

# Inside Gender Identity

## **Executive Summary**

A report on meeting the health and social care needs of transgender people in the criminal justice system

December 2017



Community Innovations Enterprise

# Inside Gender Identity: A report on meeting the health and social care needs of transgender people in the criminal justice system

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# Contents

<b>Foreword</b>	<b>3</b>
<b>Introduction</b>	<b>4</b>
<b>Trans health</b>	<b>5</b>
<b>Trans Justice</b>	<b>7</b>
<i>Numbers of trans people in the criminal justice system in England and Wales</i>	<b>8</b>
<b>Trans Health and Justice</b>	<b>9</b>
<i>Safe from harm</i>	
<i>Young trans offenders</i>	<b>10</b>
<i>Preventing self-harm and suicide</i>	
<i>Health and social care pathways</i>	<b>11</b>
<i>Hormone therapy and related prescribing</i>	
<i>An integrated care pathway</i>	
<i>Gender Identify Clinics and offender health care pathways</i>	
<i>Social sector support and engagement</i>	<b>12</b>
<i>Through the Gate</i>	
<i>Skills and knowledge</i>	<b>12</b>
<b>Recommendations</b>	<b>13</b>
<i>Recommendation 1: Equality and Diversity Training</i>	
<i>Recommendation 2: Practice guidance</i>	
<i>Recommendation 3: Expert Champions</i>	
<i>Recommendation 4: Appropriate and integrated care pathways</i>	<b>14</b>
<i>Recommendation 5: Offender management treatment programmes</i>	
<i>Recommendation 6: Gender Identify Clinics</i>	
<i>Recommendation 7: Trans social sector involvement in support</i>	<b>15</b>
<i>Recommendation 8: A national trans health and justice network</i>	
<i>Recommendation 9: Funding for research</i>	
<b>References</b>	<b>16</b>

# Foreword

I have often heard the expression ‘hard to reach’ or “invisible communities” but none could be easier to reach or more visible and yet, remain, so beyond basic care and respect than transgender people in the criminal justice system. The lack of understanding, the attempts, however well intentioned, to make people conform to pre-conceived ideas about how identity and ways of being may differ to what many consider the ‘norm’, cannot in any civilised society, explain or justify, the appalling ways in which we seem to treat those whose gender is not a simple binary opposition.

I am comfortable in my gender; I am (I have learnt) cisgender. A term I was not familiar with before doing this work, in simple terms I am happy with the gender and sex that I was born into. But some people are born into a biological body whose sexual attributes, and all the ideas and expectations of gender identity that goes with that, does not match their actual gender identity. I cannot imagine a more difficult way for a person to try and exist – to be born into a body and the expected gender role that was not the one they identified with. And perhaps this is my age, or my gender, or my sexuality – but – I am only just coming to terms with the reality that increasing numbers of young people feel that they are non-binary in their gender identification. I am told, and I usually prefer to learn about things from those who actually know what they are talking about, by that I mean those who have lived experience, that to be non-binary, or gender fluid means being different to the stereotypical ways in which society generally ascribes these identities.

It might surprise some of these young non-binary people and even those who are transgender, transsexual, heterosexual, Lesbian, Gay, Bisexual or Queer – but I am well used to other people telling me about my identity, and getting it completely wrong. I am a Yorkshire man, a Hindu, an immigrant, I am British, I am often referred to as South Asian, though I feel little in common with most of the world that that term implies. Amongst polite society I am called various things ‘Asian’, ‘Indian’, ‘BAME’ [Black and Asian Minority Ethnic], amongst the less polite...well I expect most people know. I could fill this report with the various things that make up my identity – but – and this is so important, you will only know me if you ask, and only if I trust you enough, I would tell you. And wouldn't you too?

This report is challenging – it challenges our ideas about gender and identity, it explores the very real and complex problems that confront trans people in the criminal justice system and those who are charged with their care, management and safe keeping. It puts a spotlight on the real lived experience of trans people in the criminal justice system and asks us a basic question – could we do better? I believe we can, I believe we must, because no matter why someone is in this system, or who they are, our job as a responsible society is to treat all offenders with respect and dignity, to keep them sane and well, to prevent self-harm or worse, death and at the same time to help them to rehabilitate and join the rest of us in making this a world we all want to, and can, live in.

