

GUIDELINES/MANUAL FOR STAKEHOLDERS 2019 (Health Care Providers & Police)



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Awareness and Knowledge Enhancement on
Transgender Issues and on Transgender
Protection Act 2018

Executive Summary

This guideline—titled The guideline for stakeholders/Professionals—has been created as a part of study (Stigma reduction, Stakeholder Awareness and Knowledge enhancement on Transgender issues and trans person protection act 2018 in Pakistan), which aims to sensitize Stakeholders/professionals and create awareness amongst them toward Khawaja Sira and Transgender issues and their rights.

This guideline aims to provide stakeholders with information about the TG community and would serve as an able tool to equip stakeholders toward working with the TG community as well as to aid their understanding of TG needs, rights and issues.

This guideline draws attention to various aspects of the TG community such as their background, history, various definitions pertaining to gender and, their pressing health needs, as well as communication tips and techniques to assist healthcare professionals and police in dealing with Khawaja Sira/TG persons.

The TG community is a vulnerable population, particularly for violence and for infections such as HIV and other STIs. Their vulnerability to violence and these infections is often enhanced as many TG practice sex work, bagging to earn their livelihood. The fact that they are ostracized from the society further contributes toward a decline in their rights, general health and wellbeing. TG often seek support from alternate social structures similar to clans that often play an important role toward influencing their health-seeking behavior.

Healthcare professionals and police often face dilemmas when approached by the TG community for seeking health advice and other rights based services. Myths about TG community, lack of awareness of their issues, limited interaction with them often act as barriers for healthcare professionals and police toward providing this community with the required care, support and even empathy.

The guideline for stakeholders/Professionals is a tool that all healthcare professionals and police could use to build on their awareness of the TG community and to overcome these barriers. This manual is a useful guide to reflect on common behaviors and practices of The TG community and incorporate the tips shared while providing services to the TG community.

It is recommended that healthcare providers and police refer to the content of this manual for the following:

- + To know more about the history and background of the TG community.
- + To familiarize themselves with various terminologies under the transgender umbrella.
- + To familiarize themselves with common behaviors and practices of The TG community.
- + To understand their needs, vulnerabilities and requirements pertaining to health and rights based services.
- + To gain an understanding of the communication and language pointers while addressing the Khawaja Sira community.
- + To ensure an empathetic approach to all humans who do not fit into a Binary-normative model.



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This Manual supports the health care professionals, Police's Vision of Equality, Diversity and Dignity.

Section 3: The Khawaja Sira Society – KSS Role in Supporting Khawaja Sira and TG communities

Khawaja Sira Society is a community led organization working in the field of HIV/AIDS, SRHR and other health related issues of Transgender and Khawaja Sira community since 2012, Khawaja Sira Society (KSS) is providing HIV/AIDS prevention services, Hepatitis testing and vaccination services and it also provides prevention and treatment services for other sexually transmitted infections (STIs) among Transgender and Khawaja Sira community in Lahore.

KSS has done 40000 transgender and Khawaja Sira community registration by providing them health facility and other right based services.

KSS is striving for Transgender rights and drafted the "Trans person protection act 2018" with the collaboration of some legal and advisory committee experts and doing advocacy with different relevant government departments for the implementation of the Act and working closely with social protection authority to develop the provincial policies on Trans person protection Act 2018.

In addition to that KSS is also working on community strengthening, stigma and discrimination reduction and advocacy with key stake holders to create an enabling environment where the community can get the basic health services and human-rights without any discrimination or harassment.

As KSS is working since 2012, we recognize it our responsibility to make you familiar with the current situation of transgender and Khawaja Sira community as general public is reluctant towards the acceptance of the Trans Rights and existence and to consider them as equal Pakistani citizens. The current status of Pakistani Trans and Khawaja Sira community is moving towards the positive image end especially after the passing of Trans person protection act but still focusing on the grass root level the Trans community is facing stigma, discrimination, harassment, violence and abuse because of lack of awareness and sensitization among mainstream society how to deal with transgender and Khawaja Sira community.

