

# Doctors push for policy change following transgender inmate case

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Last June a 30-year-old transgender female inmate convicted of killing her boyfriend filed a lawsuit against the government demanding to be allowed to receive hormone therapy.

According to the complaint submitted to the Tokyo District Court, the plaintiff was born a man but was diagnosed with gender identity disorder as a teenager. After taking female hormones every day in a bid to match her mental and physical identity and undergoing gender-reassignment surgery, she changed her sex to "female" on her official family registry in 2006.

In February 2015, the woman was arrested for murdering her boyfriend, 48, and transferred to the Tokyo Detention House the following month. According to her lawyer, the facility did not allow her to take female hormones and she became mentally unstable, repeatedly asking "whether she would return to being a man." She then became unable to communicate well with other people.

The lawyer asked for her to be given access to hormone therapy but the detention house turned down the plea on the basis that she was not ill.

The plaintiff was unable to speak properly during her criminal trial and was sentenced to 16 years in prison in December 2015. While serving her term, she is still not allowed to take hormone therapy and can still barely speak, the lawyer said.

Doctors assigned to detention centers and prisons decide whether to administer hormones to detainees and inmates on a case-by-case basis based on health care, said an official at the Justice Ministry.

The official said there were cases where hormone therapy is carried out but did not say how many.

In 2011, the ministry adopted guidelines for the treatment of detainees and inmates with gender identity disorder. In the guidelines, the administration of hormones is defined as "outside the medical treatment that the state is obligated to provide" as its absence is "not deemed likely to cause unrecoverable damage immediately."

But more and more doctors involved in the treatment of people with gender identity disorder have called for the guidelines to be revised.

"Hormone therapy is different from cosmetic surgery to improve physical appearance," said Mikiya Nakatsuka, a professor at Okayama University and head of the Japanese Society of Gender Identity Disorder.

A sudden break in the administration of hormones may not only cause depression and other conditions but also lead to osteoporosis and arterial sclerosis in the long run, Nakatsuka said.

Last year the GID society and the Japanese Society of Psychiatry and Neurology sought a revision to the guidelines in a petition submitted to the ministry.

"For the hormone treatment (of detainees and inmates), the ministry should listen to doctors well-versed in gender identity disorder," Nakatsuka said.

The government said last January that it had no plans to change the guidelines, in a reply to a written question by a House of Representatives member from the main opposition force, the Democratic Party.

As of March 2016, some 50 inmates and detainees had been diagnosed with gender identity disorder or were likely to be in the future, according to the ministry.

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