**Professor Lord Patel of Bradford OBE**

# Introduction

This report sets out the findings from a review of the health and social care needs of trans<sup>1</sup> people in the criminal justice system. This is primarily about offenders, though it should be recognised at the outset that trans people are more often victims of crime than perpetrators. However, for those who are offenders in the criminal justice system there is increasing awareness of their health and social care needs, especially mental health needs and the risk of self-harm or suicide. There are particular concerns about trans people in the prison system and there have been some tragic and preventable deaths.

A new Prison Service Instruction (PSI 17/2016) has brought much needed clarity to decision-making processes about where to place trans offenders in the prison system and how to ensure that they are treated with dignity and respect for their gender identity. However, there has been less focus on the health and social care needs of trans offenders and how the identification of health and social care needs and offender health care pathways can be improved.

The aim of this review was to provide NHS England with an appropriate assessment of the evidence base on meeting the health and social care needs of trans people in the criminal justice system. The report on the findings is for the purpose of informing policy and practice in the offender health system, taking into account all ages and the range of provision. This includes an evaluation of the way in which the needs of transgender individuals are incorporated in offender health and social care needs assessments and the implications for service provision and practice.

## Methods

The methods combined desktop analysis of data and literature and stakeholder engagement. Due to the known issues with respect to the lack of accurate and complete data on transgender individuals, the programme of work was largely qualitative with a view to identifying key thematic issues of concern and identifying practical actions that can be included in recommendations for strategy and policy. The literature review is published separately.

The sample of key informants was drawn from across the health and criminal justice system for confidential one to one interviews. This included a total of 55 individuals, including practitioners and managers from the NHS, Her Majesty's Prison and Probation Service (HMPPS), Liaison and Diversion Schemes, Police, Community Rehabilitation Companies, Prisons, Youth Justice, related social sector partners, Trans and (Lesbian, Gay, Bisexual and Trans) LGBT organisations and trans people themselves with experience of the criminal justice system, including three trans prisoners. A small Steering Group has overseen the work programme and have received interim findings for discussion.

Bi-lateral meetings have also been held with the team from NHS England responsible for the consultation on proposed service specifications for specialised gender identity services.

<sup>1</sup>The term 'trans' and 'transgender' are used in the report as umbrella terms that describe a variety of ways of being human that do not fit with, or conform to, stereotypical and/or binary definitions of gender. For a full glossary of terms used to describe gender identities see the introduction to the full report.

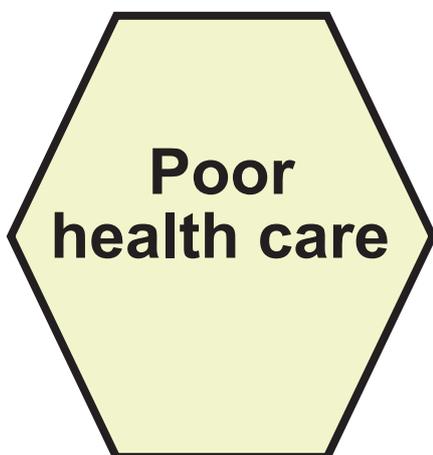
# Trans health

In assessing the health and social care needs of the trans population it is important to recognise the limitations of the available research base and the relative lack of inclusion of trans people in population based health and social care needs assessments. This is largely a result of research and surveys failing to include identification of trans people in data collection and analysis. Lack of clarity and consistency in the use of terms to describe transgender also adds to the challenge of interpreting data. Nevertheless, there is a large and growing body of evidence that trans people experience a wide range of significant health and social care needs that are directly associated with being a trans person. These include:



- Trans individuals are more likely to report their health as being poor, this is in comparison not only to general population self reported health but also with respect to Lesbian, Gay and Bisexual populations (Williams et al. 2016).
- For trans people taking regular, long term hormonal therapies there are particular risks with respect to morbidity and mortality, for example, cardiovascular disease, cancer and osteoporosis (Streed et al., 2017; Ashbee and Goldberg, 2006; Guasp, A. 2011)
- 62% of trans people may be dependent on alcohol or engaging in alcohol abuse (McNeil, et al. 2012).
- Trans people are up to four times more likely to be HIV positive than those in the general population and are thought to be less likely to be tested for HIV (Grant, 2010).

