each participant contributed towards the themes. Convergence and divergence across the participants' narratives are considered throughout the presentations of the findings.

Table 6*Superordinate and subordinate themes*

Superordinate theme	Subordinate theme
“The process of coming out”	Being different/not fitting in
	Triggers of transformation
	Transitioning
“How the world treats me / sees me”	Living on the margins of society
	The value of being supported

3.3.1 The Process of Coming Out

The first superordinate theme reflects the participants’ experiences of progressing through a series of stages where they explore, define and share their gender identity. The theme consists of three subordinate themes: (i) *“Being different/not fitting in”*; (ii) *“Triggers of transformation”* and (iii) *“Transitioning”*. While all participants identified gender non-conforming feelings in their formative years, their temporal progression through the stages varied with some participants coming out later in life (Harriett and Sophie). This theme reveals the continuous process of understanding, accepting and valuing one’s gender identity. Participants discuss their emotional turmoil and overcoming the difficulties they encountered while striving towards self-acceptance. This theme captures the participants’ identity development, which is best conceptualised in terms of a set of critical processes rather than a linear progression.

3.3.1.1 Being Different/Not Fitting in. All participants contributed to this subordinate theme, which encompasses the ways in which their gender identity placed them outside of conventional societal norms. Across the participants’ accounts, there was recognition that their gender was not aligned with their biological sex from an early age. The participants’ narratives tended to focus on their experiences in their formative years which appear to be characterised

by feelings of confusion, being disconnected, and being different from others. The sub-theme recognises the participants' exposure to stress/adversity in their early life, and considers the impact of past experiences and social messages through various contexts (work, school and within families) on their self-image.

During the initial stages of coming out, some participants spoke of being intuitively aware that they were different to how others perceived them:

Since a young age I've always thought I've not been quite right...I've not always thought I was male because I've always had female traits since a young age...My first partner was when I was questioning myself. I thought I might have been gay...I always thought in my mind that something wasn't quite right, I didn't feel right and didn't fit in with how everyone else saw me. (Harriett, L10-64)

I've always had feelings of identifying as more feminine and stuff from when I was really young but I didn't have like the words or conceptualisation of what it was to be transgender... It felt kind of weird, always being put with the boys at school when I got along better with the girls...I didn't really feel in the right place. (Kate, L7-14)

Harriett and Kate describe having an early affiliation with a feminine gender, however, they lacked awareness of gender variance as children. They were therefore unable to understand and/or label feelings of gender non-conformity. This led Harriett to question her sexuality instead of her gender identity, and Kate explicitly stated that she "*did not have the conceptualisation of what it was to be transgender*". Both participants discussed experiences of gender incongruence in their formative years. They did not identify as the gender they were assigned at birth (male). This appeared to generate feelings of being different from others, which was internalised by participants in distinct ways. In the excerpt above, Harriett describes feeling that something was inherently wrong with her. She felt ostracised and experienced

discomfort with her transgender identity. There is a sense that she lacked a sense of belonging, which may have stemmed from internalising society's normative gender expectations.

In the above excerpt, Kate also expressed feeling alienated and disconnected from others. At school, Kate described having more of a rapport with girls and felt better able to relate to them. When she was placed with boys, she expressed having difficulties navigating male social spaces. Kate had no conceptual awareness of being transgender and therefore struggled to verbalise her experiences: *"I was experiencing very much confusion at the time, and I wanted to express myself as being feminine, but not being able to have like the words at the time to talk to my parents and explain"* (Kate, L8-10). There is a sense of emotional and social isolation within Kate's excerpt. She appears to have admitted to herself that she identifies as female, however, she lacked the language to be able share her inner world (thoughts, emotions, experiences) with her parents, who were significant figures in her life. It is possible that the challenges Harriett and Kate faced in relation to finding a sense of belonging and connection may be linked to the visibility of transgender people and representation of the gender-variant population. Sophie spoke about identifying with a minority group that was often hidden from society:

Being a male, it was horrible...I was forced to be male from a young age and that's not who I was...I would have started identifying as transgender sooner. But there wasn't the information around, there wasn't that many people doing it or if they were trans, they just weren't out. Back in the mid-80s, it was only just about acceptable to be black, people who were gay, lesbian, bi-(sexual) that was still underground. Anything beyond that...the transgenders, the gender fluids. They were so underground. (Sophie, L86-97)

The quote above captures Sophie's experiences of growing up during a time where hetero-normative beliefs were dominant and people who identified outside of conventional

societal norms were less visible. Similarly to Harriett and Kate, Sophie also lacked exposure to the concept of gender diversity and was not aware of gender-variant people. In her formative years, she was provided with no other alternative except to conform to masculine norms. Sophie appeared to struggle between what was deemed socially acceptable and her sense of self. She presented as male, but identified as female. In the excerpt below, Sophie discussed her experiences of having to live with a dual identity and how it felt to live according to male expectations:

When I was in female clothing and taking on my female identity, I felt most happy, the most comfortable...as a male, I just felt constantly oppressed. A weight on me, all the time. That I had to do things, that I had to conform, that I had to be this and I had to be that. (Sophie, L11-26)

Sophie's excerpt above conveys the intensity to which she felt pressured to conform to male expectations when she did not identify as male. This juxtaposed her experience of being female, where she placed great emphasis on feeling positive. She refers to "*taking on*" her female identity which suggests an element of interchanging between genders. It is important to note that Sophie referred to cross-dressing before she was able to recognise and/or label her transgender identity. Within the quote above, there is a sense that Sophie felt the need to keep up pretenses. This indicates a fundamental mismatch between her assigned gender and psychological sense of gender. Overall, this subtheme highlights the various ways in which participants did not feel seen, heard or understood. The consistent reinforcement of gender normative values in society appears to be a significant contributing factor towards feeling different and a sense of not fitting in.

3.3.1.2 Triggers of Transformation. This subordinate theme captures the various antecedents in the participants' adult life, which prompted them to begin acknowledging the gender non-conforming feelings they were experiencing. Within the early stages of reclaiming

their gender identity, participants maintained a psychological distance from others while engaging in self-reflection. The sub-theme reveals that participants recognised the positive emotions they experienced as women, but discussed navigating uncertainties and unknown spaces of their internal world within the context of social stigma.

Across participants' accounts, there were discussions about ruptures within romantic relationships and how this led them to confront issues which related to their gender identity.

Some participants spoke about feeling emotionally distant from their partners:

It would have been about seven years ago that I identified as transgender. But it was more in secret...I was still married with my wife...but we were at that terrible part where we weren't getting on really well. I was doing night shift working which didn't help. So, we sort of drifted apart. I had questioned before that I wasn't quite right. It was at that time I started explored it (gender identity) and started transgender just part-time. (Harriett, L4-8)

Harriett seemed to have reached a point in her marital relationship where she felt disconnected from her partner. It was during this period that Harriett began exploring her gender identity on a "*part-time*" basis. There is a sense of trepidation as she progresses cautiously through unfamiliar territory. Therefore, dressing as a woman on some occasions may have allowed her to explore feelings and behaviours associated with the opposite sex without committing to a particular label.

Harriett complied with societal expectations in a predominantly hetero-normative culture and may have internalised culturally established definitions of maleness. It is likely that Harriett had attempted to ignore the sense that her gender was different from her assigned gender and therefore suppressed her female identity. She spoke about keeping her transgender identity a "*secret*" from her wife when she initially started to explore her gender. This suggests that shame may have acted as a barrier towards her transformation and led to her feeling fearful

about how her wife would respond to her gender identity. Hence, one of the key triggers for Harriett's transformation appears to be spending less time within the marital relationship. This provided her with the time and space to move away from more conventional societal norms in order to explore her gender identity.

Sophie also began dressing as a woman on some occasions (before coming out), but unlike Harriett, she felt able to share this with her wife who was accepting. In the excerpt below, she states that "*she (wife) liked it when I did dress up...we had fun*". There is a sense that it was a recreational activity they both enjoyed. She spoke about the dissolution of her marriage and how this impacted her, feeling de-stabilised when her "*head went to pieces*" after their relationship ended, and found that dressing up as a woman alleviated the distress. For Sophie, being seen as a woman brought positive emotions and a way to feel good during a turbulent period in her life. It was noted that she only felt able to present herself as female within a nightlife setting at the time. Perhaps the nightlife scene offered a space for gender-variant people in a way which was not available in mainstream society.

I ended up getting married...She liked it when I did dress up...we had some fun. Obviously, after I got divorced my head went to pieces a bit it and I spent even more time dressing, going out and having fun and games. It took the pretty serious car crash when I was about 37...when I started making like a mental list and realised I'm not just a cross-dresser, I'm not a transvestite, I'm transgender. (Sophie, L10-16)

In relation to Sophie's triggers for transformation, the dissolution of her marriage may have highlighted the pleasure she experienced from being seen as female, however, it was a car accident which prompted introspection. In the excerpt below, Sophie considers the significance of experiencing an existential threat where she almost lost her life. This seemed to have acted as a trigger for her to reflect on how she felt with regards to her gender identity. She describes the process of inquiry where the accumulation of this information meant Sophie

could no longer deny her gender identity. There is a moment of clarity where she realises that being female was a core part of her identity and that it was not transitory. Perhaps one of the triggers for Sophie's transformation was that she was honest with her intrinsic values:

My Land Rover went nose over tail. I damn near got killed...I just had a long think and talk with myself...I was thinking well, I'm not male. I've never been comfortable wearing male clothing. I never have...Yet, female clothing – I spend more time in it...I know that I prefer to be called Sophie rather than my male name. Things just started piling up, piling up, piling up...each little bit that just kept adding up was another chunk that was knocking that maleness, that macho side of me down and away. There was so much for me being female...I identify as female. For all these years, it's been wrong. (Sophie, L141-159)

Harriett also pursued a process of inquiry, although it was based on fact-finding and involved acquiring information from the internet. The quote below demonstrates how Harriett addresses her uncertainty about her gender identity by seeking information from others in an anonymous manner (i.e., on the internet):

I was never too sure (of my gender identity)...So a bit of questioning time for myself there and a little bit more reading on the internet. Luckily, I could use a computer at work, so I could read up on stuff before anyone knew anything. I could read up in secret a little bit and that's when I knew. It was from then really (that I identified as transgender). (Harriett, L58-61)

Although her female identity remained a secret, Harriet was open to seeking knowledge and using online resources to educate herself. This is interesting as the previous subordinate theme proposed that she may have lacked awareness around gender variance. After learning about the subject area, Harriett seemed to have felt like she was able to relate to the information and saw this as evidence that confirmed her transgender identity.

3.3.1.3 Transitioning. This third subordinate theme captures the participants' experiences of expressing and affirming their gender identity. This theme outlines the ways in which participants started taking action to bring their gender role and appearance into alignment with their gender identity. It is focused on how participants outwardly expressed their gender identity and highlighted the importance of identity indicators. Some discussed the significance of changing names to reflect their sense of self and other placed emphasis on reclaiming their body. Participants were also simultaneously navigating the social implications of identity disclosure and managing other people's reaction/gender expectations.

Across the participants' accounts, the process of transitioning began with the disclosure of their female identity when they came out as transgender. For Sophie, changing her legal name and declaring her female identity appears to have had a significant psychological impact:

I got my name changed and that's basically like when I was right this is who I am. Free at last...to be who I am. I don't have to lie...to conform to what ideals were expected of a male...That just wasn't me. Now I am living fully female...For years, I've lived with a millstone on me. It kept crushing me. It wasn't until I could finally be who I was supposed to be, that millstone come off my shoulders and I felt ten feet tall. (Sophie, L43-59)

Sophie's narrative tone is one of certainty and assurance. It appears to be a definitive moment where she made a conscious decision to embrace her gender identity and live authentically as female. There is also a sense of being proud of stepping into her gender identity as she placed great emphasis on the perpetual constrain she experienced from living as a male and expressed the heaviness she felt. The social recognition of her female identity seems to have enabled her to emancipate herself from the societal expectations of maleness and separate herself from her former male identity. In the quote above, she describes feeling liberated and

“free” from the pressures to conform. This appears to be an important factor within Sophie’s transition process.

It is important to note that prior to transitioning, participants had been dealing with their inner processes (thoughts and feelings), however, during this period of transitioning participants shared their female identity with other people for the first time. They spoke about the initial responses from friends and family when they came out as transgender. Harriett was pleased to have received a positive reaction:

Everyone took me in a positive, which is pretty good. I know not everyone gets that, but...I was much happier after that...The main part was just a relief really that I told someone and they accepted it and was really good because I was expecting people not to accept it and just walk away. (Harriett, L40-49)

In the excerpt above, Harriett highlights the importance of social recognition and acceptance of her female identity. There is a sense that coming out and revealing her gender identity was difficult. However, Harriett describes feeling relieved after she was open about her gender identity, because she had prepared for rejection and had not expected for people to be supportive. Kate and Sophie on the other hand received mixed responses. Kate stated that her father was not supportive and Sophie spoke about losing friendships and feeling abandoned:

I got me name changed. I was living completely in role and people were like oh ok, fair enough. Some completely abandoned me, I was like oh well, you’re no friend at all then. My true friends were like ok, this is you. (Sophie, L32-36)

For some participants, transitioning was defined by the medical model. Kate discussed seeking medical intervention soon after she came out and declared her female identity:

It was relatively quick after coming out that I began transitioning. Because having recently seen the consultants and stuff, I found out that it looks like I've never had puberty properly or anything and it's probably a genetic thing. (Kate, L42-44)

Kate refers to underlying genetic and biological components in relation to her gender identity, which may indicate that she is looking for external explanations to make sense of her gender identity. She appears to adopt the viewpoint that she was inherently female and had little control over her biology. Therefore, seeking treatment based on the medical model seemed to be the most appropriate course of action for Kate. The excerpt below illustrates the focus on changing her physical appearance:

My consultants trying to skip the two-year wait because I've already been on hormones for over two years privately. So then I could just go straight to having the bottom surgery (gender reassignment surgery). (Kate L389-393)

As Kate had already felt that she was innately female, there is a sense that transitioning was seen as aligning her body to her sense of self. Sophie also spoke about seeking medical advice and liaising with her doctor:

I went to see my GP...at least now I know because I had a diagnosis of gender dysphoria. That millstone come off. Now, I knew what was really going on. What was wrong with me. That it is a genetic disorder. Well, there is something wrong with me. It needs treating. It's a medical disposition like anything else. It can be treated, it can be fixed. And that's what I had to do. Get it treated and get it fixed. So now I had some sort of clarity as to who I am and more clarity as to where I'm going. (Sophie, L161-184)

Similarly to Kate, Sophie also appears to view her gender identity through the lens of the medical model and discussed the impact of receiving a diagnosis of gender dysphoria. In the excerpt above, it would seem that having a name or label for her distress validated her

experiences of being different and not fitting in over the course of her lifetime up until that point. She felt able to make sense of her lived experiences and referred to knowing “*what was really going on*”. For Sophie, a diagnosis brought clarity and understanding within the context of a medical condition but also provided an option for treatment. She therefore internalised that there was “*something wrong*” with her which needed to be “*fixed*”. Alongside the medical model of transitioning, Sophie and Harriett discussed their commitment to expressing their femininity within their day-to-day life and highlighted the continuous process of learning:

I was starting a whole new life at 38, and I’ve got to learn everything that a woman has learnt in 38 years...Yeah, it was throwing me at the deep end a little bit...There were probably times when my skirt was probably a bit too short or dress was too tight but, I was working it out. My make-up, well that was anywhere from hit and miss to downright just crazy. But I never had anyone show me how to do it...So, I had to learn for myself...working out how to be female. (Sophie, L216-234)

I think since prison and now, I’ve gone forward. My makeup has got a lot better...now I’m learning how to do liquid eyeliner and I’m only learning that from online tutorials...but it’s the little things like that that makes it easier so society sees me (as female). Then they just look and go. They don’t even take a second glance and just carry on walking to the next person they look at. That helps everything basically. It’s called passing as well. What they call it. (Harriett, L454-478)

For both participants, there is an emphasis on appearing as female. Sophie reflects on the initial stages of transitioning and refers to being “*thrown in at the deep end*”. This illustrates the many unknowns at the time and being propelled into an unfamiliar world. Her narrative tone indicates that there was a sense of being overwhelmed by the learning process as she started with little information on how to express her female identity. Both Sophie and Harriett spoke about developing their make-up skills which is typically associated with female gender

norms. While Harriett referred to a learning approach based on knowledge and relying on resources online for guidance, Sophie highlighted the importance of making mistakes and taking a more experimental approach through trial and error. Both participants were self-taught, which could indicate that they had few people to reach out to for support with the practical aspects of transitioning.

Harriett's excerpt above indicates that she furthered her learning and continued to develop on the expression of her gender identity after being released from prison. This highlights that transitioning was an ongoing process. Harriett implies that a (male) custodial environment may have impaired and stunted her process of transitioning (see the following section). Harriett also introduces the concept of 'passing' and discussed the significance of other people recognising (and accepting) that she is female. She felt it was important to pay attention to the smaller details in her appearance because 'passing' or 'blending' seemed to boost her confidence. Therefore, she was aware of how others reacted/responded to her as it provided an indication of whether she was regarded to be a cisgender woman at a glance.

3.3.2. How the world treats/sees me

The second superordinate theme reveals that participants continue to feel that they are different from others (in the CJS and mainstream society) while navigating adult life as transgender women. The theme provides an insight into the participants' experiences as gender minorities, focusing mainly on their interactions within the CJS, including time spent in custody as well as community services. Their experiences are captured in two subordinate themes: (i) "*Living on the margins of society*" and (ii) "*The value of being supported*."

3.3.2.1 Living on the Margins of Society. Participants discussed experiences of stigma, discrimination and transphobia within this subtheme. They describe how these experiences were related to being transgender in systems which rely on a binary definition of gender. The participants' narrative indicates that this dichotomous view of gender often leads

to them being placed on the peripheries of society and/or communities within the CJS. They consider the impact of these experiences on their mental health and also acknowledged that times are changing. Many participants noted a positive shift in social attitudes towards transgender people in more recent times.

While progressing through the CJS, Harriett spoke about the treatment of transgender individuals in a custodial environment and reported being housed separately from the general prison population:

There was one (resident at the hostel) that used to be a bit grumpy and he would say hello, but that was it...it was hard because they've been in prison and a lot of prison, I was kept separate to a lot of the people. You know like in an enhanced block. When it was only like 20 transgender people...a smaller bit so it was easier for them (staff) to manage transgender people... (Harriett, L246-256)

When she reflects on the impact of grouping transgender people in prison and explained the rationale for this, Harriett's narrative tone is objective, and she appears to have a matter of fact viewpoint when she refers to the need to be managed separately. Harriett may recognise that the system is tailored towards a male prison population and transgender people have different needs which should be met. However, living in a small community within the prison population for a significant period of time limited Harriett's social interaction. In the quote above, she implies that she had minimal exposure to people who are prejudiced towards transgender individuals and therefore was not sure how to deal with feeling discriminated against when residing at the hostel. However, the excerpt below demonstrates that experiences of discrimination from other residents were infrequent:

There was just one or two (people at the hostel), that would ignore me, which was fine. I don't hold a grudge against them. I understand, why they don't like transgender people. Some people, like the same as gay. They don't like gay people and then some

people don't like any...other foreign nationals...Some people don't like it when someone's different. (Harriett, L148-153).

