A Review of the Empirical Literature on the Incarcerated Transgender Population

by

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Dedication

I would like to dedicate this thesis to my loving partner, Ryan MacMunn. I would not have been able to complete this journey without your unconditional support and motivation. While corrections was not your top pick of career paths for me to take, you recognized my passion and ventured down this path right beside me with endless support and for that I am forever thankful.

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Abstract

Within CSC, Transgender offenders have endured many hardships to have their needs and rights met within the criminal justice system. For many years the Transgender population have been denied their human rights and have suffered a great deal. Because of this lack of rights, the incarcerated population face many challenges and barriers while residing both in the community and while incarcerated. Transgender offenders have a variety of additional mental health concerns stemming from substance abuse, discrimination, and victimization. As a result of these concerns, Transgender individuals find themselves turning to criminal behavioural to obtain many basic life necessities such as housing or money. Once incarcerated, this paper analyzes the transgender population experiences surrounding placement, accessing appropriate health care, and available treatments. Throughout this literature review, there will be comparisons illustrating the lack of policy around housing transgender inmates which builds the grounds for additional abuse. The lack of health care training offered to care providers results in inadequate care delivered to the transgender offenders. Finally, in combination with the poor healthcare, transgender offenders are often mandated to discontinue current hormone treatment. In addition to the discontinuation, transgender offenders are not provided with any resources or adequate treatment to begin the transition or even obtain assistance in managing the hardships of being a sexual minority in prison. There are major areas within CSC that need improvements and this literature review leads to recommendations on future policies and improvements to enhance the quality of life for those incarcerated Transgender individuals.

Method: Inclusion criteria consisted of articles written after 2000 to ensure current perspective, have information pertaining to the transgender population, transgender within institutions, and staff working in the field of corrections, as well as having the articles available in full text form. Used resources were books and databases in a total of 38 articles, books, and websites used for this literature review. Materials include the interview questions for correctional staff, pens, computer, and access to the internet are essential.
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Chapter I: Introduction

The transgender (Trans) population is faced with judgement and stigmatization, creating barriers that challenge everyday functioning (Bauer & Schelm, 2015). Transgender individuals are often faced with discrimination and assault for identifying with their true gender rather than their biological sex (Bauer & Schelm, 2015). During a study conducted in 2010, three Ontario cities identified 433 transgender individuals and stated that 59% of the Trans community knew before the age of 10 that their preferred gender did not correspond with their anatomy (Bauer & Schelm, 2015). A study by Tam (2013) found that transgender students are more likely to experience verbal harassment within schools and that 95% of those students disclosed they felt unsafe. These numbers insinuate that female and male identities are pressured through institutions such as school and daily interactions (Pemberton, 2013). The high percentage of students feeling unsafe in an institution that is supposed to provide learning and growth may be a result of lack of awareness. Dickey, Hendricks, and Bockting (2016) found that awareness towards transgender nonconforming (TGNC) individuals did not become prominent until the 60s and 70s. Awareness was only increased when sex reassignment surgery (SRS) was accessible for transgender persons (Dickey, Hendricks, & Bockting, 2016). From this increased awareness, the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980 included the condition Gender Identity Disorder (GID; Koh, 2012). Brown (2014) describes GID as an increased level of distress when an individual’s gender identity is not aligned with their binary sex. Routh et al. (2015) revealed that since then, the DSM-5 has incorporated the term “dysphoria” to replace “disorder”, encouraging that “gender” refers to the language used as the word “sex” is limiting for certain persons. Whether an individual identifies as gender-variant or cisgender, research has shown that all human beings use somatechnics to alter their physical state (Pemberton, 2013). Sullivan (2007), describes somatechnics as using techniques to modify our bodies by adding or removing features. This results in individuals using tattoos, diets, or cosmetic surgeries to enhance or diminish gender norms (Pemberton 2013). Therefore, one can assume sex and gender are interrelated (Pemberton 2013).

Before continuing into the literature surrounding transgenderism, there are multiple terms that when defined better assist the reader throughout this paper. These terms include transgender, transsexual, cisgender, LGBT, gender expression, and gender identity. According to the Merriam-Webster Online Dictionary (2018), transgender is defined as connecting with or fully being a gender that differs from one’s biological sex presented at birth. Transsexual is a term used interchangeably with transgender, although these individuals may undergo sex reassignment surgery to fully transition to the favoured gender (Merriam-Webster Online Dictionary, 2018). The same dictionary describes the term cisgender as a person whose identity resembles the sex assigned at birth. LGBT refers to the community of lesbians, gays, bisexuals, and transgender individuals (Merriam-Webster Online Dictionary, 2018). Merriam-Webster Online Dictionary (2018) defines gender expression as both the physical and behaviour appearances of a person’s gender. Lastly, gender identity differs from gender expression as it is the internal awareness of presenting as either male, female, both, or neither (Merriam-Webster Online Dictionary, 2018).

The recent changes to the DSM-5 definition stem from the idea that Trans individuals suffer from stigmatization and removing the term “disorder” allows for more acceptance within society and the Trans community (Simopoulos & Khin Khin, 2014). Since 1980 there have been many changes to language and policies added to ensure equality amongst all citizens regardless
of their gender identity. In 1990, there was superior acknowledgement around the diversity relating to the transgender population, including areas of sexual orientation, expression and identity (Dickey et al., 2016). Furthermore, in June 2017, Bill C-16 transformed the Canadian Human Rights Act to expand the barred areas of discrimination (National Headquarters Correctional Services of Canada, 2017). These areas have been advanced by including gender expression and identity, indicating that those who identify as a gender different from their biological sex, whether through cross-dressing or reassignment surgery, cannot be subjected to discrimination of any form (House of Commons of Canada, 2017).

Although these changes have been made to the Canadian Human Rights Act, there are still many challenges transgender individuals face as they are a minority in regard to sexuality, both in the community and institutions. Bill C-16 has made it easier for these individuals, but they still present as unique in the world of medicine, psychiatry, and correctional services (Simopoulos & Khin Khin, 2014). Within correctional services and the law, there is contrast between the male and female sexes; however, the transgender population presents an entirely distinct aspect (Shah, 2010). In terms of correctional services, transgender individuals experience an unusual amount of trauma as there is minimal direction on the assessment and sentencing process (Shah, 2010). If trauma arising from housing debacles, verbal and physical abuse, as well as the limited health care is not dealt with appropriately, this specific population is at greater risk of self-harm and future assaults (Brown, 2014). Although Glezer, McNiel, and Binder (2013) identify a lack of in-depth research surrounding the prevalence of gender dysphoria, Levine (2013) found that within the incarcerated population, gender dysphoria is much more prevalent when compared to the general population. With such high prevalence and the abundance of barriers and challenges transgender individuals’ experience, the correctional system does not facilitate an easier life. Such barriers include minimal institutional support, limited hormone guidelines and inadequate healthcare (White Hughto et al., 2017). With such life altering barriers, research is limited; there is also minimal training provided for correctional staff and lack of policies in place for the housing of transgender offenders (Routh et al., 2015). Regarding the minimal research available on such a unique population, law officials often consult with clinicians working in the respected field for guidance on management and diagnosis of transgender offenders (Glezer, McNiel, & Binder, 2013). Although the courts have relied on clinicians for guidance, the institutional rules and norms are created from the behaviours and attitudes of the staff, specifically guards (Pemberton, 2013). If these behaviours exhibited are homophobic or aggressive, inmates follow suit and those who display opposite behaviours are seen as weak and vulnerable (Pemberton, 2013). This lack of respect from institutional officials is seen in other staff as well as the transgender population (Sumner & Sexton, 2016). The lack of respect shown results in many transgender offenders feeling excluded and mistreated by the system (Marlow, Winder, & Elliot, 2015).

In regard to these concerns pertaining to the transgender population, conducting a literature review may increase the knowledge of the author and readers of this paper. This increase in knowledge could improve policies and training for correctional staff as individuals feel safer when identifying as transgender. The aim of this paper is to obtain knowledge about the incarcerated transgender population and the barriers they face, as well as familiarize the author with any current policies correctional services may have in place. The goal is to then bring awareness to the correctional staff about this prevalent topic with said literature review. It is hypothesized that the literature will reveal a lack of correctional policies surrounding housing
transgender offenders, emphasize the poor health care received, and display the limited treatment resources. Throughout this paper the author discusses the incarcerated transgender population and the struggles they face within the literature review in chapter two. Moving forward, this paper includes a method, results, and a conclusion/discussions section all pertaining to the information provided in the literature review. The methods segment reviews the procedures used to obtain the information in addition to the criteria followed. The results speak to the hypothesis of this paper and reveal whether the information supported the hypothesis. The conclusion and discussion piece outlines any limitations experienced in the construction of this paper.
Chapter II: Literature Review

While transgender offenders and the prison system are still a relatively new combination being recognized, the literature brings attention to three areas of apparent need. These areas have been shown to be the most challenging when working with transgender offenders and assisting them through the incarcerated period. Throughout this literature review it is important to address the challenges of housing, healthcare, and available intervention to bring forth the attention these areas respectfully deserve. Throughout the literature, these three areas have been demonstrated to be the area of need and can increase the risk of future harm if not attended to appropriately.