Various factors are thought to impact on this, including social determinants of ill-health e.g. isolation and family rejection, homelessness, unemployment and living with prejudice and discrimination, including violence.



Engagement with health services may also be a factor that impacts on the health and wellbeing of trans people. For example:

- Trans people are known to experience negative attitudes and discrimination from health professionals that may result in avoidance of health services and neglect of health problems (LGBT Foundation, 2017).
- Gender specific health needs such as for age related cancer screening programmes, might be masked or neglected due to trans peoples' poor experience of healthcare and subsequent lack of engagement with health services (Williams, et al. 2016).

Mental health problems are known to be higher amongst trans individuals. This may be part of gender incongruence experienced as a result of being trans and/or in response to the high levels of stress and anxiety that can be caused by the experience of stigma and discrimination associated with being trans.



- 56% of transgender people had been diagnosed with depression at some point in their lives, four times the rate for the general population (Hyde, et al. 2014).
  - Trans women on average are more likely than trans men to report paranoid ideation, interpersonal distrust, anxiety, depression, and obsessive-compulsive complaints (Claes, et al. 2015).
  - More than half of trans people have self-harmed at some point and more than a third have considered suicide (McNeil, et al. 2012).
  - Three quarters of trans young people have self-harmed and over a quarter (27%) are currently purposely self-harming (METRO, 2014).
- **Since November 2015 the Prison and Probation Ombudsman (PPO) has investigated four deaths by hanging of transgender prisoners. These deaths were all trans women, and at the time of their death three were held in the male estate (PPO, 2017).**



- 1 in 4 trans young people experienced physical abuse at school (Whittle, et al, 2007).
- 22% of trans people were not permitted to use the appropriate toilet after coming out at work (Ibid).
- 58% of trans people were reported to have a disability or chronic health condition, including 8.5% who were deaf and 5% who were visually impaired (McNeil, et al. 2012).
- Transgender people may be more likely than the general population to have an autistic spectrum disorder (Pasterski, et al. 2014).
- 57% of transgender adults have experienced family rejection (Haas, et al. 2014).
- 1 in 5 transgender people reported having experienced homelessness at some time in their lives because of discrimination and family rejection (Ibid).

The complexity of the health and social care needs of trans people needs to be understood before adequate consideration can be made to meeting those needs. This is particularly important for offender healthcare pathways, where the additional barriers and challenges to identifying and meeting needs in the criminal justice system are so acute.

# Trans Justice

Trans individuals are much more likely to be victims of crime, rather than offenders. For example, trans people frequently experience verbal abuse and harassment in public and young trans people in particular report high levels of bullying at school.



## Victims of crime & violent assault

- 73% of trans people experienced some form of harassment in public and 21% stated that they avoided going out because of fear of harassment (Whittle, et al. 2007).
- 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 (Ibid).
- 28% of trans people stated that they had moved to a different neighbourhood because of their transition (Ibid).
- 19% of trans people reported experiencing domestic violence by a family member because they were transgender or gender non-conforming (Grant, et al. 2011).
- 12% become victims of sexual violence (Ibid).
- 80% of trans people have experienced emotional, physical or sexual abuse from a current or former partner based on the rejection of their trans identity (Roche et al., 2010).



## Lack of trust in the criminal justice system

- 97% of transphobic crime goes unreported (Wilde, 2007).
- There is a lack of understanding from police services and a lack of faith from trans people that the police will deal with hate crimes with the necessary respect and understanding (Williams et al., 2016).