Harriett is somewhat tolerant of people who are discriminatory, her narrative tone is one of acceptance and there is a sense that she feels discrimination is unavoidable for people who are different and considered part of a minority group. The placement of transgender individuals in prison and her experiences at the hostel could reinforce those early life experiences of being different and not fitting in. Harriett goes on to explain:

I think it's because when someone's different, some people just don't like it. They can't handle it. Their way of dealing with it is to put their guard up and they don't want to involve you in anything. So you tend to see them people quite a bit...So I tend to them avoid them. It's easier. (Harriett, L154-158)

In the quote above she appears to consider possible reasons for why people may demonstrate prejudicial attitudes. Although Harriett adopts a bounded approach and seems to place responsibility on people who discriminate against her, she views their prejudice as a reflection of what they feel uncomfortable or unfamiliar with. Her narrative tone is one of neutrality and abdication, which suggests that she does not allow their actions to affect her. It is possible that Harriett's inclination to seek understanding for people's behaviour may be a way of coping with gender-based discrimination. She also states that it is "*easier*" to avoid interacting with them. Alongside these experiences of discrimination with residents, Harriett also spoke about the positive treatment she received from staff at the hostel:

I was the only transgender female that was there (at the hostel). But they actually accepted me and they didn't mind, which was quite a surprise for myself. Because I was expecting them not to like me and they actually sort of welcomed me...they made me feel quite welcome, which is quite nice. (Harriett, L123-128)

Harriett is acutely aware of being different as she is the only female in a probation hostel for male ex-offenders. This could potentially feel exposing as she is placed outside of the group, she is not only the newcomer but also does not identify as male. In the excerpt above, Harriett highlights the importance of feeling included and “welcomed” by staff at the hostel. She valued their hospitality which is likely to have eased her worries of being different from other people at the hostel. However, she spoke about feeling “surprised” because she had expected to be dismissed or excluded. This may be a way of coping for Harriett. As mentioned earlier, within the previous subordinate theme of “being different / not fitting in”, Harriett had not expected people to be supportive when she came out as transgender. There appears to be a tendency for her to expect rejection in order to protect herself (defence mechanism). However, she seemed to describe having a positive experience with staff at the hostel.

There appears to be some differences between the participant’s experiences within the CJS. When Kate discussed her experiences with probation officers, she spoke about their attitudes towards her as a transgender woman: “*My first probation officer very much treated me like an object of curiosity, rather than a person, which wasn't very conducive to talking to them.*” (Kate, L474-484)

Probation’s attitudes (towards me) has not been very kind. They’ve just put me on the outskirts of everything...because they are only just barely getting some sort of order in themselves and how you deal with a transgender person and they’d much rather pushed me off to the side until my order with them is finished so they can just not have to deal with me anymore. (Kate L154-163)

In Kate’s first excerpt, she describes the difficulties in building rapport and developing a positive working relationship with her probation officer. She refers to being treated like an “*object of curiosity*”, which communicates her perception of being seen as strange or unusual by probation officers. Kate felt their relationship was impersonal and void of any affect. There

is a sense that she felt defined by the ‘transgender’ label rather than being seen as an individual. She believed that this acted as a barrier towards establishing a supportive relationship with her probation officer.

The second excerpt illustrates the differences between Kate’s and Harriett’s experiences. While Harriett spoke about feeling included by staff at the hostel, Kate discussed feeling dismissed by her probation officer because she felt they were unsure of how to manage gender-variant people. She describes being placed on the “*outskirts of everything*”, which may have parallels with her early life experiences at school when she spoke about feeling alienated from her male peers. Kate’s narrative tone is one of sadness and anger. There is a sense that she felt unimportant and unfairly treated by probation officers as they had not been “*kind*” to her. Although Kate may feel aggrieved, it is important to question how equipped staff felt to work with transgender individuals. The excerpt below outlines the systemic issues faced by probation practitioners when supervising gender variant people:

I’d say mainly the lack of understanding (was difficult to deal with), like they (Probation Services) wouldn’t put me with a group of women for the unpaid work. I don’t know why. They wouldn’t treat me as either male or female...just something in between. (Kate, L134-141)

Some parts of the Probation Services do not appear to be adequately prepared to deal with transgender individuals appropriately. There appears to be a perception that being female and male are rigid and mutually exclusive. Even though Kate identifies as female, meeting the needs of people who defy traditional gender conventions becomes a challenge for probation practitioners. This raises the question of service provisions for those who identify outside the gender binary. Kate’s narrative tone conveys her confusion – she identifies as female yet she is not placed with women for community service. This implies that Kate is not recognised or accepted as female by the Probation Service, which may reinforce the perception that the world

does not understand her. She describes not being treated as male or female, “*just something in between*”. This not only indicates that probation practitioners were unsure of how to manage people who are transgender but may also evoke feelings of not belonging throughout their lifetime. In the excerpt below, Kate provides a scenario which appears to indicate that some probation practitioners lacked understanding around issues related to gender diversity: “The first probation officer made comments on how I was dressing or whatever. Not how she saw as the right way. Like not feminine enough for (her)...which I wasn’t very happy with.” (Kate, L142-147). It is important to note that Kate describes herself as being a “tomboy” and placed less emphasis on appearance and behaviours typically associated with femininity. The quote above reflects the staff’s perception of gender as binary and highlights the lack of awareness around the gender spectrum. There is a sense that Kate did not feel accepted or seen as female by her probation officer because her gender expression did not match her female identity. She spoke about not feeling “*happy*”, but perhaps felt angry at being judged and defined by other people’s expectations. Kate discussed further incidents where she experienced gender-based discrimination in the court system:

The court thing is another issue, they refused to use my name. They use my old name, although it’s been changed by deed poll and everything...It’s not okay. They’re kind of stuck in the past. It’s pretty upsetting, when you’ve gone through all the effort of getting it legally changed and changed it everywhere and they just refuse. (Kate, L108-123)

Kate provides another example where she felt that her gender identity was not acknowledged. She states that “*it is not okay*” when her former name was used, which conveys that she felt that it was unacceptable. Her narrative tone is one of disappointment as she expressed feeling “*upset*” when she was not recognised as female by the court system. These re-occurring incidents where Kate’s female identity was not affirmed are not only invalidating, but could elicit experiences in her early life where Kate received implicit messages that she is

not female (from family/society). Kate also described an incident where she felt harassed by a police officer who appeared to hold transphobic attitudes. According to Kate's narrative, his hostile and persecutory behaviour towards her was unfounded. She states that "*he had a massive go at me over nothing*". These experiences of prejudices throughout the CJS had impacted her mental health and caused negative emotional consequences:

Some of the things that happened (with Probation Services) ended up making me really depressed...I blocked it out because it made me sad. I know a few times my mum's rung them up and complained that I've come back like almost suicidal because of some of the stuff they've ended up saying and doing. (Kate L167-173)

Although the participants spoke about the challenges of living with discrimination, Harriett noted a significant shift in societal attitudes towards transgender people after she was released from prison:

Society itself has moved on quite a bit. When I went into prison, they were quite quiet about transgender people and it was a like taboo sort of subject...since coming out of prison, it's been a much more open thing. There is much more information available out there now. (Harriett, L109-115)

Harriett indicates that there has been greater social recognition and an increased awareness of gender identity in the excerpt above. She refers to it being a "*much more open thing*", which is indicative of more progressive views and attitudes towards gender minorities. Sophie also referred to a shift in societal attitudes during her search for employment:

Being transgender hasn't been too much of a problem for jobs...They don't see, dude in a dress. You know, those sort of mindsets are like 15 – 20 years old now...The bigger problem has been being an ex-con. It's the same with the accommodation...they (landlords) wanted to know more of my sheet (criminal record)...She took one listen and thought we don't want that here and got off the phone asap. (Sophie, L934-946)

It is clear from the excerpt above that not all participants describe experiencing negative prejudicial attitudes because they are transgender. Sophie also seems to indicate that there has been an improvement in societal attitudes. In addition, Kate states that identifying as transgender did not present a problem for her employers, in fact she provides an example of positive discrimination based on her gender-identity in the quote below:

Well employment wasn't really a problem. I just applied for some bigger companies and they've got their little like quotas and stuff to fill with check boxes...Oh, you're not white so you can join. Oh you're gay, you can join. Oh you're transgender. Yep that ticks a box. So that makes it a lot easier to get along. Like the smaller companies not so much. (Kate, L320-323)

Kate highlights that being a part of any minority group, whether that was based on an individual's ethnicity, sexuality or gender identity, meant that they met a specific criterion. There is a sense that various diversity groups were sought after within the workplace. She refers to the recruitment of diverse individuals as a 'tick box' exercise for bureaucratic purposes, however, she felt that her gender identity was advantageous to gaining employment.

3.3.2.2 The Value of Being Supported. Living with marginalisation can negatively impact an individual's well-being. Therefore, the importance of social support in alleviating emotional distress and promoting resilience to stress was highlighted by participants in this subtheme. Kate spoke about creating links with the transgender community using an online forum. She explains that the relationship with her peers played a central role when coping with adversity:

I've got a lot of friends online that I can talk with. Like other transgender people that I know. I get a lot more support from them than anyone else...If I get stressed, I can just vent to some of my friends online. We're all in similar situations so they get the more obscure little victories and stuff you have. (Kate L226-315).

Kate valued being able to confide in other transgender people as they not only appear to understand the challenges, but are also able to recognise the triumphs, whether big or small. It seems that connecting with the transgender community provided a way for Kate to cultivate emotional resonance (i.e., I feel your pain and/or happiness) and a sense that other people can both recognise and empathise with her experiences. Harriett also highlights the importance of having a support network following her release from prison:

So that will help me...I can go on my laptop, go on my websites (connecting to the transgender community online)...go on the message board, talk to people on there while watching a film and it makes my day go better. (Harriett, L830-834)

Harriett discussed the psychological impact of internalising people's negative perceptions and referred to the deterioration of her mental health when re-integrating into society. Within the context of living in a society where she felt stigmatised and marginalised, having a sense of connectedness in a community with her peers appeared to provide a platform where Harriett felt heard and understood.

In addition to a support network, one participant also spoke about how she appreciated when staff in probation hostels were open to adaptations and her suggestions for making changes:

The staff (at the hostel) they've never had a transgender person in before... so it was an experience for them. We use to have these group sessions where you talk about everything...I gave them a few pointers on some bits. The bathrooms and the showers...they were too near to each other...I asked if I could move into this other one and put the shower in that corridor. I would be the only one there and they said "yeah, sure no problem."...they moved me straight in and there wasn't an issue. That was quite nice of them to do that. (Harriett, L128-145)

It should be noted that while in prison (prior to residing at the hostel) Harriett discussed the lack of privacy when using communal showers with other transgender women. Given her

previous experiences, Harriett seemed to find it helpful to have a space at the hostel where she felt safe to discuss bathroom arrangements and communicate her needs as they were distinctly different from her cis-male peers. In the quote above, there is a sense that Harriett was grateful when staff members were willing to consider her request and able to make adjustments. She appears to have had a positive experience at the hostel and describes being treated well by staff. The only issue she raised with regards to staff was the use of the correct pronouns:

They (staff) kept occasionally using ‘he’ and ‘mister’. That was the hardest part, I needed to correct them over that part. I would let it slide once and the second time, I would correct them...because they were used to it just being ‘Mister’ and ‘he’. It was hard for them to do ‘she’ but hopefully over time that will improve. (Harriett, L211-212)

Harriett is considerate of the fact that staff at the hostel are accustomed to a male population and therefore habituated to using male pronouns. It was clearly important for her to be recognised as female. Even though the use of the wrong pronoun was unintentional, she felt that being misgendered was the *“hardest part”*. There is a sense that Harriett felt uncomfortable with asserting herself and instructing staff to use the correct pronouns, but she *“needed to correct them”*. It is likely that the use of incorrect pronouns was invalidating and Harriett felt a responsibility to step outside what was comfortable for her in order to establish the use of correct terminology and inclusive language, as being supported in her gender identity was important.

3.4 Discussion

Using IPA, this study sought to explore the lived experiences of transgender offenders in the community that identify as female and have received a conviction of a sexual offence(s). The synthesis of the participants’ narratives and researcher’s interpretations identified specific needs which have implications for the care and management of transgender offenders in the

NPS. This chapter began with reference to the lack of research and limited resources on how best to work with this population. As a request was made for a student to conduct research in this area, in order to help inform probation staff (and those in the CJS in general) in supporting transgender offenders in the community, the following sections aim to discuss factors that are likely to be relevant for practice.

3.4.1 Transgender Individuals in the Criminal Justice System

Within the preliminary stages of “*The process of coming out*” theme, participants discussed their experiences of “*being different/not fitting in*” at a young age. Although these findings are significant, research with this population has previously highlighted feelings of gender incongruence in their formative years (Nulty et al., 2019). This suggests that discomfort with a person’s assigned gender in childhood is a consistent feature across the transgender population. Therefore, it is necessary to consider the experience of being different and not fitting in within the context of the CJS. It was noted that participants who agreed to partake in the current study were placed in male services as they progressed through the CJS. The placement of transgender people in services which are not aligned with their gender identity could evoke early childhood experiences of alienation and oppression. These systemic driven processes are likely to accentuate feelings of being different and could perpetuate the marginalisation of this sub-group of offenders. The appropriate placement of transgender individuals in the CJS requires careful consideration. At present, this is a multi-faceted issue where there is no definitive solution due to services being governed by the gender binary. It is considered in more detail at a later stage (see conclusion). The remainder of this section has focused on the challenges faced by transgender women in the CJS, the impact of these experiences on their psychological well-being and identifies what participants have found to be helpful.

The theme of *“How the world treats/sees me”* provided an insight into the experiences of some transgender individuals who have encountered the court, police, prison and probation services. Within the *“Living on the margins of society”* subtheme there were reports of feeling mistreated by services in the CJS due to their transgender identity. In particular, one participant highlighted the lack of recognition for their gender identity and feeling that they were neither acknowledged as female, nor treated as male by probation practitioners. These findings suggest that gender-based discrimination (discrimination based on a person’s gender identity) appears to permeate across the CJS. However, the majority of these interactions seem to be based on the premise that people working with transgender individuals lacked knowledge, understanding and confidence around the concept of gender diversity. In essence, some services in the CJS were not prepared to respond appropriately to transgender individuals and their specific needs. This is consistent with previous studies in probation services which highlighted the need for staff to feel supported when working with this population (Poole et al., 2002). The research was conducted almost two decades ago, however, these needs remain unaddressed. Although incidents of discrimination from staff members was fairly infrequent for participants in this study, there was one participant who reported experiences of transphobic attitudes.

It is important to consider the impact of prejudicial attitudes and gender-based discrimination on mental health as this was a consistent feature across the participants narratives. Reference to depression, anxiety and suicidal ideation are in line with the general literature with transgender individuals (Bockting et al., 2013; McNeil et al., 2012; Timmins et al., 2017). While some participants attributed their psychological distress to experiences in the CJS, it is likely that previous experiences of stigmatisation and feelings associated with gender incongruence in their early life were triggered. For example, the subtheme of *“being different/not fitting in”* and internalising societal expectations of maleness during their formative years was associated with feeling ostracised and isolated. Some participants also

faced rejection from family and friends in the “*transitioning*” subtheme. These experiences of societal marginalisation are concordant with the stressors outlined in the Gender Minority Stress and Resilience model (GMSR; Testa et al., 2015) which was discussed at the start of this chapter (refer to Gender-Related Discrimination and Mental Health). The model suggests that experiences of gender based victimisation, rejection, discrimination and non-affirmation (gender identity is not recognised by others) could lead to internalised transphobia and negative expectations from the CJS. In this study, it is possible that the lack of recognition of their female identity in the CJS (from peers and staff) evokes difficult emotions that are associated with a long-standing social history of non-acceptance from people, institutions and communities. Combining this with more current issues faced by participants during their re-integration into the community, such as accessing housing and employment (see section below) could lead to a biased negative appraisal of services in the CJS and discomfort with one’s transgender identity. The GMSR framework also proposed that connecting with other transgender people and taking pride in one’s identity mitigates the impact of gender-related discrimination on mental health.

Thus far, this section has focused on difficult and challenging experiences not only within the CJS but throughout the participants life-time. According to the GMSR model (Testa et al., 2015) these experiences lead to poor mental health outcomes. “*The value of being supported*” subtheme highlighted that supportive relationships and peer support was fundamental for managing psychological distress, within the context of persistent societal stigma. Within this subtheme, participants discussed the use of an online platform to connect with the transgender community and highlighted its value in coping with stressors. Taken together these findings lend support for the application of the GMSR framework in understanding the impact of stressors for transgender individuals in the CJS. In relation to practice, the importance of social and personal circumstances is particularly relevant in

supporting this sub-group of offenders in the community. These findings echo Farrall's (2004) longitudinal study with male offenders (see 'What Works' in Probation), which advocates for interventions in Probation Services to include improvements with people's social circumstances. This demonstrates that there are some ways in which transgender individuals are similar to other people in the CJS, when working to address their risk and offending behaviour.

In addition to a support network, participants also valued services which were able to adapt towards gender-affirming practices and respond to their needs. Examples included access to private bathroom facilities, having a forum or person(s) to raise issues/make suggestions and use of the correct pronouns. Each of the participants discussed the need to consider practical adaptations. Staff who were open and receptive to new ways of working appeared to take guidance from transgender individuals. These findings could reflect the few resources available to assist staff when working with this sub-group of offenders. It also highlights the importance of the responsivity principle, within the aforementioned Risk-Need-Responsivity framework (see 'What Works in Probation'). The responsivity principle places emphasis on a collaborative approach, which is likely to facilitate supportive practices in the care and management of transgender offenders (Andrews & Bonta, 2010). Factors related to the individual characteristics of offenders, namely specific responsivity (Andrews & Bonta, 2003) are key considerations for this population. Factors that relate to the individual's mental well-being and previous experiences of rejection where their gender identity has not been recognised, are likely to influence their interpersonal style (the ways in which they relate to others). From one of the participants narratives, it was inferred that expecting rejection was used as a defence mechanism. This may lead to a more withdrawn or perhaps guarded presentation and suggests difficulties in developing trusting relationships for fear of rejection. For this participant, her experiences with staff in Probation hostels demonstrates the

importance of the responsivity principle. A flexible and open approach from staff, where she not only felt able to communicate her needs but also felt heard. This was a positive contribution towards her re-integration into society and may have impacted her chances of making meaningful changes.

3.4.2 Challenges in the Community

Transgender people with a history of sexual offences experience a multitude of challenges within their re-integration into the community. Participants referred to difficulties in gaining employment and housing, however, this was not attributed to their gender identity. Some participants spoke about the prejudices around people with previous convictions of sexual offences, while others highlighted flaws within the social benefit system. There are a plethora of factors which contribute towards the challenges in securing employment and housing. However, it should be noted that all of the participants in this study did not feel that their opportunities for employment or housing was affected because they identify as transgender. In fact, some participants referred to their gender identity as advantageous for gaining employment. Overall, these findings indicate that transgender sexual offenders in the community face additional societal stigma due to factors not related to their gender identity.

3.4.3 Limitations

3.4.3.1 Sample Size. In relation to sample size, three participants were interviewed for the purposes of this study. As mentioned above, whilst there are “no right answer to the question of sample” in IPA, the sample size fell with the recommended three to six participants for student projects (Smith et al., 2009, p. 51). As previously highlighted, with no robust prevalence data for transgender individuals in Probation Services across the UK, the practicality of accessing participants who were willing to discuss their experiences within a niche group was a challenge. However, the data set generated a rich account of the participants’ experiences which allowed for a detailed exploration into the psychological processes and

relevant issues for working with transgender individuals in the CJS. Though it would have been beneficial to have additional participants, the use of small sample sizes in IPA studies are not uncommon as the intention is not to generalise the findings. The qualitative paradigm in IPA tends to focus on the transferability of findings from group to group rather than generalisation (Hefferon & Gil-Rodriguez, 2011). Therefore, the homogeneity of the sample enables the research to draw on shared experiences across the group.

3.4.3.2 Homogeneity. As posited by Smith and colleague's (2009), attempts were made to identify a purposive and broadly homogenous sample. However, the findings of the study suggest that participants were not as homogenous as anticipated. There are undoubtedly variations in each participant's individual characteristics, formative experiences and the cultural beliefs surrounding gender in which they have grown up with. It was noted that the point at which they transitioned varied, two of the participants transitioned after the age of 40, while the third participant described coming out during her 20's. Furthermore, one participant self-identified as having a condition that affects communication and social interactions during the interview. Although the researcher accepted the participants disclosure, no further information regarding a diagnosis was available. Given that IPA calls for an in-depth account of the participants experiences, it is important to consider the possibility that the participant's interpretation of her experiences could differ from others. Additionally, it is possible that this condition may have had an impact on her ability to express herself. However, the participant disclosed that she had a mild form of the condition, which sits on a spectrum. On reflection, the participant was forthcoming when discussing her personal experiences and provided valuable insight into an under-researched area despite having a different communication style. The participant also explained that she was serving a community sentence and had no previous contact with the Prison Service once the interview had started. This differed from the other two participants, who was able discuss their return into the community after a period of

imprisonment. Overall, there were some factors that affected the homogeneity of the sample and weakens research claims to a certain extent. A more specific inclusion and exclusion criteria may have helped reduced variability between participants for a more homogenous sample, the researcher had not specified any pre-existing developmental conditions within the exclusion criteria or stated that a period in a custodial setting was required as part of the inclusion criteria. As a part of the IPA approach, reflection was incorporated from post interview, to analysis, and interpretation of data (see Appendix Q). Resources on conducting IPA studies guided the analysis and interpretation (Larkin & Thompson, 2012; Smith et al., 2009) and through supervision with a researcher who has extensive experience using IPA at the University of Birmingham. While efforts were made to be rigors through the process, the researcher acknowledges the possible subjectivity and biases that may exist.