To Cope up with this challenges KSS has Organized Advocacy meetings and trainings for community support system and KSS has developed the 3 years strategy for Community empowerment, reducing vulnerability and self-stigma through Behavior change communication, Counselling and regular sessions by providing the enabling environment of drop-in-center and its services.

KSS has run the acceptance program and arranged sensitization sessions with main stream society by promoting the education inclusion in renowned universities of Punjab, Pakistan. In the result, multiple trainings were arranged for community for capacity building with the cooperation of mainstream society. A grand event "meena bazaar" was arranged to promote inclusion.

KSS has established a theatre group named PEHCHAAN to focus on acceptance of Tran's and Khawaja Sira community through best practices.

KSS is also working on economic empowerment of transgender community and developed a value chain model for transgender community named (KOONDA CHARI) to provide them safe space for income generation where KSS provided the jobs to community to promote inclusion.

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Section 1: Background

The TG community has been a part of the Pakistan society since times immemorial. However, colonization and greater emphasis on hetero-normativity in the society challenged the stand and status of TG community and contributed to their neglect. Over a period of time they have been edged-out of the mainstream society and have been denied their basic rights.

After huge struggle the Majlis-e-Shoora (Parliament) recognizes the Khusra and Transgender person as per their self-perceived identification and have unique needs and concerns, and it would be prudent to view them as a recognize group.

And however, increased focus on HIV prevention especially among marginalized and vulnerable communities, has highlighted issues faced by the Transgender and Khawaja Sira communities across Pakistan.

National AIDS Control Programme (NACP) recognizes Transgender communities in Pakistan as a high risk group for HIV/STI in Pakistan. Based on IBBS-2016 and National AIDS Epidemic Modelling exercise the Key Population size estimates were revised, HIV prevalence among the Khawaja Sira and Transgender communities is 7.1% in Pakistan. These figures are much higher than those observed for the general community who show an HIV prevalence less than 0.1%.

According to the statistics published by SAHRA network, transgender women constitute one of the most vulnerable groups to rape in Pakistan. Nearly 90% do not report sexual violence to the police due to fear of persecution. In nearly 8% of the cases of violence, the perpetrators were officials working with law enforcement agencies - majority reported by transwomen (88%), the rate of hate crime is increasing against transgender people drastically as is evidenced by the increasing Number of murders in the recent years. In this environment of extreme persecution, the state needs to take charge of ensuring safety and security of transgender people.

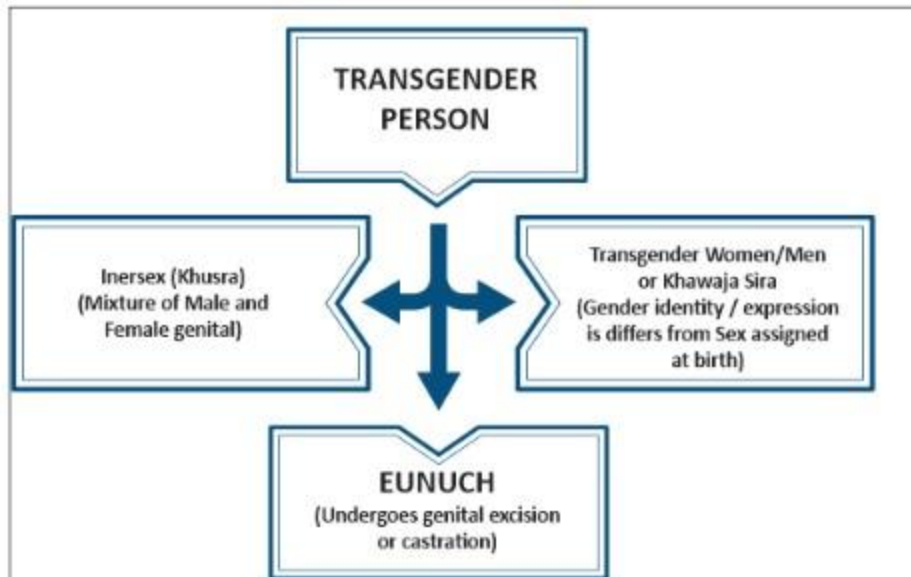
These figures highlight the need to increase the uptake of health and rights related services by the Khawaja Sira and Transgender communities. While studies have explored aspects of stigma and discrimination faced by these communities, limited literature is available to guide healthcare providers and police around issues, needs, and care of the Khawaja Sira and Transgender communities.