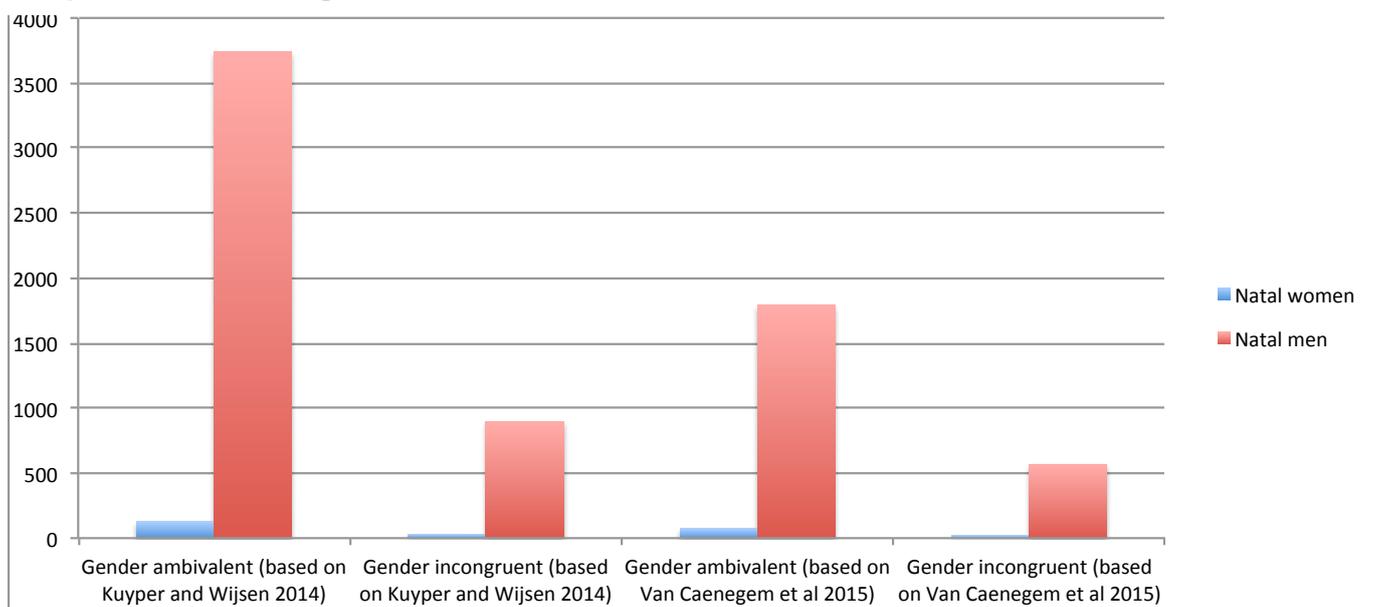
This reality, that trans people are first and foremost most commonly victims of crime must be in our minds as we consider those who have themselves committed a crime and are in the criminal justice system. Not as an excuse or a justification, but as part of the wider context in which trans people live their lives, a context that may help to explain why trans people are distrusting of authority and often afraid of others knowing about their true gender identity.

This may, in part, explain why so few trans people have been thus far identified in official statistics about offenders.