3.4.4 Conclusion and suggestions for future research

The placement of transgender individuals who identify as female in male services may elicit formative experiences of being different and not fitting in. It is important to highlight that the placement of transgender people in services which are not aligned with their gender identity could be invalidating. Although it is recognised that there are no clear answers or solutions for what is deemed to be the most appropriate location of transgender individuals within a system that is defined by the gender binary, the findings demonstrated that staff were able to meet the needs of transgender women while they were in male services. It would appear that the attitudes of staff played a pivotal role in their responsivity.

The responsivity principle of the RNR model (Andrews & Bonta, 2010) is particularly important for this population as transgender people experience persistent societal stigma and prejudice. This can result in ‘minority stress’ and lead to poorer mental health. An understanding that these factors are likely to impact the ways in which they relate will be key in developing rapport and establishing a positive working relationship, which are key factors

for effective community supervision (Appleton, 2018). In contrast, some transgender individuals have described experiencing transphobia from staff in the CJS, together with gender-based discrimination which appear to be based on a lack of understanding about gender diversity. It is important to recognise that stigma, prejudice and discrimination are barriers towards care and protection (Sahota, 2020). The negative impact of labelling seems to stretch beyond being seen as transgender and beyond the CJS. In the community, participants discussed experiencing issues with housing and employment which may have related to the stigma of being an ‘ex-offender’ with previous criminal convictions. This is noteworthy as gaining employment and subsequently housing is fundamental for people to establish a stable environment during their re-entry into the community as they are less likely to re-offend (Johnson, 2018).

Future larger scale studies are required to increase understanding of the needs of transgender offenders in the community, in order to best support this population in making meaningful changes. It is also of note that to enhance the homogeneity of the sample, this study engaged only with transgender adults who identified as female. It may be beneficial to undertake similar research with other gender minority groups within CJS services, including young people, transgender men, and those who identify as non-binary, gender fluid and/or intersex. Additionally, there are no studies that the author is aware of which investigate the relationship between gender dysphoria and sexual offending as well as the impact of gender transition on future recidivism.

3.4.5 Implications for Practice

At present, there are limited resources to guide community supervisors working with transgender individuals. As previously mentioned, the current study was requested by some

staff in Probation Agencies seeking further understanding, insight and research with this specific group of offenders. Thus, the practical utility of the findings was considered within the general discussion above. For example, the role of supportive relationships as a buffer against stressors, psychological distress and discrimination is a particularly pertinent finding within the context of community supervision. Transgender sexual offenders are likely to be presented with a range of challenges in the community, from accessing gender affirming medical care to difficulties in gaining employment and housing, whilst subject to exclusion zones, the sex offenders register and community supervision. One of the ways in which participants in the current study found support was through their links with the transgender community. Therefore, community practitioners are encouraged to consider the implications, which are three-fold: a) establishing an open and supportive relationship where transgender individuals feel able to discuss their identity free from judgement or bias; b) gather information on local and online supportive organisations and resources that would enable transgender individuals to build links within gender minority population (e.g., support groups); and c) build knowledge on Gender Identity Clinics, particularly because supporting access to gender transition care has been outlined as a part of a person's relapse prevention plan in the latest MoJ practice guidelines (MoJ, 2019).

Additionally, the findings of the current study suggest that the attitudes of staff influenced how participants defined their experiences within the CJS. More specifically, when staff had an understanding of the use of pronouns and some awareness that the ways people relate to gender goes beyond an "either-or", participants defined their experiences with a positive light. Transversely, negative appraisals appeared to be associated with staff who may have struggled to acknowledge the gender in which the participant identifies. In view of this, it is suggested that training is provided for staff in order to improve their understanding of key

matters related to gender diversity which, in turn, could potentially allow them to communicate with and support this sub-group of offenders in a more responsive manner.

CHAPTER 4

Critique of a Risk Assessment Measure: The Risk Matrix 2000 (RM2000)

(Thornton et al., 2003)

4.1 Introduction

Historically, much of the forensic literature has focused on male offending with fewer research studies into female offenders. This could be attributed to the number of female offenders; as women comprise of just 4.7% of the total prison population in the UK (House of Commons, 2019). The existing evidence base is mostly limited to small sample sizes leading to problems related to statistical power (Coleman et al., 2017). With a lack of empirical support for gender specific practices and less knowledge regarding female offending (Heilbrun et al., 2008; Salisbury & Van Voorhis 2009), there are arguments supporting a gender-neutral perspective on crime where the practices for male offenders are also applicable to female offenders (Van Voorhis et al., 2010). However, research suggests that there are differences in the prevalence and severity of risk factors across genders which calls for a gender-responsive approach.

Women commit fewer homicide and sexual offences (Walsh et al., 2008) and their risk of recidivism differs greatly from their male counterparts (Rettinger & Andrews, 2010). The low prevalence of female sexual offending and low rates of recidivism, means that the development of women-specific empirically validated risk assessment tools remains a difficult endeavour (Cortoni & Gannon, 2016). With that being said, researchers have stated that risk assessment tools for males should not be used with females (Russell & Darjee, 2013). There is clearly a need for a different approach with female offenders. Therefore, it can be argued that the assessment of transgender sexual offenders and the fluid nature of gender also require a more tailored approach. However, there are currently no research studies considering transgender sexual recidivism and no risk instruments that have been developed or validated for this population (Sahota, 2020). Although there is a paucity of empirical evidence to guide criminal justice professionals in addressing risk and recidivism with transgender sexual offenders, there are pitfalls in extrapolating between cis male and cis female offenders

(Cortoni, 2018). It cannot be said that either of these approaches would be suitable for transgender sexual offenders. Sahota (2020) states that whilst they may share characteristics and background demographics with other sex offenders, gender dysphoria and stages of transition may intersect with these factors.

The RM2000 is one of the most widely used static risk measures in the CJS across the United Kingdom (Craig & Beech, 2009). It has been highlighted that within many parts of the National Probation Service, the RM 2000 is routinely administered to male sexual offenders, including those who identify as transgender but are legally recognised as male (B. Rossi, personal communication, August 20, 2019), despite the lack of studies into the accuracy of this risk measure when used with this specific population. The Risk Matrix 2000 (RM2000) (Thornton et al., 2003) is an empirically derived actuarial risk assessment instrument (ARAI) that uses historical information to assess the probability of recidivism in adult males. ARAI's focus on risk predictions using a statistical method of combining risk factors that have demonstrated a relationship with the outcome (engagement in future violence) to produce a numerical score. The total score is linked to base rates of reconviction and usually translated into descriptors of "low", "moderate" and "high" risk. Actuarial methods typically rely on static risk factors, i.e., unchangeable features of the offender's criminal history that predict recidivism (e.g., age or number of previous offences).

The results of the RM2000 are used to shape important risk decisions regarding treatment pathways, informing decisions about parole, and the management of offenders serving community sentences for sexual offenders (Barnett et al., 2010). However, at present there are no clear guidelines regarding the assessment of risk for people who identify as transgender. The most recent policy for the care and management of transgender offenders state that the "assessment of risk should be based on valid, evidenced factors that relate to that individual" (MoJ, 2019, p.7) Although it is recognised that the RM2000 is not a psychometric

assessment per se, there has been limited research reviewing measures specifically developed for use with transgender individuals (Shulman et al., 2007). Whilst psychometric assessments are designed to provide information across a number of psychological constructs (i.e., socio-affective functioning, impulsivity, attitudes) risk assessments provide a structured approach to managing risk related information in order to estimate a person's probability of future violence. Considering the scarcity of studies investigating the use of psychometric measures with transgender offenders, this critique considers the application of the RM2000 with this subgroup of sexual offenders.

The RM2000 has been adopted by the police, probation and prison services across the UK (HM Inspectorate of Probation and HM Inspectorate of Prisons, 2019). As highlighted by Thornton (2010) the widespread use of this measure could reflect the need for cost-effective methods of assigning limited resources to manage offenders at a higher risk of re-offending. In applied settings, the RM2000 is reasonably straightforward to administer, requires minimal training and provides accessible quantification about the offender risk levels. Despite these advantages, there has been some criticism surrounding its application. Cooke and Michie (2014) highlighted problems with generalisability from groups to individuals. The researchers argued that ARAI's produce scores about an individual that are actually estimates of the rate of conviction for a group of offenders who match the characteristics exhibited by that particular individual. They stated that the problem in using statistical models to make predictions is related to the inferences about an individual member of a group which is based on the collective properties of that group and an assumption that what is true of the whole, is true of its parts (fallacy of division). In addition, Barnett and colleague's (2010) stated that individually relevant risk factors are not considered within ARAI's and therefore ARAI's should not be used for individualised risk-management plans. With this in mind, the current critique aims to review the literature to examine criterion-related evidence for validity

(including predictive validity, sensitivity and specificity), construct-related evidence for validity (convergent and discriminatory validity), content validity and inter-rater reliability in the RM2000. These terms are defined later in the chapter, but first, a brief description of the RM2000 will be given.

4.2 Description of the RM2000

The RM2000 was developed in the UK by Thornton and colleague's (2003) and was based on an earlier sexual offending risk instrument – the Structured Anchored Clinical Judgement -Minimum (SACJ-Min; described in Hanson & Thornton, 2000). The RM2000 empirical foundation stems from research knowledge of static risk factors which correlate with sexual recidivism in adult male sexual offenders (Hanson & Bussiere, 1998). The tool is composed of three separate scales: the RM2000/s measures the risk of sexual re-offending; the RM2000/v measures the risk of non-sexual violent recidivism; and the combined scale (RM2000/c) was designed for predicting any violent re-offending (sexual or non-sexual). The risk measure is intended for use with males over the age of 18 who have been convicted of a sexual offence after the age of 16.

Scoring the RM2000/s involves a two-step process. Firstly, three risk items are considered: age of the offender on release; the number of court appearances for a sexual offence; and the number of court appearances for a significant criminal offence. Individuals are preliminary assigned to one of four risk categories based on the scores of these three factors. The risk categories are low, medium, high, and very high risk. In the second step, four aggravating factors are considered. These include: any male victim of sex offence; any stranger victim of sex offence; never married; and non-contact sex offence. The presence of two or three aggravating factors increases the individual's initial risk category by one level, and the presence of all four factors raises their risk category by two levels. The RM2000/v is scored in one step. The assessment of three variables (age upon release, number of prior convictions for

violent offences, and history of burglary) provides a score used to assign offenders to the four risk categories. For the Combined scale (RM2000/c), offenders are assigned points based on their risk category from the Sex (RM2000/s) and Violence (RM2000/v) scales. The summed points are then used to place offenders in the same four risk categories for any violent recidivism.

4.2.1 Norms

The RM2000 has been normed on a sample of male sexual offenders ($N=429$) who served sentences in UK prisons and were released in 1979. The sample were followed-up for a period of between 16-19 years. This indicates that the risk predictions obtained by the RM2000 are not only based on data obtained over four decades ago but also prompts questions about how, for example, statistical gender norms could be applied to populations where traditional gender binaries do not apply. More recently, Lehmann and colleague's (2016) reported the development of five year recidivism rates based on an international sample ($N=3144$): England and Wales; Scotland; Germany and Canada. As similar levels of accuracy in recidivism rates were observed across the samples, it can be inferred that the risk profiles of sexual offenders are generalisable across different countries and cohorts.

4.3 Criterion-related evidence for validity

4.3.1 Predictive validity

The majority of research exploring the validity of the RM2000 has focused on its' predictive validity; that is the instrument's ability to differentiate between recidivists and non-recidivists using rates of proven re-offending over a follow-up period (Barnett et al., 2010). Studies in this particular research area have predominantly used the receiver operating characteristic (ROC) analysis and reported the area under the curve (AUC) coefficient when assessing predictive validity of the RM2000 (Barnett et al., 2010; Grubin, 2008; Wakeling et al., 2011a). It has been suggested that AUC values of .50 signify a small effect size, .64 signify

a moderate effect size, and values of .71 signify a large effect size (Rice & Harris, 2005). However, there is currently no accepted standard method for communicating predictive validity. Although AUCs are commonly reported, other researchers have argued that Cohen's d is more stable across changes in base rates of recidivism than alternative measures, such as correlation coefficients – another statistic commonly used in predictive validity studies (Hanson & Morton-Bourgon, 2009; Helmus & Babchishin, 2017). Cohen's d calculates the mean difference in risk scores between recidivist and non-recidivists. Cohen (1988) suggested that d of .20 signify a small effect size, .50 is moderate and .80 is large. The advantages of Cohen's d are that it is easy to calculate and its variance is easily defined (Borenstein et al., 2009), requiring only the number of recidivist and non-recidivist (Helmus et al., 2013). However, Cohen's d assumes groups are compared on a continuous variable, when risk scales are ordinal (Helmus & Babchishin, 2017). Both Cohen's d and AUC values have been used interchangeably in the literature to assess predictive validity.

In earlier validation work by Thornton and colleague's (2003), the RM 2000 was found to have moderate to good predictive validity for the three subscales in two samples followed up for a period of up to 19 years (AUC=.77 and .75 for RM 2000/s, .78 and .80 for RM2000/v and .81 and .74 for RM2000/c). However, the study has been criticised for the lack of description about the sample used and therefore there is uncertainty regarding whether the sample was representative of the general sexual offender population (Grubin, 2008). In addition, Tully and Browne (2015) highlighted that sensitivity and specificity (see 'sensitivity and specificity' section below) was not discussed. Since the development of the RM2000, cross-validation studies have tended to report lower AUC values. For risk measures, cross-validation involves assessing the predictive accuracy of the RM2000 when applied to a data set that was not included in the original sample, for example those outside of England and

Wales, those who committed sexual offences more recently (original sample used individuals who were released in 1979), or for forensic psychiatric patients.

A cross-validation study with an average follow-up period of eight and a half years found moderate predictive accuracy for sexual offences (AUC=.73) in a large Scottish sample ($N=1029$) and reported an AUC of .76 for violent re-offending (Grubin, 2008). These results were comparable to an independent cross-validation study of the RM2000 with a substantial number of English and Welsh sexual offenders with more recent convictions ($N=4946$) and a follow-up period of two years (Barnett et al., 2010). Moderate predictive validity for the RM2000/s was reported (AUC=.68) and low to medium predictive validity for RM2000/v (AUC=.54) and RM2000/c (.62) were found. Taken together, the findings indicate that the sex scale provides the best predictive accuracy for sexual recidivism in different samples across the United Kingdom.

The findings from studies that calculated AUC are consistent with a meta-analysis that used Cohen's d to compare actuarial tools (Hanson & Morton-Bourgon, 2009). The RM2000/s demonstrated large predictive validity ($d=.67$, 95% CI=.56-.77, $n=2755$) and all three subscales of the RM2000 appear to predict recidivism moderately well (d 's between .50 and .64). A more recent meta-analysis that identified 14 studies from the UK, Scotland, Germany, Canada and Denmark (Helmus et al., 2013), found similar predictive validity for the sex subscale ($d=.74$, 95% CI=.67-.81 $n=10644$) and for the violence and combined scales (d 's exceeding .60). Though these cross-validation studies show promising results regarding the predictive accuracy of the RM2000 across a number of countries, the findings are largely limited to UK samples (Hanson & Morton-Bourgon, 2009) and researchers were unable to evaluate the quality of risk assessment ratings, as there was no available information about the evaluators training experience or the amount of support/supervision received (Helmus et al., 2013). Overall, the majority of cross-validation studies have focused on samples from the UK; there

has been limited international studies examining the tools application in those with a different socio-cultural background. However, in a retrospective follow-up study, Bengston (2008) found moderate predictive validity (AUC=.65) for the RM2000 overall, in a Danish sample of forensic psychiatrically evaluated sexual offenders ($n=304$, mean follow up 16.2 years). Like many of the studies discussed, the reliability of findings is likely to be influenced by lower estimates of actual recidivism rates.

Some studies have also found that the RM2000 exhibits different predictive accuracies with different subgroups of sexual offenders (Barnett et al., 2010; Bengston, 2008; Parent et al., 2011; Wakeling et al., 2011b; Wilcox, 2009). In the study by Bengston (2008), poorer predictive validity was found with those who sexually offend against adults (AUC=.64-.68), compared to those with offences against children (AUC=.67-.76). These findings are corroborated by results from Parent and colleague's (2011). They evaluated the predictive validity of nine risk instruments among three subgroups of sexual offenders in the USA over a 15-year follow up period. For offenders with adult victims, any sexual, violent and non-violent recidivism was poorly predicted by the RM2000/s (AUC=.53-.63). The tool appears to have better predictive accuracy for individuals who offend against children (AUC=.59-.72). However, another study found that the absolute risk (i.e., the rate of proven recidivism rates) did not differ between these two subgroups of sexual offenders (Barnett et al., 2010). This undermines the findings of Bengston (2008) and Parent and colleague's (2011). Barnett and colleague's (2010) state that these inconsistencies could be attributed to their definition of offences against a 'child victim' that differed from those in previous studies. Barnett and colleague's (2010) also explored the use of the risk measure with internet sexual offenders ($n=513$) and found moderate predictive accuracy (AUC=.70). However, only seven in this group re-offended which limits the reliability of these results due to the low absolute risk of proven re-offending.

Thus far, there has only been one study to explore the application of the RM2000 with larger samples of internet sexual offenders (Wakeling et al., 2011b). The RM2000/v attained an AUC of .95 whereas the RM2000/s demonstrated very poor predictive accuracy (.50) with specialist internet sexual offenders. The authors proposed that this could be due to very low re-offending rates in this population; therefore it would be difficult for any actuarial risk instrument to accurately predict a rare event from a limited range of risk factors. In addition, only one study has examined the application of the risk measure with intellectually disabled sexual offenders in the UK (Wilcox et al., 2009). Once again, the findings highlight issues with certain subgroups as poor predictive validity was found when utilised with this population (AUC=.58).

Altogether, studies have shown that the RM2000/s can moderately predict sexual recidivism. However, cross-validation studies have highlighted potential problems with generalising the use of the tool across all subgroups of sexual offenders. Based on the literature, the RM2000 is applicable to some sexual offenders in certain countries (UK, Scotland, Germany, Canada and Denmark). Therefore, the widespread use of the instrument in the UK is particularly concerning. The evidence would suggest that the RM2000 is only applicable to specific samples of sexual offenders, such as those who are male, not intellectually disabled, and who commit contact offences. These findings also suggest potential problems regarding the application of the risk measure to transgender sexual offenders. There is a need for more research into the predictive accuracy of the RM2000 for different groups of sexual offenders, including those who identify as transgender. At present, there are no studies that assess the predictive validity of the tool for transgender offenders. However, in order to ensure narrow confidence intervals for reliable estimates of predictive validity, substantive numbers of any given sample is needed. Given that transgender offenders comprise only a small proportion of

the overall offender population (see Chapter 2), establishing base rates regarding the rates of proven re-offending could prove to be difficult.

4.3.2 Sensitivity and Specificity

The results from the ROC analysis conducted in many of the studies examining predictive validity can also be used to understand the sensitivity and specificity of the RM2000. Sensitivity refers to the proportion of offenders who are correctly assessed as likely to re-offend (true positive) and specificity refers to the proportion of correctly identified offenders who have not received a reconviction following their release from custody (true negatives) (Fazel et al., 2012).

A meta-analysis comparing the sex and violence scales found better specificity for the RM2000/v at the lower end of the distribution of risk scores (Barnett et al., 2010). For the low-risk group, the ROC curve identified that the RM2000/s contained 19% of non-offenders compared to 40% for the RM2000/v. At the top end of the distribution, the violence subscale outperformed the sex scale once more. For the high-risk groups, better sensitivity was found for the RM2000/v, which was able to identify 77% of non-sexual violent re-offenders compared with 61% of sexual offenders for the RM2000/s. These findings indicate that the violence scale is better able to correctly identify higher risk offenders and those who are unlikely to re-offend when compared to the sex scale (Barnett et al., 2010). When compared with other actuarial measures the RM2000 showed higher sensitivity but lower specificity than the Static-99 and Static-2002 in a Danish sample (Bengtson, 2008). This indicates that the RM2000 was better able to correctly assess those who are likely to re-offend, but worse at predicting the proportion of non-offenders offenders than the comparison actuarial measures.

