

Inside Gender Identity

Quality Network for Prison Mental
Health Services

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Community Innovations Enterprise



Aims and objectives

Aim

- To provide NHS England with an appropriate assessment of the evidence base on meeting the health and social needs of trans people in the criminal justice system.

Objectives

- *A **review of the literature** from the UK and other countries as relevant, with respect to health and social care needs of transgender individuals in the criminal justice system.*
- *An **assessment of current practice** with regard to meeting the health and social care needs of transgender individuals in health and social care needs assessments within the criminal justice system.*
- *An **exploration of the issues** for practice in meeting the health and social needs of transgender individuals amongst health and social care staff working in the criminal justice system.*
- *To **make recommendations for action** based on the findings of the above for NHS England and related stakeholders e.g. Public Health England, Her Majesty's Prison and Probation Service (HMPPS) and related criminal justice partners.*



Methods

- ***Desktop analysis of relevant literature*** – separate report examining 200 research papers, articles and reports
- ***Stakeholder engagement*** involving 55 individuals:
 - Professional respondent, health care commissioner (11)
 - Professional respondent, health care practitioner (15)
 - Professional respondent, criminal justice (10)
 - Professional respondent, social sector (12)
 - Professional respondent, Academia (2)
 - Professional respondent, Government Department (2)
 - Trans prisoners (3)
- ***Quantitative data analysis***
- ***Analysis and report writing***



Trans health

- *“Every area of health is affected, it looks like things are happening but they are not, the focus is often on the physical sexual attributes and not the wider health needs.”* (Professional respondent, Social sector)
- *“We are conditioned to deal with men’s health or women’s’ health, it is challenging when it is trans health.”* (Professional respondent, Health sector practitioner)
- *“The focus is much more on where to place people in the prison estate than on their health needs.”* (Professional respondent, Health sector commissioner)



Trans health

Physical health

- *Health screens, prevention and early identification*
- *Morbidity and mortality*
- *Substance misuse*
- *HIV and AIDS*
- *Mental health*
- *Self-harm and suicide*
- *Social risks and needs – Isolation, The impact of coming out, Disability, Caring responsibilities, Unemployment*
- *The health impacts of discrimination and prejudice*



Trans and Criminal Justice

Victims of crime

- *73% of trans people surveyed experienced some form of harassment in public (ranging from comments and verbal abuse to physical violence);*
- *21% stated that they avoided going out because of fear of harassment;*
- *46% stated that they had experienced harassment in their neighbourhoods;*
- *64% of young trans men and 44% of young trans women experienced harassment or bullying at school, not just from their fellow pupils but also from school staff including teachers; and*
- *28% stated that they had moved to a different neighbourhood because of their transition.*

(Whittle, et al. 2007)