Section 2: Purpose of this Guideline

KSS has conducted the research to understand the issues of stigma and discrimination faced by Khawaja Sira/TGs in health care and right care settings. The findings from the study were used to design a Pilot-Guideline which will then present to subject experts and Khawaja Sira community members in a day-long consultation.

The purpose of this manual is to provide health care professionals and police with an introduction to the issues and needs of Khawaja Sira/TGs in Pakistan. Khawaja Sira/TGs face enormous stigma and discrimination in Pakistan. Societal pressure accompanied by psychological and emotional stress experienced by them adversely affects their general health, rights and well-being. While the need for healthcare professionals, police is crucial, health care professionals and police are often not trained nor sensitized to address issues pertaining to the Khawaja Sira/TGs community. This manual intends to bridge this gap and serve as a tool that can be used as guideline to sensitize and enhancing knowledge about Khawaja Sira/TGs community among Health care providers and police in both government and private settings.

This guidelines is the expectations for health care providers and Police responses for services with the transgender community and gender non-conforming Persons. Consistent with our Core Values, we strive to deliver the highest service possible. Health care professionals and Police is committed to delivering a fair and professional service, promoting equality for all.



Section 5: Segment in Focus: Trans Person Protection Act 2018

Recognition of identity of transgender person:

- ✦ A transgender person shall have a right to be recognized as per his or her self-perceived gender identity, as such, in accordance with the provisions of this Act.
- ✦ A person recognized as transgender under sub-section (l) shall have a right to get himself or herself registered as per self-perceived gender identity with all government departments including, but not limited to, NADRA.
- ✦ Every transgender person, being the citizen of Pakistan, who has attained the age of eighteen years shall have the right to let himself or herself registered according to self-perceived gender identity with NADRA on the CNIC, CRC, driving license and passport in accordance with the provisions of the NADRA Ordinance, 2000 (VIII of 2000) or any other relevant laws'
- ✦ A transgender person to whom CNIC has already been issued by NADRA shall be allowed to change the name and gender according to his or her self-perceived identity on the CNIC, CRC, driving licensee and passport in accordance with the provisions of the NADRA Ordinance, 2000 (VIII of 2000).

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KSS is also working on the skill and capacity building to enhance the personal and professional development of Trans-gender/Khawaja Sira community inclusion as per their specific needs to empower them for social inclusion.

As KSS has a vast experience to work with and for community and over the period of time KSS has realized the specific needs for community and its rights. After the overview of current situation it is necessary to develop a guideline for key stakeholders especially for health care providers and police to make them familiar how to deal with transgender community to promote the access of community for health and protection rights.

Section 4: Key Definitions

Gender Identity: Gender identity refers to a person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth. It includes both the personal sense of the body, which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical, or other means, and other expressions of gender, including dress, speech, and mannerisms.

Intersex: An intersex person is an individual with both male and female biological attributes (primary and secondary sexual characteristics).

Sex & Gender: The term 'sex' refers to biologically determined differences, whereas 'gender' refers to differences in social roles and relations. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are also affected by age, class, race, ethnicity, and religion, as well as by geographical, economic, and political environments. Moreover, gender roles are specific to a historical context and can evolve over time, in particular through the empowerment of women. Since many languages do not have the word 'gender', translators may have to consider alternatives to distinguish between these two concepts.

Transgender: It is frequently used as an umbrella term to refer to all people who do not identify with their assigned gender at birth or the binary gender system. This includes transsexuals, two-spirit people, and others. Some transgender people feel they exist not within one of the two standard gender categories, but rather somewhere between, beyond, or outside of those two genders.

