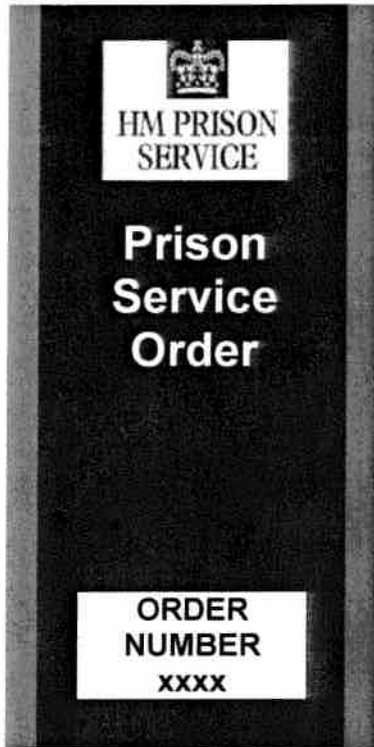


DH GATEWAY REFERENCE 7452



DRAFT

**GUIDELINES ON THE MANAGEMENT,
TREATMENT AND CARE OF
PRISONERS WHO HAVE OR HAVE
HAD GENDER DYSPHORIA**

GUIDELINES ON THE MANAGEMENT, TREATMENT AND CARE OF PRISONERS WHO HAVE OR HAVE HAD GENDER DYSPHORIA

EXECUTIVE SUMMARY

STATEMENT OF PURPOSE	
<p>This PSO contains guidance on the management, treatment and care of prisoners who have or have had gender dysphoria – both pre and post operative transsexual people. It includes guidance on issues such as the general position in law (Gender Recognition Act 2004 and Disclosure of Information), general principles concerning treatment for prisoners and living “in role” and guidance around searching.</p> <p>This PSO applies to all prisoners</p> <p>References to Governors should be taken to include Directors of Contracted-out Prisons.</p>	
DESIRED OUTCOME	
<p>To ensure that all staff are fully aware and understand the protocols for managing prisoners who have or have had gender dysphoria.</p>	
MANDATORY ACTIONS	
<p>Mandatory actions are highlighted in <i>bold italics</i>.</p>	
RESOURCE IMPLICATIONS	
<p>There are no additional resource implications with this PSO</p>	
IMPLEMENTATION DATE	Immediate
 <p>Richard Bradshaw Director of Prison Health</p>	<p>Area/Operational Manager</p>

Further advice or information on this PSO can be sought from:

[redacted] (Healthcare Issues), Offender Health,

[redacted] (Operational Advice & Support), Women & Young People's Group, HM Prison Service,

[redacted] (Disclosure & Gender Equality Issues), Offender Policy and Rights Unit, HM Prison Service,

[redacted] (Searching Issues), Security Policy Unit, HM Prison Service,

CONTENTS

CHAPTER 1

General Principles Concerning Treatment for Prisoners

- Decision on the Appropriateness of Gender Re-Assignment Surgery
- Access to Private Health Services

CHAPTER 2

General Position in Law

- Gender Recognition Act 2004
- Disclosure of Private or Confidential Information
- Data Protection Act 1998

CHAPTER 3

General Position on Treatment for Gender Dysphoria in Wider NHS

CHAPTER 4

Applications by Prisoners to Commence Hormonal Sex Re-assignment Treatment for Gender Dysphoria in Prison

- Unconvicted Prisoners
- Determinate Sentenced Prisoners
- Indeterminate Sentenced Prisoners

CHAPTER 5

Applications by Prisoners to Continue Medical Treatment for Gender Dysphoria Commenced before their Reception into Prison

- Unconvicted Prisoners
- Sentenced Prisoners

CHAPTER 6

Medical and Psychiatric Supervision during Treatment for Gender Dysphoria

CHAPTER 7

Living “In Role”

CHAPTER 8

Applications for Gender Re-Assignment Surgery

- Application for Reversal of Gender Re-Assignment Surgery

CHAPTER 9

Location within Prison Service Establishments

- Male to Female Transgender Prisoners seeking a Transfer to the Female Estate

CHAPTER 10

Change of Name

CHAPTER 11

Searching

- Legal Obligations
- Concerns
- Compact
- Full Searches
- Rub Down Searches
- Squat Searches
- Mandatory Drug Testing/Voluntary Drug Testing

CHAPTER 12

Gender Identity Services for Children and Adolescents

ANNEX A

Definitions

- Transsexualism (gender dysphoria)
- Transvestism
- Acquired Gender

ANNEX B

General Position in Law

- Registration of Birth

- Marriage

ANNEX C

Searching

- Full Search – Male
- Full Search – Female
- Level A Rub Down Searches – Male Subject
- Level A Rub Down Searches – Female Subject
- Level B Rub Down Searches – Male Subject
- Level B Rub Down Searches – Female Subject
- Squatting

ANNEX D

Summary of Searching Procedures

CHAPTER 1 - GENERAL PRINCIPLES CONCERNING TREATMENT FOR PRISONERS

- 1.1 A convicted prisoner retains all civil rights that are not taken away expressly or by necessary implication.
 - 1.1.1 Prisoners have the same right to medical treatment as anyone else. Prisoners who have or have had gender dysphoria are entitled to receive the same quality of care (including counselling, pre operative and post operative care and continued access to hormone treatment) that they would expect to receive from the NHS if they had not been sent to prison.
 - 1.1.2 Transsexual prisoners have the right to equal treatment without sex discrimination or discrimination on the ground of their transsexualism. Any transsexual person denied access to medical treatment on the ground of their transsexualism could bring a claim in the courts for damages.

Decision on the Appropriateness of Gender Re-Assignment Surgery

- 1.2 A decision on the appropriateness of gender re-assignment surgery for a transsexual person is a clinical decision, which should be taken by clinicians, who specialise in the field of gender dysphoria, applying the same principles as would be applied in relation to people at liberty. The fact of a person's imprisonment and the situation in which that places them, especially if he/she is a long-term, high security prisoner, may have a bearing on the exercise of that clinical judgement in that it may be more difficult for that person to effectively live "in role" as part of their treatment.
 - 1.2.1 Where a clinical need for surgery has been established, and the appropriate NHS commissioning authority has agreed to fund the operation, it would be inappropriate for the Ministry of Justice/Prison Service to refuse to allow surgery to proceed for non-medical reasons. However, in appropriate cases, especially where there are specific risk factors (to the prisoner, other prisoner/staff and/or the public) it may be appropriate for the Governor to provide a report as to the practical effects in a prison context of any medical decision. This should be based on risk of harm and in appropriate cases, this may include providing a risk assessment – especially for category A and B prisoners and those whose index offence is of a sexual or violent nature.

Access to Private Health Services

- 1.3 There must be sound and demonstrable **clinical** reasons for allowing access to private health services. There should be evidence that this will improve the health of the individual and is not based on uninformed personal choice or cosmetic appearance.

CHAPTER 2 – GENERAL POSITION IN LAW (Gender Recognition Act 2004, Disclosure of Information & Data Protection Act 1998)

Gender Recognition Act (GRA) 2004

- 2.1 This Act provides for a transsexual person to apply to the Gender Recognition Panel for legal recognition of his or her acquired gender. Unmarried applicants who can provide evidence that they have taken decisive steps to live permanently in their acquired gender will be granted a full Gender Recognition Certificate.
- 2.1.1 From the date of recognition the applicant is seen in law as being for all purposes of the acquired gender. Surgery is not a prerequisite for receiving a full gender Recognition Certificate. ***The holder of a full Gender Recognition Certificate (GRC) is entitled to be treated in the same way as any other person of their gender, including for the purposes of the criminal justice system.***
- 2.1.2 Married applicants (or those in civil partnerships) will be eligible only for an interim Gender Recognition Certificate. This has no legal weight beyond allowing them to dissolve the marriage or partnership, and it does not entitle the holder to the rights associated with a full Certificate.