## Numbers of trans people in the criminal justice system in England and Wales

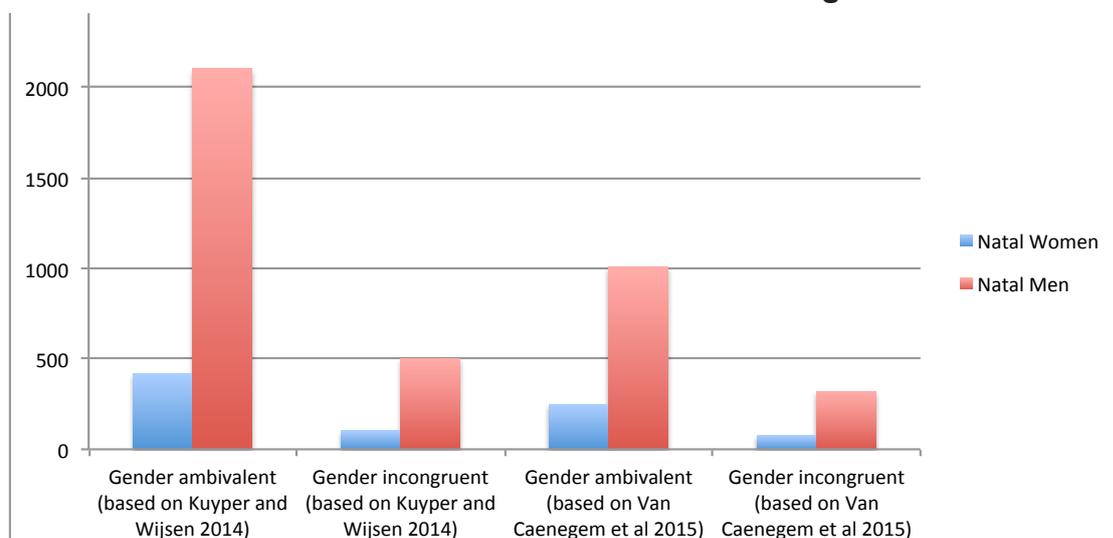
There are no statistics in the UK on the number of trans people who are arrested by the police, dealt with by the courts or are subject to probation orders. The numbers of trans individuals in the prison system have been estimated as 1.5 per 1,000 or 125 prisoners (Ministry of Justice, 2017). In Liaison and Diversion Services 311 (5%) transgender clients were identified in 2016/17. By applying recent research from the Netherlands (Kuyper and Wijzen, 2014) and Belgium (Van Caenegem et al., 2014) on the prevalence of gender variant people in the general population, some indicative estimates of the potential numbers of trans people in the criminal justice system in the UK can be made.

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



These data suggest that the number of trans people in the prison system may be significantly under identified. A similar pattern is found within Liaison and Diversion services.

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



The above studies have limitations, but they provide the most robust, available population based estimates for the numbers of trans people. Nevertheless, extrapolation of the data to the UK population is problematic and the data should be treated with caution.

One of the more important points that these population estimates reveal, is the need for greater consistency and precision in how transgender individuals are identified and defined in service utilisation data. This would help to identify those that are at greater risk of mental health problems, including self-harm and suicide and provide a better indication of the likely demand for specialist gender services amongst this population group.

There is very little research on preventing re-offending amongst trans offenders. However, respondents are clear that the identification and recognition of trans status and gender identity must be at the heart of the approaches to preventing re-offending for trans individuals. Prevention and rehabilitation programmes, including offender management programmes need to take account of the specific circumstances and conditions under which trans individuals enter the criminal justice system and how they leave it. This is thought to be particularly important for probation services and with respect to entry on Alcohol and Drug Treatment Orders and Mental health Treatment Requirements.

## Trans Health and Justice

Combined analysis of the health and social care needs of trans people and their experience in the criminal justice system provides three core objectives for trans health and justice:

1. Recognising, without prejudice, stereotyping or discrimination the reality of trans peoples' experience in the criminal justice system and ensuring that they are kept **safe from harm**.
2. Providing effective, evidence based and **integrated health and justice pathways** that take adequate account of trans people's health and social care needs.
3. Equipping staff with the **skills and knowledge** to provide an environment in which trans offenders can express their gender identity and feel confident that their particular gender expression/identity and needs are recognised, validated and respected.

### Safe from harm

The complex range of health and social care needs and unique circumstances of trans individuals can make them particularly vulnerable in the criminal justice system. These vulnerabilities are especially acute at the point of arrest, in the court system, with respect to pre-sentence planning and placement in the prison system and on release from prison and returning to the community.

The police and Liaison and Diversion Services provide an important early point at which harms and risks can be identified for trans people. Effective and informed pre-sentence reports and planning and the involvement of multi-disciplinary teams, including healthcare are thought to be especially important.