The study by Bengtson (2008) also explored the RM2000's sensitivity and specificity for offenders convicted of rape (group one) and child sexual offenders (group two). The reported AUC values for sensitivity were between .74 and .88 for group one and between .19

and .31 for group two. The specificity for the RM2000 in group one was between .33 and .44, and .73 to .74 for group two. These results illustrate that the RM2000 more accurately identifies offenders of rape who will re-offend - and is poor at accurately identifying offenders of rape who will not re-offend, but more accurately identifies offenders against children who will not re-offend, and is poor at identifying offenders against children who will re-offend. This illustrates that the RM2000 exhibited higher sensitivity and poorer specificity for offenders of rape. However, the opposite is true for those who offend against children, i.e., the risk measures demonstrated greater specificity and poorer sensitivity for this group of sexual offenders.

The measure appears to possess some level of criterion-related validity, however, Cooke and Michie (2014) examined the certainty of predictions from the RM2000 and their study yielded surprising results. Using natural frequencies, researchers found predictions of high risk and very high-risk offenders were incorrect in 93-96% of cases. The results would imply poor validity, specificity and sensitivity of the tool. However, the researcher's selection for the use of natural frequencies that are not normalised to any base rates raises concerns regarding the statistical robustness of the findings. In sum, this means that these results should be considered with caution.

However, it can be asserted that the risk measure is marginally better at predicting recidivism in non-sexual violent offenders compared to sexual offenders (Barnett et al., 2010). Further exploration into the RM2000 application with sexual offenders illustrates that it works well for predicting re-offending when compared against other actuarial measures and in offenders of rape (Bengston, 2008). Overall, the studies describe the RM2000 as having good specificity and sensitivity in a male population. However, as there are currently no studies that investigate the sensitivity and specificity with transgender individuals with a history of sexual offending, it is not possible to draw conclusions specific to this population.

4.4 Construct-related evidence for validity

4.4.1 Convergent Validity

Convergent validity refers to the degree to which similar constructs correspond with one another to provide a measure for the extent to which the items on the risk measure that are theoretically related are correlated (Pueth, 2017). There have been a small number of studies, which have examined the inter-correlations among risk instruments to demonstrate convergent validity (Craig et al., 2004; Kingston et al., 2008; Parent et al., 2011), as the majority of research in this field has focused on predictive validity.

In addition to the RM2000, a range of instruments have been developed to predict risk of sexual recidivism, these include: the Violence Risk Appraisal Guide (VRAG; Harris et al., 1993), the Sex Offender Risk Appraisal Guide (SORAG; Quinsey et al., 1998), the Rapid Risk Assessment for Sex Offender Recidivism (RRASOR; Hanson, 1997), Sexual Violence Risk–20 (SVR-20; Boer, et al., 1997), the Static-99 (Hanson & Thornton, 2000), the Static-2002 (Hanson & Thornton, 2003), and the Minnesota Sex Offender Screening Tool–Revised (MnSOST-R; Epperson et al., 2003).

Parent and colleague's (2011) evaluated the predictive accuracy of long-term risk of recidivism in these instruments over a 15-year follow up period. The Pearson's coefficients between eight actuarial measures and a control group (PCL-R) are presented in Table 7. The results indicated that the RM2000/s was significantly correlated with all other instruments and highly correlated with the Static-99 and the Static-2002 ($r=.81$, $r=.82$ respectively) which are both widely used in the United States (Helmus et al., 2012). Another risk measure developed in the US which demonstrated moderate correlation with the RM2000/s was the RRASOR ($r=.67$), this is perhaps as to be expected given that the Static-99 and Static-2002 evolved from the RRASOR (Parent et al., 2011).

The findings from Parent and colleague's (2011) study are fairly consistent with previous research, which has found that the RM2000/s correlated with the Static-99 in a UK sample (Craig et al., 2004). Furthermore, Craig and colleague's (2004) found a correlation between the SVR-20 (a structured professional judgment instrument); a finding which was not present in Parent and colleague's (2011) study. Lower correlation coefficients have been reported between the RM2000/s, Static-99 and SORAG ($r=.76$, $r=.61$ respectively) in a study conducted by Kingston and colleague's (2008) with a Canadian sample of sexual offenders. In contrast to Parent and colleague's (2011) findings, this study found that the Static-99 and SORAG were better able to predict sexual recidivism with contact offenders. These findings indicate that the RM2000/s correlates well with other actuarial instruments that measure similar constructs (i.e., sexual recidivism). Therefore, these few studies demonstrate good convergent validity of the RM2000/s across the United States, Canada and the United Kingdom. However, these findings are only applicable to male samples of sexual offenders; it is unknown whether convergent validity of the RM2000/s differs in, for example, internet sexual offenders or transgender sexual offenders due to the absence of empirical research.

Table 7*Correlation Coefficients for Actuarial Measures and PCL-R*

<i>Instrument</i>	<i>VRAG</i>	<i>SORAG</i>	<i>RRASOR</i>	<i>Static-99</i>	<i>Static-2002</i>	<i>RM2000/S</i>	<i>RM2000/V</i>	<i>RM2000/C</i>	<i>MnSOST-R</i>	<i>SVR-20</i>
SORAG	.92***	-								
RRASOR	.21***	.46***	-							
Static-99	.53***	.70***	.78***	-						
Static-2002	.49***	.66***	.76***	.83***	-					
RM2000/S	.46***	.59***	.67***	.81***	.82***	-				
RM2000/V	.61***	.54***	-.04***	.35***	.37***	.32***	-			
RM2000/C	.66***	.70***	.40***	.71***	.74***	.82***	.81***	-		
MnSOST-R	.53***	.63***	.45***	.65***	.68***	.62***	.35***	.59***	-	
SVR-20	.63***	.69***	.28***	.55***	.43***	.37***	.33***	.43***	.57***	-
PCL-R	.76***	.77***	.18***	.50***	.41***	.36***	.49***	.52***	.51***	.75***

Note. Adapted from “An assessment of long-term risk of recidivism by adult sex offenders: One size doesn’t fit all” by G. Parent, J. P. Guay, & R. A. Knight, 2011, *Criminal Justice and Behavior*, 38(2), p. 197. Copyright 2011 by International Association for Correctional and Forensic Psychology.

*** $p < .001$

4.5 Discriminant Validity

Discriminant validity is established if measures that are not supposed to be related are actually unrelated (Philipse, 2005). Pearson's correlation is typically used to determine discriminant validity (Western & Rosenthal, 2003), however, Tully and Brown (2015) in their appraisal of the RM2000 argued that discriminant validity could also be demonstrated by comparing the predictive performance of the different subscales in order to examine whether the RM2000/s better predicts sexual recidivism over violent or general recidivism. There is limited research in this area and a lack of consensus concerning which statistic should be used to evaluate discriminant validity.

A number of studies have illustrated differing AUC values between the sex and violence subscale. Barnett and colleague's (2010) found that the RM2000/s better predicted sexual re-offending compared to the RM2000/v and RM2000/c (AUC= .68, .54 and .62 respectively). The RM2000/v exhibited superior predictive accuracies for violent recidivism compared to the RM2000/s and RM2000/c (AUC= .80, .60, .75 respectively). The violence subscale also outperformed the combined and sex subscale when considering both sexual and/or violent recidivism (AUC= .75, .73 and .62 respectively). Similar patterns of AUC values are seen with internet sexual offenders (Wakeling et al., 2011a), rapists and child sexual offenders (Parent et al., 2011). Taken together, the differing predictive accuracies between the sex and violence scales indicate discriminative validity is established in the RM2000. It can be inferred that the RM2000 subscales are sensitive to the differences between sexual and violent recidivism. All three subscales are moderately accurate in predicting the type of re-offending behaviour (i.e., sexual, violent and general re-offending) they were designed to measure.

Research comparing the RM2000/s with alternative measures unrelated to sexual recidivism is sparse. However, Parent and colleague's (2011) investigated the utility of several risk instruments with a control group (PCL-R). The PCL-R is used to assess the presence of

psychopathic traits, which is assumed to be an independent predictor of sexual reconviction. The results in Table 7 show a weak correlation between the PCL-R and the RM2000/s ($r=.36$). This provides further evidence of discriminative validity as the findings suggest that the two instruments are measuring two different constructs, i.e., unrelated to each other. In addition, the study's evaluation of the three scales found poor correlation between the RM2000/s and RM2000/v subscales ($r=.32$). The findings corroborate previous studies that have found differing AUC values between the sex and violence scales (Barnett et al., 2010). Although these studies demonstrate that the RM2000 has some level of discriminative validity, the findings are limited to an indiscernible research base with male offenders.

4.6 Content Validity

Content validity refers to the extent to which a test measures the behaviour for which it is intended (Tully & Brown, 2015). For the RM2000, content validity considers the extent to which items within the scale are associated with sexual recidivism. The RM2000 originated from the SACJ-Min, which is based on research exploring correlates of sexual recidivism in longitudinal studies (Thornton et al., 2003). Additionally, Hanson and Bussiere's (1998) meta-analysis of sexual recidivism studies, also informed the development of the instrument. Given that the RM2000 was developed using empirical research, it is suggested that it would have good content validity.

Since its development, a number of studies have provided empirical support for the content validity of individual items for male offenders. A study reviewing risk factors associated with sexual recidivism, identified that age, previous sexual offense, prior criminal history (step 1 of RM2000/s) and stranger victim, male victim, non-contact offences and relationship history (step 2) are relevant to re-offending (Craig et al., 2005). More recently, a factorial analysis of the RM2000 with an Italian sample suggests that the items of the RM2000 are linked to recidivism (Garombo et al., 2015). More specifically, the study supports the

relevance of age and the presence of the four aggravating factors in the sex subscale. This suggests that the RM2000 has strong content validity when used with male sexual offenders.

Overall, there is evidence to suggest that the RM2000 has strong content validity in adult male offenders with a history of violent and/or sexual offending. However, it has been noted that it is an actuarial risk assessment instrument that contains only static factors. Therefore, there is limited opportunity to recognise treatment progress and change over time. Moreover, the inclusion of dynamic risk factors can improve predictive accuracy over that of static items alone (Thornton, 2002). This prompts the question as to whether a tool can be considered to have strong content validity if it does not consider both static and dynamic variables.

4.7 Reliability

4.7.1 Inter-rater reliability

Inter-rater reliability (IRR) measures homogeneity, by establishing the degree of agreement between different raters in scoring items (Wakeling et al. 2011b). There are a number of methods for calculating IRR. These include Cohen's Kappa (κ), Intra-Class Correlations (ICC), and Pearson's coefficient. Cohen's Kappa is used for comparing two raters and corrects for chance agreements (Wakeling et al., 2011b). ICC accounts for variance; this value will be high when there is little variation between the scores assigned to each item by the raters (Wakeling et al., 2011b). Lastly, Pearson's coefficient has been used to calculate the correlation between the scores of raters (Grubin, 2008). However, because this technique does not take into account the magnitude of score differences between raters, the scores of two raters could yield a perfect correlation yet not agree (Ranganathan, 2017). Studies have typically reported a range of statistics as each has their own strengths and limitations. The reported standard used for all statistics are .41 to .60 = moderate agreement and .61 to .80 = substantial agreement (Ranganathan, 2017; Wakeling et al., 2011b).

The manual for the RM2000 makes no reference to IRR (Thornton, 2007) and research specifically examining the IRR of the instrument is limited. However, IRR is often considered in studies examining the predictive validity of the risk instrument. To date, there has only been one study exploring the field reliability of the RM2000 (Wakeling et al., 2011b). Wakeling and colleague's (2011b) distinguished between research validity and field validity. They stated research validity refers to the researcher's use of the tool (usually within a research context). Researchers are likely to apply the tool consistently to a large number of participants (Campbell, 2004). Field reliability, on the other hand, refers to the practitioners RM2000 risk ratings in routine practice.

In Wakeling and colleague's (2011) examination of the RM2000/s field IRR, an expert (independent) rater and field raters scored 109 cases in two separate studies. Good levels of IRR for the overall risk categories were reported. Kappa statistics of .71 and ICC of .89 ($k=.71$; $ICC=.89$, $CI=.81-.94$) were found in study 1. Study 2 also produced excellent inter-rater agreement ($k=.93$, $ICC=.98$, $CI=.68-.87$). These results are consistent with previous studies examining research validity. For example, Bengston (2008) in their evaluation with a Danish sample, found high to excellent IRR for the RM2000/s ($k=.85$, $ICC=.72$, $CI=.42-.88$) and RM2000/v ($k=.86$, $ICC=.76$, $CI=.42-.88$). However, the wide confidence intervals (CI) highlights uncertainty as to the known effect, which suggests that results should be interpreted with caution. Two studies found IRR scores of .81 (Looman & Abraham 2009) and .82 (Knight & Thornton, 2007) without clarification of the statistical measures used. Finally, in Hanson and Morton-Bourgon's (2009) meta-analysis, IRR was calculated for 10% of the sample. There was good agreement between raters ($k>.70$, $ICC>.80$), however no confidence intervals were reported.

In summary, studies considering the IRR of the RM2000 have consistently shown good rates of IRR. Although, the poor accuracy in reporting IRR values (i.e., the wide confidence

intervals), raises some concerns regarding the reliability of the results discussed. Overall, the IRR appears high across a range of different samples. However, it cannot be assumed that the IRR would be high when assessing risk in transgender sexual offenders.

4.8 Conclusion

In summary, the research base reviewed in the current critique has provided insight into the validity and reliability of the RM2000. As there are no risk instruments that have been developed or validated for use of transgender sexual offenders (Sahota, 2020), the tools use with transgender offenders was considered throughout. There are many studies supporting the application of the instrument in assessing sexual recidivism with male offenders. Moderate to good predictive accuracy has been found with Danish (Bengston, 2008), Scottish (Grubin, 2008), English and Welsh sexual offenders (Barnett et al., 2010). The tool has demonstrated similar predictive accuracy across multiple countries (Hanson & Morton-Bourgon, 2009; Helmus et al., 2012) and possesses good sensitivity and specificity (Barnett et al., 2010; Bengston, 2008). However, sexual offenders are not a homogeneous group, and it should not be assumed that the RM2000 is applicable to the whole of this population. For example, the RM2000 has shown better predictive accuracy in individuals with contact offences against adults compared to those with contact offences against children (Bengston, 2008; Parent et al., 2011). Additionally, the tool has not demonstrated generalisability to all subgroups of sexual offenders. Wilcox and colleague's (2009) found the lowest AUC values when examining the predictive validity of the tool with intellectually disabled sexual offenders. Findings such as this raises concerns regarding the application of the instrument to other sex offender sub-groups such as transgender sexual offenders. Based on these concerns, it is recommended that the application of the measure with transgender offenders is exercised with caution and that further research is conducted regarding the reliability and validity of the measure using more diverse samples.

The critique also found that the RM2000 has convergent validity, as the RM2000 correlated well with other risk measures for sexual recidivism including the Static-99, Static 2002, RRASOR, SORAG, and SVR-20 (Craig et al., 2004; Kingston et al., 2008; Parent et al., 2011). However, it should not be assumed that the factors that are theoretically related to sexual recidivism in male offenders are also relevant to, for example, transgender offenders. It is important to consider the context of how psychological, social and biological factors lead to the development of certain vulnerabilities. For example, offenders with an intellectual disability experience social difficulties, poor emotional recognition and limited problem solving skills (Nezu et al., 1998; Ward & Beech, 2006). These factors are likely to impact whether the individual has ever had an intimate relationship lasting at least two years, which is an item included in the RM2000. Consequently, individual risk markers found to predict sexual recidivism in (mainstream) adult male offenders may not be effective in predicting recidivism in specialist populations, such as transgender individuals who may have unique risk factors and protective factors that are currently not considered within the RM2000. Additionally, some researchers have queried the use of male validated tools with female sexual offenders and outlined concerns in relation to extrapolating between genders (Abulafia et al., 2015; Cortoni, 2018).

In relation to discriminant validity, evaluation of the three subscales of the RM2000 has demonstrated that they measure different constructs, namely sexual, violent and general re-offending (Barnett et al., 2010; Parent et al., 2011; Wakeling et al., 2011a). Additionally, the RM2000 is poorly correlated with the PCL-R (Parent et al., 2011), providing further evidence that the RM2000 is designed to predict sexual recidivism. It is particularly difficult to comment on the discriminatory validity of the risk measure when applied to offenders who identify as transgender due to the lack of proven validity in this area in general.

When evaluating its content validity, there has been empirical support for the RM2000 items and its association with risk of recidivism (Craig et al., 2005; Garombo et al., 2015). Lastly, good IRR was found in the majority of studies (Grubin, 2008; Hanson & Morton-Bourgon, 2009; Knight & Thornton, 2007; Looman & Abraham, 2009; Wakeling et al., 2011b). However, the inconsistencies in many of the studies reporting IRR highlights the need to interpret the findings with caution.

Overall, based on the above evidence, it is suggested that the RM2000 provides a valid and reliable measure of sexual and/or violent risk that can be useful for practitioners when resources and treatment intensity need to be considered in male sexual offenders. However, as noted by Barnett and colleague's (2010) dynamic risk factors are not considered within actuarial measures and therefore, the RM2000 should not be used for individualised risk-management plans. The RM2000 is best viewed as a screening tool in identifying higher risk offenders that require further assessment (Grubin, 2008). Other approaches such as structured professional judgments are then required to evaluate an individual's current risk in order to develop an appropriate treatment plan.

Finally, in relation to the tool's application with transgender offenders (the key focus of the current thesis), research on violent risk assessment and treatment for gender minority individuals is, to date, non-existent. It is concerning that the RM2000 is routinely administered to a population for which there is no evidence to support the reliability and validity of the measure. Without appropriate norms and validation for the use of the RM2000 for transgender individuals, risk predictions remain untested and unknown which could potentially lead to inaccurate results. This raises ethical and practical issues, which potentially have significant implications for the individual and for public safety. Therefore, caution needs to be exercised when considering risk assessment using the RM2000 with this population. If the RM2000 continues to be used with transgender individuals across the CJS, there is a need for studies to

validate the use of these measures with this population especially as the RM2000 has demonstrated that it is not applicable to all sexual offenders (Wilcox et al., 2009).

The critique has reported that the application of ARAI's is particularly problematic; therefore, transgender individuals and other minority subgroups of sexual offenders are likely to benefit from individual risk formulation in addition to, or even instead of risk measures. However, it is known that clinical judgement alone is not as accurate than when combined with risk assessment tools (Monahan et al., 2000). Considerations that may aid the formulation process include identification of a transgender sexual offender's gender at the time of the offence, the gender they currently identify with, and the length of time in which they have identified with their preferred gender. These factors may also influence the practitioner's choice of existing risk assessment.

CHAPTER 5

Thesis Conclusion

5.1 Aims of the thesis

This thesis aimed to provide psychological insight into the experiences of transgender women in the CJS and contribute towards the growing research base of gender minority groups with a history of offending. Existing research with this subgroup of offenders has tended to focus on their experiences in a custodial environment. The original impetus for the study reported in this thesis arose due to the little guidance and empirical base for community practitioners working with this population. One of the aims of this research was to develop a better understanding of the needs of this population when supporting them with their rehabilitation and re-integration into society.

The thesis evaluated the most recent literature surrounding transgender offenders in Chapter 2 and reported on the lived experiences of a small sample of transgender women who had received convictions for sexual offences and working with Probation Services in Chapter 3. At the time of writing, the empirical study is the first known study to explore the experiences of transgender offenders in the community. The difference between male and female offending patterns was discussed in Chapter 4 when providing a critical evaluation of the widely used risk measure (RM2000) for sexual recidivism. The researcher considered its application with transgender offenders and concluded that it is a valid and reliable tool for male offenders but advised practitioners to exercise caution as the measure has not been validated with this subgroup of offenders. A summary of the main findings of each chapter will be provided below. The strengths and limitations of the thesis will then be outlined, followed by implications for practice and suggestions for future research.