Disclosure of Information

- 2.2 While the Gender Recognition Act (GRA) gives a person in possession of or applying for a Gender Recognition Certificate the right to privacy, it does not necessarily afford that person absolute secrecy. There may be certain situations where it may be required by law to prove a link between their current legal gender and their former one. However, it does provide a right to have any “protected information” (see definitions below) treated as private or confidential.
- 2.2.1 Under Section 22 of the GRA 2004, it is a criminal offence for a person to disclose “protected information” which they have acquired in an official capacity (see definitions below) unless the person concerned has given their prior consent. It is important to discuss this with the prisoner in order to ascertain whether they consent, and to reassure them that even if they do consent to sharing protected information, this will be done to ensure they receive appropriate treatment and care. However, this does not apply to prisoners who have not applied for a gender recognition certificate.

Definitions

- 2.3 “Protected information” is defined as:
- Any information concerning a persons application for a Gender Recognition Certificate
 - Any information concerning the gender history of a successful applicant
- 2.3.1 A person acting in an “official capacity” can be someone whose professional occupation is:
- Civil servant (including prison staff)
 - Police constable
 - Holder of any local or public authority office

Exemptions from Section 22

- 2.4 Section 22 of the GRA does provide that in certain, exceptional circumstances such information can be disclosed. These exemptions apply when:
- The information does not enable that person to be identified, *or*
 - That person has agreed to the disclosure of the information, *or*
 - The information is protected information by virtue of subsection (2)(b) of Section 22 and the person by whom the disclosure is made does not know or believe that a full gender recognition certificate has been issued, *or*
 - The disclosure is in accordance with an order of a court or tribunal, *or*
 - The disclosure is for the purpose of instituting, or otherwise for the purposes of, proceedings before a court or tribunal, *or*
 - The disclosure is for the purpose of preventing or investigating crime, *or*
 - The disclosure is made to the Registrar General for England and Wales, the Registrar General for Scotland or the Registrar General for Northern Ireland, *or*
 - The disclosure is made for the purposes of the social security system or a pension scheme, *or*
 - The disclosure is in accordance with an order made under section 22(5) of the GRA, *or*
 - The disclosure is in accordance with any provision of any other law
- 2.4.1 We are currently looking into the possibility of an additional exemption to allow sharing of protected information where it is specifically required to work safely with prisoners. This is not yet a legal exemption and we will issue further guidance on this area in due course.

Prisoner Records - including Inmate Information System (IIS) and Local Inmate Database System (LIDS)

- 2.5 Staff recording private or confidential information about a transsexual person onto existing prisoner records, including IIS or LIDS, should be made aware of the requirements of the Gender Recognition Act. A new record should be created for a prisoner once they have obtained a Gender Recognition Certificate and it should not include any protected information on that individual, which could be accessed by other staff unless the prisoner has consented or it is covered by another exemption under Section 22 of the Act.

Data Protection Act 1998

- 2.6 The Data Protection Act¹ sets out eight principles, which define the conditions under which processing (including recording, storage, manipulation and transmission) of personal data can be determined to be legally acceptable or otherwise. The Act also identifies the sensitive nature of health information and particular needs of health professionals to communicate that information between themselves. The Act gives patients rights of access to their medical records and applies to both electronic and paper-based record systems.
- 2.6.1 The Act requires that patients are told about who will see their personal data and for what purposes. The Act refers to both "personal data" (data which relates to an identifiable living individual) and "sensitive personal data" (any personal data that includes the subject's racial origin, political or religious beliefs, trade union membership, physical, social and mental health

¹ Data Protection Act 1998 www.ico.gov.uk

or condition, sexual life, the commissioning of an offence or any proceedings relating to an offence). It does not prevent clinical data being used for medical purposes, but other uses may require explicit patient consent. N.B. Regardless of the data protection issues, the common law requirement for consent applies to all uses of confidential patient information.

CHAPTER 3 – General Position on Treatment for Gender Dysphoria in Wider NHS

- 3.1 Medical and surgical treatment to effect gender reassignment are available in England and Wales to people with gender dysphoria without any legal formalities, either under the NHS or in the independent sector. Individual NHS health commissioners do, however, vary in the priority they afford to funding treatment for gender dysphoria.
 - 3.1.1 Generally speaking, anyone wanting gender reassignment surgery will first have to undergo a period of specialist diagnosis/assessment/counselling, usually by a Consultant Psychiatrist or Senior Psychologist or combination of such professionals, working in a team at a Gender Identity Clinic, which, depending on the individual case, can last for anything up to five years.
 - 3.1.2 This could lead to the person commencing hormone therapy. At some stage during these processes the person is expected to undertake a “real life experience” by living in their new gender role for a minimum period of 12 months and typically between 12 and 24 months. He/she should be able to demonstrate acceptance by society in this role and improved social and psychological functioning.
 - 3.1.3 In the case of a female to male transsexual person with large breasts, the time to undergo a chest reconstruction may be reduced considerably if the prognosis for gender reassignment based on other factors is good. Similarly, in the case of a male to female transsexual person an early date for orchidectomy (removal of the testes and reducing the effect of male hormones) may be recommended if the other factors for prognosis are good.
 - 3.1.4 After successfully completing the “real life experience” under the supervision of a specialist or team of specialists in gender dysphoria, the person should then receive two confirming written opinions referring the person to a competent and experienced surgeon.
 - 3.1.5 Providing the surgeon is satisfied the person is a suitable candidate for surgery, he/she may then be placed on a waiting list for a gender re-assignment operation. It is regarded as essential that someone awaiting such an operation continues to undergo counselling and assessment for the interim period of what may be up to two years before one can take place. Hormone treatment continues after the operation, usually on a life long basis and there may be a continuing need for psychiatric management and counselling.
 - 3.1.6 The Medical Royal College’s in the United Kingdom in association with related professional and clinical groups, as well as user groups have worked together to develop standards of care, which should apply as minimal service provision for patients with gender dysphoria accessing health care services within the UK. These will provide clinicians throughout the UK with a minimum set of professional standards of care. After extensive public consultation, the committee shall be meeting in summer 2008 to finalise the document.

CHAPTER 4 – Applications by Prisoners to Commence Hormonal Sex Re-assignment Treatment for Gender Dysphoria in Prison

Unconvicted Prisoners

- 4.1 Any unconvicted prisoner who asks to begin treatment for gender dysphoria should be advised that generally the matter will be re-considered in the event of he/she receiving a custodial sentence. In the meantime he/she may require counselling or other support as appropriate to his/her mental condition. Medical interventions during this phase should be restricted to acute, short-term and emergency interventions only.
- 4.1.1 Guidance will be sought from the clinician with whom any pre-arranged appointment has been made, to ascertain whether it would be sensible for the appointment to be postponed until the prisoner is released or receives a sentence of imprisonment.
- 4.1.2 Every effort should be made to ensure that prisoners with gender dysphoria are retained in one establishment during the period they are on remand, in order to provide stability of counselling and other support services and to maintain some aspect of confidentiality concerning their medical status.