Khawaja Sira: This is a south Asian subcultural gender identity. Khawaja Sira people form a subculture with its own indigenous norms, mores and languages. All Khawaja Siras are biologically male and in some cases intersex. Individuals may identify as bi-gender, third gender, or as women.

The Khawaja Sira gender identity is therefore an umbrella transgender identity that encompasses gender variant identities and behavior from the cis-gender male. The terms Khawaja Sira are used interchangeably.

Gender Expression: "Gender expression" refers to a person's presentation of their gender identity, and/or the one that is perceived by others.

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6.2 Addressing myths about the Khawaja Sira/TG community

All Trans-genders are not inter-sex/ hermaphrodite

Trans-genders are not people with mental or physical disability

Trans-genders could have male, female sexual partners

Khawaja Siras/Trans-genders may or may not be castrated

Khawaja Siras is a social category specific to South-Asia

Trans-genders/Khawaja Siras don't like to be included within the category of men who have sex with men.

6.3 Common barriers to health care seeking

A transgender Quote:

Once I visited to a government hospital for my checkup. And I entered into the hospital, people started looking at me as I was not a human being like them. I felt a mob, who had hate for me in their eyes. It is not easy for me to elaborate my feelings of being discriminated but I had no choice except to ignore them. When I entered OPD, the behavior of doctors, nurses and other paramedical staff was not the different as I faced in the corridor. All of them were reluctant to examine me. I took courage and went to a nurse to tell her about my pain but she refused to examine. My question is, is it my fault to be a transgender?

Accessing quality health care is one of the most important pre-requisites for the well-being of the individual. Unfortunately, Khawaja Sira/TG people face many barriers that prevent them from receiving quality health care. Societal discrimination is one of the most important barriers as Khawaja Sira/TGs are misunderstood and unaccepted. Khawaja Sira/TGs are often discriminated and stigmatized due to their transgender status, sex work status or HIV status or combination of all of the above. Lack of Khawaja Sira/TGs-specific knowledge among health care providers may drive stigma among health care providers.

Some other commonly faced barriers are listed below:

Barriers	Reasons
Fear	Khawaja Sira clients prefer not to show their male genitalia to their doctors fearing about the reactions from the doctors or health care providers. Similarly, health care providers may be scared or repulsed by Khawaja Siras/TGs given their social understanding of the community
Past negative experiences	Khawaja Sira also are not willing to visit the health care providers due to the past negative experiences. Similarly, health care providers may be unwilling to provide services to a Khawaja Sira/TGs based on his/her past unpleasant interaction.
Language	Language is often a problem for Khawaja Siras/TGs, as most of them are migrants from other states who are unable to explain their health issues to health care providers. Similarly, health care providers may not be aware of the appropriate pronouns to address Khawaja Siras/TGs.

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Right to, health:

The Government shall take the following measures to ensure non-discrimination in relation to transgender persons namely:-

- + To review medical curriculum and improve research for doctors and nursing staff to address specific health issues of transgender persons in cooperation with PMDC.
- + To facilitate access by providing an enabling and safe environment for transgender persons in hospitals and other healthcare institution and centers.
- + To ensure transgender persons access to all necessary medical and Psychological gender corrective treatment.