5.2 Main Findings

Chapter 2: Exploring the experiences of transgender individuals in the Criminal Justice System

A total of eleven studies were included in the literature review following a systematic approach. The majority of studies indicated that transgender offenders experience high levels of physical and sexual assaults in custodial settings, which negatively impacted their psychological well-being. Transgender women employed various protective strategies, for example, some formed relationships with male prisoners (Jenness & Fenstermaker, 2014, Wilson et al., 2017). Although this promoted competition to secure these relationships, there was also valuable support and community between transgender prisoners (Jenness & Fenstermaker, 2014; Sexton & Jenness, 2014). In addition, there were differences between the use of violence between transgender men and women (Jenness & Fenstermaker, 2014; Sumner & Sexton, 2015; Wilson et al., 2017). Violence was used by transgender women as a response to perceived or actual threat, whereas the aggression displayed by transgender men appeared to be goal-orientated (i.e., to defend or attain intimate relationships).

The review highlighted the need for staff training to address the gender biases held by some prison staff and to increase understanding around the challenges faced by transgender prisoners. Overall, the review was only able to identify studies which focused on the experiences of transgender individuals in custodial settings. The findings were predominantly related to prisons in the United States. There was a lack of empirical research with transgender offenders in a range of forensic contexts, including their experiences in psychiatric hospitals, court, police and probation services. Furthermore, there was limited psychological understanding of this sub-group of offenders. The results of the literature review illustrated the need for more psychological research with transgender offenders in a range of forensic contexts, including those who are managed by community services.

Chapter 3: An exploration into the lived experiences of transgender sexual offenders in the community

Chapter 3 presents a qualitative study that explored the lived experiences of transgender individuals with convictions of sexual offences who were under the care and management of Probation Services in the UK. It is the first known study in the UK to explore the experiences of transgender women outside a custodial setting. The research demonstrates the value in analysing the experiential accounts of this sub-group of offenders as a way to understand how they make sense of their experiences and to provide psychological insight into the challenges these individuals encounter.

Analysis of the transcripts led to the emergence of two superordinate themes: “*The process of coming out*” and “*How the world treats me / sees me*”. Each superordinate theme comprised of several subordinate themes. The first superordinate theme demonstrates a temporal trajectory of how the participant’s gender identity shaped their life experiences. All three participants recalled gender incongruence in their formative years and an early affiliation with a feminine gender. They had little awareness of gender variance in their childhood and struggled to conceptualise their transgender identity at the time. Participants reported feelings of confusion, a lack of belonging and being different from others. These findings are consistent with previous research with transgender prisoners (Nulty et al., 2019). The participants described the process of acknowledging and affirming their female identity during their adulthood. For two of the participants who came out in later life, there was a sense of denial and suppressing their transgender identity. It is possible that feelings of shame and fear of rejection were underlying factors. Therefore, it was not only difficult to disclose being transgender to others but coming to accept their female identity required proactive self-reflection which was a challenging process. However, feelings of emancipation and being liberated were associated with the final stages of coming out. In general, most participants were met with positive and supportive responses, although some referred to losing friendships and being rejected by family members.

The second superordinate theme presented the participants' experiences of being transgender and living on the margins of society. The participants also spoke about the importance of having a support network. Their experiences in the CJS seemed to indicate that some probation practitioners demonstrated limited understanding and confidence around the concept of gender diversity, which led to feelings of being mistreated for one participant. Other studies have also raised the need for staff to feel supported when working with this population (Dunn, 2013; Nulty et al., 2019; Poole et al., 2002). Of note was that the placement of transgender women in male services may have compounded the experience of being different and not fitting in. The psychological impact of perpetual stigmatisation was considered, participants may have experienced repressed aspects of self as a survival strategy and internalised transphobia attitudes. The GMSR model provided a useful way to understand how gender-based rejection and discrimination across an individual's life-time could lead to a biased negative appraisal of services in the CJS and discomfort with their transgender identity. This may have had an impact on the development of relationships with staff. A guarded or withdrawn presentation was contextualised as protective strategies against further rejection and discrimination. These relational factors highlight the importance of adherence to the responsivity principle from the Risk-Need-Responsivity model (Andrews & Bonta, 2003). It is also important to draw attention to how each participant valued feeling supported. They describe the presence of supportive relationships as being vital for managing psychological distress and coping with stressors.

The current research adds to emerging literature with transgender offenders by identifying the psychological impact of systemic, social and personal stressors with this subgroup of offenders. The findings supported the wider literature that identified a relationship between psychological distress and poorer mental health outcomes with life-long gender related discrimination (Bockting et al., 2013; Timmins et al., 2017). The study also explored

the challenges faced by this population when residing in the community; reduced opportunities with housing and employment were found. Social inequality and marginalisation of the transgender community has been identified in previous research (Grant et al., 2011; Haas et al., 2014) and linked to offending behaviour (Knight & Wilson, 2016; Nadal et al., 2014; Reisner et al., 2014; Simpolous & Khin Khin, 2014). However, in contrast to these findings, participants in the current study did not attribute the challenges of securing employment and housing to being transgender but referred to other factors not related to their gender identity (i.e., discrimination due the nature of their offending behaviour).

Chapter 4: Critique of risk assessment tool; The Risk Matrix 2000 (RM-2000; Thornton et al., 2003)

The RM2000 was examined for its potential relevance to assessing the risk of sexual recidivism with transgender offenders. The critique concluded that whilst the RM2000 has good predictive accuracy in assessing sexual recidivism with male offenders, the risk instrument has shown poorer predictive validity in specific samples of sexual offenders (i.e., intellectually disabled and internet sexual offenders). The tool has not demonstrated generalisability to all subgroups of sexual offenders including those who identify as transgender, as there are no established normative data for this group. The critique also found that the RM2000 correlated well with other risk measures for sexual recidivism and demonstrated good convergent validity. However, there is little if any research on offending behaviour in the transgender population. Therefore, it should not be assumed that factors which are relevant to sexual recidivism in male offenders are also applicable to transgender offenders, especially considering differences between cis female and cis male sexual offenders (Cortoni, 2018). Therefore, scores on the RM2000 with this sub-group of offenders should be considered with caution, as risk prediction remain untested without appropriate norms and validation for its use with transgender individuals.

5.3 Thesis strengths and limitations

This thesis has successfully identified gaps in the knowledge base when working with transgender individuals in the CJS and contributes towards an emerging research area. The systematic literature review revealed that it remains an under-researched area. Consequently, a fairly small number of studies was reviewed and the data extracted by only one researcher. It is possible that these factors may have led to unintentional selection bias and introduced some level of subjectivity within the development of themes. However, the potential impact of these limitations was minimised by the inclusion/exclusion criteria and through further discussions with the researcher's supervisor. This review identified common themes in the findings across papers and made recommendations for further research.

Moving forward with some of these recommendations, the study presented in Chapter 3 is the first known study to explore in-depth the psycho-social experiences of transgender offenders in the community. Given the difficulties of accessing this population for research purposes, the study provides a rare opportunity to gain insight into the psychological and emotional consequences of identifying as transgender throughout their life time and within the CJS. As research in this field is still in its infancy, the findings provide a knowledge base for a greater understanding of the needs of transgender offenders, and can therefore assist practitioners working with this population as well as illuminate further areas of exploration through research.

A particular strength of this thesis was that the data were subjected to the IPA approach. While this can improve understanding of the lived experience of transgender sexual offenders through deeper analysis and personal sense-making, the results are not considered to be generalisable. As IPA is more concerned with the transferability of findings and draws on shared experiences (Hefferon & Gil-Rodriguez, 2011), it is important to consider the homogeneity of the group. There was variability between participants in the research project,

though efforts were made to ensure a homogenous sample. It is also possible that due to the small sample size ($N=3$), the views, perceptions, and experiences of participants may not be representative of other transgender sexual offenders. Therefore, additional participants may have increased the accuracy of the data. However, as reported in Chapter 3, there were challenges in recruiting participants who were willing to engage with the research project. Furthermore, even though the data analysis generated rich, qualitative findings, the participant's willingness to speak openly may have been affected by the sensitive nature of the topic and disclosing information to the interviewer, who may have been perceived as figure who was linked to the CJS.

5.4 Implications for practice

As the research in this area was requested by practitioners working with transgender offenders in the community, a focus has been placed on the implications for practice throughout this thesis. It is hoped that the findings from each chapter will provide insight for staff across the CJS, who work with this population. This may include those in Prison and Probation Services, professional agencies involved in MAPPA (i.e., the police) as well as practitioners in inpatient settings. Bringing together the findings from the thesis, it is recommended that:

- The Risk-Need-Responsivity model of rehabilitation (Andrews & Bonta, 2010) has been proposed as a framework for practitioners working with transgender individuals in the CJS. Practitioners should be aware that specific responsivity considerations include gender and placement of transgender people in services which are not aligned with their gender identity could be invalidating. Bonta and Andrews (2017) suggested that this can be addressed, in part, through establishing a collaborative relationship that embodies a respectful, caring and firm approach.
- The findings of the systematic literature review highlighted that transgender people in the CJS are vulnerable to experiences of violence, discrimination and victimisation.

Those working with this population should be aware of these issues and the potential impact on the individual's wellbeing. Moreover, the importance of accessing support from other transgender people was reported in some studies. Practitioners may want to consider how information, advice and support can be accessed to promote resilience. It is recommended that additional support networks could stem from support groups and in-reach programmes in custodial settings or local/online organisations and forums for gender minorities in the community.

- The findings of the empirical project identified that experiences of stigma and discrimination occur persistently throughout an individual's lifetime, and not only within the context of the CJS. It is important that practitioners are aware that this can lead to minority stress and internalised transphobia, which may impact the ways in which they communicate and build relationships with others. Essentially, developing relationships are likely to be difficult for people who have previously experienced rejection and victimisation.
- The study and review also highlighted that some staff within the CJS may have struggled to acknowledge the person's gender identity. It is suggested that policy makers and others involved in training provisions recognise that gender inclusivity is an area which requires further consideration. It may be useful to equip staff with an understanding of transgender rights, gender-affirming interactions (i.e., use of correct pronouns etc...) and key matters related to gender diversity. Such training could help staff to recognise the importance of their role and building supportive relationships, which may act as a buffer against the range of psycho-social stressors and challenges often met by transgender offenders in the community.
- There are additional implications for professionals who are currently using the RM2000 with transgender individuals. Any professionals using this tool to assess sexual

recidivism with this sub-group offenders should interpret results with caution, given the need for studies to validate the use of this measure with transgender offenders, especially as the RM200 has demonstrated that it is not applicable to all sexual offenders (Wilcox et al., 2009).

5.5 Future Research

The findings reported in this thesis have highlighted areas for future research in a rapidly evolving field, where transgender equality and inclusive practices have been promoted. Chapter 2 has shown that research in this area is ever increasing, but it remains in its infancy. The majority of studies with transgender people in the CJS have taken place within prisons; there appears to be a lack of empirical studies that explore the experiences of transgender individuals in an in-patient setting or in community settings (whilst under the care and management of Probation Services/MAPPA). Additionally, the vast majority of studies derive from Northern America and European countries, where the experiences of transgender people may not be reflective of those more widely. As the legislation, policies and health service provisions differ in each country, there is a need for additional international studies. Furthermore, much of the research in this area has been conducted within the field of sociology. While consideration of social systems and factors is valued, the current evidence base for the psychological understanding of this population is largely unexplored. Although the current empirical study aims to address this research gap, further larger scale studies are required to a better understanding of the distinct needs of transgender people in the CJS, and build practice initiatives that are aligned with a culturally sensitive workforce. Failure to consider psychosocial issues could lead to further alienation of transgender individuals. It is important to note the absence of national and international studies or subpopulations of transgender communities such as people with disabilities and/or those from ethnic minorities. It may also be beneficial to undertake similar research with other gender minority groups within CJS services, including

transgender men and those who identify as non-binary, gender fluid and/or intersex. The needs of these populations are not homogenous and each warrant specific attention. Lastly, the thesis has highlighted the lack of empirical research to guide criminal justice professionals in the management of risk and recidivism in the transgender population. The relationship between gender diverse identities and offending behaviour are important areas for future research as there is a need for more research to inform practice and policies on an approach based on gender-affirming care.

5.6 Conclusions

This thesis has contributed to the evidence base surrounding transgender individuals in the CJS in a number of ways: by reviewing recent literature; by critiquing a risk measure widely used with this sub-group of offenders (RM2000, Thornton et al., 2003); and by providing an insight into the lived experiences of transgender sexual offenders in the community. A key contribution to the evidence base is an understanding of the distinct psycho-social needs of this population. Through exploration of existing research and consideration of professional practice issues, the findings advocate for: 1) training and educational opportunities for CJS staff working with transgender individuals; 2) an approach that recognises and supports the psycho-social needs of transgender offenders. It is hoped that some of the recommendations for practice will be considered by practitioners and management within CJS settings – with an emphasis on those delivering services in the community. Lastly, research exploring the psycho-social needs of this population to inform practice is an area which requires further development.

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Appendices

Appendix A: Glossary of key terms (adapted from Gender Spectrum, 2019)

Agender: A person who sees themselves as not having a gender. Some agender-identified people see themselves as being gender neutral, rather than not having any gender, but in any case do not identify with a gender.

Cisgender – Refers to people whose gender identity aligns with their assigned sex at birth

Congruence - Gender congruence is the feeling of harmony in our gender

Gender binary – A system that constructs gender according to two discrete and opposite categories: boy/man and girl/woman. It is important to recognise that both cisgender and Transgender people can have a gender identity that is binary.

Genderfluid – People who have a gender or genders that change. Genderfluid people move between genders, experiencing their gender as something dynamic and changing, rather than static

Gender dysphoria – Describes the distress experienced by those whose gender identity feels at odds with aspects of their body and/or the social gender role assigned to them at birth. This can be experienced as physical discomfort, and psychological and emotional distress. Social factors are often key in the experience of gender dysphoria.

Gender expression – This is how an individual presents their gender in the world and how society, culture, community, and family perceive, interact with, and try to shape gender. Gender expression is also related to gender roles

Gender identity – a deeply held, internal sense of self as masculine, feminine, a blend of both, neither, or something else. Identity also includes the name used to convey gender. Gender identity can correspond to, or differ from the sex assigned at birth. The language a person uses to communicate their gender identity can evolve and shift over time, especially as someone gains access to a broader gender vocabulary.

Non-binary – An umbrella term for gender identities that are not exclusively masculine or feminine.

Sexual orientation – Sexual orientation and gender are separate. Gender is personal (how a person sees themselves), while sexual orientation is interpersonal (who a person is physically, emotionally and/or romantically attracted to).

Transgender – Sometimes this term is used broadly as an umbrella term to describe anyone whose gender identity differs from their assigned sex. It can also be used more narrowly as a gender identity that reflects a binary gender identity that is “opposite” or “across from” the sex assigned at birth.

Transition – “Transitioning” is a term commonly used to refer to the steps a transgender, Agender, or non-binary person takes in order to find congruence in their gender. But this term

can be misleading as it implies that the person's gender identity is changing and that there is a moment in time when this takes place. More typically, it is others' understanding of the person's gender that shifts. A person can seek harmony in many ways:

- Social congruence: changes of social identifiers such as clothing, hairstyle, gender identity, name and/or pronouns
- Hormonal congruence: the use of medical approaches such as hormone "blockers" or hormone therapy to promote physical, mental, and/or emotional alignment
- Surgical congruence the addition, removal, or modification of gender-related physical traits
- Legal congruence: changing identification documents such as one's birth certificate, driver's license, or passport.

Transphobia – Fear, dislike of, and/or prejudice against transgender people.

Transsexual – This term is used in different ways in English-speaking countries. In the US, it is considered an older term that originated in the medical and psychological communities and is considered offensive by many people. Still used by some people who have permanently changed, or seek to change, their bodies through medical interventions, including, but not limited to, hormones and/or surgeries. Unlike the term transgender, transsexual is not an umbrella term.

Appendix B: Search term syntax

PsychINFO - 1806-1966: 1967 to March Week 3 2018

1. (Offend* OR crim* OR perpetr*) ab,hw,id,po,sh,tc,ti
2. Exp criminals
3. Exp criminal behaviour
4. (Transgender* OR transsexual* OR “gender identity” OR “gender identity disorder” OR “gender non-conform*” OR “gender dysphoria*” OR “gender binary” OR queer*) ab,hw,id,po,sh,tc,ti
5. Exp transgender/or exp ‘transgender (attitudes towards)*
6. (Prison* OR jail* OR custody OR penitentiary* OR incarcerat* OR release* OR resettlement OR probation OR “criminal rehabilitation” OR “forensic hospital*” OR “forensic mental health” OR “secure facility” OR “clinical populat*”) ab,hw,id,po,sh,tc,ti
7. Exp prisons
8. Exp criminal rehabilitation
9. Exp Mental Health Services
10. 1 or 2 or 3
11. 4 or 5
12. 6 or 7 or 8 or 9
13. 10 and 11
14. 12 and 13
15. limit 14 to English language.

OVID EMBASE – 1943- 1973: 1974 to March Week 4 2018

1. (Offend* OR crim* OR perpetr*) ab,hw,id,po,sh,tc,ti
2. Exp offender
3. (Transgender* OR transsexual* OR “gender identity” OR “gender identity disorder” OR “gender non-conform*” OR “gender dysphoria*” OR “gender binary” OR queer*) ab,hw,id,po,sh,tc,ti
4. Exp male to female transgender
5. Exp female to male transgender

6. (Prison* OR jail* OR custody OR penitentiari* OR incarcerat* OR release* OR resettlement OR probation OR “criminal rehabilitation” OR “forensic hospital*” OR “forensic mental health” OR “secure facility” OR “clinical populat*”) ab,hw,id,po,sh,tc,ti
7. Exp criminal justice
8. Exp psychological aspects
9. Exp mental hospital
10. 1 or 2
11. 3 or 4 or 5
12. 6 or 7 or 8 or 9
13. 10 and 11
14. 12 and 13
15. limit 14 to (English language and year= “1960-Current”)..

OVID Medline(R) - 1946 to March Week 4 2018

1. (Offend* OR crim* OR perpetr*) ab,hw,id,po,sh,tc,ti
2. (Transgender* OR transsexual* OR “gender identity” OR “gender identity disorder” OR “gender non-conform*” OR “gender dysphoria*” OR “gender binary” OR queer*) ab,hw,id,po,sh,tc,ti
3. Exp transgender persons
4. Exp transsexualism
5. (Prison* OR jail* OR custody OR penitentiari* OR incarcerat* OR release* OR resettlement OR probation OR “criminal rehabilitation” OR “forensic hospital*” OR “forensic mental health” OR “secure facility” OR “clinical populat*”) ab,hw,id,po,sh,tc,ti
6. Exp hospitals, psychiatric
7. 2 or 3 or 4
8. 5 or 6
9. 1 and 7
10. 8 and 9
11. limit 10 to (English language and year= “1960-Current”)..

ISA Web of Science (Core collection) – 1990 – Week 2 April 2018.

Topic = (Offend* OR crim* OR perpetr*)

AND

Topic =(Transgender* OR transsexual* OR “gender identity” OR “gender identity disorder” OR “gender non-conform*” OR “gender dysphoria*” OR “gender binary” OR queer*)

AND

Topic = (Prison* OR jail* OR custody OR penitentiary* OR incarcerat* OR release* OR resettlement OR probation OR “criminal rehabilitation” OR “forensic hospital*” OR “forensic mental health” OR “secure facility” OR “clinical populat*”)

Additional limits:

English language.

Date – 1960 to current.

EBSCO CINAHL Plus 1937 – Week 4 April 2018.

All Text = (Offend* OR crim* OR perpetr*)

AND

All Text = (Transgender* OR transsexual* OR “gender identity” OR “gender identity disorder” OR “gender non-conform*” OR “gender dysphoria*” OR “gender binary” OR queer*)

AND

All Text = Prison* OR jail* OR custody OR penitentiary* OR incarcerat* OR release* OR resettlement OR probation OR “criminal rehabilitation” OR “forensic hospital*” OR “forensic mental health” OR “secure facility” OR “clinical populat*”)

Additional limits:

English language.

Date – 1960 to current

Appendix C: Inclusion/exclusion criteria form

Inclusion Criteria	Criteria met? Yes, No, Unclear	Comments
Has the study focused on transgender offenders?		
Does the study explore their experiences within the justice system?		
Is the study using a qualitative mixed method or survey approach?		

*If all questions are yes then study can be included in the review.