Determinate Sentenced Prisoners

- 4.2 ***The prison health care team will inform the relevant NHS commissioning authority of any request from a determinate sentenced prisoner to commence medical treatment for gender dysphoria.*** They will request a suitable contact point for liaison purposes and guidance as to which, if any, gender dysphoria specialist the authority would prefer the prisoner to be referred.
- 4.2.1 The doctor working in the prison will take full account of the possible coexisting psychopathology that may require expert forensic psychiatric assessment and refer the prisoner to a forensic psychiatric service if appropriate. If either service requires it, the prison health care team will arrange for the forensic psychiatrist and the gender dysphoria specialist to liaise.
- 4.2.2 They will advise the doctor working in the prison on the feasibility of treatment on a case-by-case basis, taking into account all the prisoner's circumstances, including the length of their sentence and their security categorisation, risk to others and how those risk factors might be minimised and a treatment plan will be drawn up to meet the patient's needs. The gender dysphoria specialist should advise the prison health care team on any throughcare/follow up issues in order to facilitate a smooth transition on the prisoner's release.

Indeterminate Sentenced Prisoners

- 4.3 ***Applications from indeterminate sentenced prisoners must be handled in the same way as for determinate sentenced prisoners.***
- 4.3.1 The gender dysphoria specialist will advise the prison health care team on the management of such prisoners for an indeterminate amount of time prior to release. Notwithstanding administrative and other difficulties, the specialist may consider that certain individuals would benefit from the commencement of treatment prior to release from custody and will liaise with the prison health care team concerning the management of such cases. The assessment of

risk factors is of particular importance to this category of prisoner and the steps in 4.2.2 apply equally here.

CHAPTER 5 – Applications by Prisoners to Continue Medical Treatment for Gender Dysphoria Commenced before their Reception into Prison

Unconvicted Prisoners

- 5.1 *The doctor working in the prison should also refer for specialist opinion any request from an unconvicted prisoner to continue medical treatment for gender dysphoria commenced and still underway before his/her current reception into prison.*
- 5.1.1 Referral should preferably be to the consultant who was treating them before their reception into prison, otherwise to a local consultant with experience in dealing with people who have or have had gender dysphoria.
- 5.1.2 Unless the doctor working in the prison has a very good reason for believing that the prisoner is not telling the truth, hormone treatment should be continued pending the outcome of the specialist referral. The appropriate NHS commissioning authority should be kept informed of developments.

Sentenced Prisoners

- 5.2 Applications from sentenced prisoners to continue medical treatment for gender dysphoria should be considered according to the same principles.

CHAPTER 6 – Medical and Psychiatric Supervision during Treatment for Gender Dysphoria

- 6.1 The supervising consultant will advise the doctor working in the prison and the governor on all clinical aspects of management, and the individual needs of the patient will be considered in all cases. These needs will be met by appropriate medical and psychiatric supervision during treatment.
- 6.1.1 Genital reconstruction surgery is provided under the NHS as a core service, which will be provided when the individual has met the conditions required by the gender identity clinic. Treatments such as facial electrolysis, hair transplant surgery, facial cosmetic surgery, breast augmentation and any other like procedures will be permitted, if recommended, provided that they are funded by the appropriate NHS commissioner (core services) or the individual prisoner (non-core/cosmetic). Some non-core services can be obtained under the NHS if a case is accepted by specialist commissioning teams, although availability can vary between Primary Care Trusts and this would be assessed on a case by case basis.
- 6.1.2 The attached table lists some of the procedures that will typically be available as part of a gender identity service, defined as either core or cosmetic as reported by current service providers.

Male to Female Procedure	Female to Male Procedures
Genital reconstruction includes penectomy, orchidectomy, vaginoplasty and clitoroplasty (core service)	Genital reconstruction includes vaginal closure, phalloplasty and insertion of a penile prosthesis (core service)
Crico-thyroid approximation surgery (to increase the pitch of the vocal cords) (non-core)	Bilateral mastectomy (core service)
Thyroid chondroplasty (shaving Adam's apple) (non-core)	Oophorectomy and hysterectomy (core service)
Breast augmentation (core service as part of initial service – may be cosmetic later)	Metoidioplasty (core service)
Speech therapy (non-core)	
Electrolysis of facial hair (cosmetic)	

CHAPTER 7 – LIVING “IN ROLE”

- 7.1 ***Where the supervising consultant recommends a period of living “in role” the establishment must make such reasonable arrangements as are possible to facilitate this, taking full account of all the circumstances at the particular establishment and of the individual’s own circumstances (including security, their categorisation, risk assessment and other factors).***
- 7.1.1 The arrangements for this should be decided in the context of a case conference that will usually include the Governor (or his/her representative), the Residential Unit Manager, the supervising consultant, the doctor working in the prison, the prison psychologist, and relevant health care staff.
- 7.1.2 Where the person concerned is at risk of self-harm, the case conference must also include their ACCT (Assessment, Care in Custody and Teamwork) Case Manager or a member of the ACCT case review team nominated by the case manager.
- 7.1.3 Establishments must ensure that effective policies are implemented to tackle any problems that might arise, such as bullying or harassment of the prisoner. This may necessitate the revisiting of their own local violence reduction strategy to ensure that it includes provision for the care of such prisoners.
- 7.1.4 Where there are good grounds for considering that permitting a prisoner to live in role would give rise to insurmountable difficulties at the establishment concerned, consideration should be given at the case conference to transferring the prisoner to another prison at which it has been established living 'in role' would be possible, within the constraints of security categorisation and addressing offender behaviour/risk reduction programmes.

CHAPTER 8 – Applications for Gender Reassignment Surgery

- 8.1 The doctor working in the prison will refer all such applications to a consultant specialising in gender dysphoria and will ordinarily accept advice from the consultant about whether or not gender re-assignment surgery is indicated in a particular case.
- 8.1.1 It is important to ensure the synchronising of clinical and management decisions so that individuals do not proceed to surgery until a clear plan for their management and custody has been agreed. This includes identifying risk factors that the prisoner may face (from other prisoners) and risks he or she may pose to other prisoners. It also includes an assessment of risk to the public as with ordinary categorisation assessments.

Application for Reversal of Gender Re-Assignment Surgery

- 8.2 Whilst extremely rare, such an application is a possibility and cases should be dealt with through full reference to the gender dysphoria specialist and psychiatrist familiar with the case.
- 8.2.1 The multidisciplinary team should agree on appropriate location and handling taking into account the view of the patient, the gender dysphoria specialist and psychiatrist.