Incarceration and Housing

In 2014, 492 out of 100,000 Canadian citizens were institutionalized either provincially/territorial or federally (Statistics Canada, 2015). In addition to the Statistics Canada general population statistics, Bauer and Schelm (2015) conducted a study focusing specifically on the Trans community in Ontario. This study speaks to the variety of different barriers transgender individuals face simply due to their personal choices of identifying with their preferred gender. This study also strengthens the connection between the Trans community and correctional services. This study found that 6% of their participants were institutionalized at some point after their transition and that one-third of these incarcerations stemmed from the violence associated with their preferred gender (Bauer & Schelm, 2010). Once a transgender individual has committed an offence, the prison system uses the traditional classification of sex for proper housing placement (Routh et al., 2015). These authors state that this traditional form of assessment is based on the individual’s genitalia. This highlights one of many issues experienced by transgender offenders when using such an outdated housing assessment. Shah (2010) explains that in the prison system there is no easy way to place transgender offenders, but placing trans offenders based on their biological sex rather than how they identify can cause additional victimization (Routh et al., 2015). These disconcerting barriers are not only related to the adult transgender population but are also seen within transgendered youth. Estimations made from the juvenile institution in New York reveals that four to ten percent of the youth in the system identify as transgender (Marrett, 2017). These authors show the connection that Trans youth are also more likely to experiences a copious amount of abuse while in custody. Unfortunately, this abuse is a result of the persistent stigma surrounding transgender (Marrett, 2017). Because Transgender youth are often incarcerated at a much higher rate than cisgender youth, updated policies are needed to ensure more appropriate housing (Marrett, 2017). The policies currently used for housing youth are the same outdated policies seen by adult transgender offenders. These youth are frequently placed in institutions that relate to their biological sex in hopes of maintaining ordinance throughout the general population (Marrett, 2017). Not only does this policy affect the emotional wellbeing of the youth it also creates a cycle of more abuse (Marrett, 2017). As a result of further abuse towards transgender youth, the system has utilized isolation and confinement to resolve current and foreseeable problems (Marrett, 2017). The placement in confinement then ties into the idea of impacting the emotional wellbeing of this minority. Confinement is better explained by the American Psychological Association in Marrett (2017) it is seen as punishing and can have lasting impacts on youth who identify as transgender. In 1967 the Supreme Court in the United States developed a process that requires legitimacy surrounding decision-making in regard to placement in isolation (Marrett, 2017). This process ensures transgender youth reasonable safety when confined in isolation (Marrett, 2017). When transgender youth experience such mental and physical abuse it heightens
the occurrences of substance use and homelessness (Holsinger & Hodge, 2016). Harawa, Amani, Bowers, and Sayles (2017) conducted a study that focuses on HIV-positive men that are also incarcerated. In relation to youth, this study interviewed offenders who identified as LGBT and during one of the interviews an offender stated that lack of housing is strongly related to substance use. This offender, although adult, expressed that if after release he had inconsistent housing, more often than not he would return to substance abuse which in turn would result in more offences (Harawa et al., 2017). This study demonstrates the negative consequences experienced by LGBT individuals and it originates from the streets (Harawa et al., 2017). Whether youth or adult, many transgender offenders suggest that the hardships experienced begin with the lifestyle they live in the community. Because of the inconsistent lifestyle, these youth not only face discrimination while incarcerated but also while residing in the community. While homophobia is still prevalent within this unique population there are some positive indications that communities are increasing their acceptance for varying gender identities (Holsinger & Hodge, 2016). This increasing acceptance can only hope to ease the barriers faced by many LGB and transgender youth both incarcerated and living in the community as gender identity will be more recognized in its different forms. As mentioned before, numerous youth who identify as transgender experience increased issues with the criminal justice system that can persist into adulthood. Unfortunately housing issues faced by transgender individuals are consistent no matter the age at incarceration.

Within society, Correctional institutions are labelled as the highest gendered system, putting much emphasis on binary sex (Reisner, Bailey, & Sevelius, 2014). Because these institutions are completely sex segregated, controversies arise when it comes to housing transgender offenders and questions such as where staff house transmen and transwomen when safety is at the forefront, baffle correctional employees (Jenness, 2010). When comparing youth housing policies to adult policies, there are limited differences. In early 2017 Correctional Services Canada (2017) explained their policy as housing gender dysphoria inmates based on their biological sex. This means that if a biological male is transitioning to female but has not yet completed sex reassignment surgery they are housed in a male facility and biological females transitioning to males but have yet to undergo surgery are housed in a female institution (Correctional Services Canada, 2017). While some may think this is the most logical way of handling such a unique and diverse population, there are more effective solutions. Reisner, Bailey, and Sevelius (2014) illuminate the increased levels of masculinity throughout institutions and explained that dominance can be seen even in a highly restricted environment. Israel and Tarver II (1997) state that when transgender offenders are not housed appropriately, they can experience the amplified masculinity through aggressive inmates who may force sex on the transgender offender and an increased possibility of multiple others. From here, many Trans victims of rape do not see any support after disclosing such trauma to staff officials as they do not recognize pre-operative females to be completely female, therefore rendering them unable to be raped (Israel & Tarver II, 1997). These incidents can cause further victimization as these transgender individuals are not seen for who they really are. Another issue that supports the idea of creating further trauma and discrimination towards Trans offenders was found in Jenness (2010). This study examines working with correctional officials and transgender inmates. It reveals the staffs’ point of view towards this population. Jenness (2010) described an interaction between a prison staff member and a transgender inmate. Within this article, this staff member refused to acknowledge this individual as Ms. rather, this offender was called by her previous title of Mr. When asked why that staff member refused to refer to this offender as Ms. the answer
spoke to the institutional policies surrounding security (Jenness, 2010). The institutional official explained that while housed in a male facility, offenders are prohibited from using nicknames and the use of Ms. was considered to be an alias and a danger to safety (Jenness, 2010). Although the use of proper pronouns and titles are interpreted as unimportant, these neglectful small actions can leave transgender offenders feeling lost and rejected within the system and subjected to increased vulnerability (Reisner et al., 2014). While there are some options to protect transgender inmates from enduring additional abuse, these options are not fully adequate. Like the youth, the most common strategy used for protection is segregation (Reisner et al., 2014). These authors explain that while many prisons place Trans inmates in segregation, it only opens the door for staff to victimize this population rather than protect them. Reisner et al. (2014) also mentions that while placed in segregation, offenders are not offered the same privileges as the other inmates housed in the general population. Thus far, the literature has illustrated the barriers of housing transgender inmates and as a result, quite often are placed in administrative segregation. Shah (2010) described a possible solution for these barriers. These authors described what was once labelled category B prisons. This prison was located on Rikers Island and housed inmates that identified as either LGB or transgender (Shah, 2010). These authors explained that this institution was a reasonably safe environment for transgender offenders (Shah, 2010). One article stated that the transgender population develop their own social systems both within institutions and in the community (Sexton & Jenness, 2016). Throughout the social systems it has been seen that transgender offenders associate themselves more strongly with individuals who identify the same (Sexton & Jenness, 2016). With this research to support the level of positive socialization experienced between transgender offenders, category B prisons may be a viable option for placement rather than segregation. This allows the offenders to interact and receive the necessary care, free from discrimination and abuse (Shah, 2010).

Although a great deal of the literature thus far has painted a picture of cisgender inmates being abusive towards the transgender population, an article that studies the transgender offender population reveals something different. Jenness (2010) developed this informative article to demonstrate how the prisoners co-exist, even with opposite gender. During one of the interviews with a cisgender offender, it was noted that even though the other cisgender offenders know the transwomen are biologically men, they treat them like they are female because that is what they want (Jenness, 2010). In regard to this statement, it is assumed that although there are many trans inmate who do experience a tremendous amount of additional victimization, there can be some level of respect. To sum, housing transgender offenders in institutions that does not correspond with their gender identity can increase the fear of violence towards the transgender offenders and interferes with the rights of cisgender offenders (Shah, 2010). While the outdated policy limits the offenders’ right to self-identify as whatever gender they please, there is one long and tedious procedure that can provide transgender offenders this right (Shah, 2010). This procedure is sex reassignment surgery (SRS) or the diagnosis of gender dysphoria (Routh et al., 2017). To obtain a diagnosis of gender dysphoria there are many criteria a transgender offender has to adhere to. These criteria are persistent in cross-identification, a strong distress created by their biological sex, and a feeling of unsuitability within that gender role (Glezer, McNiel, & Binder, 2013). These authors also mention that the challenges of living as the opposite sex must create a substantial amount of discomfort throughout different areas of life. While this option may please some transgender offenders, it only creates more hoops for the others. Many but not all transgender offenders see SRS as the only viable option to relieve the symptoms of gender
dysphoria (Osborne & Lawrence, 2016). For those trans inmates who do not see the need to undergo surgery, this strict policy places them right back at the beginning of being housed inappropriately.