Section 6: Health Issues of Khawaja Sira/Transgender Community

6.1 Typical health risks to Khawaja Siras /TG Community

Practices and behavior	Implications	Health Risks
Hazardous working and living conditions	General impact of mental, physical and emotional wellbeing	Malnutrition, lifestyle diseases, and general illnesses
Non-gender conformity on account of Gender identity dysphoria	Stigma and discrimination, lower self-esteem, social and familial un-acceptance	Depression, anxiety, suicidal tendency, alcoholism, substance use, inter-partner violence
Limited access to health care	Self-medication (High dosage of antibiotic, hormone pills and injections, contraceptive pills) Approaching quacks	Case-basis Seeking health care at very late stage
Higher number of sexual partners /Unsafe sex practices /sex work	Increased vulnerability to STI and HIV	Contracting HIV and STI
Castration	Increased vulnerability to UTIs Increased vulnerability to renal infections	Contracting UTIs; difficulty in micturition, urethral stricture Kidney issues such as infections and stone formations
Breast implants	Post-surgical complications	Implant rejection; inadequate post-operative care
Hormones	Side effects of long-term or prolonged hormone intake	Obesity, liver and heart diseases, mood swings, depression, fatigues, acne, blood pressure, etc
Sex-reassignment surgery	Post-surgical complications	Graft rejection, difficulty in micturition, vaginal stricture, numbing of external genitalia; other side-effects as stated in castration

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7.2 How can health care providers take sexual history sensitively from the Khawaja Sira patients?

In most of the health care settings, when a Khawaja Sira/Transgender patients visits the doctors for seeking treatment they are often treated based on the symptoms reported by the Khawaja Sira/Transgender patient. Most of the doctors don't ask for sexual history in detail as they may feel uncomfortable discussing sexual encounters with their clients or feel they don't have the skills to ask questions on these sensitive topics.

It is important for the doctor to probe about sexual history with the Khawaja Sira/Transgender clients so that they can provide them with risk reduction counselling and provide appropriate treatment.

Remember: The Khawaja Sira/Transgender patient is a vulnerable person here in need of treatment, the person is not here to beg or harass you.

Example of a clinical session with a Khawaja Sira/Transgender Client:

Case 1:

Doc: Hi, I am Dr ----, may I know your name?

TG Client: Gopal

Doc: How would you like to be addressed?

TG: You could call me Gulabo. [Doctor may refer to the client with feminine pronoun]

Doc: How may I help you?

TG Client: I have been experiencing pain in my anal region (colloquial term used 'watei') since two weeks and bleeding after sex?

Doc: Can you tell me when did you have your last sex?

TG client: Yesterday.

Doc: Okay, could you explain a little more about your last sex?

TG client: I am a sex worker. Last night my last sex was with my male client. I just had foreplay and oral sex, and then he forcefully started penetration then I started bleeding and it even hurt me a lot while having sex. It continuing to hurt me even later.

Doc: Would it be okay if I examine your back region?

TG client: yes.

Doc: How often have you experienced this before?

TG client: Yes, but it has been unbearable since last night.

Doc: I request you to relax, and be comfortable while we conduct this exam. If you are uncomfortable or if it hurts, please let me know.

[Physical examination]

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Lack of support from Gurus	Some gurus chose to ignore the health needs and wellbeing of their chelas, and often delay proper health care. In addition, relying on knowledge of quacks
Lack of Documentation	Due to lack of documentation or data required like limited data available of TG population size or any other health care violation data on government level to access social welfare schemes meant for below poverty line (BPL) individuals or for registration of health services.
Experiences at time of hospital admission	During admission, doctors unilaterally decide which wards they must be admitted to - male or female ward. Khawaja Sira's in addition to the name given at birth, also have 'community' names. This often creates issue in office-work and filing of case- papers.

Section 7: How to provide health care to Khawaja Sira/TGs patients

7.1 Some Do's and Don'ts for health care providers

Do's

- + It is always recommended to ask a Khawaja Sira/TG person of the pronouns (his/her) they would prefer to be addressed by. Additional information on Khawaja Sira's/TG can always be sought by contacting or visiting community based organizations (such as Khawaja Sira Society) and/or referring to the resources or other alliances of Khawaja Sira Society.
- + It is highly recommended to accept the transgender person /Khawaja Sira on the basis of self-perceived identity as per transgender person protection act.
- + Treat Khawaja Sira's/TG as any other patient with dignity and respect. Prefer using terms like Khawaja Sira/ or transgender while addressing the community.
- + Goal of the treatment is to treat the problem that is presented and is medically diagnosed.
- + Refer to National AIDS Control program Operational and CBO models Guidelines for health service delivery or for STI management if any.
- + It is advisable to check with Khawaja Sira/Transgender person which ward (male or female) they would to be admitted to.
- + Detailed sexual-history taking with Khawaja Sira/Transgender person clients is helpful in diagnosis, or what tests to be conducted or advised.