CHAPTER 9 – LOCATION WITHIN PRISON SERVICE ESTABLISHMENTS

- 9.1 Prison Rule 12(1) provides that women prisoners should normally be kept separate from male prisoners.
- 9.1.1 Generally speaking, decisions regarding the initial location of any pre-operative prisoner who lives in a role other than that assigned at birth, and has neither, undergone gender reassignment surgery nor holds a GRC, should be to a prison appropriate to their gender at birth. Where there is any doubt about such a placement, the prison will organise a case conference to decide the issue, involving the health care team and representatives from the relevant establishments and directorates.
- 9.1.2 ***Decisions about the location of prisoners who live in a role other than that assigned to them at birth who have not yet undergone gender reassignment surgery, whether or not they have commenced hormone treatment, must be reached only in the light of all the circumstances of their particular case and following a full multi-disciplinary risk assessment.***
- 9.1.3 ***As part of the multi-disciplinary risk assessment, a full physical and psychiatric examination must always be carried out and advice sought from a gender dysphoria specialist. Following such assessment, the principal criteria to be taken into account when deciding location are the most obvious physical characteristics of the person concerned, the anticipated reaction of other prisoners to his/her placement amongst them and what, if any, difficulties are likely to arise if the prisoner is allocated to an establishment appropriate to their gender at birth.***
- 9.1.4 Bearing in mind these criteria, such prisoners should be offered as wide a regime of activities as any other prisoners. ***A management care plan outlining how the individual will be managed safely and decently within the prison environment must be produced.*** Where appropriate, education and training about transsexualism and the prevention of homophobia and transphobia should be arranged for staff providing care for prisoners that have gender dysphoria.
- 9.1.5 The decision on an appropriate future location for a post-operative transsexual prisoner will normally be reached at a full case conference at which account should be taken of the prisoner's own preference. The presumption will nevertheless be that a post-operative transsexual prisoner will be allocated to an establishment for prisoners of his/her acquired gender.
- 9.1.6 ***The effect of the Gender Recognition Act 2004 on the location of transsexual prisoners is that a transsexual prisoner to whom a Gender Recognition Certificate (GRC) has been issued is to be treated as a person of the newly acquired gender. This will in most cases mean a transfer to a prison of the same sex as the prisoner's newly acquired gender.***
- 9.1.7 However, before such a decision is implemented, steps should be taken, as indicated in paragraph 9.1.3 (and including full examination, full risk assessment, multidisciplinary consultation and the advice of the gender dysphoria specialist), to ensure a preoperative prisoner with a GRC can be accommodated appropriately in a prison of the acquired gender. ***Before any transfer is undertaken, the Area Managers or Directors of Offender***

Management (for the contracted out prisons) responsible for the holding and receiving prison establishments must sign off the risk assessment and approve the transfer.

- 9.1.8 If there is any doubt following a full risk assessment, such a transfer should not take place. It is advisable to seek legal advice from the Offender Management Team in the Ministry of Justice Legal Directorate in any given case on 0207 210 8500.

Male to Female Transgender Prisoners seeking a Transfer to the Female Estate

- 9.2 There is a particular risk associated with male to female transgender prisoners seeking a transfer to the female estate. Particular risk factors arise if the prisoner's index offence was of a sexual or violent nature against women. This risk factor may be increased significantly if the prisoner has yet to undergo a penectomy.
- 9.2.1 In such cases, particular care should be taken where the prisoner is likely to be a risk and as such may be put into segregation as the effects of long-term segregation may have serious mental health consequences on the prisoner. The consent of the prisoner to undergo such treatment would not be a defence on which a governor could rely on, therefore, careful and considered representations should be made.

CHAPTER 10 – CHANGE OF NAME

- 10.1 Prison Service policy for prisoners who wish to change their names is set out in Prison Service Order 4455.

CHAPTER 11 – SEARCHING

- 11.1 The searching area is arguably the most emotive, controversial and difficult aspect of dealing with and managing transsexual people in a prison environment. As such, it is important that a strong overall emphasis is placed on securing the cooperation of these prisoners for the purposes of searching, whilst ensuring that there are effective security measures in place which are adhered to as closely as is possible under the circumstances. Procedures must be sensitive both to the needs of prisoners and staff and they must remain lawful in order to avoid potential litigation.

Legal Obligations

- 11.2 In accordance with the Gender Recognition Act (GRA) 2004, transsexual people who have been assessed by medical and gender dysphoria specialists may now apply for a certificate, called a Gender Recognition Certificate (GRC), which legally recognises their acquired gender. This affords them all the rights and responsibilities of this gender. Once a full GRC is awarded, the individual will automatically obtain a new birth certificate, if their birth was registered by the UK and that person's gender will become, for all purposes, their acquired gender. A GRC can be obtained at any stage of the reassignment process, including before surgery has commenced.
- 11.2.1 The primary legal obligation is that prisoners in receipt of a GRC have the legal right to be treated as their acquired gender in every respect. Unless alternative procedures have been agreed (see below), such prisoners should be full searched in accordance with the procedures set down in the National Security Framework (NSF) that are applicable to the acquired gender, irrespective of their bodily characteristics (including genitalia). In practice, this means that male to female transsexual prisoners in receipt of a GRC must be full searched by female officers and female to male transsexual prisoners with a GRC must be full searched by male officers. To do otherwise would incur a significant risk of litigation. However, this does not preclude the possibility of a voluntary compact that would allow the prisoner to agree to different options, for searching, which in certain circumstances may be more appropriate. Options for this are outlined in paragraph 11.4 below.

Concerns

- 11.3 It is recognised that a full search of a transsexual prisoner in the circumstances outlined above may cause some practical difficulties. Some staff may not feel comfortable with searching individuals who are still undergoing surgery and have, genitalia of the opposite sex. However, if these circumstances are unavoidable then local management is expected to provide adequate support and training to assist staff in undertaking this task. It may be more effective to deploy additional security measures to put staff at ease. For example, in the circumstance outlined above, additional officers could be allocated to the search if there is any cause for concern over the safety of staff. Staff may only be exempt from searching transsexual prisoners in exceptional circumstances, for example, where there are genuine religious or cultural reasons for an objection.

* See Annex C for details of current instructions on searching methods.

Compact

- 11.4 Transsexual prisoners at all stages of the gender reassignment process should be encouraged to enter into a voluntary written agreement in respect of their searching arrangements on arrival to an establishment, (or as soon as possible after the issuing of this PSO).
- 11.4.1 It is appropriate that such a discussion would take place alongside a wider conversation concerning the prisoner's particular needs. The compact should be drawn up by local management and must clearly set out the arrangements for searching the prisoner, including specifying the gender of the member of searching staff they will be searched by. It must be recognised that the signing of the compact must be voluntary in order for it to have any legal significance, and prisoners must not be coerced into signing in any circumstances.
- 11.4.2 A consultative approach should be adopted when determining individual searching arrangements. Where appropriate, advice must be sought from medical professionals and those involved in the prisoner's care and the wishes of the prisoner must also be taken into account. The Governor must decide if the compact is suitable, taking into account such factors as legal considerations, possession of a GRC, sexual characteristics of the prisoner, views of the prisoner and staff and the likelihood of the prisoner cooperating with a voluntary compact. It should be recognised that as a voluntary agreement the prisoner may withdraw from it any point in time.
- 11.4.3 The following paragraphs outline instructions and guidelines that must be followed and taken into account when drawing up a compact. It should be noted that, regardless of whether a prisoner is in receipt of a Gender Recognition Certificate (GRC), (see section above entitled Legal Obligations), transsexual people may have undergone hormonal and/or surgical procedures or treatment which may have resulted in physical changes to their genitalia or general appearance, contrary to that of their birth gender. These, together with the possession or not of a GRC, are important factors in determining the gender of the searching officer in each instance.

Full Searches

Prisoners Who Hold a Gender Recognition Certificate (GRC)

- 11.5 Transsexual prisoners who hold a GRC and who are fully post-operative, should be searched by a member of staff of the gender of the prisoner's acquired gender; that is, male to female transsexual prisoners should be searched by female officers and female to male transsexual prisoners should be searched by male officers. The prison can insist that there is no discretion in these circumstances, as the prisoner will be both physically and legally of the acquired gender.
- 11.5.1 At the other end of the spectrum there will be instances in which prisoners will hold a GRC whilst not having commenced gender reassignment surgery or any significant level of non-surgical treatment. In other words the prisoner whilst legally of their acquired gender will have the sexual characteristics of their birth gender. In such cases, it is practical to seek the agreement of the individual concerned for their being searched by staff of their birth gender rather than their legal gender. That is, prisoners transitioning from male to female may be asked to agree to be full searched by male officers and prisoners transitioning from female to male may be asked to agree to be full searched by female officers. Such an arrangement

would require the full, voluntary agreement by the prisoner, who may at any time withdraw this agreement, including before a search takes place, and will have the right to be searched by a member of sex of his/her acquired gender if they prefer (see legal obligations paragraphs 11.2 and 11.2.1). Any such agreement should be set out in the voluntary compact.