- ***Violence and assault***
- ***Prejudice and discrimination***



Trans and Criminal Justice

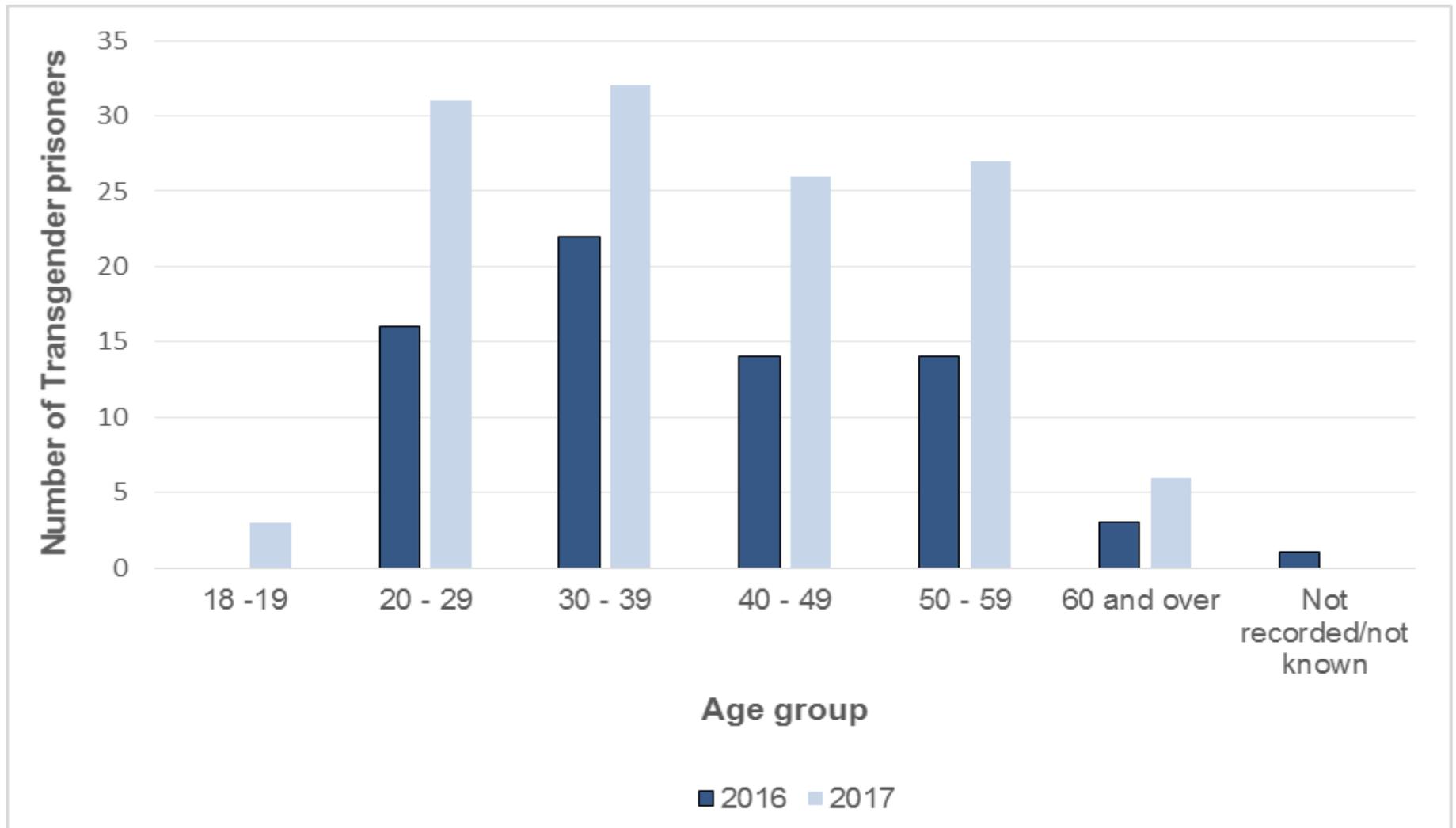
Numbers of prisoners in England and Wales identifying as trans

- 47 of the 124 public and private prisons (**38%**) in England and Wales said that they had 1 or more transgender prisoners;
- there were **125 prisoners** currently living in, or presenting in, a gender different to their sex assigned at birth and who have had a local transgender case board;
- of these, **99 reported their gender as male**, 23 reported their gender as female and 3 did not state their gender;
- **12 of the 125 prisoners** reported their ethnic group as Black, Asian and Minority Ethnic Group and 113 as White;
- based on this exercise, there were **1.5 transgender prisoners reported per 1,000 prisoners in custody.**

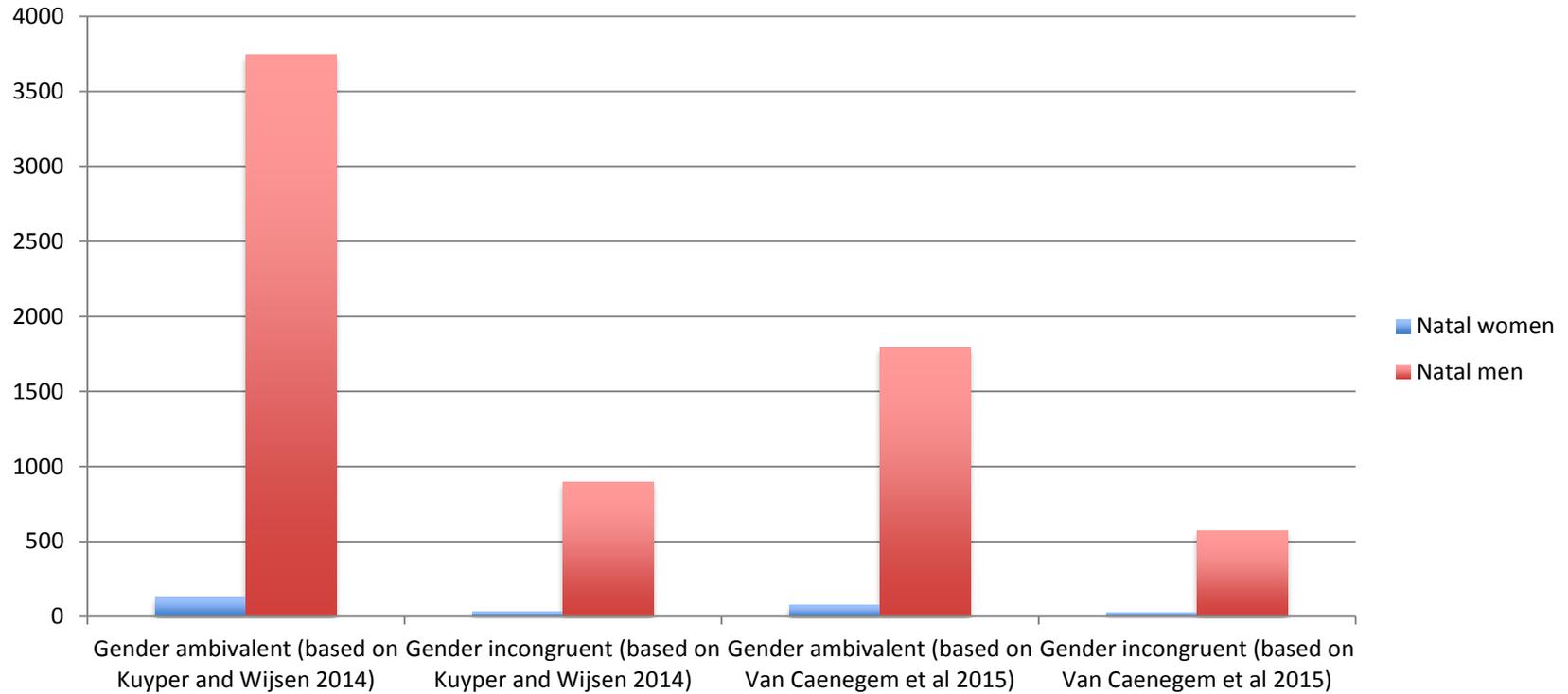
(MOJ, 2017)



