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Presentation for Grand Rounds
East Tennessee State University

April 29, 2011

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AUTOCASTRATION AS SURGICAL SELF-TREATMENT IN PRISONERS WITH GENDER IDENTITY DISORDERS

“It is essential to understand clearly that the concepts of ‘masculine’ and ‘feminine’ whose meanings seem unambiguous to ordinary people are among the most confused that occur in science.”
-- Sigmund Freud, 1905

OUTLINE
- Overview of Gender Identity Disorder:
- Review of literature on autocastration
- Transsexuals/GID in prison settings
- 5 case reports on surgical self-treatment
- Discussion

Terminology
- Genital self-mutilation/self-harm (broad)
- Autocastration
- Autopenectomy
- Genital amputation
- “surgical self-treatment”
GENDER IDENTITY

- Private, core sense of oneself as masculine, feminine, conflicted
- Subjective: related to gender role through appearance & behavior (objective)
- Clinically distinct from sexual identity
- Nonerotic foundation of the self system
- Largely established by 18 months?
- Extremely durable, little malleability

GENDER IDENTITY DISORDER

DSM-IV-TR 302.85

- Strong, persistent cross-gender identification (not just desire for cultural/social advantages)
- Persistent discomfort in his/her sex or sense of inappropriateness in the gender role of that sex
- Not concurrent with physical intersex
- Causes clinically significant distress or impairment in social/occupational/other roles
- Specify if attracted to males, females, both, or neither

The Standards of Care for Gender Identity Disorders
6th Version, February, 2001

World Professional Association for Transgender Health
WPATH.ORG

“Advocating for humane care is not an option; it's a professional and moral imperative for all psychiatrists”

--Pedro Ruiz, MD
President, APA
Psychiatric News, 42 (12), 2007
Hormone Therapy and Medical Care for Incarcerated Persons

Persons who are receiving treatment for gender identity disorders should continue to receive appropriate treatment following these Standards of Care after incarceration. For example, those who are receiving psychotherapy and/or cross-sex hormonal treatments should be allowed to continue this medically necessary treatment to prevent or limit emotional lability, undesired regression of hormonally-induced physical effects and the sense of desperation that may lead to depression, anxiety and suicidality. Prisoners who are subject to rapid withdrawal of cross-sex hormones are particularly at risk for psychiatric symptoms and self-injurious behaviors. Medical monitoring of hormonal treatment as described in these Standards should also be provided. Housing for transgendered prisoners should take into account their transition status and their personal safety.

WPATH Standards of Care, Version 6, 2001

Transgender Health Care in Correctional Settings

“The health risks of overlooking the particular needs of transgender inmates are so severe that acknowledgment of the problem and policies that assure appropriate and responsible provision of health care are needed.”

Transgender Health Care in Correctional Settings

“Denial of gender identity-related treatment can lead to depression, anxiety, suicide attempts, and attempts at surgical self-treatment through autocastration or autopenectomy, and such risks are heightened when treatment is interrupted or refused.”

Draft Version of the Position Statement included:

Prevalence of Autocastration

- Less than 100 cases reported in English and German literature
- Presumably more cases, unreported
- Does not include cultural neutering (e.g. hijara of India)
- Personal experience: 6 cases; 1 outside prison while psychotic (nail gun)
Psychiatric Conditions Associated with Autocastration

- Gender identity disorders
- Schizophrenia, while psychotic
- Bipolar disorder, while psychotic
- Paraphilias
- Depression
- Comorbid substance use/dependence
- Personality disorder (borderline)
- Religious/Cultural (not necessarily disorder)

Alfred Springer

- Pathologie der Geschlechtlichen Identität
  - 1981 text; pages 183-193
  - Summarized 37 cases of autocastration and/or autopenectomy 1901-1980, outside of prisons, only one of which he evaluated
  - 45% gender disorders; 29% psychosis; 12% undetermined diagnosis
  - Augured that this is rare and more associated with psychosis than transsexualism (?)