Much greater attention is being paid to the safety of trans people in the prison system as a result of the revised Prison Service Instruction (PSI 17/2016), however, implementation of the guidelines are not thought to be consistent across the prison estate:

- there can be additional barriers and issues with respect to movements and transfers within the prison estate for trans prisoners, for example, lack of continuity and contact with gender identity services;
- good practice says that trans prisoners should not be placed in segregation or on vulnerable prisoner wings as a result of being transgender, but this is still occurring;

- parts of the prison estate struggle to enable appropriate access to bathing and toilet facilities for trans prisoners;
- there are barriers preventing transfer of trans female prisoners to the female estate, for example, fears about sexual risk to female prisoners. Although, some respondents feel that these risks are exaggerated or may mask other more real behavioural risks;
- there are variations in responses by particular prisons to supporting trans people to live in role, with some prisons providing access to gender neutral canteen lists to enable the purchase of items of clothing, toiletries and makeup, while others do not; and
- there are mixed views about whether clustering of trans prisoners would provide greater support for people in terms of access to services and peer support.

Managing risk and vulnerability of trans prisoners requires recognition of the complex range of factors that intersect, and can co-exist in such a way that transgender individuals can become very vulnerable within the criminal justice system. This is especially important for young trans offenders and preventing self-harm and suicide.

### ***Young trans offenders***

There is very little data on the numbers of young trans people in the criminal justice system. However, there are concerns that this may be a growing and hidden population with particular vulnerabilities. Young trans people in the criminal justice system often have very complex lives, including dysfunctional family relationships and/or lack of family contact, drug and/or alcohol use and mental health problems. Unemployment and isolation are also thought to be risk factors (World Health Organisation, 2015).

### ***Preventing self-harm and suicide***

The experience of both stigma and discrimination alongside complex health problems and mental health needs within criminal justice settings can result in an increased sense of isolation and fear, and heighten the risk of self-harm or suicide. Despite the known risks, responses are often reactionary and after the event. The learning from serious case investigations suggest the following areas require attention:

- the need for a comprehensive, multi-disciplinary team assessment;
- a care plan that addresses all risks, including those related to bullying and discrimination;
- appropriate observation levels; and
- consistent record keeping and review.

(PPO, 2017)

Preventing self-harm and suicide is identified by respondents as something that must be recognised much earlier in the system, taking full account of the overall vulnerability of trans offenders.

## ***Health and social care pathways***

One of the key insights from respondents and in the literature review is that the health and social care pathways for trans offenders are too often reactive, disjointed and lack co-ordination. In particular, respondents thought that:

- there was excessive gatekeeping for trans offenders, often resulting in care pathways being fractured;
- an integrated care pathway that takes account of gender identity and other health and social care and justice related needs and issues is required at the policy level; and
- there needs to be changes in practice that are informed by clear guidance and standards for trans offender health care pathways.

## ***Hormone therapy and related prescribing***

One of the more complex and challenging areas raised by respondents relates to the prescribing of hormone therapies and related medicines to support transition. Being able to ensure continuity of treatment, however it has been prescribed or obtained, is thought to be a priority for healthcare by respondents. In particular, concerns were raised about trans individuals being able to continue hormone and related therapies on entering prison. Trans individuals in the prison system are thought to be at particular risk with respect to missed doses and cessation of prescribing and a “freeze frame” approach is not considered appropriate care in most situations (Kosilek v. Massachusetts Department of Corrections/Maloney). The issues can be especially complicated when individuals have been self-prescribing through the Internet or private prescriptions. Respondents also reported that there is reluctance amongst health professionals, including medical staff and the wider health team to prescribe hormone therapies for trans individuals in the criminal justice system.

## ***An integrated care pathway***

Care pathways can be particularly challenging for trans people with complex needs, including gender identity, mental health and/or substance use problems. In particular:

- trans individuals cannot access more than one care pathway at a time, e.g. treatment programmes for mental health and/or substance use do not take adequate account of gender identity issues, including gender incongruence;
- particular issues have been identified with respect to personality disorder pathways, which can be especially challenging with respect to trans offenders; and
- care pathways can become particularly problematic with respect to therapeutic communities and appropriate engagement with trans individuals.

## ***Gender Identify Clinics and offender health care pathways***

This review of the health and social care needs of trans offenders has taken place at the same time as a formal public consultation on proposed service specifications for the specialised services delivered by Gender Identity Clinics (GICs), as commissioned by NHS England. Respondents thought that it was important that the consultation takes account of the healthcare pathway needs of trans people in the criminal justice system. In particular:

- some respondents felt that the care pathway for offenders into GICs could be too restrictive, with trans offenders being rejected for treatment due to having a range of complex needs; and
- effective contact with a GIC for offenders is viewed as having a positive impact on health, wellbeing and re-offending.