As a result of these findings displaying the hardship endured by the transgender population, Corrections Service Canada (CSC) was mandated to develop a policy that guaranteed their needs are acknowledged and fulfilled (Howell, 2010). This need for new policy within CSC followed after the Canadian Human Rights Tribunal in 2001 revealed that the current housing options for transgender offenders was insufficient (Howell, 2010). This new policy was created in December 2017 and it states that CSC must accommodate transgenders by housing them based on their gender identity and/or expression (National Headquarters Correctional Services of Canada, 2017). Although this policy is still very new in Canada, the United Kingdom created a recognition act back in 2004 to give transgender individuals the opportunity to change their gender identity (Pemberton, 2013). These authors explain that this act has a four-part criterion to be eligible for the recognition certificate. These include areas surrounding medical and self-identification. If a transgender individual complies with these areas, they can receive the certificate which abolishes their biological sex and are now recognized as the preferred gender (Pemberton, 2013). Within the certificate there is a sentence that states “for all purposes” which acknowledges the institutions throughout the United Kingdom (Pemberton, 2013). Having been granted this certificate allows the transgender population to identify as the gender they relate to, resulting in more inclusion and eliminates the occasion for their former gender to be revealed (Pemberton, 2013). This policy, although created many years ago, was a great start at decreasing the abuse and discrimination towards transgender individuals both in the community and in institutions. As of now the policies CSC staff have to follow create a more inclusive and accommodating community within the institutions. Although housing transgender offenders in facilities that identify the same as their biological sex has been demonstrated to be abusive and discriminatory, housing trans based on their preferred gender also has its controversies. Malkin and DeJong (2018) explain that there is limited evidence to support the effectiveness of housing transgender offenders in facilities that correspond with their gender identity. In addition, Levine (2016) brings forth the controversial matter of female offenders who have been victims of domestic abuse may be guarded if a transwoman is housed in the same facility. With respect to these concerns, Osborne and Lawrence (2016) state that women who commit crime against other women are still housed within women’s facilities. This contrast can identify the exceptional need for further evidence to support or deny the effectiveness of housing individuals based on the gender they identify with. This also shows the need for more in-depth policy to guide concerns and provide the safest placement of offenders.

Returning to the updated policy presented by CSC, not only do staff have a responsibility to house accordingly in the institution they also have the duty to adapt community facilities the same. Although no empirical research was found surrounding the policy of placement for Community Residential Facilities (CRF) and Correctional Community Centers (CCC), the author of this paper interviewed the manager at a local male CRF to gather feedback on their policies regarding this unique population. The manager explained that while there are no strict policies in place concerning transgender offenders, inclusion starts with the staff. The manager’s opinion of the placement turbulence is that the CRF is gender blind. This manager stated that the staff at the CRF are there to empower the clients and try to make the facility as inclusive as possible. This being said, this CRF will accept any female to male transition as long as that offender does not
have any concerns about house rules. The manager explained that at the end of the day it is about risk management not gender management. In addition, when looking at the other end of the gender continuum, female CRF’s accept the same.

From the literature, it is evident that the policies pertaining to the incarcerated transgender population have been updated to adhere to more inclusive strategies but still remain controversial. This population is one of uniqueness and deserves a creditable amount of research to establish the most effective and safe procedure to place transgender offenders.

**Incarceration and Health Care**

While many transgender offenders have already commenced their transition, it is not unusual for them to have to stop or pause the process once incarcerated (Lamble, 2012). The transgender community also faces personalized health concerns originating from poverty, lack of mental health services, and substance abuse; stopping or delaying the transition process can exacerbate these concerns (Routh et al., 2015). A study conducted by Malkin and DeJong (2018) concluded that 17 states did not have a clear and useful definition of what it means to be transgender in their policies. This may be because the prison system does not realize the importance of these unique needs (Brown, 2014). This leaves the incarcerated transgender population feeling forgotten (Sexton & Jenness, 2016), which then raises the question of how correctional staff know how to provide adequate health care to this population if the staff do not fully understand or acknowledge this minority. This is supported by Israel and Tarver II (1997) as they state that caregivers must understand the variety transgenderism displays and the unique needs that follow to fully support these individuals. White Hughto et al. (2017) reported that transgender offenders are often deprived of essential care, both general and specific to the population. This denial of care could be a result of the reduced budget and lack of support the institution provides (White Hughto et al., 2017). These authors argue that while most institutions are changing policy, the beneficial solution would be to increase education provided to staff. During this study, 58 health care providers engaged in single and group-based interviews. The purpose was aimed at gathering data concerning institutional health care providers level of competency in regard to abilities, understanding, and manner with the transgender population (White Hughto et al., 2017). The providers that participated had an average of 14.5 years of experience in health care. Before engaging the participants in the intervention, the results indicate that approximately 30% had no previous transgender experience and less than 25% had attended some form of transgender health care training (White Hughto et al., 2017). The outcome of the intervention demonstrated a positive relationship between a healthcare provider’s willingness to deliver gender confirming care and competence. This article connects to what was previously mentioned by the CRF manager. To notice a difference, one must start with the staff. The staff or participants in this article were asked about their competence in relation to transgender healthcare and unfortunately most of the staff had not received any type of formal training (White Hughto et al., 2017). After intervention was completed almost 70% had since then provided care for a transgender offender (White Hughto et al., 2017). In addition to no support and training being provided within the institutions a study conducted by Phillips and Fitts (2017) reveals that graduate students are not being taught transgender-specific care. These authors found that if students are not provided with any type of training, they lack a full conceptualization of issues faced by this minority. Another study revealed that while health care providers claimed they were confident in their competence caring for transgender offenders, they...
had absolutely no previous training (White Hughto et al., 2017). This statement presents itself as alarming. These healthcare providers are claiming that they are fully confident in their abilities to care for transgenderism, when no training has been provided. This acknowledges the idea of lack of awareness surrounding transgender offenders and the type of care they receive. Similarly, Maschi, Rees, and Klein (2016) found that while incarcerated, many LGBT offenders do not participate in services aimed at rehabilitation out of fear. This may be a result of the lacking training and gender specific care available. These health care concerns are also presented with the aging population within corrections. Maschi, Rees, and Klein (2016) state that facilities do not have the trained staff of professionals to accurately address the needs of LGBT and the elder population. Brown (2014) says there is great pressure in delivering sufficient care for those who are diagnosed with gender dysphoria as Trans offenders experience a great deal of depression. The result of this amplified level of depression caused by the symptoms of gender dysphoria can be self-castration (Brown, 2014). One study found that 3% of incarcerated transgenders accomplished self-castration (Brown, 2014). These authors state that this extreme can be a result of poor, inadequate healthcare provided to transgender inmates. While healthcare is viewed as inadequate due to lack of education, one case in the United States changed many laws surrounding transgender health care (Brown, 2014). The case was seen by the Supreme Court in 1976 where the court identified a purposeful negligence when an offender needed serious healthcare attention (Brown, 2014). The Eighth Amendment states that every inmate has the right to not experience harsh and uncommon reprimand (Brown, 2014). This case made a landmark for healthcare rights (Brown, 2014). This right ensured that all transgender inmates have access to healthcare that is both systematic and professionally sound (Brown, 2014). If this case was said to be a landmark for transgenders rights to healthcare, why are so many still suffering from incompetent services? Wanta and Unger (2017) found that 55% of Trans offenders had difficulties accessing healthcare that they have the right to. The same article suggests that transgender inmates should be treated on an individual basis and assessed as so. In addition, they stated that these individuals should have access to both trained staff as well as experts focused on the transgender healthcare needs (Brown, 2014). Only then will orderly care be provided (Brown, 2014). Accessing sufficient healthcare is demonstrated to be difficult enough, but if a transgender offender also presents with psychological concerns, this adds to the shortcomings transgender inmates face (Wanta & Unger, 2017). Clark, White Hughto, and Pachankis (2017) illustrate these shortcomings through a study conducted with healthcare professionals. This study interviewed the healthcare workers in prisons and concluded that there are four categories of barriers that impede the delivery of sufficient healthcare to transgender offenders (Clark et al., 2017). These four categories are structural, interpersonal, individual, and institutional (Clark et al., 2017). Structural difficulties are laws and policies (i.e., absence of training, lack of funds) throughout the institutions that hinder acceptable care (Clark et al., 2017). These authors describe interpersonal difficulties as the socialization between healthcare staff and subjective staff that limit the care provided. Individual difficulties are directed more towards how the healthcare provider feels about treating transgender clients as well as their knowledge surrounding appropriate care for this population (Clark et al., 2017). Now on the institution as a whole, these difficulties stemmed from lack of training on the transgender population and their health care needs (Clark et al., 2017). Unfortunately, these health care providers claim that the only way to increase familiarity with this population would be to obtain training on their own time at their own expense (Clark et al., 2017). This lack of training has been shown to generate misunderstanding between staff on how to properly care for these offenders (Clark et al., 2017).
A big concern described in this article states that while many of the staff knew Trans offenders required more specific treatment, the institutions simply could not afford this level of care (Clark et al., 2017). The institutions hold strong beliefs that safety must come before any care is provided (Clark et al., 2017). While safety should always be at the forefront within prison walls, guidelines need to be developed and training provided so that both safety and care can be delivered simultaneously.

As previously mentioned, transgender offenders have often begun their transition to their preferred gender before incarceration (Lamble, 2012). Transgender offenders are consistent at presenting their gender while both incarcerated and living in the community (Jenness, 2010). This article explains that being incarcerated does not interrupt how they identify (Jenness, 2010). These offenders do not interrupt being incarcerated as a time out, so why do prison officials think that when it comes to their healthcare? Glezer et al., (2013) focus on the Standards of Care (SOC) that state any person presently undergoing treatment may continue to do so. These authors state that if an individual were to stop treatment they would endure both physical and mental effects. While Glezer et al., (2013) also mention that many institutions use a freeze-frame policy. This approach continues already involved treatment but does not allow for furthering treatment or obtaining a new diagnosis (Glezer et al., 2013). A downfall to this approach has been presented in a Massachusetts case (Glezer et al., 2013). A transgender offender was deprived of treatment and as a result attempted to self-castrate on two different occasions (Glezer et al., 2013). The court decided and acknowledged that gender dysphoria is an important condition that needs to be treated (Glezer et al., 2013). When analyzing a community sample 9% of transgender individuals have attempted castration (Glezer et al., 2013). During the same study, the participants were asked to identify previous suicidality (Glezer et al., 2013). A total of 33% self-reported at least one occurrence of suicide but once therapy commenced, the participants reported that they did not experience any more suicide ideations (Glezer et al., 2013).