Alfred Springer (p. 191)

- Differentiating TS from psychosis:
  - Goal direction
  - “toughness of the demand”
  - “behavior of men who mutilate genitals”
  - “slowness of the procedure that is involved in self-mutilation”

Comorbid Schizophrenia and GID

- May have both conditions
- Unusual for psychosis alone to shake the bedrock of gender identity
- GID will not resolve with antipsychotics
- Psychosis will not resolve with GID tx
- Tx psychosis emergently first
- Comorbid schizophrenia NOT an absolute contraindication to SRS
Autocastration in the Absence of Psychosis

- Limited differential diagnosis
- Schizophrenia while not actively psychotic
- GID most common
  - With or without a personality disorder
  - With or without alcohol/drug use/abuse

Psychodynamic Theories

- Repudiation of the male gender role
- Absence of competent male for childhood identification (lack of disidentification)
- Guilt feelings for real/perceived sexual offenses
- Symbolic suicide (Menninger, 1938)
- Systematized religious delusions

Religious Delusions

Matthew 5: 29,30 cited:

“But if thy right eye offend thee, pluck it out and cast it from thee: for it is profitable for thee that one of thy members should perish, and not that thy whole body should be cast into hell.”

GID and Imprisonment

- Hundreds of prisoners in US with GID
- California alone: 300 at any given time
- Overrepresented in prison population: 2.5-4X
- Associated factors: marginalization, legal job discrimination, no health insurance, resorting to illicit activities, HIV/AIDS, poverty, comorbid mental illnesses
Prevalence of GID in Prisons

- Estimates only
- 2-300 inmates per state; unknown Federal
- Working estimate of all prisons: 500-900
- 2,193,798 inmates in 12/05
- 1/11,000 natal males with GID
- MtF population ~ 30,000 in US (330 million population)
- Expected MtF in prison: 200
- Overrepresentation: 2.5-4.5X

Author Contact with GID Prisoners

- 12 year period
- 23 inmates: self-referred (N=13, unsolicited) or attorney-referred (N=10)
- 11 claimed genital self-harm
- 4 confirmed autocastrations, two with autopenectomy; others suspected, not confirmed
- 1 attempted autocastration
- 1 repeated genital self-harm

Legal Issues

- Medical malpractice: failure to dx, tx; Standards of Care issues
- Constitutional: 8th and 14th Amendments
  - Cruel and unusual punishment
  - Prisoner rights to “adequate medical care”
  - Equal protection under the law

Case AA

- 52 y/o white natal male
- 8 yr. sentence for robbery; many other crimes in the past, all nonviolent
- Long hx of gender dysphoria before prison
- Hx of alcohol dependence
- No other known Axis I disorders
Case AA

- Requested GID evaluation/treatment
- No policy existed in this prison
- No DOC medical or psychiatric expertise
- No GID tx or consultation provided
- Inmate was dysphoric, distressed; told officials she would autocastrate without tx
- No tx; completed autocastration; flushed down commode

Case AA

- ICU tx, blood transfusions
- Stabilized, returned to prison
- Told officials she would autopenctomize unless treated for GID within a year
- After one year, no tx, completed autopenectomy, flushed down commode
- Acute care transfer, stabilization
- Litigation ensued

Case AA

- Results of litigation included:
  - Settlement agreement
  - Transfer to another state for GID tx
  - Crafting a new directive that would be applied to current and future inmates who requested GID evaluation
- In practice: directive not followed, consultants not utilized, additional litigation

Case AB

- 33 y/o natal Caucasian male
- Second degree murder while psychotic, 20 years to life sentence, western state
- Abusive background; stepfathers, mother
- Army veteran; drug use, discharged
- Long hx of mental illness dx's: OCD, schizophrenia, bipolar
- “feel like a hermaphrodite”
**Case AB**
- Gender dysphoric symptoms, requested evaluation
- Treated for schizophrenia
- When adherent, psychosis resolved
- When denied access to GID tx for 2 yrs, used razor to cut off testicles and flush down commode
- Significant blood loss, transfusions, ICU

**Case AB**
- Mental status before, during, and after autocastration was well-documented
- No evidence of psychosis
- No concurrent substance use or mood disorder sx
- Multiple examiners, many quotes; patient was lucid and planned the event as self-treatment
- Returned to prison
- Offered IM testosterone as tx

**Case AB**
- 9 months later: still no eval for GID
- No regrets over autocastration; had some improvement in GID sx, but still dysphoric
- Amputated half of her penis, flushed
- Again, no evidence of psychosis in any notes before, during, or after autopenectomy
- Again offered IM testosterone
- Litigation is ongoing, as is osteoporosis in absence of circulating hormones