## ***Social sector support and engagement***

Alongside the need for appropriate and integrated healthcare pathways there is a need for greater involvement and engagement with the trans social sector. However, respondents pointed out that this will not take place without appropriate funding and support. Two of the particular benefits that involvement of the trans sector could bring are befriending and advocacy.

## ***Through the Gate***

There is a concern that some of the complications and challenges of placing trans people appropriately within the prison estate can impact on their subsequent release, for example, reduced opportunities to be placed in a resettlement prison. Inappropriate or poorly defined healthcare pathways on release are also thought to have a negative impact on re-offending for trans people.

## ***Skills and knowledge***

Although it is undoubtedly improving and there are some examples of excellent practice by offender health teams, there is an acute lack of awareness and understanding about the health and social care needs of trans people in the criminal justice system. Lack of confidence amongst staff can relate particularly to helping people understand gender identity and how processes and care pathways work. Staff need to feel confident to talk to trans offenders about their gender identity, whether this is non-binary, gender fluid or gender binary. Specific areas for developing and improving skills and knowledge that require attention include:

***Capacity*** - It is not a simple case of providing training, as there are particular capacity issues in enabling health and justice staff to attend training. Respondents suggested that there needs to be a more creative and responsive approach to training and education.

***Culture, management practice and leadership*** - For many respondents, a far bigger challenge is to change the culture and management practices that inform practice. In particular, respondents highlight the need for the most senior people to take account of trans issues and needs and provide leadership on this area.

***Addressing discriminatory practice*** - The capacity, confidence and skills to challenge poor and inadequate or discriminatory practice is seen as important. This needs to be part, not only of equality training, but induction and supervision of staff.

***Recognising and sharing good practice*** - Although there are clearly some significant gaps in skills, knowledge and experience in working with the health and social care needs of trans offenders there are also some areas of good practice. Respondents called for greater sharing of good practice across the criminal justice system. The importance of lived experience and the active engagement of trans people themselves is also recognised as being essential.

# Recommendations

## ***Recommendation 1: Equality and Diversity Training***

Healthcare providers need to review their equality and diversity training to ensure that adequate account is taken of trans gender identities and the associated health harms and risks that come from the experience of prejudice and discrimination against transgender people. This should include adequate time for healthcare practitioners to reflect on their own unconscious bias with respect to gender diverse people and ways in which they can overcome this. The active involvement of trans individuals with skills and competence in delivering equality training, who are appropriately funded to do so, would greatly enhance the ability of staff to address these issues. NHS England should ensure that this is adequately addressed in contract monitoring and procurement arrangements for healthcare providers in the criminal justice system.

## ***Recommendation 2: Practice guidance***

There is a need for concise, evidence based practice guidance on working with gender diverse individuals in the offender healthcare system. This could take the form of several practice guidance notes that address particular health issues and be based on some of the excellent resources that have already been developed for general health care and non-criminal justice settings. For example, prescribing of hormones and related therapies (including pre and postoperative care for trans people), supporting trans people experiencing acute gender incongruence and related emotional and psychological problems. Practice guidance should also consider the public health needs of gender diverse individuals including sexual health, HIV prevention and drug and alcohol use. NHS England could work with related partners such as the Royal Colleges, National Institute for Health and Care Excellence (NICE), Public Health England, the National LGB&T Partnership and the LGBT and transgender social sector to develop practice guidance for offender healthcare settings.

## ***Recommendation 3: Expert Champions***

There is a need to concentrate expertise in a way that is accessible across the offender healthcare system. This could be achieved through the creation of expert champions in the area of trans offender health and social care needs. This exists to a degree through those healthcare practitioners and justice staff, who have already built up expertise and competence in working with trans individuals. However, this is ad hoc and not widely accessible to people elsewhere in the system that may need particular advice and/or support. NHS England and HMPPS could support the development of expert champions by convening a national or regional network of those individuals with this expertise. For such a network to be effective it would require the support of providers in the health and justice systems to enable staff to take time to attend meetings and to develop their expertise further through training. This could mirror the single points of contact that have been established in the National Probation Service divisions or the Regional Psychology Leads or the equality leads that are in each prison to enable more effective working across NHS and HMPPS. In the community (and possibly prisons) development of GPs with a special interest in transgender could also assist in developing the availability of appropriate clinical expertise.