The literature surrounding transgender healthcare has been consistent in displaying lack of training, knowledge, and policy. While some institutions provide gender-confirming care others are extremely limited in what they offer. There are many gaps within this literature on what guidelines and policies have been shown to be effective. Although there are many cases throughout the United States that have altered the way transgenders receive care, there are still many shortcomings of the prison healthcare system. The effects of stopping or delaying therapy has been shown to be detrimental, this means that there is great importance in increasing the knowledge around transgender care. This allows healthcare providers to offer the most effective care and fully understand the diverse needs.

**Incarceration and Intervention**

Compared to the 2.9% of the cisgender population, 30% of LGBT individuals reported they experienced workplace discrimination (Grenier & Hixson-Vulpe, n.d.). Unfortunately, transgender individuals experience a greater amount of discrimination (Grenier & Hixson-Vulpe, n.d.). Grenier and Hixson-Vulpe (n.d.) provide supports towards the idea that inclusion starts at the staff level. The manager at the CRF spoke to this idea during the interview and explained that although inclusion starts with staff, they need professional guidance which is created by the organization as a whole, and this guidance is lacking. Grenier and Hixson-Vulpe (n.d.) identify the strategies for a more inclusive work place, which include having written policy, maintaining neutral language, and measurable demographics. If the correctional system applies these
solutions it can create a more positive and inclusive environment allowing for more easily accessible treatment. Treatment of the transgender population could be one of the most controversial topics discussed so far in this paper. After reviewing the literature, it can be assumed that treatment for transgender offenders can be broken down into two distinct parts, psychotherapy and sex reassignment surgery. It is only now that institutions are creating guidelines to assist in the delivery of treatment for transgender offenders (Levine, 2016). Although there are simple requests from the offenders to address them by their preferred pronoun, grant access to more feminine attire, and most importantly have access to hormone therapy frequently this does not happen (Levine, 2016). Whilst residing in the community, if an individual begins the transition to identify as transgender, there is an extensive amount of treatment that can be provided to alleviate negative symptoms associated with the transition (Levine, 2016). The author explains that gender dysphoria is not just an independent diagnosis rather, the diagnosis is a gateway to underlying issues (Levine, 2016). While many diagnoses in the DSM are treated through medication or therapy, gender dysphoria is the only psychological ailment that can be treated through surgery (Levine, 2016). Many transgender offenders believe that that they will only be fully female when surgery has been completed (Levine, 2016). For these offenders to believe that they can only feel whole when surgery is performed, the access to this surgery should be made available. A strong argument to support the need of availability comes from Levine (2016). It is encouraged that if an offender does not suffer mentally or physically as a result of the surgery, while still maintaining institutional control, offenders should have the right to access such treatment. Care providers comment on the struggles they face creating rapport with Trans offenders as the offenders are often resistant unless the clinician is in support of the immediate need for hormone therapy and surgery (Levine, 2016). This author also found that therapists need to understand and work with the offenders’ traits rather than overlooking them. This can be understood by working with the inmates rather than against them. Their personality traits make them who they are and could potentially play a role in the treatment process. Osborne and Lawrence (2016) focus on the appropriateness of SRS. It has been reported that 385 inmates in the state of California were engaged in hormone treatment (Osborne & Lawrence, 2016). This hormone therapy was assumed to be linked to both male and female transgender offenders. Although the correctional system is restricted in the types of treatment they can provide, they are recognizing that individuals diagnosed with gender dysphoria require additional treatment (Osborne & Lawrence, 2016). Because of this increased recognition, institutions throughout the United States have allowed inmates to have access to hormone treatment and be provided feminine attire (Osborne & Lawrence, 2016). The question then arises is hormone therapy enough? How necessary is SRS for inmates diagnosed with gender dysphoria (Osborne & Lawrence, 2016)? This study focuses on the eligibility, outcome, and institutional implications when offering inmates sex reassignment surgery and providing deep insight to the transgender inmates need for surgery (Osborne & Lawrence, 2016). These authors argue that treatment that has been deemed required and available to individuals residing in the community, should not be withheld just as a result of incarceration. While previous articles have mentioned that the SOC has been an effective guide to treating Trans inmates, Osborne and Lawrence (2016) reveal that the SOC do not rationalize the difficulties, weaknesses, and personal events experienced by transgender offenders. There has been a great deal of uncertainty between professionals who think SRS is a necessary treatment for gender dysphoria (Osborne & Lawrence, 2016). While some may think it is not a necessity to treat gender dysphoria, this study demonstrated the effectiveness of hormone treatment and surgery (Osborne & Lawrence, 2016).
When these two forms of treatment are used as a combination they create a significant decrease in symptoms experienced by transgender individuals (Osborne & Lawrence, 2016). In addition to the reduced symptoms, clients felt satisfied, there were minimal obstacles, and very few occurrences of distress (Osborne & Lawrence, 2016). Though gender dysphoria has shown to cause distress as a result of denial of Trans identification, the DSM recognizes the enhanced desire to remove the sex anatomy of the previous gender and develop characteristics of the preferred gender (Osborne & Lawrence, 2016).

While there is controversy surrounding the necessity of SRS, it has been shown that within the community, surgery has been effective at relieving symptoms and can be assumed to have the same effect for those incarcerated (Osborne & Lawrence, 2016). In hopes of eliminating some controversy and confusion, the SOC developed criterion for eligibility (Osborne & Lawrence, 2016). The six requirements include recognized diagnosis of gender dysphoria, competence to provide consent and to be of age to do so, comorbidity concerns need to be managed, there needs to be a consecutive year of hormone treatment, and a 12-month period of living as the preferred gender. As mentioned in the criteria, many individuals who are diagnosed with gender dysphoria also experience comorbid diagnoses (Osborne & Lawrence, 2016). It is of professional opinion whether to move forward with surgery and if the comorbidity can be successfully managed (Osborne & Lawrence, 2016). The authors state that if the professional deems surgery will be effective in treating the dysphoria, a lengthy amount of time is spent informing the individual of what to expect post-surgery. For the incarcerated population, a transfer to a women’s institution is an assumed outcome (Osborne & Lawrence, 2016). Many transgender inmates would be pleased with the idea of a transfer but for some this can cause additional stressors within family dynamics (Osborne & Lawrence, 2016). These authors suggest that SRS be available to inmates who are serving lengthier sentences. They suggest this because as a result of surgery inmates require an extended period of time associating with psychological services, if the inmates will be incarcerated for a longer period after surgery they will be guaranteed these services (Osborne & Lawrence, 2016). If inmates are released after surgery, regret could be experienced as they do not have a secure period of time to adjust to their new gender (Osborne & Lawrence, 2016). These authors support the idea that SRS within prison for offenders who are serving a lengthy sentence can be manageable and beneficial to the individual as they will have time in a controlled environment to adjust. A study conducted in Sweden demonstrated that 2.2% of transwomen regretted undergoing surgery (Osborne & Lawrence, 2016). Although those authors describe a possibility of regret after completing surgery, Levine (2016) explain that those who forgo or are rejected SRS can experience the same distress with the possibility of suicidality.

While sex reassignment surgery has been shown to be effective in relieving symptoms of gender dysphoria, the surgery can create its own distress and individuals who are incarcerated need to be assessed by medical professionals to ensure surgery is the most effective form of treatment. The criteria should be carefully evaluated to eliminate misdiagnoses with the overall goal to decrease the stress transgender offenders’ experience. The prison system needs to increase its recognition surrounding SRS being a viable form of treatment and allow this treatment to be accessed through institutional healthcare and treatments available (Osborne & Lawrence, 2016).

In addition to the comorbidity already mentioned, many transgender offenders are living with HIV (Harawa et al., 2017). This study was conducted in Los Angeles (LA) with the LA
county jails (LACJ) where the transgender HIV-positive population were interviewed (Harawa et al., 2017). This study focused on the effectiveness of the treatment provided for offenders diagnosed with HIV (Harawa et al., 2017). The authors created four criteria for eligibility warranted those who are 18 years or older, identify as transgender, speak English or Spanish, and most importantly diagnosed with HIV. The interviews to gather data consisted of open-ended questions and lasted 90 minutes, these interviews with then transcribed into notes summarizing the information provided (Harawa et al., 2017). All participants had been diagnosed for more than two years and mentioned they had been incarcerated on many previous occasions (Harawa et al., 2017). While participants acknowledge that they are provided with HIV treatment, they commented on not being aware of treatments upon incarceration (Harawa et al., 2017). These authors explain that dependent on release conditions, many HIV transgender offenders turn to illegal substances due to the lack of available services.

While the available treatment surrounding surgery and post-release services have been limited, there are some interventions that can provide some positive outcomes for transgender offenders (Vosvick & Stem, 2018). Two psychological constructs said to have a positive effect on the lives of transgender offenders are mindfulness and self-esteem (Vosvick & Stem, 2018). These authors state that when utilizing these constructs, they aid in the management of minority barriers experienced. The study collected self-reported data from identified LGBT participants, using the shortened form of the quality of life scale and the Rosenberg self-esteem scale (Vosvick & Stem, 2018). Results of this study supported the hypotheses that mindfulness and self-esteem contribute to the quality of life for LGBT population (Vosvick & Stem, 2018). This means that teaching and providing psychological treatment of mindfulness and self-esteem can aid the individual in managing perceived stress (Vosvick & Stem, 2018). These constructs could be utilized within the incarcerated population with providing the offenders insight as to the important role acceptance plays throughout their lives as transgender.