- 11.5.2 In practice, surgical and non-surgical treatment can take some time to complete and many transsexual prisoners will fall at some point between these two extremes. Careful consideration should be given to the searching arrangements of transsexual prisoners who hold a GRC and who are at all other stages of the reassignment process. In determining arrangements to be set down in the compact it will be necessary to consult with healthcare professionals, those involved in the prisoner's care and the prisoner concerned (see section entitled Compact). However, as explained in paragraph 11.2.1, a prisoner who holds a GRC may insist on being searched by an officer of their acquired gender and if they do so then this must be adhered to.

Prisoners who do Not Hold a Gender Recognition Certificate (GRC)

- 11.6 Prisoners who do not hold a Gender Recognition Certificate and have not received any treatment (surgical or non surgical) for gender dysphoria, would normally be expected to be full searched by staff of the same birth gender. That is, prisoners transitioning from male to female, but are at this stage fully physically male, would be full searched by male officers and prisoners transitioning from female to male, but are at this stage fully physically female, would be full searched by female officers. However, this should be carried out with proper regard to the sensitivity and vulnerability of the prisoner concerned and every reasonable effort made to secure their co-operation and to minimise embarrassment. The prisoner, in these circumstances, has no right to insist on being searched by staff who are (in these circumstances) of the opposite sex.
- 11.6.1 At the other extreme there may be prisoners without a GRC who have completed surgery and treatment and whilst legally of one gender are in all or most other respects physically identical to the opposite gender. Not having a GRC does not prevent these prisoners from being searched by staff of the (legally) opposite sex (i.e. staff with the same genitalia) provided that this is deemed to be the most appropriate way forward and a voluntary compact is in place to allow this to happen. In these instances, a male to female transsexual prisoner with female genitalia can be asked to agree to be full searched by female officers and female to male transsexual prisoners with male genitalia can be asked to agree to be full searched by male staff.
- 11.6.2 In some of these cases, the wishes of the prisoner may be the same as those of the prison and agreement should not be difficult to reach. If agreement cannot be reached, and the prisoner does not hold a GRC, then the prison has the right to require whatever searching arrangements are considered to be the most appropriate (in accordance with the procedures set down in Function 3 of the National Security Framework) in order to provide an effective searching strategy which minimises embarrassment to staff and prisoners bearing in mind the sensitivities and vulnerabilities of the prisoner concerned. However, proper consideration must be given to the wishes of the prisoner and these should be respected unless there are good grounds to provide for different arrangements. In any challenge, a court would be likely to look at all the factors in the individual case and ask if the Prison Service has acted reasonably in this difficult set of circumstances bearing in mind the multitude of factors the prison has to balance in coming to a decision (see paragraph 11.4).

- 11.6.3 Even more careful consideration should be given to arrangements for searching transsexual prisoners who do not hold a GRC and are at other intermediate stages of the reassignment process. In determining arrangements to be set down in the compact it will be necessary to consult with healthcare professionals, those involved in the prisoner's care and the prisoner concerned (see section entitled Compact).

Rub Down Searches

- 11.7 Rub-down searches do not involve removal of clothes and the rub-down process does not involve contact with genital or breast areas and as such are not as controversial as full searches. They are however, carried out with much greater frequency than full searches and rules in this area need to be clear and easy to operate. In this type of search the main issue is not so much about physical appearance and genitalia (although that may impact any decision on rub-down searches) but more about the potential vulnerability of the prisoner and whether he or she would have the same vulnerabilities as a woman might being rub-down searched by a man.
- 11.7.1 The Prison Service does not allow male staff to conduct rub-down searches on female prisoners whilst female staff can perform rub-down searches on male or female prisoners. Legally, therefore, male staff must not carry out rub-down searches on male to female transsexual prisoners who possess a gender recognition certificate to say they are female. Neither should male staff carry out rub-down searches on female to male transsexuals who do not possess a gender recognition certificate to say they are male.
- 11.7.2 Other than the above, male staff may carry out rub down searches on all other transsexual prisoners other than in circumstances in which it is deemed by the prison to be more appropriate and seemly for a prisoner to be searched by a female officer following a full assessment and compact (see paragraph 11.4), and taking into account the potential vulnerability of the prisoner. For example, in some circumstances, it may be considered to be more appropriate for female officers to rub down search a female to male transsexual who is in possession of a GRC or a male to female transsexual prisoner who does not hold a GRC but who presents as a woman. In such cases, prisoners should be encouraged to enter into a written agreement in respect of these arrangements (see paragraphs 11.4-11.4.3).

Squat Searches

- 11.8 Function 3 of the National Security Framework (NSF) provides that, where it is suspected that an item has been hidden in or around the anus, a male prisoner must be asked to bend/squat as part of a full search, to enable the officer to visually examine the area more closely. Female prisoners must not be asked to squat. The basic principle here is that anyone who is legally a female (from birth or acquired via a GRC) must not be asked to bend or squat neither should anyone who has a vagina (regardless of legal gender).

Pre-operative Prisoners Who Do Not Hold a Gender Recognition Certificate (GRC)

- 11.9 Only male to female transsexual prisoners without a GRC and who have not commenced gender reassignment surgery may be asked to bend or squat.

Post-operative Prisoners Who Hold a Gender Recognition Certificate (GRC)

- 11.10 These prisoners must be treated for all purposes as their acquired gender, as outlined in paragraph 11.2, and the policy for squatting as set out in Function 3 of the NSF will apply in that only female to male transsexual prisoners who are fully post operative (i.e. have no vagina and have had male genitalia constructed) may be asked to squat as part of a full search.

Pre-operative male to female Prisoners Who Hold a Gender Recognition Certificate and male to female Prisoners Who Have Completed Gender Reassignment Treatment Who Do Not Hold a Gender Recognition Certificate

- 11.11 These prisoners must not be asked to bend or squat as part of a full search.

Mandatory Drug Testing/Voluntary Drug Testing

- 11.12 When taking samples of urine for the purpose of mandatory drug testing governors should ensure the staff member supervising sample collection are of the appropriate gender and provide maximum privacy for pre-operative transsexual prisoners. Trans people (even those with a Gender Recognition Certificate) are still largely located with prisoners of their birth gender. If a trans person is fully engaged in living their life as a member of the opposite gender to the one they were born into, even where they have not completed gender reassignment, it is appropriate to assign staff who share the prisoner's acquired gender to undertake supervision of sample collection.

CHAPTER 12 – Gender Identity Services for Children and Adolescents

- 12.1 The effects of gender disorders in children and adolescents may be extremely destabilising, especially during puberty.
- 12.1.1 There is only one centre in the UK that provides gender identity services to children and adolescents, which is based at the Portman Clinic in London.
- 12.1.2 The Royal College of Psychiatrists has produced a set of guidelines on the management of gender identity disorders in children and adolescents. These guidelines were included in a Royal College Report (Council Report CR63 January 1998) which can be found at www.rcpsych.ac.uk.