Appendix D: Quality Assessment Form: Evaluation tool for qualitative studies (Taken from Long & Godfrey, 2004)

Author:

Title:

Journal:

Year:

		Key Questions	Scores			Comments
			Yes (2)	Partial (1)	No (0)	
(1) Study Overview						
Bibliographic Details	0.	Author, title, source (publisher and place of publication), year				
Purpose	1.	What are the aims of the study?				
	2.	If the paper is part of a wider study, what are its aims?				
Key Findings	3.	What are the key findings of the study?				
Evaluative Summary	4.	What are the strengths and weaknesses of the study and theory, policy and practice implications?				
(2) Study, setting, sample and ethics						
Phenomena under study	5.	What is being studied?				
Context I: Theoretical Framework	6.	Is sufficient detail given of the nature of the phenomena under study?				
	7.	What theoretical framework guides or informs the study?				
	8.	In what ways is the framework reflected in the way the study was done?				
Context II: Setting	9.	How do the authors locate the study within the existing knowledge base?				
	10.	Within what geographical and care setting is the study carried out?				
	11.	What is the rationale for choosing this setting?				
	12.	Is the setting appropriate and/or sufficiently specific for examination of the research question?				
	13.	Is sufficient detail given about the setting?				
	14.	Over what time period is the study conducted?				
Context III: Sample (events, persons, times and settings)	15.	How is the sample (events, persons, times and settings) selected? (For example, theoretically informed purposive, convenience, chosen to explore contrasts)				
	16.	Is the sample (informants, settings and events) appropriate for the aims of the study?				
	17.	Is the sample appropriate in terms of depth (intensity of data collection – individuals, setting and events) and width across time, settings and events (For example, to capture key persons and events, and to explore the detail of inter-relationships)?				

- Context IV:
Outcomes
18. What are the key characteristics of the sample (events, persons, times and settings)?
 19. What outcome criteria are used in the study?
 20. Whose perspectives are addressed (professional, service, user, carer)?
 21. Is there sufficient breadth (e.g. contrast of two or more perspectives) and depth (e.g. insight into a single perspective)?

(3) Ethics

Ethics

22. Was Ethical Committee approval obtained
23. Was informed consent obtained from participants of the study?
24. Have ethical issues been adequately addressed?

(4) Data collection Analysis and potential Researcher Bias

Data Collection

25. What data collection methods are used to obtain and record the data? (For example, provide insight into: data collected, appropriateness and availability for independent analysis)
26. Is the information collected with sufficient detail and depth to provide insight into the meaning and perceptions of informants?
27. Is the purpose of fieldwork adequately described? (For example, account of how the data were elicited; type and range of questions; interview guide; length and timing of observation work; note taking)
28. What role does the researcher adopt within the setting?
29. Is there evidence of reflexivity, that is, providing insight into the relationship between the researcher, setting, data production and analysis?

Data Analysis

30. How were the data analysed?
31. How adequate is the description of the data analysis? (For example, to allow reproduction; steps taken to guard against selectivity)
32. Is adequate evidence provided to support the analysis? (For example, includes original/raw data extracts; evidence of iterative analysis; representative evidence presented; efforts to establish validity – searching for negative evidence, use of multiple sources, data triangulation); reliability/consistency (over researchers, time and settings; checking back with informants over interpretation)
33. Are the findings interpreted within the context of other studies and theory?

Researchers

Potential Bias

34. Are the researcher's own position, assumptions and possible biases outlined? (Indicate how those could affect the study, in particular, the analysis and interpretation of the data)

(5) Policy and practice implications

Implications

35. To what setting are the study findings generalisable? (For example, is the setting typical or representative of care settings and in what respects? If the setting is atypical, will this present a stronger or weaker test of the hypothesis?)
36. To what population are the study's findings generalisable?

37. Is the conclusion justified given the conduct of the study (For example, sampling procedure; measures of outcome used and results achieved?)

38. What are the implications for policy?

39. What are the implications for service practice?

(6) Other comments

Other 40. What were the total number of references used in the study?

comments 41. Are there any other noteworthy features of the study?

42. List other study references

Reviewer 43. Name of reviewer

44. Review date

Quality Score: /70

Percentage:

Appendix E: Quality Assessment Form - Mixed Method Research, Part 1. (Taken from Pluye et al., 2011)

Author:

Title:

Journal:

Year:

Screening questions	Outcome		Comments
	Yes (Y)	No (N)	
Are there clear qualitative and quantitative research questions (or objectives*), or a clear mixed methods question (or objective*)?			
Do the collected data allow address the research question (objective)? E.g., consider whether the follow-up period is long enough for the outcome to occur (for longitudinal studies or study components).			
Further appraisal may be not feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions			

	Questions	Scores			Comments
		Yes (2)	Partial (1)	No (0)	
	Detailed questions				
1. Qualitative	1.1	Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?			
	1.2	Is the process for analyzing qualitative data relevant to address the research question?			
	1.3	Is appropriate consideration given to how findings relate to the context, e.g., the setting, in which the data were collected?			
	1.4	Is appropriate consideration given to how findings relate to researchers' influence, e.g., through their interactions with participants?			
2. Quantitative randomized controlled (trials)	2.1	Is there a clear description of the randomization (or an appropriate sequence generation)?			
	2.2	Is there a clear description of the allocation concealment (or blinding when applicable)?			
	2.3	Are there complete outcome data (80% or above)?			
	2.4	Is there low withdrawal/drop-out (below 20%)?			
3. Quantitative nonrandomized	3.1	Are participants recruited in a way that minimizes selection bias?			
	3.2	Are measurements appropriate (clear origin, or validity known, or standard instrument; and absence of contamination between groups when appropriate) regarding the exposure/intervention and outcomes?			

- 3.3 In the groups being compared (are the participants comparable, or do researchers take into account (control for) the difference between these groups?)
- 3.4 In the groups being compared, are the participants comparable, or do researchers take into account (control for) the difference between these groups?
- 3.5 Is the credibility of the findings discussed?
- 4. Quantitative descriptives
 - 4.1 Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed methods question)?
 - 4.2 Is the sample representative of the population understudy?
 - 4.3 Are measurements appropriate (clear origin, or validity known, or standard instrument)?
 - 4.4 Is there an acceptable response rate (60% or above)?
- 5. Mixed methods
 - 5.1 5.1. Is the mixed methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed methods question (or objective)?
 - 5.2 Is the integration of qualitative and quantitative data (or results*) relevant to address the research question (objective)?
 - 5.3 Is appropriate consideration given to the limitations associated with this integration, e.g., the divergence of qualitative and quantitative

Quality Score:

Percentage:

Appendix F: MMAT, Part 2 (taken from Pluye et al., 2011)

Types of mixed methods study components or primary studies	Methodological quality criteria
<p>4. Quantitative descriptive studies</p> <p>Common types of design include single-group studies:</p> <p>A. Incidence or prevalence study without comparison group In a defined population at one particular time, what is happening in a population, e.g. frequencies of factors (importance of problems), is described (portrayed)</p> <p>B. Case series A collection of individuals with similar characteristics are used to describe an outcome.</p> <p>C. Case report An individual or a group with a unique/unusual outcome is described in details.</p> <p>Key references: critical Appraisal Skills Programme, 2009; Draugalis, Coons & Plaza, 2008</p>	<p>4.1. Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed methods question)?</p> <p>E.g. consider whether (a) the source of sample is relevant to the population under study; (b) when appropriate, there is a standard procedure for sampling, and sample size is justified (using power calculation for instance).</p> <hr/> <p>4.2. Is the sample representative of the population understudy?</p> <p>E.g. consider whether (a) inclusion and exclusion criteria; and (b) reasons why certain eligible individuals chose not to participate are explained</p> <hr/> <p>4.3. Are measurements appropriate (clear origin, or validity known, or standard instrument)?</p> <p>E.g. consider whether (a) the variables are clearly defined and accurately measured' (b) measurements are justified and appropriate for answering the research question; and (c) the measurements reflect what they are supposed to measure.</p> <hr/> <p>4.4. Is there an acceptable response rate (60% or above)?</p> <p>The response rate is not pertinent for case series and case report. E.g. there is no expectation that a case series would include all patients in a similar situation.</p>

Types of mixed methods study components or primary studies

1. Qualitative

Common types of qualitative research methodology include:

A. Ethnography

The aim of the study is to describe and interpret the shared cultural behaviour of a group of individuals.

B. Phenomenology

The study focuses on the subjective experiences and interpretations of a phenomenon encountered by individuals.

C. Narrative

The study analyses life experience of an individual or a group.

D. Grounded theory

Generation of theory from data in the process of conducting research (data collection occurs first).

E. Case study

In-depth exploration and/or explanation of issues intrinsic to a particular case. A case can be anything from a decision-making process, to a person, an organisation, or a country.

F. Qualitative description

There is no specific methodology, but a qualitative data collection and analysis, e.g. in depth interviews or focus groups, and hybrid thematic analysis (inductive and deductive).

Methodological quality criteria

1.1 Are the sources of qualitative data (archives, documents, informants, observation) relevant to address the research question (objective)?

E.g. consider whether (a) the selection of the participants is clear, and appropriate to collect relevant and rich data; and (b) reasons why certain potential participants chose not to participate are explained.

1.2 Is the process for analysing qualitative data relevant to address the research question (objective)?

E.g. consider whether (a) the method of data collection is clear (in depth interviews and/or group interviews, and/or observations and/or documentary sources); (b) the form of data is clear (tape recording, video material, and/or field notes for instance); (c) changes are explained when methods are altered during the study; and (d) the qualitative data analysis addresses the question.

1.3 Is appropriate consideration given to how findings relate to the context, e.g. the setting, in which the data were collected?*

E.g. consider whether the study context and how findings relate to the context or characteristics of the context are explained (how findings are influenced by or influence the context). “for example, a researcher wishing to observe care in an acute hospital around the clock may not be able to study more than one hospital. (...) here, it is essential to take care to describe the context and particulars of the case (the hospital) and to flag up for the reader the similarities and differences between the case and other settings of the same type” (Mays & Pope, 1995)

The notion of context may be conceived in different ways depending on the approach (methodology) tradition.

Keyreferences; Creswell, 1998; Schwandt, 2001; Sandelowski, 2010.

1.4. is appropriate consideration given to how findings relate to researchers' influence, e.g. through their interactions with participants?*

E.g. consider whether (a) researchers critically explain how findings relate to their perspective, role, and interactions with participants (how the research process is influenced by the influences the researcher); (b) researcher's role is influential at all stages (formulation of a research question, data collection, data analysis and interpretation of findings); and (c) researchers explain their reaction to critical events that occurred during the study.

The notion of reflexivity may be conceived in different ways depending on the approach (methodology) tradition E.g. "at a minimum, researchers employing a generic approach (qualitative description) must explicitly identify their disciplinary affiliation, what brought them to the question, and the assumptions they make about the topic of interest" (CAELLI, RAY & MILL, 2003, P.5)

Types of mixed methods study components of primary studies	Methodological quality criteria
<p>5. Mixed methods</p> <p>Common types of design include:</p> <p>A. Sequential explanatory design The quantitative component is followed by the qualitative. The purpose is to explain qualitative results using qualitative findings. E.g. the quantitative results guide the selection of qualitative data sources and data collection, and the qualitative findings contribute to the interpretation of quantitative results.</p> <p>B. Sequential exploratory design The qualitative component is followed by the quantitative. The purpose is to explore, develop and test an instrument (or taxonomy), or a conceptual framework (or theoretical model) E.g. the qualitative findings inform the quantitative data collection, and the quantitative results allow a generalisation of the qualitative findings.</p> <p>C. Triangulation design The qualitative and quantitative are concomitant. The purpose is to examine the same phenomenon by interpreting qualitative and quantitative results (bringing data analysis together at the interpretation stage), or by integrating qualitative and quantitative data sets (e.g. data on the same cases), or by transforming data (e.g. quantization of qualitative data).</p> <p>D. Embedded design The qualitative and quantitative components are concomitant. The purpose is to support a qualitative study with a quantitative sub-study (measures), or to better understand a specific issue of a quantitative study using a qualitative sub-study, e.g. the efficacy or the implementation of an intervention based on the views of participants.</p> <p>Key references: Creswell & Plano Clark, 2007; O’Calhain, 2010</p>	<p>5.1. Is the mixed methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed methods question (or objective)?</p> <p>E.g. the rationale for integrating qualitative and quantitative methods to answer the research question is explained.</p> <hr/> <p>5.2. Is the integration of qualitative and quantitative data (or results) relevant to address the research question (objective)?</p> <p>e.g. there is evidence that data gathered by both research methods was brought together to form a complete picture, and answer the research question; authors explain when integration occurred (during the data collection-analysis or/and during the interpretation of qualitative and quantitative results); they explain how integration occurred and who participated in this integration.</p> <hr/> <p>5.3. Is the appropriate consideration given to the limitations associated with this integration, e.g. the divergence of qualitative and quantitative data (or results)?</p>

Appendix G: Data Extraction

Title:

Author(s):

Year:

Study location (i.e., Country):

Discipline:

Research questions:

Setting:

Methodology

Data collection:

Data analysis:

Population

Size of sample:

Type of sample:

Other relevant information:

Intervention

What were transgender offender experience(s)?

What factors contributed to positive or negative experiences?

Was there any coping strategies identified, if so what?

Were the attitudes and experiences of staff considered?

Context

Did the setting impact their experiences, if so in what way?

Main themes:

Conclusions:

Strengths:

Limitations:

Additional Notes:

Appendix H: Summary of quality assessments for seven qualitative studies using the ETQS

First Author, year	Phenomena under study	Theoretical framework/ orientation	ETQS criteria								Quality Assessment	Comments	
			Setting	Sampling/ recruitment	Depth/Breadth of Perspective	Ethics	Data Collection	Data analysis	Positionality/ Reflexivity	Policy/ Practice Implication			
Clark, 2017	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	94% High	Themes conceptualised using social-ecological model. Good.
Jenness, 2014	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	55% Medium	Details of data collection reported elsewhere (same sample used)
Sumner, 2015	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	74% Medium-high	Focus groups with inmates and staff. Findings of quali and quant amalgamated - confusing.
Hochdorn, 2017	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	91% High	Very detailed and comprehensive analysis. Innovative data analysis.
Marlow, 2015	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	82% High	Small number of participants for thematic analysis. Implications for reliability/validity.
Wilson, 2017	✓	✓	✓	✓	✓	✓	✗	✓	✗	✗	✓	71% Medium-high	No ethical consideration.

Nulty et al., 2019

✓

✓

✓

✓

✓

✓

✓

✓

✗

✓

94%
High

Good links between the findings and practice / policy implications

Appendix I: Summary of quality assessments for three mixed methods and survey studies using the MMAT

First Author, year	Study design component	MMAT Criteria	Has criteria been met?	Quality score	Comments	
Sexton, 2016	Qualitative component of Mixed Method	Sources of data relevant to answer the research question.	✓	75% Medium-high	Same sample group used in a number of other studies. As sample collected from another study, the method of data collection is not as detailed. The limitations associated with using the same sample was not acknowledged. The large sample size (n=332) could have been justified using power calculations to increase methodological strength.	
		Data analysis relevant to answer the question.	✓			
		Context taken into account in data analysis.	✓			
		Reflexivity of researchers (their influence on findings).	✗			(3)
	Observational descriptive component	Sampling appropriate to answer research question.	✓			(4)
		Sample representative of the population.	✓			
Mixed method (MM) component		Appropriate measurement (valid or standard).	✓			
		Complete data and high response rate.	✓			
		MM design relevant to answer the research question.	✓	(2)		
		Integration of qualitative and quantitative data and/or results.	✓			
	Consideration of limitations associated with this integration.	✗				
Browns, 2014	Qualitative component of Mixed Method	Sources of data relevant to answer the research question.	✓	50% Medium	Researcher had highlighted limitations such as the sample not being representative and lack of survey instruments. Does not appear to be any process for analysing qualitative data. Researchers provided quotes to support quantitative findings. This in combination with poor reflexivity could lead to bias.	
		Data analysis relevant to answer the question.	✗			
		Context taken into account in data analysis.	✓			
		Reflexivity of researchers (their influence on findings).	✗			(2)
	Observational descriptive component	Sampling appropriate to answer research question.	✓			(2)
		Sample representative of the population.	✗			
	Appropriate measurement (valid or standard).	✗				
	Complete data and high response rate.	✓				

	Mixed method (MM) component	MM design relevant to answer the research question. Integration of qualitative and quantitative data and/or results. Consideration of limitations associated with this integration.	✓ ✓ ×	(2)		Had found it helpful to quantify content of letters to identify pertinent issues.
Jenness, 2019	Qualitative component of Mixed Method	Sources of data relevant to answer the research question. Data analysis relevant to answer the question. Context taken into account in data analysis. Reflexivity of researchers (their influence on findings).	✓ ✓ ✓ ×	(3)	75% Medium-high	No apparent rationale for the use of analytic abduction or discussion about its strengths and limitations.
	Observational descriptive component	Sampling appropriate to answer research question. Sample representative of the population. Appropriate measurement (valid or standard). Complete data and high response rate.	✓ ✓ ✓ ✓	(4)		Same sample used in two other studies included in this review. Potential limitations and implications of data collected 10 years ago was not highlight or discussed by researchers.
	Mixed method (MM) component	MM design relevant to answer the research question. Integration of qualitative and quantitative data and/or results. Consideration of limitations associated with this integration.	✓ ✓ ×	(2)		Though limitations were not discussed, there were clear descriptions about the processes involved and data analysis for both quantitative and qualitative methods.
Sandor von Dresner, 2013	Observational descriptive component	Sampling appropriate to answer research question. Sample representative of the population. Appropriate measurement (valid or standard). Complete data and high response rate.	✓ ✓ ✓ ×	(3)	75% Medium-high	18 responses were 'useable'. Was there an eligibility criterion? If so this neither explained nor justified. Variables not clearly defined.

Appendix J: Details of professionals contacted via email

1.1 Details of author contacted to request full text of unpublished studies

Dr Robert Enoch, The University of Montana. For doctoral thesis “Understanding the Lived Experiences of Transgender Inmates” (2015).

Sample email

Dear X,

I am currently completing a systematic review at the University of Birmingham on the experiences of transgender offenders. From reading your abstract, I believe your dissertation is highly relevant. I am writing to request full text access for INSERT TITLE. I hope to hear from you soon.

Kind Regards

1.2 Details of authors contacted to explore whether there were additional relevant studies

Dr Lori Sexton: Assistant Professor of Criminal Justice and Criminology at the University of Missouri.

Dr Valarie Jenness: Professor in the Department of Criminology, Law and Society and in the Department of Sociology at the University of California,

Dr Jennifer Sumner: Assistant professor of criminal justice in the School of Public Affairs at Penn State Harrisburg.

Sally Lopresti: Senior Psychologist at Her Majesty’s Prison and Probation Service.

Sample email

Dear X

RE: Systematic review of transgender and transsexual offenders experiences.

I would be grateful if you could advise me on an aspect of the review I am currently conducting as part of my Doctorate studies at the University of Birmingham. The preliminary aim of the review is to explore the experience of transgender and transsexual offenders. After completing my search and application of my inclusion/exclusion criteria (please see attached), my list of included studies include:

1. Jenness, V., & Fenstermaker, S. (2014). Agnes goes to prison: gender authenticity, Transgender inmates in prisons for men, and pursuit of “The Real Deal”.
2. Sexton, L., & Jenness, V. (2016). “We’re like community”: Collective identity and collective efficacy among transgender women in prisons for men.

3. Sumner, J., & Sexton, L. (2015). Lost in translation: Looking for transgender identity in women's prisons and locating aggressors in prisoner culture.
4. Harawa, N. T., Sweat, J., George, S., & Sylla, M. (2010). Sex and condom use in a large jail unit for men who have sex with men (MSM) and male-to-female transgenders.
5. Clark, K. A., Hughto, J. M. W., & Pachankis, J. E. (2017). "What's the right thing to do?" Correctional healthcare providers' knowledge, attitudes and experiences caring for transgender inmates.
6. Hochdorn, A., Faleiros, V. P., Valerio, P., & Vitelli, R. (2017). Narratives of Transgender People Detained in Prison: The Role Played by the Utterances "Not"(as a Feeling of Hetero-and Auto-rejection) and "Exist"(as a Feeling of Hetero-and Auto-acceptance) for the Construction of a Discursive Self. A Suggestion of Goals and Strategies for Psychological Counseling.
7. Marlow, K., Winder, B., & Elliott, H. J. (2015). Working with transgender sex offenders: prison staff experiences.
8. Wilson, M., Simpson, P. L., Butler, T. G., Richters, J., Yap, L., & Donovan, B. (2017). 'You're a woman, a convenience, a cat, a poof, a thing, an idiot': Transgender women negotiating sexual experiences in men's prisons in Australia.
9. Sumner, J. M. (2010). Keeping house: Understanding the transgender inmate code of conduct through prison policies, environments, and culture.