Skinta, Hoefflein, and Munoz-Martinez (2018) briefly touch on the intervention of Functional Analytic Psychotherapy as a positive model to use for both training of therapists and plausible interventions for transgender individuals. While these treatments have shown to be effective in the community, Levine (2016) encounter the barrier of crisis-oriented services. These authors state that while there are effective ways to treat issues associated with transgenderism, these interventions may be hard to apply to the correctional population as the therapists are trained in mental health crisis. While this could be true, the writer of this paper believes the crisis oriented care could be present in the higher security institutions and while more crises happen, lack of resources can increase the challenges for a therapeutic intervention.

In the past, therapists used harsh forms of treatment in hopes to cure transgender behaviour (Israel & Tarver II, 1997). Austin and Craig (2015) explains that there is a need for treatments that are empirically reinforced and gender-inclusive. These authors found that clinicians must understand the distinct needs of transgender clients and acknowledge the role discrimination plays. Within this study it was revealed that during treatment an abundance of attention needs to be directed at the experiences witnessed by therapists’ clients (Austin & Craig, 2015). This study focused on cognitive behavioural therapy (CBT) as an effective treatment to mental health concerns (Austin & Craig, 2015). Although CBT interventions need to be adapted to this unique population, it still shows the same promising results (Austin & Craig, 2015). Cognitive behavioural therapy recognizes, assesses, and changes unhealthy thinking patterns and behaviours (Austin & Craig, 2015). These authors found that aiding transgender clients in a more
gender-inclusive manner decreases emotions of anxiety and hopelessness. Developing a safe space that is inclusive and free of discrimination is a critical part of the psychoeducational section (Austin & Craig, 2015). Although CBT has promising outcomes when intervening for mental health concerns, applying it to the transgender population and furthering that population to incarceration, adaption is essential to ensure specificity to said population (Austin & Craig, 2015).

While there are many favourable and effective treatments for the transgender population, there are large gaps in the literature connecting these forms of treatment to prison systems. There is very limited information provided specialized care with the incarcerated transgender population. Treatment is provided in a crisis-oriented way with restricted education surrounding interventions for transgender offenders. It is suggested from this literature review that correctional services advance their policies regarding treatment provided and ensure they are providing the most effective treatment to a population with such diverse needs.

To sum, because of these unique concerns for the transgender population, it is vital to have specific guidelines to direct the correctional staff in assessments based on housing, health care, and the future treatment of the offender (Routh et al., 2015).

The information provided reinforces the aims and goals of this thesis. It is clear that the incarcerated transgender population is one of uniqueness and complexity requiring intensive research to develop policies around housing placement and health care. The information also illustrates the need for more literature not only on the incarcerated population but also the transgender population. This population experiences great hardship both in the community and in institutions when human rights are supposed to protect everyone despite their identifying gender. Additional information into the lifestyle of these individuals can potentially improve daily living and for that reason alone is crucial to research.
Chapter III: Method

A literature review was chosen for the thesis format in order to compare and contrast literature from different sources and allowing for a critical analysis of this literature. A literature review offers the opportunity to speak both broadly and generally about the topic at hand. When considering the topic of Transgender offenders and the barriers they have to overcome, a literature review appeared to be the best way to examine and understand the research.

Participants

Instead of conducting a human participant study, the author of this paper used research articles, books, websites, and correctional staff interviews to gather information. The information obtained from these sources was written no earlier than the year 2000 with the exception of one book. This book was published in 1997 but was excepted as it provided insight to the guidelines for transgender care. Creating a time line for the targeted articles ensured all information provided was relevant and useful. There was inclusion and exclusion criteria that the author followed when gathering literature. Inclusion criteria consisted of articles written after 2000 to ensure current perspective, have information pertaining to the transgender population, transgender within institutions, and staff working in the field of corrections, as well as having the articles available in full text form. Exclusion criteria included any article, book, or website that was written before the year 2000 and that is not relevant to the transgender population, as well as individuals not working in the correctional setting. This community of transgender offenders was chosen for the target population because of the recent changes following Bill C-16. Since this bill has passed, transgender offenders now have the right to identify how they please without the discrimination that has previously followed (National Headquarters Correctional Services of Canada, 2017). This bill demands inclusivity for all individuals both in the community and institutions. Within the community adhering to these conditions of the new bill can be much easier as there is more access and freedom, while in the institutions this can be much harder. The restricted access has made it challenging for CSC to be inclusive as possible. For the reasons of the new bill, the hardships faced, and the limited information available to transgender offenders, the author believed the incarcerated transgender population would be an interesting target population.

Selection Process

The resources used to select the research articles, books, and websites were the St. Lawrence College Database (EBSCOhost), Queen’s University Database, Google Scholar, and Google search. These databases included searches in PsycINFO, PubMed, PsycBOOKS, PsycARTICLES, and Psychology Collections. There were many key words used for this specific search and they included, “transgender, transgender population, transgender and inmates, transgender and prison, Bill C-16, prison policy on transgender offenders, transgender and placement, transgender healthcare, treatment and incarceration and transgender”. As a result of this search 50 articles were considered to be relevant for this paper. From here, abstracts were reviewed, and the information was gathered based on inclusion criteria resulting in a total of 38 articles, books, and websites used for this literature review (Appendix B). In addition, six extra articles were utilized as a means of providing definitions for the readers. For this literature review, consent did not need to be obtained as all the information came from online research rather than human participants.
Setting and apparatus

For this literature review, there are primary and secondary settings. The primary setting includes Trans communities across the province, country, and worldwide including federal, provincial/territorial institutions. These settings are found in the literature examined for this paper. The secondary setting to review this research takes place in a correctional community agency, as well as at St. Lawrence College. These settings of information were considered as long as they pertained to the transgender offending population and the housing, healthcare, and treatment difficulties experienced.

Materials

The materials needed for this literature review are minimal, but all important in the completion of this paper. Materials include the interview questions (Appendix A) for correctional staff, pens, computer, and access to the internet are essential. Although the interview was conducted with the CRF manager, she only provided suggestions and opinions, therefore obtaining consent was not necessary as the information provided did not contribute to an intervention being offered.
Chapter IV: Results

Throughout the results section, the author speaks to the research and issues presented throughout the literature review. During this review, the author discussed three areas of challenges endured by the incarcerated transgender population; housing placement, healthcare, and available treatments. Although there are no results created from a pre and post evaluation, the results speak on summarization and provide awareness surrounding the incarcerated transgender population. In addition to summarizing the information, the results also deliberate the interview with the CRF manager. The results also reveal the findings regarding the proposed hypothesis. The results suggest the hypothesis was supported, such that policies are lacking surrounding housing transgender offenders, emphasize the poor health care received, and difficulties in proposed treatments.

Because of the literature provided, it is shown that while housing transgender offenders inappropriately can potentially create more stressors than if they were to be housed according to their gender, CSC struggles to balance the needs and security of both the Trans and cisgender population within the institutions. The institutions previously utilized confinement and segregation to ensure protection and safety for all inmates. Although this technique may have been successful in providing security to offenders, this placement of segregation eliminates privileges offered to inmates (Reisner et al., 2014). This elimination of privileges and the use of confinement punishes the transgender offender for identifying differently, rather than punishing them for legitimate reasons. In contrast, if these offenders do not utilize segregation as a mode of safety, they are often outing during unacceptable strip searches. Both paths available, either seclusion or being exposed do not offer transgender offenders the opportunity to reside in an institution free of discrimination. As a result of Bill-C16 passing, there have been many imperative changes to the legislation. For example, Transgender individuals are now able to identify with their preferred gender and present as so, free of discrimination (National Headquarters Correctional Services of Canada, 2017). For these reasons alone, ensuring all employees adhere by CSC the updated policy is crucial. While housing transgender offenders remain a controversial topic, an article revealed a potential solution for appropriate housing. Shah (2010) explains that Rikers Island institution once used a category B prison. This institution housed only Transgender offenders (Shah, 2010). These authors state that while the LGB and Transgender offenders were secluded from the rest of the prison population, they still received the same privileges, housed in a facility free of discrimination, and safe for these individuals to identify accordingly. While this category B prison located at Rikers was the only prison like this to be identified, it showed promise and a secure environment for both the transgender and cisgender offenders. An argument brought forth within Jenness (2010), proposes the idea of offenders can co-exist despite the identified gender. While many of the articles suggest that cisgender offenders are abusive towards transgender offenders, Jenness (2010) reveals the opposite. This author strengthens the gap between the literature and encourage the need of appropriate solutions for housing offenders with gender identity concerns. Creating an institution that is free of discrimination starts with the employees and policies in place that must be adhered too, to eliminate gaps and ensure accuracy and safety amongst the transgender and cisgender offenders.

