

# Punish and Treat : the Relationship between Health Care and Criminal Justice Professionals in France

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# Introduction

- An over-representation of people suffering from addiction or mental illness among those who are arrested, placed in police custody, convicted, and/or incarcerated (Gautron, 2016).
- The development of court-ordered treatment (Gautron, 2016).
- A significant increase in the amount of contact among health and social services professionals and the criminal justice system.

# Methodology

- Several empirical research conducted within the past fifteen years about French partnership mechanisms
  - A doctoral research into partnership mechanisms in the field of local security policies (Gautron 2006)
  - The results of more recent group research into how misdemeanors are handled by five different French courts (Danet et al., 2013; Gautron, 2016)
  - A group research which actually compare the relationship between Health Care and Criminal Justice in six French cities (Gautron, ed., 2015-2019)

*Presentation : <https://reposito.hypotheses.org/> (English version)*

- A contribution based on :
  - Representative samples of several thousands criminal case files
  - More than a hundred semi-structured interviews with representatives of all the relevant institutions
  - Directly observations in police stations and of meetings between local partners

# Results

- **Institutionalized Government-Action Networks**
  - **Numerous discussion forums at every level of government (national, regional, departmental, and municipal)**
    - National level
      - **Interministry Crime Prevention Committee** (*Comité Interministériel de prévention de la délinquance, CIPD*)
      - **Interministry Mission to Combat Drugs and Addictive Behaviors** (*Mission interministérielle de lutte contre les drogues et les conduites addictives, MILDECA*)
      - **National Interministry Committee for Coordinating Health Care for People in Custody** (*Comité interministériel de coordination de la santé pour les personnes placées sous main de justice*)
    - Regional and/or departmental level
      - **Regional Health and Justice Commissions** (*Commission régionale santé-justice*)
      - **Departmental councils on crime prevention** (*Conseils départementaux de prévention, CDPD*)
      - **Departmental safety committees** (*Conseil départemental de sécurité, CDS*)
      - **Departmental and regional “steering committees” to Combat Drugs and Addictive Behaviors** (*Comités de pilotage départementaux et régionaux de lutte contre les addictions, COPIL*)
    - Municipal level :
      - **Local (municipal or intercommunal) safety and crime prevention councils** (*Conseils locaux de sécurité et de prévention de la délinquance, CLSPD*)
      - **“Coordination” and “follow-up” committees and “health commissions” in corrections facilities and hospitals.**
      - **Local “medical-legal psychiatry networks” or “healthcare/justice” networks** (« réseaux de psychiatrie médico-légale » ou « santé-justice »)
      - **Local Mental Health Commissions** (*Commissions locales de santé mentale, CLSM*)

- **The appointment of “coordinators” or “correspondents” in each agency**
- **The issue of the professional confidentiality**
  - Several laws passed in the 2000s authorized greater sharing of information
  - The implementation of specific discussion forums for the exchange of non-anonymous information :
    - “Coordination units” for complex cases in Mental Health Commissions
    - “Single pluridisciplinary commissions” in corrections facilities
    - “Mental health outreach teams” act as contacts between the psychiatric sector and social services (*Equipes mobiles psychiatrie précarité*)
    - “Coordinating doctor” (*médecin coordonnateur*) and “Relay doctor” (*médecin relais*) : an interface to treatment providers, judges, and probation agents in case of court-ordered treatment

- **From Theory to Practice: A Complex Arrangement**

- **Tensions Between Profession(s) Continue**

- Different preconceptions, values, operating standards, and interests still prevail locally.

- Two main topics of controversy :

- *Compliance with Client/Patient confidentiality obligations*

- *Fear that treatment and Care providers will be instrumentalized*

- **Little Investment in Partnerships**

- **Lasting Operational Partnerships Are Rare**