As a published expert in this field, please could you have a quick read through my list and let me know if you are aware of any pertinent studies that I may have missed during my searches and if you know of any ongoing studies that are due to be published in the next 3 months?

Thank you for your help.

Your Sincerely

Appendix K: Email template or telephone script to managers for access to research participants

Dear X

I am currently conducting research investigating the lived experiences of transgender sexual offenders as part of the Forensic Psychological Practice Doctorate at the University of Birmingham. Following discussions with Y, I have been informed that your office is currently supervising the highest number of transgender offenders within the South East Division. With your approval, I am hoping to conduct one-to-one interviews in your establishment to collect qualitative data. I have received ethical approval from both HMPSS and the University of Birmingham to enable me to carry out this study.

It has been highlighted by a member of the MAPPA team that they are receiving relevantly large numbers of transgender sexual offenders in the Northampton area and identified a need for research with group of offenders in order to assist with their management. It is proposed that the findings of this project could provide increasing awareness of transitional processes. The findings will provide valuable insight into the unique challenges and experiences of reintegration into the community.

If you are happy for the study to take place, please forward the document attached to the probation officers allocated to transgender sexual offenders that provides a brief description of this study. Please provide the name and professional contact details of selected probation officers.

Thank you.

Kind Regards
Janice Tan

Trainee Forensic Psychologist
University of Birmingham

Appendix L: Email template or telephone script to probation officers for access to research participants

Dear X

I am currently conducting research investigating the lived experiences of transgender sexual offenders as part of the Forensic Psychological Practice Doctorate at the University of Birmingham. Following approval from (managers name), I am hoping to conduct one-to-one interviews with (participant's name) in your establishment to collect qualitative data. I have received ethical approval from both HMPSS and the University of Birmingham to enable me to carry out this study.

It has been highlighted by a member of the MAPPA team that they are receiving relevantly large numbers of transgender sexual offenders in the Northampton area and identified a need for research with group of offenders in order to assist with their management. It is proposed that the findings of this project could provide increasing awareness of transitional processes. The findings will provide valuable insight into the unique challenges and experiences of reintegration into the community.

Your professional contact details will be provided to the researcher, if you do not wish for your details to be forwarded please opt out by notifying your manager.

If you are happy for your client to take part in the study, please provide them with the information sheet attached. This provides an overview for the research '**Exploring the lived experiences of transgender sexual offenders in a community setting.**'

Thank you for your time.

Kind Regards
Janice Tan

Trainee Forensic Psychologist
University of Birmingham

Appendix M: Participant Information Sheet

Project Title: An exploration of the lived experiences of transgender sexual offenders in a community setting.

Invitation paragraph

I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Please feel free to ask questions if anything you read is not clear or you would like more information. Take time to decide whether or not to take part.

It is important for you to note the study is not conducted by the Probation Service and there will be no direct benefit arising from your participation.

What is the purpose of the study?

There is a lack of psychological research on transgender people in the criminal justice system. As a result, probation officers can often find difficult to implement what is called evidence-based practice. This is an integration of best available research and clinical expertise. The purpose of this study is to provide insight and understanding into the experiences of being transgender in the criminal justice system. It is proposed that the findings will help staff better support transgender people within the criminal justice system.

Why have I been invited?

You have been invited to participate in this study because you identify as being transgender. In addition, you are also involved with the criminal justice system. You were identified and selected through the probation system. Having progressed through the criminal justice system you have a wealth experiences that I hope to explore.

Do I have to take part?

It is up to you to decide. Taking part in this research is entirely voluntary. I will describe the study and go through this information sheet, which will be for you to keep. I will then ask you to sign a consent form to show you agreed to take part. You are free to withdraw at any time during the interview, without giving a reason and with no negative consequences. Should you wish to withdraw after you have completed the interview, you have a one month time period to do so. Please email [REDACTED] and inform the researcher that you wish to withdraw your data from the research. Your audio-recording from the interview and written transcripts will then be destroyed. This will not affect the care you receive or your licence conditions.

What will happen to me if I take part?

- You will take part in an interview lasting approximately 1-1½ hours.
- This will be the only meeting you need to attend.

- This interview will be audio recorded using a Dictaphone and transferred securely to an encrypted service which is password protected.
- The research may use direct quotes from the interview in the write-up. However, the full interview recording and transcripts will be kept confidential. No personal information will be disclosed. Instead the research will use fake names.

What will I have to do?

To be clear, you do not *have* to do anything should you wish not to. If you choose to participate you will be asked 6 main questions that are concerned with your experiences of being transgender. I will ask you questions about your time in prison, your current experiences and explore your future plans. I may ask you to elaborate on some details within your answers.

The focus of the research question is '*what are the lived experiences of transgender sex offenders in a community setting?*'

What are the possible disadvantages and risks of taking part?

The interview may involve you talking about sensitive information and recalling difficult experiences. This might cause you some distress. If you are finding it difficult or require a break, please let me know at any time. The interview will be paused and resumed only if you wish to continue. If you do not feel comfortable to answer a particular question then you do not have to do so.

At this point, it is important to highlight the list of appropriate services listed at the end of this information sheet that you are able to contact should you continue to feel distress following the interview. With your consent, I will inform your probation officer that you have experienced some distress if I feel you require additional support.

What are the possible benefits of taking part?

We cannot promise that the study will help you directly but the information gathered from the study will help to increase understanding of the unique challenges faced by transgender offenders.

Overall, the research aims to increase foundational knowledge and awareness for trans-affirmative practice in the forensic field through an exploration of your experiences when in the community.

What if there is a problem?

If you have a concern about any aspects of this study, you should ask to speak to the researcher who will do their best to answer your questions. You can contact myself (Janice) via email [redacted] and I would be happy to call you at your convenience.

If you do not wish to discuss your query with the researcher, please speak to my supervisor, Dr Zoe Stephenson at [redacted].

Will my taking part in the study be kept confidential?

Yes, all the information which is collected about you during the course of the research will be kept strictly confidential. No personal or identifiable information will be used during the study. The information you provide will be stored safely:

- You will be given a fake name, known only to the researcher and their supervisor so that no one within the probation service or beyond will know you have taken part.
- A fake name will be allocated to your interview and this name will be used in research study.
- Audio-recordings and transcriptions of interviews will be saved on a secure/encrypted service which is password protected. The password will only be known to the researcher and supervisor.
- The audio recordings will be deleted from the Dictaphone once they have been transferred to a secure storage.

What will happen if I want to withdraw from the study?

If you withdraw from the study all the information and data collected from you will be destroyed and your name removed from all the study files. Please note that your data can only be withdrawn 1 month following completion of your interview, as this is when the researcher will start analysing the interviews.

What will happen to the results of the research study?

The results will be presented and discussed within the researcher's thesis project. It is possible that this work could be published. However, you will not be identified in any report/publication. If you wish for the results to be made available to you, please provide the researcher with your e-mail address.

When would it be necessary to break confidentiality?

If it becomes evident in the interview that you pose an immediate risk to others or yourself a probation officer would be made aware so that action can be taken to reduce risk.

Additional relevant services

- **Beaumont Society:** is a national self-help body run by and for the transgender community. We welcome all transgender people and their partners, regardless of gender, sexual orientation, race, creed or colour and all varieties from the nervous newcomers to those who are experienced and confident in their preferred gender.

Website: <http://www.beaumontsociety.org.uk/>

Information line (27/7/365): 01482 412220 Email: enquiries@beaumontsociety.org.uk

- UK Trans Info is a national charity focused on improving the lives of trans and non-binary people in the UK. One of our main aims are to signpost those in need to the resources they require and in some cases contacting organisations or individuals on their behalf.

Website: <http://uktrans.info/>

- **LGBTQ Support (Northamptonshire):** provide free counselling and support to young people throughout Northamptonshire including: Northampton, Corby, Kettering, Wellingborough, Oundle, Rushden and Towcester.

Helpline: 01604 622223. Open times below:

MONDAY 12-3pm | 4-7pm

TUESDAY 4-7pm

WEDNESDAY 12-3pm | 4-7pm

THURSDAY 4-7pm

FRIDAY 4-7pm

SATURDAY 10am-4pm

SUNDAY | BANK HOLS Closed

Website: <http://thelowdown.info/issues/lgbtq/> *Email:* lgbtqsupport@thelowdown.info

- **Transgender Zone**
Comprehensive website including medical information, a guide to venues and opinion about transgender representation in the media for both MtFs and FtMs.
Website: <http://www.transgenderzone.com/>
- **Transsexual Road Map**
An excellent free guide to process of transitioning, and the social issues around it.
Website: <http://www.tsroadmap.com/>
- **Transfriendly**
Online forum for the trans community.
Website: <http://transfriendly.co.uk/>
- **TranzWiki:** is a comprehensive directory of the groups campaigning for, supporting or assisting trans and gender non-conforming individuals, including those who are non-binary and non-gender, as well as their families across the UK. It has been developed by GIRES to support the trans community.
Website: <https://www.tranzwiki.net/>

Appendix N: Consent Form

Office Location:

Participant Identification Number:

CONSENT FORM

Title of Project:

Name of Researcher:

Please initial
box if you agree.

1. I confirm that I have read the information sheet dated..... for the above study.

I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw after one month of my interview without giving any reason.

3. (If appropriate) I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers. Any future research will have been provided with ethical approval.

Please note this optional.

Yes

No

4. I agree to take part in the above study under the conditions explained in the information sheet.

Name of Participant

Date

Signature

Name of Person

Date

Signature

Appendix O: Interview Schedule

1. Can you tell me about the time you started identifying as transgender?
Possible prompts: Can you describe how you felt at that time? What kinds of feelings and thoughts were you experiencing during this time? Can you tell me what kinds of things influenced your decision to start identifying as transgender?
2. How did you experience being released from prison and what has your experience with Probation been like?
Possible prompts: How did you feel during the first few weeks? What was it like? What did you find difficult (if anything)? How do you feel about how you coped with difficulties (practical or emotional)? Do you feel things have changed for you since you were first released, if so how? How do you feel life is going at the moment?
3. Can you tell me how you experience your current living situation as a transgender woman?
Possible prompts: What do you find difficult (if anything)? How do you feel about how you coped with difficulties (practical or emotional e.g. relationships or employment)? Could there be any improvements to your current living environment and how?
4. Can you tell me about any plans you have for the future?
Possible prompts: What feelings and thoughts do you have about the future? What goals do you aspire to? Could you tell me your thoughts about your future relationships, housing and employment?
5. Are there any challenges you might you face when thinking about your plans for the future?
Possible prompts: What feelings and thoughts do you have when considering potential challenges? What kind of support would be helpful?
6. What advice would you give to someone who wanted to support you or other people with similar issues to you?

Appendix P: Debrief

Project title: An exploration of the lived experiences of transgender sexual offenders in a community setting.

Thank you for taking part in an interview with me. This aimed to better understand the unique experiences of transgender people in the criminal justice system during their resettlement into the community. Your participation is really important and will help to increase the knowledge and awareness of your experiences within a community setting. I will analyse your feedback along with other interviewees and present it back to the National Probation Service so they better understand your needs.

If you wish to withdraw your interview from the study you will need to let me know within one month following your interview. This is because after this date, I will have included your responses into a qualitative analysis. If you wish to withdraw your interview from the study, please contact me, Janice (email: [REDACTED]). There are no negative consequences at all if you pull out of the study.

If you have any additional queries about the study please contact Dr Zoe Stephenson [REDACTED] or [REDACTED] at the University of Birmingham.

Appendix Q: Reflective statement and excerpt from reflexive diary; Interview two:

Kate

Within IPA the researcher has an active and central role in seeking to uncover the meaning that lives within the participants experiences into a coherent story or narrative. While it is recognised that in order to capture the essence of the phenomena, researchers are called to set aside their prejudgments and biases (Moustakas, 1994). It is inevitable that the researcher's prior experiences, preconceptions and assumptions are brought to the process of interpretation, as people are unable to completely detach from their context (Heidegger, 1927/62). Therefore, continuous engagement in reflective and reflexive awareness is important in reducing the degree of researcher bias.

As the primary researcher, I have worked with a range of different populations, including transgender men and women during my role as a trainee psychologist enrolled on the Forensic Psychology Practice Doctorate and also when working as an assistant psychologist in forensic settings. However, opportunities to work therapeutically with this niche population over a longer period of time have been limited. I have been enrolled on the course for four years, whilst also working in a variety of settings including psychiatric hospitals, prisons and with probation services for a total of eight years. During this time, my experience has predominantly centred around working with an adult (cis)male population. However, I believe the engagement skills I have developed when working with people who have been exposed to adversities and experienced mental health difficulties enabled me to build good rapport with participants in the current study.

I also reflected on my interest in the research topic, which stems from a desire to promote gender equality. In my own personal experience as a South Asian (cis) female of Chinese descent who has grown up in the UK, I have been exposed to gender roles from both a western and eastern culture. This cross-cultural perspective led me to question the gender

norms and expectations for women in particular. It is important to note that these experiences may have an impact on my positionality, as I am a supporter of equal access to resources and opportunities regardless of gender. In addition, I am conscious of my interest in raising awareness of the social inequities that people who have had contact with the Criminal Justice System may face and understanding how or if this could affect the process of rehabilitation. As such, I was mindful of a bias to interpret or look for information to support the negative impact of victimisation and discrimination.

Whilst conducting the interviews, one of the participants (Kate) disclosed that she has a pre-existing developmental condition which impacts how a person perceives and socialises with others. I was aware that throughout the duration of the interview, I struggled to develop a rapport with this individual and was conscious that she provided succinct answers which required further prompting. I recalled feeling worried as I began to realise that the quality and richness of the data would be impacted. Although I was able to remain focused on the interview, I noticed that I questioned whether I should have gone continued with the interview after being provided this information. At the time, I deliberated whether I should liaise with Kate's Probation Officer as the information was self-reported, but I was already informed that this member of staff was not present/available for the duration of the day (contacted at a later date). I was also apprehensive that Kate could perceive the termination of the interview as a rejection and I was conscious not to cause any psychological distress. It is possible that my sense of worry may have affected my responsiveness and further impacted on her ability to express her experiences. However, I recognised that I was able to draw on some of my clinical experience as a practitioner, as I have previously worked with people who have been diagnosed with this condition.

On reflection, refining the research design and procedure could have minimised potential complications. For example, a more specific inclusion and exclusion criteria, which

stated that any person with a condition that affects language, communication and information processing would be need to be excluded from the study. In hindsight, it would have also been preferable to state that they study will only include participants who have served a custodial setting within the inclusion criteria. It was recognised that homogeneity of the sample was somewhat compromised by including Kate's interview, however, it was important to consider the potential psychological impact of discontinuing the interview after she consented and travelled to a Probation Office to take part in the study. Additionally, identifying and locating a sufficient number of transgender individuals in Probation Services who were willing to participate was challenging. After consulting with my research supervisor and reviewing the data collected from Kate's interview, it was important to include the data in the study because it is an under researched topic area. However, the limitations are both recognised and discussed.

While further reading has highlighted that IPA is a useful and suitable qualitative method for people with this developmental condition, certain adaptations for data collection have been suggested as they may require or prefer different platforms for articulating their lived experience. Instead of relying solely on spoken language, the use of diaries and drawings alongside interviews are alternative methods adopted by previous researchers. In the current study, it was not possible to prepare for adaptations as I only became aware of Kate's condition during the start of the interview. In spite of the challenges, I felt I was able to engage with Kate's experiences. During the interview, it was noted that Kate discussed feelings marginalised and spoke about her experiences within the Criminal Justice System in a negative light. This could indicate that she felt comfortable and safe enough within the interviewer-participant relationship to give a sincere account.

Both Kate's and Harriett's interview were conducted face to face in their local probation office. While arranging appointments, I had wondered whether holding interviews in this setting would impact the way participants spoke about their experiences and whether they

would feel able to share their vulnerabilities. I was mindful that they are required to meet their probation officers as part of their community rehabilitation or licence requirement, and I may be seen as an extension of a system where professionals can assume a level of power and authority over them. In order to minimise the potential for this occurring, I re-iterated to participants that I was affiliated with the University of Birmingham and referred to the information sheet which stipulated the purpose of the research – to gain understanding and insight into an under-researched area, which may help staff to support transgender individuals under their care. Informing participants of my positionality and stating that I am interested in their experiences with recognition that they are the experts may have gone some way in addressing the power dynamic.

The last interview with Sophie took place over the telephone due to COVID-19 lockdown restrictions. In preparation for the interview, I had several brief conversations with Sophie due to the variable situation at the time. Through these interactions, I noted that building rapport with Sophie did not appear to be an issue, she engaged well with informal conversational exchanges and seemed keen to participate in the research project, despite the need to rearrange appointments and change the format of the interview from face to face to a telephone interview. During the interview, Sophie was based at home (in temporary accommodation) whereas the previous interviews took place in an office environment. It is important to note that these differences may have had an impact on the quality of data collected.

Similarly to Harriett, Sophie was open and talked at length about her experiences. As I had conducted two interviews prior to Sophie, I noticed that she would often go off topic, perhaps more frequently than Harriett and Kate. It is possible that Sophie may have missed visual cues during the telephone interview and vice versus – the interviewer was not able to respond to non-verbal cues. I listened and asked questions about the subject, which I believe helped facilitate the ‘flow’ of conversation before re-directing her towards the question at hand.

On reflection, I felt there was a sense of ease within Sophie's interview but I was conscious of remaining focused on the question while also maintaining a connection. In my opinion, Sophie was frank in her responses and would convey her opinions in a direct or blunt manner. However, when discussing sensitive topics, she would use humour and often laugh. I was mindful not to minimise the distress she may have felt at the time and recognise that she has experienced challenges and adversities.

Overall, I am grateful that participants were willing to share and discuss their experiences in depth. They seemed to embrace the opportunity to use the interview as a space to talk from their perspective. It is likely that their experiences with discussing gender-related issues prior to the current study may have been with professionals in the Criminal Justice System within context of risk management and treatment pathways

Excerpt from reflexive diary; Interview two: Kate

At line 167, Kate stated that some of the experiences with Probation Services had a detrimental impact on her mental well-being. Prior to this she had discussed being 'pushed off to the side' so that probation officers 'did not have to deal with me anymore'. I was struck by her candidness, but felt that there were repeated experiences throughout her school and family life where feeling unimportant or ostracised are likely to have had significant psychological impact. While reflecting on the interview, I realised I that I acted on my opinion and drew inferences between her experiences in her formative years and her experiences with Probation Services (line 175). However, I noticed that Kate did not appear to pay much attention to these comments and spoke about how her mother had made a complaint, before discussing experiences that may have been related to one member of staff who held transphobic attitudes. While I was conscious that I felt empathic towards him, I also noted that my thoughts were drawn to the Karpman drama triangle. More specifically, how Kate may have perceived herself as being/feeling powerless (typically associated with a victim role) and potentially she saw her

mother as a 'rescuer'. So far, there has been a sense that Kate feels the world is against her and people as unkind or uncaring. I did feel that there was an element of blame and queried whether she was seeing her experiences through this lens. I wondered whether this impacted her ability to develop trusting relationships with others, including her Probation Officers.

Appendix R: Example of an annotated transcript; Interview three: Sophie

Thematic labels

Original Transcript

Exploratory comments

Descriptive (normal text),
Linguistic (*italic*), Conceptual
(underlined) comments

Feeling different
throughout her life

7 Sophie: I first started dressing when I was me, 8 or 9 something like that. I been use to doing that
8 throughout my life. Got to about 18 and I was doing it publicly. It just kind of grew a bit more from

Early affinity with female identity
through clothing.

Transitioned
between male and
female

9 there where I would spend longer getting dressed. Managed to gain myself a female name, even
10 though it wasn't an official name. Obviously, life carries on as it does and I ended up getting married.

Transgender identity developed
over time. Does she describe her
femininity as an alternative self –
an alter ego at first?