ANNEX A

DEFINITIONS

- 1.1 Transsexualism (gender dysphoria) is defined by the World Health Organisation in its International Standard Classification of Diseases and Related Health Problems (Tenth Revision), ICD 10, as “a desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one’s anatomic sex, and a wish to have surgery and hormonal treatment to make one’s body as congruent as possible with one’s preferred sex”.
- 1.1.1 Transsexualism is different from Transvestism which is defined in ICD 10 as having two forms: *Dual role transvestism*, “the wearing of clothes of the opposite sex for part of the individual’s existence in order to enjoy the temporary experience of membership of the opposite sex, but without any desire for a more permanent sex change or associated surgical reassignment, and without sexual excitement accompanying the cross-dressing” and *Fetishistic transvestism* “the wearing of clothes of the opposite sex principally to obtain sexual excitement and to create the appearance of a person of the opposite sex. Fetishistic transvestism is distinguished from Dual role transvestism by its clear association with sexual arousal and the strong desire to remove the clothing once orgasm occurs and sexual arousal declines. It can occur as an earlier phase in the development of transsexualism”.
- 1.1.2 Hormonal gender re-assignment treatment, in this context, means the administration of oestrogens and/or anti-androgens to men and the administration of androgens to women, in order to produce changes that make them look and/or feel more like people of the gender to which they wish to be re-assigned. These take the form of either tablets, patches or injections and the individual will need to take these hormones for the rest of their life. This definition excludes the administration of such hormones for other therapeutic purposes.

ACQUIRED GENDER

- 1.2 Acquired gender refers to the gender in which a transsexual person lives and presents to the world. This is not the gender that they were registered in at birth, but it is the gender in which they should be treated.

ANNEX B**GENERAL POSITION IN LAW (Registration of Birth and Marriage)****Registration of Birth**

- 1.1 A birth certificate is a certified copy of, or extract from, an entry in the birth register. The register entry is an historic record of the facts as they were at the time of the birth. This record does not reflect any subsequent change to a person's circumstances or identity. All birth certificates contain a warning that the document is not necessarily evidence of the identity of the person producing it.
- 1.1.1 Section 24 of the Births and Deaths Registration Act 1953 provides for the correction of errors of fact or substance in a birth registration, but an amendment to a statutory record can be made only if the error occurred when the birth was registered, for example where the person concerned was not, at birth, of the sex recorded in the entry. However, the Gender Recognition Act 2004 enables holders of a full Gender Recognition Certificate to obtain a new birth certificate representing their acquired gender, if their birth was registered by the UK.

Marriage

- 1.2 Under the law of England and Wales, marriage is the union of one man with one woman. Section 11 (e) of the Matrimonial Causes Act 1973 states that a marriage is void ab initio (from the beginning) if the parties to it are not respectively male and female.
- 1.2.1 A holder of a full Gender Recognition Certificate has all the same rights as other people of his or her acquired gender. This means that he or she may marry someone of the opposite gender or register a civil partnership with a person of the same gender.

ANNEX C

FULL SEARCHES

Procedure:

FULL SEARCH - MALE

1 The correct procedure to use when conducting a Full Search is as follows:

Officer 1**Officer 2**

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|--|--|
| <p>2 The officer in charge of the search. He is responsible for controlling the search. He will normally observe the subject from the front.</p> | <p>Responsible for receiving clothing and other items from the subject and searching them. He must return the clothing and other items back to the subject at the direction of Officer 1. Normally observes from back or side.</p> |
| <p>3 Ask the subject if he has anything on him he is not authorised to have. Ask him to empty his pockets and remove any jewellery, including wristwatch, and hand over any bags or other items being carried.</p> | <p>Search the contents of the pockets and the jewellery and place them to one side. Search any bags or other items.</p> |
| <p>4 Ask him to remove any headgear and pass it to Officer 2 for searching.</p> | <p>Search headgear</p> |
| <p>5 Search his head either by running your fingers through his hair and around the back of his ears, or ask him to shake out his hair and run his fingers through it.</p> | |
| <p>6 Look around and inside his ears, nose and mouth. You may ask him to raise his tongue so that you can look under it.</p> | |
| <p>7 Ask him to remove the clothing from the top half of his body and pass it to Officer 2.</p> | <p>Search the clothing</p> |
| <p>8 Ask him to hold his arms up</p> | <p>Return the clothing</p> |

and turn around whilst you observe his upper body. Check his hands.

- 9 Allow him time to put on clothing.

- 10 Ask him to remove his shoes and socks and pass to Officer 2.

Search the shoes and socks and then place them to one side.

- 11 Ask him to lift each foot so the soles can be checked.

- 12 Ask him to remove his trousers and underpants and pass to Officer 2.

Search trousers and underpants and place to one side.

- 13 Once the clothing has been searched ask him to raise the upper body clothing to his waist and observe the lower half of his body.

- 14 He must stand with his legs apart while the lower half of his body is observed.

- 15 Look at the area around him for anything he may have dropped before or during the search.

- 16 Ask him to step to one side to ensure he is not standing on anything he has dropped before or during the search.

Return the clothing, unless search is to continue with steps 17 –19.

- 17 Most searches will end here – go from step 16 to step 20. However, if a closer inspection of the anal or, exceptionally, the genital area is justified (see guidance below) advise him of this and ask him to bend over or squat, and, if there is still doubt that nothing is concealed ask the prisoner to lift his genitals and/or pull back his foreskin. A juvenile or a trainee aged 18 or more held in a juvenile unit may not be

Use mirrors to view these areas better.

asked to lift his genitals and/or pull back his foreskin.

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| <p>18 Look again at the area around him for anything he may have dropped before or during this additional procedure.</p> <p>19 Ask him to step to one side to ensure he is not standing on anything he has dropped before or during this additional procedure.</p> <p>20 Allow him time to put on his clothing.</p> | <p>Return the clothing.</p> |
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Procedure:

FULL SEARCH – FEMALE

- 1 The correct procedure to use when conducting a Full Search is as follows:

- | Officer 1 | Officer 2 |
|--|---|
| <p>2 The officer in charge of the search. She is responsible for controlling the search. She will normally observe the subject from the front.</p> | <p>Responsible for receiving clothing and other items from the subject and searching them. She must return the clothing and other items back to the subject at the direction of Officer 1. Normally observes from back or side.</p> |
| <p>3 Ask the subject if she has anything on her she is not authorised to have. Ask her to empty her pockets and remove any jewellery, including wristwatch, and hand over any bags or other items being carried.</p> | <p>Search the contents of the pockets and the jewellery and place them to one side. Search any bags or other items.</p> |
| <p>4 Ask her to remove any headgear and pass it to Officer 2 for searching.</p> | <p>Search headgear</p> |
| <p>5 Search her head either by running your fingers through her hair and around the back of her ears, or ask her to</p> | |

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| | shake out her hair and run her fingers through it. | |
| 6 | Look around and inside her ears, nose and mouth. You may ask her to raise her tongue so that you can look under it. | |
| 7 | Ask her to remove the clothing from the top half of her body and pass it to Officer 2. | Search the clothing |
| 8 | Ask her to hold her arms up and turn around whilst you observe her upper body. Check her hands. | Return the clothing |
| 9 | Provide a dressing-gown (pre-searched). Allow her time to put it on for the rest of the search. | |
| 10 | Ask her to remove her shoes, socks, tights etc and pass to Officer 2. | Search the shoes, socks, tights etc and then place them to one side. |
| 11 | Ask her to lift each foot so the soles can be checked. | |
| 12 | Ask her to remove all clothing from the lower part of her body and pass to Officer 2. | Search all clothing and place to one side. |
| 13 | Once the clothing has been searched, ask her to raise the dressing-gown to her waist and observe the lower half of her body. | |
| 14 | She must stand with her legs apart while the lower half of her body is observed. | Staff must be aware of the policy applying to the removal and disposal of sanitary wear. Externally applied sanitary towels will be removed and placed in an appropriate container and disposed of. A replacement must be provided. Staff must not remove, or ask the subject to remove, internally fitted tampons. |

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|----|--|---|
| 15 | Look at the area around her for anything she may have dropped before or during the search. | |
| 16 | Ask her to step to one side to ensure she is not standing on anything she has dropped before or during the search. | Return the clothing and search the dressing-gown again. |
| 17 | Allow her time to put on her clothing. | |

RUB- DOWN SEARCHES

Level A rub down (for routine searches of domestic visitors and prisoners, those entering Closed Supervision Centres, Special Secure Units and for all targeted searches)

Male Subject

I. Stand facing the subject

II. Ask him if he has anything on him that he is not authorised to have

III. Ask him to empty his pockets and remove any jewellery including wristwatch

IV. Search the contents of pockets; jewellery and any other items, including bags he is carrying then place them to one side.