Don'ts

- + Do not insist on knowing their male names or whether they are castrated or not.
- + Certain terms have derogatory connotations and are best avoided like chakka, 50-50, hermaphrodite.

Case 4:

Doctor: Nurse, please follow-up on admission of this client.

Nurse: Ok. What is your name?

Khawaja Sira/TG Client: Akram Sheikh, but call me Aishwarya

Nurse: Aishwarya, where would you prefer to be admitted, male or female ward?

Khawaja Sira/TG Client: Female

Nurse: As I understand from your case papers, you haven't undergone any sex change surgery, so I wanted to confirm with you once again.

Khawaja Sira/TG Client: Yes, I haven't gone any surgery, but I would feel comfortable in a female ward.

Nurse: Alright, will ensure your admission in a female ward.

7.3 Is there any special care to be taken during physical examination?

Be sensitive while performing a physical examination of the Khawaja Sira/Transgender clients.

Imperative to discuss with Khawaja Sira/Transgender clients about the importance of genital examination.

Some of the Khawaja Sira/Transgender clients who have not been operated would not be willing to show their male genitalia due to shame or hesitation.

Examine anal region for screening of STIs.

May discuss the operative status of the client and also encourage the clients to get their male genitalia examined for any penile STIs.

Follow Universal Safety precautions with all clients irrespective of their gender, HIV status, sexuality, appearance and risks.

Example of physical examination of Khawaja Sira client:

Doc: Is it okay, if I examine your anal region to check for any STI symptoms or other infections?

Khawaja Sira/TG client: Yes you can.

Doc: Would you like to lie down on the bed for examination or turn around and bend down so that I can do the examination?

Khawaja Sira/TG client: I would like to turn around and bend down.

Doc: The examination may also involve check-up of other private parts.

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Case 2:

Doc: Hi, I am Dr ----, may I know your name?

TG Client: Rajjo. [Doctor may refer to the client with feminine pronoun]

Doc: Rajjo, can you tell me what health problems are you facing?

TG Client: I have been experiencing loose motions for last one month. I feel giddy and nauseous.

Doc: Have you experienced anything else?

TG client: Yes, I feel constantly tired.

Doc: Since how long have you been experiencing this?

TG client: Since almost a month.

Doc: Ok. I will recommend a few tests but prior to that I would like to ask you a few questions that we generally ask our clients. So, when was the last time you had sex?

TG client: Yesterday with my husband.

Doc: Did you use a condom at your last sex?

TG client: No, I never use condom with my husband.

Doc: Ok, so this is the list of tests. One of these is HIV and for that you need to go to the counsellor first, who would guide you on steps ahead. I will see you once you get your reports. In the meanwhile I recommend that you use condom every time you have sex.

Case 3:

Doc: Hi, I am Dr ----, may I know your name?

Khawaja Sira/TG Client: My name is Simi. [Doctor may refer to the client with feminine pronoun]

Doc: Saira, can you tell me what health problems are you facing?

Khawaja Sira/TG Client: I have been experiencing severe burning sensation while peeing.

Doc: Ok, any other symptom.

Khawaja Sira/TG Client: Yes, and also greenish yellow discharge that gives off a bad smell.

Doc: Since how long have you been experiencing this?

Khawaja Sira/TG client: Since a week.

Doc: I would like to ask you a few questions that we generally ask our clients. So, when was the last time you had sex?

Khawaja Sira/TG client: Last night. I am a sex worker, so I have sex every day.

Doc: How often do you use condom during sex?

Khawaja Sira/TG client: It depends on my customer.

Doc: Ok. I will prescribe you some medicines that you would need to take, in the meanwhile I recommend that you for a physical examination and some blood tests. Please ensure that you use condom every time you have sex.