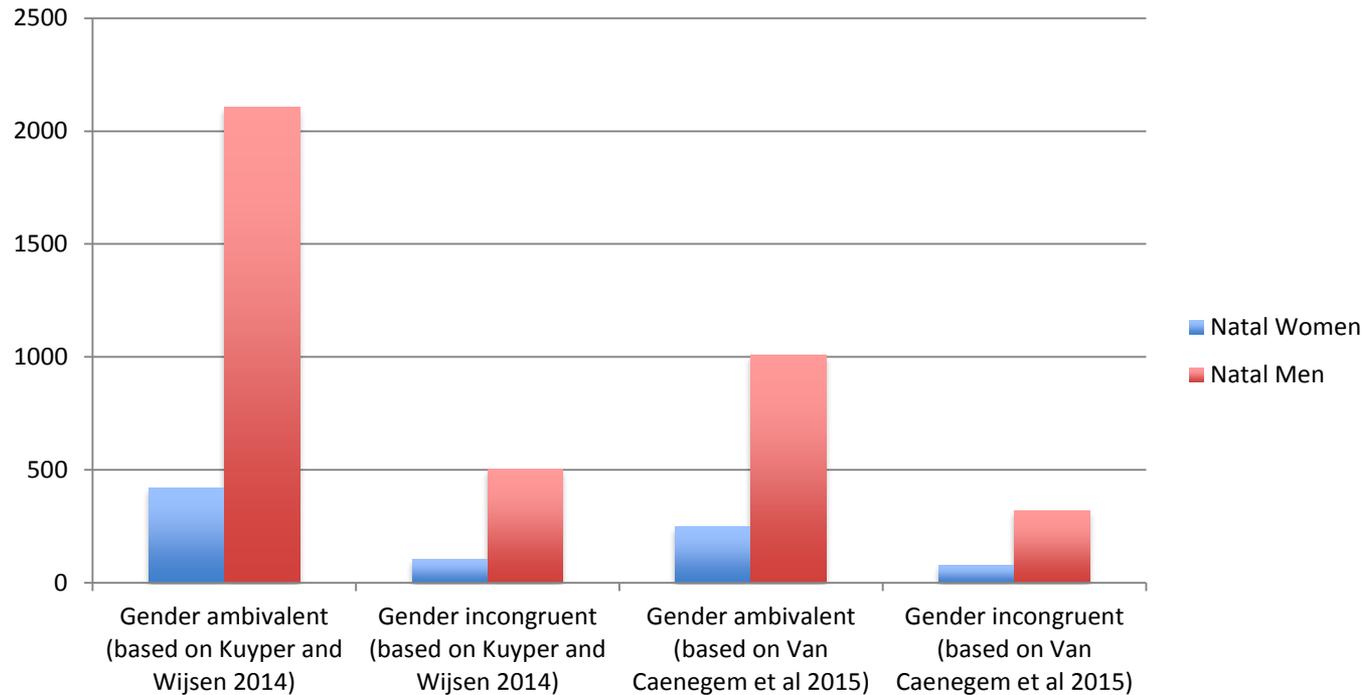
Trans and Criminal Justice



Estimates of gender ambivalent and gender incongruent natal males and natal females in the prison estate England and Wales



Estimates of gender ambivalent and gender incongruent natal males and natal females in Liaison and Diversion Services in England



Trans and Criminal Justice

Numbers of trans people in the criminal justice system

“We are trans blind – don't know level of need and don't share what experience we do have.”