There are many concerns regarding the procedure to house transgender offenders, although there is hope that CSC continues to advance their policy and find safe and suitable placements for all offenders regardless of their gender identity.
The second hardship endured by transgender offenders is the lack of healthcare and more competent care provided. The biggest concern found in the literature is the forceful procedures of freezing or withdrawing from the transitional process. A frightening statistic was found by Malkin and DeJong (2018), affirming that 17 States do not have a clear understanding of what it means to identify as transgender. Because of this lack of competency, many offenders are experiencing a deprivation of care, which results in offenders not being able to continue or begin the transition process. The literature portrays institutions as being uneducated regarding health care concerns and the appropriate ways to provide care for these individuals. Because of the information provided in the literature review, results show many providers being inadequate in both delivering and managing care for Transgender offenders. It was shown that many healthcare providers claimed they were competent in caring for transgender but unfortunately approximately 30% had no previous transgender experience and less than 25% had attended some form of transgender health care training (White Hughto et al., 2017). This results in almost half of the institutional healthcare providers (N=58) claiming they can provide care when actually they cannot due to lack of education and exercise. Only after these providers participated in an intervention of providing competent care to transgender offenders did they feel confident in delivering health care. In addition to health care providers’ lack of training, research has shown graduate students being deprived of training and education surrounding transgender care. Due to this lack of knowledge surrounding care for Transgender individuals, not only are the health care providers who are currently employed by the institutions lacking education, the upcoming health care providers are also absent of delivering appropriate practises concerning transgender offenders and the special healthcare needs they require.

Because of this concerning lack of education and knowledge regarding the care for transgender, it is detrimental to the transition and future care of transgender individuals. As a result, the literature shows a high need of developing specific transgender health care training as well as, ensuring all health care providers are fully competent in providing the necessary care to the patients.

The last hardship many transgender offenders experience while incarcerated is the poor treatments available. While there are many treatments accessible to those residing in the community, transgender offenders are often denied simple requests (Levine, 2016). As research shows, there are both simple and more complex issues that can arise when an individual begins the transition to identify transgender. For those in the community these needs are met immediately with a variety of options to alleviate symptoms of the transition. Many of these symptoms can be treated with either medication or therapy, although, gender dysphoria can be treated through surgery (Levine, 2016). The research explains gender dysphoria to be a much more complex diagnosis that needs ample amount of treatment and care to allow for a smooth transition. If these individuals do not have access to the basic treatments needed it can results in suicidality and self-castration. While the institutions have previously restricted hormone therapy, they are now learning the importance of additional treatment for this unique population. Many institutions throughout the United States have provided access to transgender offenders to obtain hormone therapy and even feminine attire, resulting in them living more freely as their preferred gender (Osborne & Lawrence, 2016). The research displayed that while many transgender individuals can live contently with only hormone therapy, some require SRS to fulfill the needs of the transition. Sex reassignment surgery is another barrier many institutions create for those identifying as transgender. In addition to the health care limits, the criteria for SRS eligibility is
lengthy, and extremely difficult for transgender offenders to obtain. As a result, some individuals require psychotherapy, the last treatment discussed throughout the literature. CBT has shown promise in aiding offenders to recognize maladaptive thoughts, as well as reversing those thoughts into more adaptive views. The literature for CBT speaks towards the cisgender population, although insight was provided stating that CBT would be effective in treating the maladaptive thoughts surrounding one's gender. While the authors speak to the effectiveness, adjustments are necessary to properly relate the techniques with this unique population.

Based on the interview about the community approach to Transgender offenders, suggestions were made, and policies utilized by the community correction facility were described. The results of this interview yielded many suggestions that should be taken into account by CSC. While the staff member described the lack of enforced policy, there was mention of inclusion and success beginning with the staff. Although there have been limited cases to apply these inclusion and success, the manager explained that the CRF does not have a specific outline that they would follow if presented with a transgender release case but that the CRF staff would meet together, including the offender and explain the house rules and the risk management standpoint they must adhere to. If this offender complies with the rules and has no concerns about being housed with a majority of biologically male offenders, the CRF is more than welcoming and accepting the case. The author of this literature review believes these are great starting points to develop the policies surrounding Transgender care. Discrimination can be eliminated if staff have proper training, the willingness to learn the specific needs, and can suppress and diminish any discrimination that may come from other staff or offenders. The staff member also mentioned that all of CSC should be focusing on the risk component rather than the sex of the individual. The author of this paper concurs with this point as the most important focus when working within CSC should be safety and risk management. Further suggestions show that gender and sexuality should be taken out of these decisions and the decision makers need to focus on the importance of safety for both staff and offenders. This interview provided the author with a great insight as to the differences between community facilities and institutions. While some would argue risk can be more easily managed while offenders are housed in the institutions, the CSC staff should be following the same guidelines the CRF staff adhere to. These unwritten rules developed in the CRF are a positive starting point to eliminate discrimination, increase the inclusion, and most importantly provide Transgender offenders with the care they deserve and have the right to.

In sum, CSC and institutions worldwide find themselves struggling as to the appropriate ways of housing offenders, offering healthcare, and providing treatments. Although, Bill C-16 has been passed and CSC has been mandated to adhere to these changes by developing new policy, Transgender offenders are still a minority and struggle to obtain the necessary care and privileges of cisgender offenders. Throughout the three hardships identified throughout the literature review, transgender offenders require more policy and options surrounding housing, competent healthcare providers, and adequate treatment to suppress the negative symptoms experience throughout the transition.
Chapter V: Conclusion/Discussion

The concluding section reviews the implications of the literature review, results regarding the research question, strengths and limitations across all four levels of the multilevel system, as well as future recommendations and the contribution this report has to the Behavioural Psychology department.

Implications of Results

As previously mentioned, there are a multitude of gaps throughout the literature concerning the incarcerated transgender population. Although, the literature gathered has been up-to-date, there is still the barrier of the population being so unique and challenging that not all the information is consistent. For example, one article states how cisgender offenders are abusive and discriminatory to the Trans population and others show that both populations can co-exist without any major worries. Because of the limited studies focusing on housing, healthcare, and treatment, these gaps make inferences challenging, as there are not many concrete studies to support either side. The literature is sparse and the information regarding this topic is inconsistent, reinforcing the need for more studies and a spread of knowledge. These inconsistencies and discrepancies may speak to the lack of validity of the research conducted to date. While the results provide insight into the struggles endured by the incarcerated transgender offenders, an additional amount of research is needed to ensure the stability and validity of these suggestions presented. As a result, the importance of the information provided through this thesis is immense. While the literature is current and provides relevant awareness, studies need to be generated to obtain evidential results to make accurate and consistent decisions concerning housing, healthcare, and treatment options. The results of this literature review speak towards summarization of information and provide positive suggestions, it was shown that the information delivered supports the research question. The thesis statement adopted the position of revealing lack of correctional policies surrounding housing transgender offenders, emphasize the poor health care received, and display the limited treatment resources. In sum, the information displayed just that. The research reveals that there are limited policies and procedures for housing transgender offenders, the health care providers are inept to provide care, and when provided the opportunity, there are inadequate treatments to ease the transition.

Suggestions and Recommendations

To conclude and summarize the information presented in the thesis, there are some suggestions for future studies examining this diverse population. Although the literature was gathered via internet and databases, the information was meticulously pieced together to produce this literature review. The author analyzed and differentiated the crucial information, along with what to include, providing a general summarization and suggestions concerning this timely topic and the crucial need areas.

That being said, one suggestion the author proposes is to develop research studies that require an intervention to obtain pre and post evaluation results. This was one concern as a majority of the information collected was obtained from other literature sources and there was limited research-based evidence to speak on behalf of the information. The author believes that developing studies pertaining to the areas of hardships addressed in this thesis will advance the knowledge and policies surrounding the Transgender offenders. The next suggestion would be to gather data from local institutions. While a CRF staff member was interviewed regarding
community policy, it would be beneficial for there to be information coming from the institutions. The policies currently in place are relatively new and gathering the institutions point of view and perspective on housing, healthcare, and treatment could further improve the transition and those currently identifying as transgender. Lastly, it would be extremely beneficial to review past case files and examine the procedure of historical transgender cases. As well as, interviewing Transgender offenders would provide a personal insight to those primarily affected by the hardships and can create recommendations for further CSC policies.

**Strengths and Limitations**

As previously mentioned, this topic requires attention and with that attention the author has identified some limitations experienced throughout the paper. The first limitation is the majority of the information gathered is through online research. Since this is such a new and emerging population, there are not enough human participants to conduct a research design study. The second limitation to this paper is that there is minimal positive information provided on transgender offenders. As of now, all the information researched has been negative in terms of policies put in place by corrections with an abundance of recommendations on areas to change. Although these recommendations are positive and directing CSC staff in the right direction for the future, presently CSC is struggling. Lastly and considerably, the biggest weakness encountered during this literature review is most of the information and literature was developed in the United States. While this information is still relevant and provides insight to the struggles, policies and procedures throughout the U.S are very different from Canada. With every paper comes some form of limitation but there were many strengths also identified during the thesis. The author included a wide variety of information. There was information pertaining to not only adult transgender offenders but also the youth system. This wide spread of information provided awareness to the struggles endured by Transgender as a whole. In contrast to the information coming mostly from the States, this geographic location amplifies the need of appropriate policy as it recognizes the importance worldwide. While the information was subjected to more negative information regarding CSC, the author remained unbiased and presented the information as it was.