Khawaja Sira/TG Client: Thank you doctor.

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8.2 Guidelines/preference method for body search of transgender arrestees.

- + When officer has reason to believe that a transgender is transgender, and a frisk or search of that person is necessary, they will respectfully and in a professional manner ask the transgender their preference with respect to the gender of the searching officer. The transgender person's search preference should be honored if no exigency circumstances exist that would require an immediate search.
- + If a transgender person is not comfortable either with male or female for body search then there should be some temporary arrangement of body scanner and then refer the case to senior official if required.
- + If a transgender does not name a search preference, the transgender's gender shall be classified as it appears on the transgender's government-issued identification card or in official department databases and the search shall be conducted by an officer of the same sex as the government-issued identification card or official department database designation.
- + At least two officers should be present for these searches when possible. It is understood that the dynamic, fluid and emergent nature of some situations are such that immediate searches are necessary to preserve officer and public safety and to prevent the destruction of evidence. Accordingly, searches may be undertaken by any officer where made necessary by these emergent conditions or the lack of availability of the officer of a specific gender.
- + If an arrestee objects to any element of this standard operating procedure, if they make claims regarding their gender that are not credible, are uncooperative, or do not have a government-issued identification card / do not appear in any official department databases and do not indicate a search preference, the officer shall notify a Senior Officer prior to searching the arrestee. A senior officer shall decide based on the information available to them at the time.

Gender Classification guidelines for transgender persons for transgender persons who have been arrested.

- + Preference would be an arrestee should be classified as per His / Her self-perceived gender identity/expression.
- + An arrestee's gender can be classified as if he/she appears/show the individual's government-issued identification card.
- + For listing gender on citations, FIR, arrest reports, and other official documentation, members shall use the gender designation preferably based on individual self-identity or listed on the individual's government-issued identification card if he/ she agrees.

Note: Most of transgender community have their male individual's government-issued identification card to recognize as citizen as in past there was no clear policy for transgender national identity card so member of police should recognize him / her as per the self-perceived identification.

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Section 8: Segment in Focus guideline for police department

8.1: Procedures to deal in with transgender community:

- + If a transgender self identifies as transgender, officers shall respect the expressed gender and use pronouns that are appropriate for the transgender's gender presentation or the person's pronoun of choice (e.g., "she, her, hers"; "he, him, his"; or "they, them").
- + When requested, officers shall address the transgender by the name based on their gender identity rather than the name that appears on their government issued identification. Officers should be aware that transgender' names may change between one interaction and the next and should use the name currently used by transgender persons.
- + When a situation arises that involves the need to clarify gender identification, the officer shall respectfully and discreetly inquire as to how the transgender wishes to be addressed (e.g., sir, miss, Ms.) and the name by which the transgender wishes to be addressed. This name shall be documented as an alias/preferred name if it differs from the Trans gender's legal name. The officer may also ask, "What are your pronouns?" to clarify the preference for use of she, he, they, or them. Officer shall not, unless legally necessary (e.g., processing an arrest), require proof of a transgender's gender or challenge a transgender's gender identity/expression.
- + Transgender Person who present a gender or name that differs from the gender and/or gender marker or name on their identification documents or in official databases typically may be expressing their gender identity. Therefore, Transgender should not be presumed to have knowingly misrepresented information concerning name or gender and should not be arrested for obstruction solely on that basis.
- + Officer shall not request transgender person during a field interaction to remove appearance/apparently attire related items such as wigs or clothing that conveys gender identity unless there is an articulable and specific law enforcement reason to do so.
- + Officers shall not make assumptions regarding a transgender's sexual orientation based on the transgender's gender or gender identity/expression.
- + Officers shall not disclose a transgender's gender identity to other arrestees, officers of the public, or other governmental personnel.
- + Absent providing details regarding a pertinent criminal investigation, officers shall not disclose to parents or guardian's sensitive information they discover about a juvenile's gender identity, gender expression. This information shall be kept private to avoid placing the juvenile at increased risk for violence or rejection in the home and to allow the juvenile to choose whether to provide the information.