(Professional respondent, Health sector *commissioner*)

“Trans gender is not routinely asked about anywhere in healthcare or in custody.” (Professional respondent, Health sector practitioner)



Trans and Criminal Justice

Patterns of offending behaviour

“Trans people are stereotyped as a risk for sexual offending, as if they are just seeking access to women, we are in the business of risk assessment but it can be used as a smoke screen.” (Professional respondent, Criminal justice sector)

Preventing Reoffending

“The offender management programmes are accredited for males, there is no account for working with trans prisoners.” (Professional respondent, Criminal justice sector)



Trans health & Justice

- 1. Safe from harm** - *At the point of arrest, Pre-sentence planning and the courts, Placement in the prison estate*
 - **Managing Risk and vulnerability** - *Stigma and discrimination; Bullying, harassment and violence; supporting trans prisoners to live in the gender role they identify with; clustering in the prison system*
 - **Young trans offenders**
 - **Preventing self-harm and suicide** - *Assessment, Care in Custody and Team work (ACCTs)*



Trans health & Justice

2. Health and social care pathways

- ***Hormone therapy and related prescribing***
- ***An integrated care pathway***
- ***Gender Identify Clinics and offender health care pathways –
Access, Experience, Outcomes***



Gender Identify Clinics and offender health care pathways

Access

“The waiting times for the GIC are very long.” (Professional respondent, Health sector practitioner)

“The GICs are under immense pressures from increasing demands, they are small services, not set up to manage this level of demand.” (Professional respondent, Health sector practitioner)

“There are significant barriers for prisoners to access GICs, we struggle with this.” (Professional respondent, Criminal justice sector)

“They [the GIC] said come back when I am released.” (Trans female prisoner)



Gender Identify Clinics and offender health care pathways

Experience

“The GICs refuse to treat people if they have mental health problems, substance problems – they expect people to sort these out first, but that can be difficult if it is all tied up with their gender dysphoria.” (Professional respondent, Health sector practitioner)

“The GI Clinics won’t take people if they are using alcohol or drugs, it would be better if they worked more closely with people on resolving the problems, rather than a blanket refusal to work with them.” (Professional respondent, Health sector practitioner)



Gender Identify Clinics and offender health care pathways

Outcomes

“We can take comfort that someone is engaging with a GIC, that they have a true desire to live in this role and its not manipulation. It helps assess and manage risks, supports us in making decisions about where to place someone, providing treatment.” (Professional respondent, Criminal justice sector)

“...it needs partnership across a range of agencies and services, the GICs, HMPPS, prison healthcare.” (Professional respondent, Health sector practitioner)



Case study B

*A Serious Incident review took place after a female trans prisoner removed her testicles using a razor blade and flushed them down the toilet... The incident was initially referred to as 'self-harm' but after talking with the prisoner, she was very clear that it was **a deliberate and well thought out act of 'self surgery' and not an attempt at self-harm nor a cry for help...***

*It was established that the prisoner had **never actually received a formal diagnosis of gender dysphoria** and had been primarily regarded as someone with an unstable personality disorder with **no real recognition of her gender issues...***

*As a result of the case review there have been three significant developments: **a review of her sentencing pathway** and parole is considering the **viability of transfer to the female estate**; a **trans advocate** has been identified from a local LGBTQ agency **and training** is being introduced for health staff and officers.*



Trans health & Justice

2. Health and social care pathways

- *Hormone therapy and related prescribing*
- *An integrated care pathway*
- *Gender Identify Clinics and offender health care pathways – Access, Experience, Outcomes*
- **Social sector support and engagement**
- **Through the Gate**



Trans health & Justice

3. Skills and knowledge

- ***Capacity***
- ***Culture, management practice and leadership***
- ***Addressing discriminatory practice***
- ***Recognising and sharing good practice***



Recommendations

Competency and skills

- Recommendation 1: Equality and Diversity Training
- Recommendation 2: Practice guidance
- Recommendation 3: Expert Champions

Care and justice pathways

- Recommendation 4: Appropriate and integrated care pathways
- Recommendation 5: Offender management treatment programmes

Gender identity clinics and offender pathways

- Recommendation 6: Gender Identify Clinics

Involvement and engagement with the trans social sector

- Recommendation 7: Trans social sector involvement in support
- Recommendation 8: A national trans health and justice network



Report available at

www.cielp.net/inside-gender-identity