Triggers

11 Me wife was like “okay, fair enough. A bit kinky, but no problem. I can be happy with that”. And
12 yeah she liked it when I did dress up. We went out a couple times with me dressed and yeah, we had
13 some fun. Obviously, after I got divorced my head went to pieces a bit it and I've spent even more
14 time dressing and going out and having fun and games and it took the pretty serious car crash when I
15 was about 37 to make me finally decide “who am I? What am I? and where are I really going?” That’s

Marriage was a part of conforming to
societal expectations.

Felt able and safe to share her
femininity with her partner.
*Supportive response associated
with positive feelings even though
it may be perceived as unusual.*

The process of
coming out (to
self)/acknowledged
her gender identity

16 when I started making like a mental list and realised I'm not just cross-dress. I'm not a transvestite.
17 I'm transgender

Was being female a way to escape
and feel good? Almost like a hobby
(not yet acknowledge/accepted her
female identity – not who she was)

18 Interviewer: You said you started dressing as a female from a young age from about eight or nine and
19 then you kind of said it was fun during your adulthood really, but then when you was 37 you realized
20 that this isn't something that you wanted to do every now and then. You felt that being female was a
part of your

Destabilised and confused.
Life threatening incident promoted
introspection.

	21	identity and permanent, not transitory?	
The experience of being different	22	Sophie: Yeah. It was when <u>I was in female clothing and taking on my female identity</u> , I felt most	<u>Does being female = wearing women's clothes? For Harriett – yes. Having a female name and clothes helped her to tap into her female identity.</u> <i>Happy vs. unhappy, free vs. trapped/heavy. Felt constrained as a man.</i> Contrasting feelings between male and female. Expressing herself as female and rebelling against societal expectations of men.
	23	happy, the most comfortable. <u>The world wasn't such a bad place because I was girlie</u> and as a male I	
	24	<u>just felt constantly oppressed</u> . A weight on me, all the time. That I had to do things, that I had to	
	25	conform, that I had to be this and I had to be that. As a female it was well if <u>I want to wear short skirts</u>	
	26	<u>and high heels. I'm going to do it because I like them.</u>	
	27	Interviewer: Yeah.	
Externalising through the medical model	28	Sophie: And obviously <u>getting the diagnosis of the gender dysphoria</u> . <u>It was like that millstone being</u>	Diagnosis was transformative and provided a sense of relief. <i>Externalising – views being transgender a medical condition - it's not me who is the problem, I have a problem.</i> She wants to be seen as female in social situations <u>Did the diagnosis help her to overcome the</u>
	29	<u>lifted off and finally</u> , I knew what was wrong . It had taken, you know, <u>20 plus years of hell and</u>	
Transitioning - coming to terms with a new identity	30	<u>fighting</u> and god knows what else - mental torment. <u>To finally say right, you don't need to do any</u>	<u>resistance/avoidance?</u> Met with some rejection/abandonment during transition. But valued and felt understood by those who supported her.
	31	<u>more of that</u> , you can now live and that's what I started to do. Yeah, <u>I got me name changed. I was</u>	
The process of coming out (to others)	32	<u>living completely in role</u> and people were like “oh ok, fair enough”. Some <u>completely abandoned me</u> ,	
	33	I was like ‘oh well, you’re no friend at all then.’ My true friends were like “ok, this is you. We kinda	
	34	<u>suspected something</u> ”. They wasn’t unsupportive or unpopular with it. In some ways my female	
	35	friends were like “At last. We've got a new playmate”. [Laughing]	
	36	Interviewer: [laughing]	
		Sophie: You know, it has progressed, you know, I've lived in my role and finding my female identity.	

Appendix S: Excerpts of emergent themes following analysis of participant three: Sophie

Emerging themes	Key Quotes
Triggers for change / transformation	<ul style="list-style-type: none"> • I ended up getting married...after I got divorced my head went to pieces a bit it and I spent even more time dressing, going out and having fun and games. It took the pretty serious car crash when I was about 37 to make me finally decide “Who am I? What am I? Where am I really going?” That’s when I started making like a mental list and realised I’m not just a cross-dresser, I’m not a transvestite, I’m transgender. (line 10-16) • My Land Rover went nose over tail. I damn near got killed...I just had a long think and talk with myself...I was thinking well, I’m not male. I’ve never been comfortable wearing male clothing. I never have. I’ve got a load of it and I hardly ever wear it. Yet, female clothing – I spend more time in it. I spend more time with high heels on than I do my in my work boots or trainers. I know that I prefer to be called Sophie rather than my male name. Things just started piling up, piling up, piling up I was like hang on, I don’t even like what I’ve got between my legs...and each little bit that just kept adding up was another chunk that was knocking that maleness, that macho side of me down and away. There was so much for me being female...I identify as female. For all these years, it’s been wrong. (line 141-159) • It was more the fact that the car crash damn near killed me. It made me take stock and work things out... would I have carried on for another 5-10 years crashing through life by causing trouble and picking fights...I worked out who the problem was. I worked out where it was really coming from. Once I knew the answers it was “well that makes more bloody sense.” (line 195-204) • I got my name changed and that’s basically like when I was right this is who I am. Free at last. Free to be who I am. I don’t have to lie. You know having to a male, having to conform to a male identity, what is expected of a male. In some ways, when I look back at it. I think that only reason I got married was just to prove that I was a male but I wasn’t. You know it was also to conform to what ideals were expected of a male, to settle down and a get family and all that sort of thing. That just wasn’t me. Now I am living fully female, or at least as female as I can. (line 43-59)
Transitioning and living with a new identity	<ul style="list-style-type: none"> • The house I was living in, there’s a load of us living together and they used to go to the different nightclubs...I was like a kid in a candy shop...It was the first time I’ve gone out dressed and they were so accepting of it...It was a big crazy party that night. I actually saw, like a happy side of me. I didn’t realise just how much I enjoyed being Sophie...to become who I really am was the best decision, I’ve ever made, the hardest but the best. (line 97-117) • Now I don’t have to lie anymore. I don’t have to pretend to be someone who I’m not. Yeah, I felt ten feet tall. Nothing could stop me. I could go out be who I was. And yeah, there was the initial, not novelty but I’ve got a lot of outfits and I’m gonna go out and I’m going to get buck wild. So, yeah I did put on the shortest skirt I had, the highest heels I had, partying makeup and basically went out looking for it...And it felt so much better to be Sophie. (line 77-84) • I knew I liked dressing up and meeting people who was okay and cool about it. Then moving into like the gay bars, clubs, all the different fetish thing. It showed me that there are other people out there like me. Okay, I like this. This is what I do...this is what I identify as. (line 130-135) • I was starting a whole new life at 38, and I’ve got to learn everything that a woman has learnt in 38 years. I’ve got to learn everything. Yeah, it was throwing me at the deep end a little bit...There were probably times when my skirt was probably a bit too short or dress was too tight but, you know, I was working it out. My make-up, well that was anywhere from hit and miss to downright just crazy. But I

Being different / not fitting in

never had anyone show me how to do it. I never had female friends who came over for a pajama party and experiment with make-up and see what works and what doesn't. So, I had to learn for myself...working out how to be female. It's okay for the guy to be like well I can't be bothered to brush my hair for today and just leave it. I now have to take care of it. (line 216-234)

- I wasn't like I was 15 years old started growing my first breast. You know, boys are started to become interested and well, I've still got the clown face makeup on, rolling up my school skirt and showing off my legs, experimenting with high-heeled shoes. I was now having to do that at 38... and I got things wrong. Slowly but surely, I kind of worked out what to do. I just wasn't sure who I was or what sort of things do I like, what sort of things do I identify with. Who do I look up to, that sort of thing. It was trying to work out all of that. Yeah, I had to do it quickly. Some of it, I already knew but a lot of it I didn't. (line 256-268)
- I first started dressing when I was me, 8 or 9 something like that. I had been used to doing that throughout my life. Got to about 18 and I was doing it publicly...When I was in female clothing and taking on my female identity, I felt most happy, the most comfortable. The world wasn't such a bad place because I was girly and as a male, I just felt constantly oppressed. A weight on me, all the time. That I had to do things, that I had to conform, that I had to be this and I had to be that. (line 6-26)
- Being a male well, it was horrible. It was like a torture. I was basically forced to be male from a young age and that's not who I was. If I had known at 18, what I knew when I was like 37, I would have started (identifying as transgender) then. But there wasn't the information around, there wasn't that many people doing it or if they were trans, they just weren't out. Back in the mid-80s, it was only just about acceptable to be black back then, people who were gay, lesbian, bi-(sexual) that was still underground. Anything beyond that know, the trans whichever ones they were, the transvestites, the transgenders, the gender fluids. They were so underground. (line 86-97)
- I had a very tyrannical father. He expected me to be male. Everything had to be done macho. Well, on a side issue he did beat me for catching me in my mother's clothing. That's what I had to live with. But I kept that from people as much as I could. Most of it (coming out as transgender) was being free of him. Get rid of him, so he wasn't influencing me in anyway. I could be who I wanted to be. (line 108-128)
- There are days where I fall down a little bit, whether it's because my depression gets the better of me... I'm working on what's going on in my head. I've battled depression. It's something I've been suffering since I was 10 years old anyway and I just learn to live with. I never sought any kind of professional help for it. I've not been medicated for it. I've just learnt to live with it...and it's trying to learn how to deal with the depression. How can I get myself out of it or how can I live with it...I use to turn to drink and drugs, and yeah it was a happy reality...I had very little grip on anyone's reality most of the time. But now I've got to find out what my reality really is...now I've got to find out who I am without all that chemical inducement. (line 1037-1089)

Coming to terms with what's wrong

- Getting the diagnosis of the gender dysphoria. It was like that millstone being lifted off and finally, I knew what was wrong. It had taken 20 plus years of hell and fighting and god knows what else - mental torment. To finally say right, you don't need to do any more of that, you can now live and that's what I started to do. (line 29-32)
- I went to see my GP...at least now I know because I had a diagnosis. That millstone come off. Now, I knew what was really going on. What was wrong with me. That it is a genetic disorder. Well, there is something wrong with me. It needs treating. It's a medical disposition like anything else. It can be treated, it can be fixed. And that's what I had to do. Get it treated and get it fixed. So now I had some sort of clarity as to who I am and more clarity as to where I'm going... Yeah, I did get a certain amount of peace of mind. Now I know what is wrong. It didn't feel so odd or strange or different or weird. I felt right. (line 161-187)

Appendix T: Excerpts of superordinate themes and subthemes across the participants' account

Superordinate Theme: The process of coming out	Key Quotes	Participant	Points of interest
	<ul style="list-style-type: none"> Since a young age I've always thought I've not been quite right...I've not always thought I was male because I've always had female traits since a young age...My first partner was when I was sort of questioning myself. I thought I might have been maybe gay or asexual or bisexual. I was never too sure and it was that little part that I thought, not too sure...I always thought in my mind that something wasn't quite right, I didn't feel right and didn't fit in with how everyone else saw me. (line 8-64) I didn't feel masculine...I did the masculine thing. To do the wedding and the children part because I thought that was the right thing to do...(but) fitting in with society and people see you as male and you do the male thing...But I was never happy in all that time... it was just doing those masculine point back then because society sees you to do that sort of thing. It's a bit different now but 10 years ago, it was a different thing. (line 69-92) 	Harriett	<p>Harriett wasn't able to label/understand that she was transgender but was <u>intuitively aware</u> that she felt different to how she was perceived by others. She therefore started to question her sexuality when she felt that she didn't fit in. This highlights her lack of knowledge/awareness in relation to gender variance which may be linked to societal norms and/or not having the exposure/language as a child (as highlighted by Kate)</p> <p>“something not quite right” implies that there is something wrong with her.</p>
Subordinate Theme: Living with being different / not fitting in	<ul style="list-style-type: none"> I've always had feelings of identifying as more feminine and stuff from when I was really young but I didn't have like the words or conceptualization of what it was to be transgender...it felt kind of weird, always being put with the boys at school when I got along better with the girls, and typically went to play with them a break times and stuff. I didn't really feel in the right place. (line 7-14) Growing up during most of my childhood people would always primarily gender me as a girl first and my parents would correct them. (line 25-26). (I was experiencing) very much confusion at the time, and I wanted to express myself as being feminine, but not being able to have like the words at the time to talk to my parents and explain. It wasn't until much later that I came out to my parents. (line 8-20) 	Kate	<p>As a child, Kate also describes having an <u>intuition/gut feeling</u> that she was different but did not have the conceptualisation of being transgender. When she was not able to verbalise her experience of feeling different, others confirmed her intuition by assuming she was female.</p> <p>However, being male was reinforced by gender norms (similarly for Harriett) at school and by her parents. This leads to internal conflict/cognitive dissonance.</p>
	<ul style="list-style-type: none"> I first started dressing when I was 8 or 9 something like that. I had been used to doing that throughout my life...When I was in female clothing and taking on my female identity, I felt most happy, the most comfortable. The world wasn't such a bad place because I was girly and as a male, I just felt constantly oppressed. A weight on me, all the time. That I had to do things, that I had to conform, that I had to be this and I had to be that. (line 6-26) Being a male well, it was horrible. It was like a torture. I was basically forced to be male from a young age and that's not who I was...I would have started 	Sophie	<p>Similar to Harriett and Kate – early affinity with female identity. But she felt that being transgender was taboo – it goes against societal norms. I get the sense there was a stigma around it so people kept it hidden. Therefore, she conformed to societal expectations and not only presented herself as “macho” male. In hindsight, she was aware that her genuine self was very different – maybe</p>

**Subordinate
Theme:
Transitioning**

identifying as transgender sooner. But there wasn't the information around, there wasn't that many people doing it or if they were trans, they just weren't out. Back in the mid-80s, it was only just about acceptable to be black back then, people who were gay, lesbian, bi-(sexual) that was still underground. Anything beyond that know, the trans whichever ones they were, the transvestites, the transgenders, the gender fluids. They were so underground. (line 86-97)

- I was having to overcompensate, to be as macho, the biggest, strongest, hardest, fastest, toughest guy going but that's not who I was. But I was...someone who is a hell of a lot different from that. Somebody who's more sociable, happy to be in short skirts, dresses, high heels, playing around with make-up, getting nice jewelry and blowing the hair out and getting new hairstyle...it was experimentation to find out who I really was. (line 204-210)
- Once I said to my ex-wife about identifying as transgender, it felt like there's a weight had been lifted. I felt much more happier, much freer because before that everything was still hidden down a little bit and it wasn't talked about between us. Then after that it was like a weight was lifted off us and I felt much better then. Then when I told my work they was like, yeah, that's fine. And that was that was a big headache was the work. What was they going to be like?...It was still quite a weight that, one day, I went home male and the next day I came back dressed female. Everyone took me in a positive, which is pretty good. I know not everyone gets that, but...I was much happier after that...The main part was just a relief really that I told someone and they accepted it and was really good because I was expecting people not to accept it and just walk away. (line 27-49)
- I think since prison and now, I've gone forward. My makeup has got a lot better.. now I'm learning how to do liquid eyeliner and I'm only learning that from online tutorials...but it's the little things like that that makes it easier so society sees me (as female). Then they just look and go. They don't even take a second glance and just carry on walking to the next person they look at. That helps everything basically. It's called passing as well. What they call it. (line 454-478)
- When I was in prison I read quite a few books, but it was only near the end of my sentence that I managed to get them...So when I came out of prison I made a quick catch-up and then I can learn a lot more, which helped. (line 115-120)
- Now I've got no male clothing at all...I threw them when I come out prison...I've got better clothes since because the prison clothes that weren't so good...That's my style, how I'm dressed today's with a dress, the tights and

even the opposite. Was there an element of denial due to shame and stigma so she suppressed her female identity? She mentioned feeling "oppressed".

Harriett's previous theme highlighted an element of keeping her female identity a secret. The initial stages of coming out provided relief, maybe because it was a positive experience where she was supported by others (ex-wife and workplace). But disclosing her female identity was daunting/scary and played on her mind. She was mindful that it was a major and sudden transformation for other people.

Coming out was a positive experience but this was different to what she was prepared for – perhaps a defence mechanism (to expect the worse). She acknowledges that others have had negative experiences – so she was grateful that people accepted her new identity as a woman. After being released from prison Harriett was able to draw on resources (i.e. online tutorials and books) to continue learning about her female identity and develop on her presentation/image as a woman in the community. This highlights that transitioning/finding a new identity as woman is an ongoing process and slow. It could also imply that being in prison stunted the process of finding her identity. It might be related to prison being a restrictive environment or perhaps living as a woman in male services meant she lacked exposure to other women. 'Passing' provided a good indication of whether she has

Harriett

the boots. I'm happy with this and it makes me happy...if I'm happy then I don't have the depression side of me. Telling me that I'm not worth it...or you're not happy...Couldn't do this much in prison. You could only get a very small selection of clothes, it's much smaller and you need to get stuff sent in. Now I can choose my own stuff, how I like it. (line 405-431)

- It was relatively quick after (coming out that I began transitioning). Because having recently seen the consultants and stuff, I found out that it looks like I've never had puberty properly or anything and it's probably a genetic thing. (line 42-44)
- My consultants trying to skip the two-year wait because I've already been on hormones for over two years privately. So then I could just go straight to having the bottom surgery. (line 389-393)
- Then there's the endless waiting list for the transgender appointments and stuff with the NHS. I could go private because my parents are rich enough, but my dad's not really supportive, although, I don't live with him. (line 265-267)
- I know there's only seven doctors...that can really get you down sometimes. Everything else seems way higher priority. Transgender care in the NHS is the longest waiting list in the UK. (line 456-459)
- I can pass pretty well as a woman. It's just if I actually put effort in...I'm not really that worried about that (being perceived as female). And even most of the time when I do just throw stuff on people are still like you're a young lady or woman. (line 443-448)

been successful in being recognised as female by society.

Kate

For Kate, transitioning was focused on the medical model and changing her physical appearance. This could indicate that Kate felt that her inner sense of being female was already established. Therefore, transitioning meant bridging the body and mind (matching her body with how she felt) Prioritising her diagnosis and emphasising the underlying biological factors could indicate that she externalises her experiences – it's not me, it's my biology. Additionally, there is a strong sense that she felt like she didn't belong to a male body/identity.

Kate highlights that long waiting times for NHS services has a psychological impact. Feeling like time is stagnant and that she is not important – 'endless waiting list'. There is a sense of despair and hopelessness because of the delay with her transition process.

- I got me name changed. I was living completely in role and people were like oh ok, fair enough. Some completely abandoned me, I was like oh well, you're no friend at all then. My true friends were like ok, this is you. We kind of suspected something...in some ways my female friends were like at last, we've got a new playmate. (line 32-36)
- Yeah, free at last. Free to be who I am. I don't have to lie...I am living fully female, or at least as female as I can....Now I'm out of prison I can try to find who I really am. Work out my identity (line 54-61)
- I went to see my GP...at least now I know because I had a diagnosis of gender dysphoria. That millstone come off. Now, I knew what was really going on. What was wrong with me. That it is a genetic disorder. Well, there is something wrong with me. It needs treating. It's a medical disposition like anything else. It can be treated, it can be fixed. And that's what I had to do. Get it treated and get it fixed. So now I had some sort of clarity as to who I am and more clarity as to where I'm going... Yeah, I did get a certain amount of peace of mind. Now I know what is wrong. It didn't feel so odd or strange or different or weird. I felt right. (line 161-187)
- I was starting a whole new life at 38, and I've got to learn everything that a woman has learnt in 38 years... Yeah, it was throwing me at the deep end a little bit... There were probably times when my skirt was probably a bit too short or dress was too tight but, I was working it out. My make-up, well that was anywhere from hit and miss to downright just crazy. But I never had anyone show me how to do it....So, I had to learn for myself...working out how to be female. (line 216-234)
- I knew I liked dressing up and meeting people who was okay and cool about it. Then moving into like the gay bars, clubs, all the different fetish thing. It showed me that there are other people out there like me. Okay, I like this. This is what I do...this is what I identify as. (line 130-135)

Sophie

Similar to Kate, Sophie seems to have found it useful to have a diagnosis as it helped to provide a biological explanation what was “wrong” with her and why she felt different to others all her life. Externalising her experience enabled her to finally accept who they are once she received the diagnosis. Also changing her name appears to have a significant role in embodying her female identity – permission giving? Learning how to be female was steep learning curve where she learnt through experience – trial and error. There a sense that the process was overwhelming and there was a lack of support/knowledge during her transition.