V. Ask him to remove any headgear and pass it to you for searching

VI. Search the head by running your fingers through his head and round the back of his ears, or asking him to shake out his hair and run his fingers through it. Untie long hair if necessary

VII. Look around and inside his ears, nose and mouth. You may ask him to raise his tongue so that you can look under it

VIII. Lift his collar, feel behind and around it and across the top of his shoulders (search any tie and ask him to remove it if necessary)

IX. Ask him to raise his arms level with his shoulders. His fingers must be apart with palms facing downwards. Search each arm by running your hands along the upper and lower sides

X. Check between his fingers and look at the palms and back of his hands

XI. Check the front of his body from neck to waist, the sides, from armpits to waist and the front of the waistband

XII. Check his back from collar to waist, back of the waistband and seat of the trouser. You may need to ask him to turn around

XIII. Check the back and sides of each leg from the crutch to the ankle

XIV. Check the front of his abdomen and front and side of each leg

XV. Ask him to remove footwear and search thoroughly. Check the soles of the feet

XVI. Look at the area around him for anything he may have dropped before or during the search

XVII. Ask him to step to one side to ensure he is not standing on anything he has dropped before or during the search

Female Subject

I. Stand facing the subject

II. Ask her if she has anything on her that she is not authorised to have

III. Ask her to empty her pockets and remove any jewellery including wristwatch

IV. Search the contents of pockets; jewellery and any other items, including bags she is carrying, then place them to one side

V. Ask her to remove any headgear and pass it to you for searching

VI. Search the head by running your fingers through her head and round the back of her ears, or asking her to shake out her hair and run her fingers through it. Unpin long hair if necessary

VII. Look around and inside her ears, nose and mouth. You may ask her to raise her tongue so that you can look under it

VIII. Lift her collar; feel behind and around it and across the top of her shoulders (search any scarf or tie and ask her to remove it if necessary)

IX. Ask her to raise her arms level with her shoulders. Her fingers must be apart with palms facing downwards. Search each arm by running your hands along the upper and lower sides

X. Check between her fingers and look at the palms and back of her hands

XI. Run the flat of your hand underneath and from the shoulders to the top of the bra. At no time touch her breast

XII. Check her sides and front of abdomen from underneath breasts to and including the waistband

XIII. Check her back from collar to waist, back of the waistband and seat of the trouser or skirt. You may need to ask her to turn around

XIV. Check the back and sides of each leg from the crutch to the ankle

XV. Check the front and sides of each leg. (If she is wearing a skirt, it is more difficult to search the top of the legs. Run hands down both sides of each leg outside the skirt. (Use a metal detector)

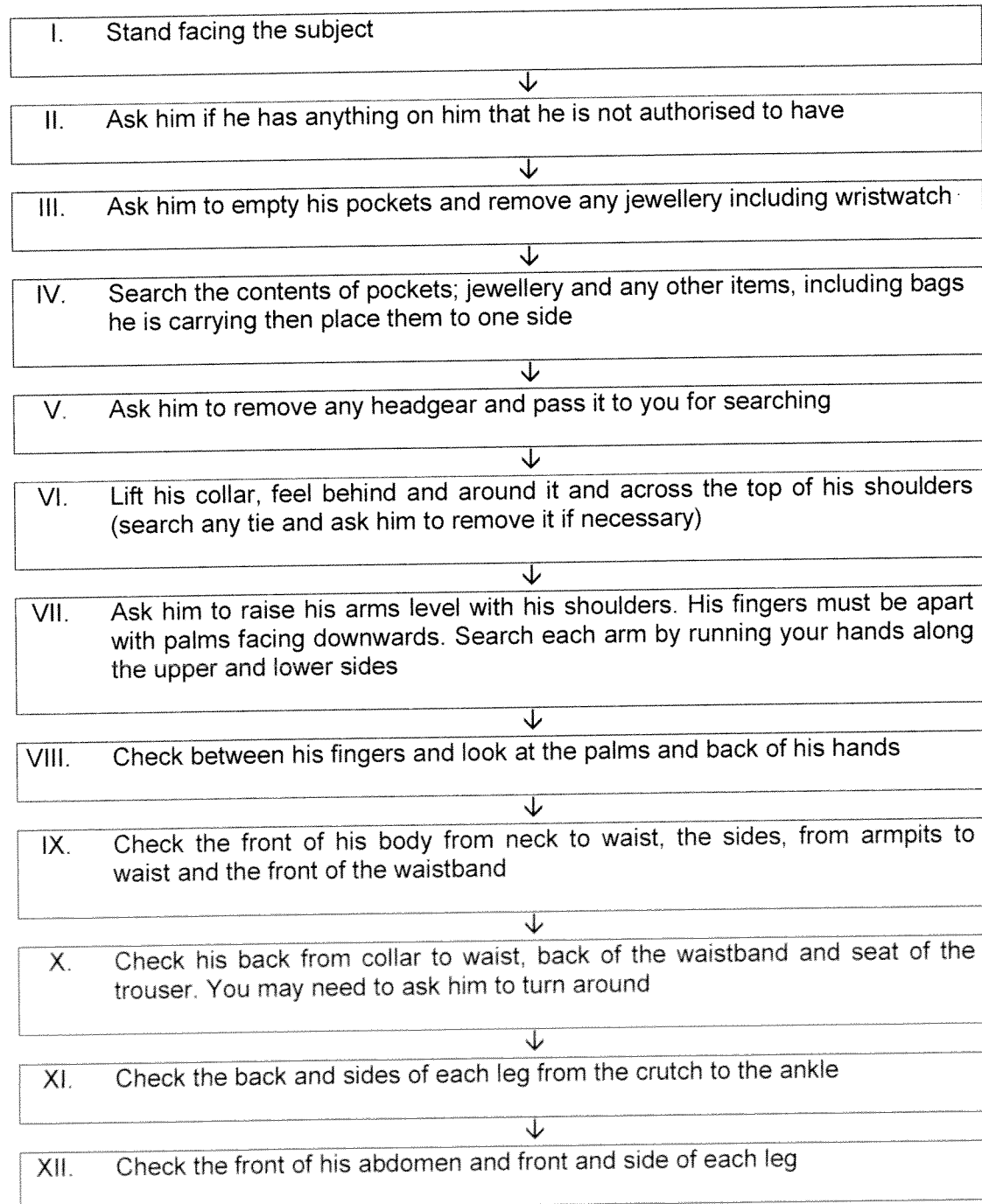
XVI. Ask her to remove footwear and search thoroughly. Check the soles of the feet

XVII. Look at the area around her for anything she may have dropped before or during the search

- VIII. Ask her to step to one side to ensure she is not standing on anything he has dropped before or during the search