**Case AC**
- 26 y/o Caucasian natal male
- 13 year sentence for car theft and escape
- Teenager: ADHD confirmed; numerous antisocial activities and illicit drug use
- One genital self harm episode as teen
- Lived as a woman with heterosexual man at 19 for months
- Incarcerated at 20; requested GID evaluation
Case AC

- Changed name legally to female name, had long hair, persistently presented self as female
- GID not diagnosed; no appeals process
- Used razor blade to autocastrate, flushed down commode
- Blood transfusions, ICU stay
- Copious notes from health care providers before, during, after event revealed no evidence of psychosis, intoxication, mood disorder

Note that accompanied the autocastration:
“I cut my genitals off do to the fact that I am a transgenderd individual and I could stand the sight of them (testicles) no more. This is not a suicide attempt. This is simply a way for me to remmady my problem.”

(spelling errors in the original text)

Autocastration
Completed in Prison

Case AC

- No change in tx plan upon return to prison
- Offered IM testosterone as tx
- 1 ½ years later, no regrets, less gender dysphoric, wants estrogen tx
- Litigation continues over access to tx, medical malpractice issues
- August ‘07: judge granted injunctive relief to tx with estrogens immediately based on Brown’s testimony
- Total cost of litigation to date in excess of 2.5 million
Case AD
- 55 y/o natal male, incarcerated for life
- GID confirmed by over a dozen qualified interviewers over a several year time frame
- Hx of abuse, gang rape in jail, living on streets
- Earned degree in counseling
- No Axis I comorbidities except possible depression
- Axis II in dispute; ?Antisocial Personality Disorder vs. Adult Antisocial Behavior
- Reportedly used hormones before prison and illegally while in jail
- Reportedly tried to ligate testicles with a shoe lace to make them “fall off” but couldn’t stand the pain (not confirmed)
- Two suicide attempts reported
- Sued state for access to GID treatment
- Succeeded in getting access to hormones, makeup, laser electrolysis, labs, female clothing
- Case still in litigation over SRS

Case AE
- 35 y/o natal African-American male
- GID diagnosis after imprisonment
- Hx of self-harm, including cutting of genitals and of arms
- Treated with estrogens, which resolved self-injurious behaviors
- Prison officials withdrew hormones after change in medical director
- Rapid return of depressed mood, gender dysphoria, genital self-harm short of autocastration/autopenectomy
- Litigation ensued
- Restoration of hormonal treatment achieved with improvement
- New policy developed in settlement that applied to all GID inmates in the state
Prison Policies

- Highly variable, state to state
- Some provide treatment only for inmates entering system in midst of GID care
- Some provide no treatment or evaluation
- Some will start hormones *de novo*
- None will provide SRS
- No known cases of autocastration in prisons that provide GID care

Federal Bureau of Prisons

- Housing assignment based on anatomy only
- Autocastration in attempts not uncommon
- Suicide attempts common
- Sexual abuse, rape, harassment common
- Provision for providing hormonal treatment
- In practice: psychiatric, hormonal treatment rare: “inadequate documentation” cited

Hypothesis

Lack of access to evaluation and hormonal tx for GID leads to desperation and attempts at self-treatment in the form of reducing testosterone via autocastration.

Support for Hypothesis

- Autocastration rare outside prison settings
- Autocastration has not occurred in prisons that provide eval, tx (California)
- Unlikely that this observation is a coincidence
- Inmates tell officials in advance what they intend
- Occurs in absence of active psychosis
- Leads to improvement in GID symptoms
Discussion

- Autocastration = rare behavior in males
- Cathexis to genitals is exceedingly strong
- Persons with GID overrepresented in prisons
- Lack of access to transgender health care leads to desperation, depression unresponsive to antidepressants, suicidality, SST
- Autocastration viewed as SST by these inmates, not as "mutilation", harm, or a suicide attempt

Discussion

- Prisons with access to transgender healthcare do not have cases of autocastration: implications for public policy
- Costs of litigation for a single case would pay for all transgender healthcare for all inmates in perpetuity: one case brought to trial costs 3-5 million dollars in legal fees, expert costs

References