## ***Recommendation 4: Appropriate and integrated care pathways***

NHS England needs to work collaboratively, internally and with external partners and providers, to ensure that trans individuals in the criminal justice system can access an appropriate, integrated care pathway where and when this is needed. This applies particularly to mental health, substance use and specialist offender therapeutic pathways. The views and experiences of transgender individuals should be included in assessing ways in which these pathways can be made more accessible and beneficial for transgender people.

## ***Recommendation 5: Offender management treatment programmes***

It is important that NHS England works closely with HMPPS to ensure that trans individuals in the criminal justice system can make full use of offender treatment programmes that will support sentence planning and reduce the likelihood of reoffending. HMPPS are already engaged in a process of review of some existing programmes and this could be further supported by the NHS commissioners and providers and also by taking on board the experience and views of trans offenders who have accessed these programmes.

## ***Recommendation 6: Gender Identify Clinics***

NHS England should take account of the findings of this review as part of the consultation on proposed service specifications for the specialised services delivered by Gender Identity Clinics. These include:

- the need for the procurement of GICs to take adequate account of the needs of trans individuals in the criminal justice system including access and recognition of the specific constraints on access for trans people in prison;
- greater consistency across GICs in terms of recognising the particular circumstances of trans people in prison, in particular with respect to living in role within a prison establishment and that for longer term prisoners this is their normal environment and therefore equivalent to the work/study/volunteering environment in which service users are expected to live in role outside prison;
- the need to provide clinical guidance and support to medical staff in prisons on prescribing hormones and related therapies, taking account of the need to ensure continuity of care and reducing the risks and harms that can result from the abrupt cessation of prescribing in prisons;
- the views and experiences of transgender offenders should be included in the development of new service specifications and models of care for gender identity services.

NHS England may also wish to consider the potential value in providing inreach services to prisons for gender identity services and/or whether this can be done on a regional basis.

## ***Recommendation 7: Trans social sector involvement in support***

NHS England and related health and justice partners including HMPPS and Public Health England could establish a fund to support and enable the involvement of the trans social sector (including the LGBT sector where there is a lead trans function or role) in providing practical support and befriending to trans people in the criminal justice system. This could be done on the basis of establishing lead agencies at a regional level, who were adequately funded and supported to provide practical and emotional help for trans individuals in the community as part of community treatment orders, visiting trans individuals in prison and providing Through the Gate support, liaison and advice.

## ***Recommendation 8: A national trans health and justice network***

NHS England and related health and justice partners including HMPPS and Public Health England could establish a national trans health and justice network, led by the trans and/or LGBT social sector. Such a network could review progress on meeting the needs of trans offenders, maintain a database of available support and act as a key reference point for issues related to trans health and justice. This would need to be supported by the HMPPS Transgender Advisory Board and the Health & Justice Commissioning National Support Team (Specialised Commissioning, NHS England).

## ***Recommendation 9: Funding for research***

Research Councils and other research funding bodies should take steps to ensure greater recognition of gender diversity in grant applications and awards. This could include a specific research call and funding for investigation of the health and social care needs of transgender offenders and effective interventions that can support the rehabilitation of transgender offenders.

The above recommendations take account of the evidence from the literature review and from respondents' views and experiences. In large part the recommendations are addressed to NHS England and the providers of offender healthcare. But it is important to also recognise this is an integral part of, and not separate to the wider criminal justice system. With that in mind, recommendations have been included that require co-operation and joint action from health and justice partners, working together to ensure that trans individuals in the criminal justice system are kept safe from harm, are enabled and supported to live their lives fully and in the gender in which they identify, while also ensuring that the risks of re-offending are reduced.

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Bradford, December 2017.

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