Level B rub down for prisoners, (official/professional visitors and members of staff)

Male Subject





XIII. Look at the area around him for anything he may have dropped before or during the search



XIV. Ask him to step to one side to ensure he is not standing on anything he has dropped before or during the search

Female Subject

I. Stand facing the subject



II. Ask her if she has anything on her that she is not authorised to have



III. Ask her to empty her pockets and remove any jewellery including wristwatch



IV. Search the contents of pockets; jewellery and any other items, including bags she is carrying, then place them to one side



V. Ask her to remove any headgear and pass it to you for searching



VI. Lift her collar; feel behind and around it and across the top of her shoulders (search any scarf or tie and ask her to remove it if necessary)



VII. Ask her to raise her arms level with her shoulders. Her fingers must be apart with palms facing downwards. Search each arm by running your hands along the upper and lower sides



VIII. Check between her fingers and look at the palms and back of her hands



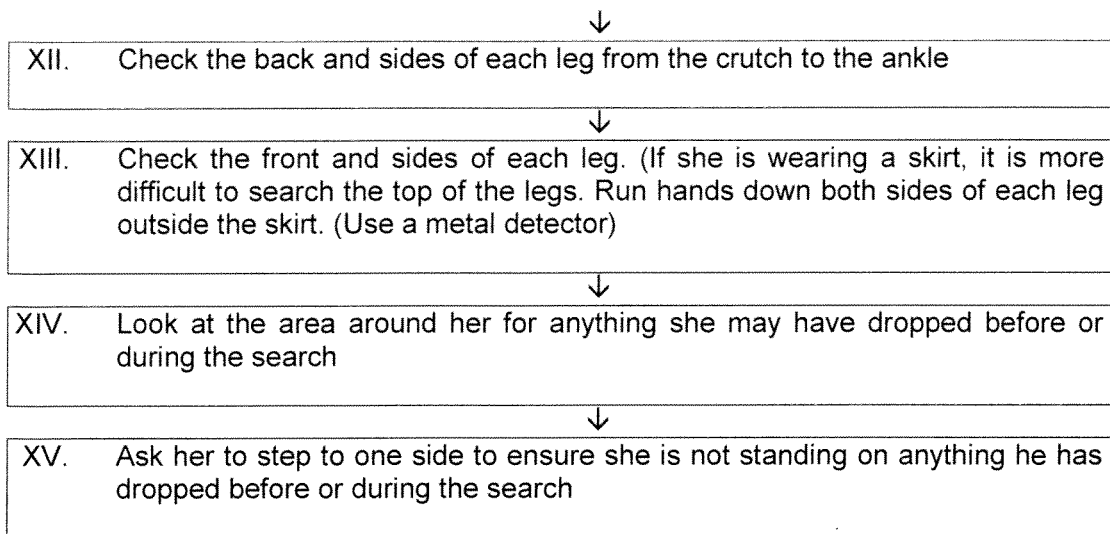
IX. Run the flat of your hand underneath and from the shoulders to the top of the bra. At no time touch her breast



X. Check her sides and front of abdomen from underneath breasts to and including the waistband



XI. Check her back from collar to waist, back of the waistband and seat of the trouser or skirt. You may need to ask her to turn around



SQUATTING

- 1.1 Where it is suspected that an item has been hidden in or around the anus or behind the penis or around the scrotum, a full search must be carried out. A male prisoner must be asked to bend/squat. Officers will then be able to visually examine the area more closely, perhaps using mirrors. Female prisoners must never be asked to bend or squat but can be asked to submit to an intimate search.
- 1.1.1 Staff are reminded that in carrying out searches of this type they must take particular care to adopt an appropriate demeanour and to avoid inappropriate actions or comments.
- 1.1.2 If the prisoner refuses to bend/squat he is disobeying a lawful order and, if appropriate, reasonable force can be used to make him bend/squat, or alternatively mirrors can be used. If having done this staff have reason to remain unsure whether or not an item is hidden in or around the genitals, the searcher may improve the effectiveness of visual inspection by asking the prisoner to lift his penis and/or scrotum, and/or asking the prisoner to pull back his foreskin.
- 1.1.3 If no item is visible there are no further grounds to continue this procedure, and the full search must be completed in the normal manner, including an update of the relevant searching records.

ANNEX D

SUMMARY OF SEARCHING PROCEDURES

	FULL SEARCH	RUB-DOWN SEARCH	SQUAT SEARCH
WITH GRC			
FULLY PRE-OPERATIVE	<ul style="list-style-type: none"> Practical to seek agreement of prisoner to be searched by birth gender (Para. 11.10) However, must be searched by officer of acquired gender if insist on this. (Para. 11.3) 	<ul style="list-style-type: none"> Male staff must not rub-down search male to female transsexual prisoners who hold a GRC (Para. 11.17). 	<ul style="list-style-type: none"> NSF Function 3 policy applies (Para. 11.19) Pre-operative male to female transsexual prisoners must not be asked to squat nor must pre-operative female to male prisoners (Para.11.21)
TRANSITIONAL STAGES	<ul style="list-style-type: none"> Full assessment needs to be completed following consultation with all concerned (Para. 11.11) However, must be searched by officer of acquired gender if insist on this. (Para. 11.3) 	<ul style="list-style-type: none"> Male staff may rub-down search female to male transsexual prisoners with a GRC unless the prison considers the prisoner presents particular vulnerabilities. 	<ul style="list-style-type: none"> NSF Function 3 policy applies (Para. 11.19) Only female to male transsexual prisoners who are fully post operative with a GRC may be asked to squat (Para. 11.20)
FULLY POST-OPERATIVE	<ul style="list-style-type: none"> Should be searched by staff of prisoner's acquired gender (Para. 11.9) 		<ul style="list-style-type: none"> NSF Function 3 policy applies (Para. 11.19) Only female to male transsexual prisoners who are fully post operative with a GRC may be asked to squat (Para. 11.20)
WITHOUT GRC			
FULLY PRE-OPERATIVE	<ul style="list-style-type: none"> These prisoners would normally be expected to be searched by staff of the same birth gender (Para. 11.12) 	<ul style="list-style-type: none"> Male staff must not rub-down search female to male transsexual prisoners who do not hold a GRC (Para. 11.17). 	<ul style="list-style-type: none"> NSF Function 3 policy applies (Para. 11.19) Only male to female fully pre-operative transsexual prisoners without a GRC may be asked to squat (Para. 11.20)
TRANSITIONAL STAGES	<ul style="list-style-type: none"> Full assessment needs to be completed following consultation with all concerned (Para. 11.15) Prisoner can be searched by staff of the (legally) opposite gender if prison feels appropriate and a voluntary compact is in place with the prisoner. 	<ul style="list-style-type: none"> Male staff may rub-down search male to female transsexual prisoners without a GRC except where it is considered more appropriate for female officers to carry out the search. (Para 11.18). 	<ul style="list-style-type: none"> NSF Function 3 policy applies (Para. 11.19) Pre-operative male to female transsexual prisoners must not be asked to squat nor must pre-operative female to male prisoners (Para.11.21)
FULLY POST-OPERATIVE	<ul style="list-style-type: none"> Full assessment needs to be completed following consultation with all concerned (Para.11.13) Prisoner can be searched by staff of the (legally) opposite gender if prison feels appropriate and a voluntary compact is in place with the prisoner. 		<ul style="list-style-type: none"> NSF Function 3 policy applies (Para. 11.19) Only female to male transsexual prisoners who are fully post operative with a GRC may be asked to squat (Para. 11.20)