The limitations witnessed throughout the thesis are addressed as a means of enhancing future studies. These limitations can be categorized by the multilevel system approach. This approach talks about the barriers encountered on the client, program, organizational, and societal levels. The first limitation addressed in the thesis relates to the client level as the internet was a substitute for human participants. This substitute yielded results that are not applicable to an intervention, rather, just providing insight and suggestions into the lives of the incarcerated transgender population. The second limitation connects with the organizational level. This is shown by the limited positive feedback on current policies or procedures utilized by corrections staff. In addition, another limitation that impacts the organizational level, is the results from the interview. This interview only gathered opinions on the current issues from one staff member. This can produce a negative outlook and can deplete the unbiased mind as there is not a balance of positive and negative information. Lastly, the third limitation relates to the society level as a majority of the information was obtained via United States articles. This barrier creates challenges of transferring the suggestions as procedure and policies are different state to state and country to country.
In conclusion, the author believes this thesis to be a strong resource in advancing and creating policy regarding the incarcerated transgender population. This literature review provides awareness, knowledge, and suggestions for future studies to enhance the time spent incarcerated and in the community. This thesis has shown to have contributions to the Behavioural Psychology field as it improves the care being provided to the incarcerated Transgender population. This literature review focuses on three main hardships endured and summarizes the information in a single article. This can aid researchers in a more productive search and create a guide of recommendations and suggestions for future Transgender offenders.
References


Appendix A

Interview About Transgenderism

1. How much do you know about the emerging transgender population?

2. Do you know about Bill C-16?

3. Have you ever worked with a transgender offender before?

4. Are there any policies/guidelines the organization has in place around housing and health care for transgender offenders?

5. Are there any ideas you may have around treating a transgender offender?
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<th>Reference</th>
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<td>Austin, A., &amp; Craig, S., L., (2015). Transgender affirmative cognitive behavioural therapy: Clinical considerations and application. <em>Professional Psychology: Research and Practice</em> 46(1) 21-29. doi.org/10.1037/a0038642</td>
<td>These authors studied CBT and the minority stress model to treat mental health issues that may arise from identifying as transgender. They used psychoeducation as a suitable means of delivering the information to change maladaptive self-beliefs. This article provided factual information about CBT and the effects the treatment may have on maladaptive self-beliefs. The results show that CBT is a very promising treatment for mental health concerns and with adaptation to transgender needs could address associated concerns.</td>
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<td>Bauer, R. G. &amp; Schelm, I. A. (2015). Transgender people in Ontario, Canada: Statistics to inform human rights policy. <em>ResearchGate</em>, 1-12. Retrieved from <a href="http://www.researchgate.net/publication/277558920">http://www.researchgate.net/publication/277558920</a></td>
<td>This research report summarizes the results found from the primary study conducted by the PULSE research team. This article brings awareness of social factors related to health concerns. They used a respondent driven sampling method to conduct the interview amongst Ontario communities. The results show statistics on transgendered communities in Ontario. They also demonstrate the discrimination experienced by trans Ontarians and how it effects social development and involvement.</td>
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<td>Brown, G. R. (2014). Qualitative analysis of transgender inmates’ correspondence: Implications of departments of correction. <em>Journal of Correctional Health Care</em>, 20(4). DOI: 10.1177/1078345814541533</td>
<td>The TIP Journal (Trans in Prison) mailed the journal to 24 prisons throughout the United States to promote a response from the inmates about healthcare. As a result, a multitude (N=129) of inmates responded and created main themes about access to healthcare. The results showed the lack of health care provided to transgender inmates across many of the united states prisons. The articles were reviewed to obtain the themes of lacking health care. These themes were shown to be healthcare, social, legal, physical abuse, gender dysphoria, sexual abuse, housing, poverty, suicide, and mental health concerns.</td>
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<td>Clark, K., A., White Hughto, J., M., &amp; Pachankis, J., E. (2017). “What's the right thing to do?” Correctional healthcare providers' knowledge, attitudes and</td>
<td>This study focused on a semi-structured interview delivered to 20 correctional health care providers across New England analyzing</td>
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<td>Social Science and Medicine 194 80-89. doi.org/10.1016/j.socscimed.2017.09.052</td>
<td>experiences caring for transgender inmates.</td>
<td>influence said healthcare. These factors are found on the structural and individual level.</td>
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<td>Correctional Services Canada. (2017, January). Gender dysphoria (policy bulletin) (Issue Brief No. 800-5). Government of Canada: Jennifer Wheatley.</td>
<td>This bulletin addresses the new changes to identifying as transgender and being diagnosed with Gender Dysphoria while being incarcerated.</td>
<td>As a result, CSC created new policies around strip searches and policy as to the products they may obtain while incarcerated.</td>
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<td>Dickey, L., M., Hendricks, M., L., &amp; Bockting, W., O. (2016). Innovations in research with transgender and gender nonconforming people and their communities. Psychology of Sexual Orientation and Gender Diversity 3(2) 187-194. DOI: 10.1037/sgd0000158</td>
<td>The authors of this article provide a history of past research and examines the issues related to the transgender/nonconforming population.</td>
<td>As a result, the article categorizes the issues as participant recruitment, data collection, working with review boards institutionally, and distribution of findings. This article also displays many gaps in the previous research and provides suggestions for future studies.</td>
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<td>Glezer, A., McNiel, D., E., &amp; Binder, R., L. (2013). Transgendered and incarcerated: A review of the literature, current policies and laws, and ethics. The journal of the American Academy of Psychiatry and the Law 41(4).</td>
<td>This article is a review of all the current policies, laws, literature, and ethics surrounding the incarcerated Transgender population. The authors focus on epidemiology of the trans population in both the general public and incarcerated settings.</td>
<td>The results shine light onto the already discriminated population and the hardships they face while incarcerated. This article displayed a lack of research and data collection in regard to the trans population. Finally, these authors brought awareness to the high need of forensic knowledge surrounding transgenderism.</td>
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<td>Grenier, A., &amp; Hixson-Vulpe, J. (N.d). Beyond diversity: An LGBT best practice guide for employers. A Great Place to Work. Toronto, On. Retrieved from:www.greatplacetowork.ca</td>
<td>While this article is not specific to the incarcerated transgender population, it does focus on tips and strategies to develop inclusion in the work place.</td>
<td>As a result, these tips and tricks could be adapted in the correctional settings and with CSC employees, creating a more diverse work environment.</td>
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<td>Harawa, N., T., Amani, B., Bowers, J., R., &amp; Sayles, J., N. (2017).</td>
<td>These authors examined 19 HIV-positive individuals who had been or who are incarcerated, and they assessed the challenges with accessing health care.</td>
<td>The results showed an increase in care once the inmates were released from custody rather than the care they received while incarcerated. They found inconsistencies with the treatments provided and used a temporary stabilizer for those while in custody.</td>
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<td>Holsinger, K., &amp; Hodge, J., P. (2016).</td>
<td>Holsinger and Hodge focus of the transgendered juvenile delinquents and address the fact that the correctional systems ignore the unique needs and risk factors associated with identifying as LGBT.</td>
<td>As a result, the authors exposed many issues faced by youth LGBT, in addition to the employees that work alongside. This study demonstrated that issues concerning gender identity specifically, could not be identified, they did notice sexual identity, morphed the experiences of these individuals while incarcerated.</td>
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<td>The experiences of lesbian, gay, bisexual, and transgender girls in juvenile justice systems. <em>Feminist Criminology</em> 11(1) 23-47. DOI: 10.1177/1557085114557071</td>
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<td>House of Commons of Canada, Statutes of Canada. (2017). <em>An Act to Amend the Canadian Human Rights Act and the Criminal Code</em>. Retrieved from <a href="http://www.parl.ca/Content/Bills/421/Government/C-16/C-16_4/C-16_4.PDF">http://www.parl.ca/Content/Bills/421/Government/C-16/C-16_4/C-16_4.PDF</a></td>
<td>This Bill explains the recent changes the Government of Canada had made to the Human Rights Act.</td>
<td>The result of this Bill was that the Canadian Humans Right Act now recognizes Transgender and Gender Dysphoria within the grounds of discrimination. This means that no one who identifies as LGBT can be discriminated on any grounds.</td>
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<td>Howell, A. W. (2010). A comparison of the treatment of transgender persons in the criminal justice systems on Ontario, Canada, New York, and California. <em>Buffalo Public Interest Law Journal</em>, 28, 1-58.</td>
<td>This author uses a comparison technique to analyze the differences in treatment across three different justice systems. Howell focuses on the justice system in Ontario, New York, and California.</td>
<td>In conclusion, Howell found that Ontario had more liberal policies in place, those who did not have SRS were housed with those of the same genitalia rather than gender identity, and transgender inmates are more likely to experience sexual assault. While there were some differences across the varying justice systems.</td>
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<td>Israel, G., E. &amp; Tarver II, D., E. (1997). Transgender care: Recommended guidelines, practical information and personal accounts (pp. 14-29). Retrieved from <a href="https://books.google.ca/books?hl=en&amp;lr=&amp;id=IlPX6E5gIDE&amp;oi=fnd&amp;pg=PR15&amp;dq=transgender+interventions+and+treatment+s+in+prison&amp;ots=5iR3L9MOCQ&amp;sig=HrKKa7QPfSI20xbkQgDAJPGoTY8#v=onepage&amp;q&amp;f=false">https://books.google.ca/books?hl=en&amp;lr=&amp;id=IlPX6E5gIDE&amp;oi=fnd&amp;pg=PR15&amp;dq=transgender+interventions+and+treatment+s+in+prison&amp;ots=5iR3L9MOCQ&amp;sig=HrKKa7QPfSI20xbkQgDAJPGoTY8#v=onepage&amp;q&amp;f=false</a></td>
<td>This transgender care book reviews the formal procedures to making recommendations for psychological, hormonal, surgical, and social support for transgenders. The results of this book provide insight into the care of transgender individuals and provides knowledge around the transition and proper recommendations for surgery or treatments.</td>
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<td>Jenness, V. (2010). From policy to prisoners to people: A “soft mixed methods” approach to studying transgender prisoners. <em>Journal of Contemporary Ethnography</em> 39(5) 517-553. DOI: 10.1177/0891241610375823</td>
<td>This article defines the protocol that gathered data for a study that focused on transgender inmates in a male prison in California. This study focused on gender and sexuality. Results display awareness into basic questions and policy throughout the California Department of Corrections and Rehabilitation. The author found that using a soft mixed method approach answers complicated questions around transgender prisoners.</td>
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<td>Koh, J. (2012). The history of the concept of gender identity disorder. <em>Department of Neuropsychiatry, Osaka Medical College, 114(6).</em></td>
<td>Provides an overview of the history and how gender Dysphoria has been accepted into the DSM. Gave a background and wealth of knowledge surrounding the DSM diagnosis and the concept of gender.</td>
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<td>Lamble, S. (2012).</td>
<td>Rethinking gendered prison policies: Impacts on transgender prisoners. <em>The Howard League for Penal Reform-ECAN Bulletin, 16.</em></td>
<td>Bringing awareness to the traditional gender norms and the impact these norms have on those who are transgendered.</td>
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<tr>
<td>Levine, S., B. (2016).</td>
<td>Reflections on the legal battles over prisoners with gender dysphoria. <em>The Journal of the American Academy of Psychiatry and the Law 44</em>(2).</td>
<td>This article recognizes the legal battles transgender individuals have to go through to be granted permission for SRS while incarcerated. This article reviews the two court decisions that have granted access to this type of treatment.</td>
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<td>Malkin, M., L. &amp; DeJong, C. (2018).</td>
<td>Protections for transgender inmates under PREA: A comparison of state correctional policies in the United States. <em>Sexuality Research and Social Policy.</em> doi.org/10.1007/s13178-018-0354-9</td>
<td>This article provides a summary of the protections for transgender inmates and ensure the prison administration acknowledges the definitions. In addition, are provided with the appropriate information to ensure inmates are protected against victimization.</td>
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<td>Marlow, K., Winder, B., &amp; Elliot, H. J. (2015).</td>
<td>Working with transgendered sex offenders: Prison staff experiences. <em>Journal of Forensic Practice, 17</em>(3) 241-254. DOI: 10.1108/JFP-02-2015-0013</td>
<td>These authors conducted a qualitative approach with a semi-structured interview to analyze the experiences staff have had while working with transgender sex offenders (N=6). Data was used on a thematic regard.</td>
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<td>Marrett, S (2017).</td>
<td>Beyond rehabilitation: Constitutional violations associated with the isolation and discrimination of</td>
<td>Beyond rehabilitation, examines the violations of discrimination towards transgendered youth</td>
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transgender youth in the juvenile justice system. *Boston College Law Review* 58(1). and reveal the concerning statistics that trans youth experience more criminalization. The results display a need of awareness and a fair process for these youth.

