Surrey Pretrial Services Centre Standard Operating Procedures	Issued: April 12 , 2013
Chapter 9: Inmate Health Care Services	D. Davis, Warden
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Preamble: Surrey Pretrial Services Centre "Standard Operating Procedures" (SPSC SOP) are local policies written in support of the BC Corrections Branch Adult Custody Policy (ACP). They do not supersede ACP but rather offer site specific policy specifically tailored to Surrey Pretrial Services Centre. In researching policy specifics, Personnel consult ACP, legislation, and other relevant material.

### 1.16 Transsexual Inmates

Refer to: Adult Custody Policy Section 9.17 Refer to: Correction Act Regulation Section 17, 18 Refer to: SPSC SOP: Separate Confinement

### 1.16.1 Introduction

Transsexuals are individuals genetically of one gender with a psychological urge to belong to the other gender.

These individuals are characterized by discomfort about their anatomical gender and by behaviour associated with the other gender.

They are usually in the process of surgically changing their gender.

#### 1.16.2 New Admissions

When there is question upon intake to Surrey Pretrial Services Centre about the gender of an inmate, a referral is made to the intake nursing staff.

The intake nursing staff forward placement recommendations to corrections staff and document their assessment on the ALERT screen in Cornet.

Unless the inmate volunteers, confirmation of the inmate's gender is not visually inspected until they have been seen by a medical doctor.

#### 1.16.3 Re-Admissions

On re-admission, when a previous medical assessment has occurred, a reassessment is done by the intake nurse to determine the inmate's progress as outlined in the Adult Custody Policy. A placement recommendation is forwarded to corrections staff.

The medical doctor confirms the inmates' gender as soon as practicable.

Health care updates their assessment on ALERT screens in Cornet.

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### 1.16.4 Searching

Until gender is confirmed by a medical doctor a transsexual inmate is searched by staff of the same gender as determined by the assessment conducted by the intake nurse.

### 1.16.5 Placement

Every inmate will be assessed by corrections staff for appropriate unit placement in consultation with health care staff.

If the inmate's gender is in question and has not been confirmed by a medical doctor, the inmate will be placed on separate confinement in accordance with the intake nurse's recommendations.

#### 1.16.6 Notification

The assistant deputy warden of regulations is notified by telephone regarding the admission and placement of any transsexual inmate.

# 9.17. Transsexual Inmates

# 9.17.1. Introduction

- 1. Transsexuals are individuals genetically of one gender with a psychological urge to belong to the other gender.
- 2. These individuals are characterized by discomfort about their anatomical gender and by behaviour associated with the other gender.
- 3. There is usually a desire to alter sex organs to function as a member of the other gender.

# 9.17.2. Transsexual treatment

After a psychological, psychiatric, physical and social assessment, a transsexual living in the community in a stable environment would normally progress through a treatment program as follows:

- 1. Psychological/ psychiatric evaluation to assess the person's transsexuality.
- 2. The person lives as a member of the other gender (e.g. dress, hairstyle) for a few years.
- 3. Hormonal therapy is initiated (causing changes in facial and body hair growth, breast structure).
- 4. Surgical removal of sex organs (e.g. castration—removal of testes; hysterectomy—removal of uterus, ovaries).
- 5. Surgical reconstruction of sex organs (e.g. penis, vaginal cavity).
- 6. Application is made to the courts and Vital Statistics Branch for official gender change on birth certificate.

# 9.17.3. New admissions

- 1. Inmates claiming to be transsexuals, who are admitted to provincial correctional centres without medical assessment, request an assessment to determine:
  - Validity of claim of transsexuality; and
  - Placement in a male or female correctional centre.
- 2. Correctional centre staff may request an assessment.

### 9.17.4. Re-admissions

On re-admission, when a previous medical assessment occurred, a reassessment is done to determine the inmate's progress in the treatment program (outlined in section 9.17.2, steps 1 to 6).

## 9.17.5. Treatment

- 1. Because the required levels of personal support may not be present in a correctional centre, progression in the treatment program is not expected while the inmate is in custody.
- 2. The inmate is maintained at the current level of treatment. For example, if the inmate is taking hormones in the community, the medication continues in custody.

### 9.17.6. Refusal to consent to medical assessment

An inmate who refuses to consent to a medical assessment is placed in a male or female correctional centre. This placement is made according to the best judgment of the correctional centre and/ or medical staff, based on the inmate's progress in the treatment program (outlined in section 9.17.2, 1 to 6 in accordance with criteria set out in section 9.17.7).

### 9.17.7. Procedure for medical assessment

- 1. Upon request for a medical assessment, the nurse is informed and arrangements are made for the inmate to be assessed by a medical doctor and psychologist and/ or psychiatrist as soon as possible.
- 2. While awaiting such assessment, the inmate is held separately from the general population in the correctional centre where the inmate was admitted.
- 3. Following assessment, the medical doctor informs the warden of the recommended placement.
- 4. Treatment of inmates confirmed as transsexuals follows established medical practice.

# 9.17.8. Placement criteria

Transsexuals who have not progressed beyond step 3 in the process, set out in section 9.17.2, are placed in a correctional centre consistent with their original gender.