Maschi, T., Rees, J., & Klein, E. (2016). “Coming out of prison: An exploratory study of LGBT elders in the criminal justice system. *Journal of Homosexuality* 63(9) 1277-1295. doi.org/10.1080/00918369.2016.1194093 These authors focused on a two-phase qualitative study discovering the experiences of ten previously incarcerated transgender elders. This study focused on the experiences of before, during, and after incarceration. From this study, a theme represented the ongoing hardships of coming out while in prison. These elders were stigmatized and discriminated against which creates the need for further awareness of the elderly transgender incarcerated population.

National Headquarters Correctional Services of Canada. (2017, December). Interim policy bulletin bill c-16 (gender identity or expression) (Issue Brief No. 584). Ottawa, ON: Don Head. Overview of the changes to the policy bulletin throughout CSC since the passing of Bill-C16 Providing CSC staff the procedures and policies to follow as a result of Bill C-16

Osborne, C., S. & Lawrence A., A. (2016). Male prison inmates with gender dysphoria: When is sex reassignment surgery appropriate? *Arch Sex Behav* 45 1649-1663. DOI 10.1007/s10508-016-0700-z This article reviews the discomfort associated while living in the opposite gender of one’s preference. The authors review cases that the correctional system has provided SRS as a treatment and analyzes when it is deemed necessary to receive this type of treatment. The results conclude with offering suggestions for physicians, mental health workers, and CSC staff to provide humane treatment and allow for the most successful outcome for transgender individuals.

Pemberton, S. (2013). Enforcing gender: The constitution of sex and gender in prison regimes. *Signs, University of Chicago Press* 39(1) 151-175. DOI: 10.1086/670828 This article describes the impact of gender identities on present practices employed by the United States and England’s prison systems. The results show that present policies follow the binary sex norms and demonstrate the negative forms masculinity may take.
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<td>This handbook provides an overview of World Professional Association for Transgender Health and the guidelines for healthcare workers to provide adequate care to transgender offenders.</td>
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<td>Results recommend graduate level training and education concerning LGBT and gender non-conforming individual’s as there are issues that remain inconsistent with the delivery of health care.</td>
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<td>These authors gathered data from the National Transgender Discrimination Survey between 2008-2009 (n= 3,878). These surveys focused on the associations of being transgender and health as well as the victimization experiences.</td>
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<td>The results found that 19.3% of the surveys reported being incarcerated and black, native American transgender women identified to have a larger history of incarceration. Those same individuals who have been incarcerated reported health related problems and 47% reported victimization.</td>
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<td>These authors utilized LexisNexis, WestLaw, and DOC data to collect state policies regarding transgender inmates. From here the authors analyzed the policies to see if they addressed classification, mental health services, hormone therapy, and SRS.</td>
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<td>Results found that more states are providing some sort of policy or guideline to follow when caring for transgender inmates but there is still a major shortage of guidance.</td>
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<td>Sexton, L. &amp; Jenness, V. (2016). “We’re like community”: Collective identity and Sexton and Jenness focus on two sociological factors of collective identity and collective absorb the collective identity of “transgender</td>
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<td>Findings show that transgender offenders absorb the collective identity of “transgender</td>
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<td>Collective efficacy among transgender women in prisons for men.</td>
<td>Effecting efficacy, analyzing the overlap of transgender communities in male facilities. The authors used a mix-method approach for analysis.</td>
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<td>Shah, B. A. (2010).</td>
<td>This study focuses on the fact that transgender offenders do not fall within the standard male and female categories. The study directs their attention to one of the biggest issues face by transgender offenders, placement.</td>
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<tr>
<td>Simopoulos, E. F. &amp; Khin Khin, E. (2014).</td>
<td>This article focuses on a review of both law cases and efforts of medical and psychiatric professionals to better address the needs of transgender offenders.</td>
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<td>Skinta, M., D., Hoeflein, B., &amp; Munoz-Martinez, A., M., (2018).</td>
<td>This study presents the effects of minority stress on individuals and how they internalize the impact creating social isolation. The authors used functional analytic psychotherapy (FAP) as a means of managing stigma and altering the internalization to more adaptive way generalizing more intimate and social behaviours.</td>
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<td>Statistics Canada, Correctional Services Program. (2015).</td>
<td>Stats Can provided statistics regarding the number of previous incarceration and current incarceration.</td>
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*Note: The results found that prisons are full of political and social stigmas making change difficult. The authors found that trans inmates try and hold on to as many basic rights as possible while they are forgotten in the system. This article also provided suggestions for potential solutions for such a unique need.*

*Note: The results found that there is a need of a systematic way to manage trans inmates. The results also displayed 19 states not having a policy supporting placement, management, or treatment.*

*Note: Results show that while FAP has a strong outcome for producing more adaptive behaviours for social relationships, the authors present the idea that FAP is challenging and therapists must being willing to explore uncomfortable emotions both by themselves and with their clients.*

*Note: Provided insight into the ratio of cisgender to transgender inmates.*
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<td>This article focuses on the differences transgender offenders face while being placed in a gender-segregated institution. They gather information from four male prisons using qualitative interviews. These interviews were conducted with transgender offenders, staff, and cisgender offenders.</td>
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<td>Results show according to staff all offenders should be treated the same regardless of the gender they identify. Other results show that we should be focusing on points in common rather than differences.</td>
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<td>This article delivers examples of legal rights transgender individuals have and their rights and protections of antidiscrimination.</td>
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<td>Results display a recognition of gender identity and expression and its protections under the Humans Right Charter.</td>
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<td>These authors focus on the quality of life, mindful acceptance, and self-esteem level in LGBT population. The authors gathered 177 participants, who performed a linear regression analysis and a two-moderation analysis.</td>
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<td>Results showed that mindful acceptance and self-esteem levels accounted for the difference in quality of life and psychological quality. The authors suggest from the findings that clinicians should acknowledge this relationship and...</td>
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<td>White Hughto, J., M., Clark, K., A., Atlice, F., L., Reisner, S., L., Kershaw, T., S., &amp; Pachankis, J., E. (2017). Improving correctional healthcare providers' ability to care for transgender patients: Development and evaluation of a theory-driven cultural and clinical competence intervention. Social Science and Medicine 195 159-169. DOI: 10.1016/j.socscimed.2017.10.004</td>
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<td><strong>address the stressors associated with the transgender identity.</strong></td>
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