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Note: If the arrestee's preference for placement cannot be accommodated, the booker shall document the reason in the narrative field in the Inform Jail System.

- + Transgender person shall receive the same standards of care as other individuals based on medical need, including needs related to hormone medications or therapy. Whenever a transgender person expresses a need for medical attention, officer shall handle the situation as per law.
- + Jail officers shall not shave the head of any transgender person on the basis of his/her biological identity.

8.5 General Rules:

- + Announce that you are about to frisk them, so they can mentally prepare themselves. Use scanners preferably instead of a pat-down.
- + Do not ask inappropriate and invasive questions about body parts, cosmetic or medical procedures. Do not probe, grope or inappropriately touch any specific body part.
- + If you come across a transgender person wearing a prosthetic device (or other material such as push up bras, implants, do not ask invasive questions. Ask before searching. Do not seize or remove appearance-related items, such as clothing and undergarments, wigs, prosthetics, or make-up if those items would not be confiscated from non-transgender individuals.
- + Do not make comments or ask inappropriate questions that invalidate the gender identity of the transgender person to satisfy your curiosity. Treat them like regular people.
- + Do not out the transgender person to others standing nearby. If they are comfortable, take them on the side or pat them down discreetly. Do not ask transgender people to strip in public.
- + Ask the transgender person who they are most comfortable with while being body searched (male or female police officer). As a rule, let female police officers search transfeminine people and male police officers search trans masculine people.
- + Do not treat gender non-conforming or people with ambiguous gender presentation as automatically suspicious. Transgender Status is never by itself a lawful basis for a stop, search, or arrest.
- + Most transgender people live a very gender fluid existence and being outed at checkpoints etc. can put them in immense danger. Recognize and respect the safety issues of transgender people.

8.6 Other Recommendations:

- + Hire transgender people in the police force or form special committees at local level and include transgender participation.
- + Include special trainings for Police deployed at checkpoints (such as at Cantonments) to teach them how to interact with and respect transgender people.
- + Introduce special and fast-tracked complaint mechanisms to tackle abuse in police force as well as handle complaints of transgender people.

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Note: Members should be aware the National identification card may include other gender markers, such as the non-binary gender marker (signified with an "X"). If the transgender has a gender marker of "X" on their identification card, the member shall respectfully ask the individual whether they most closely identify with male or female and use that for data entry of the transgender person's gender.

- + For listing the name, officer shall always enter the transgender's name as it appears on their government-issued National identification card. If the arrestee identifies himself or herself using a different name, that name shall be listed in the alias section on the arrest reports.

8.3 If a government-issued identification card is unavailable:

- + If the member has established identification through official NADRA databases, the name and gender from that identification shall be used. If the arrestee identifies himself or herself using a different name, that name shall be listed in the alias section on the arrest reports.
- + -If no government identification is established through either a government issued identification card or through official department databases, the member shall respectfully ask the individual whether they most closely identify with male or female and use that for data entry of the individual's gender.
- + When there is uncertainty regarding the appropriate classifications of an arrestee's gender or if the individual is not comfortable with either option or refuses to answer, a Senior Officer shall be consulted for further guidance on the appropriate classification.

8.4 Confinement of transgender arrestees

- + As per the transgender person protection act 2018 under the "CHAPTER IV obligation by government" government need to establish Separate prisons, jails, confinement cells, etc for the transgender persons involved in any kind of offence or offences
- + Officers transporting transgender persons shall report the arrestee's gender identity and preferences to the confinement facility in case of separate jails are not available or established.
- + The booker shall document the transgender person's pronoun of choice (e.g., "she, her, hers", "he, him, his"; or "they, them.") and gender marker preference in the narrative field in the Inform Jail System. Officers shall share the arrestee's gender identity and preferences only with necessary personnel.
- + All information concerning the arrestee's gender identity and preferences shall be passed on to subsequent shifts and to the separate jail facility or detention facility the arrestee is transferred to, if applicable.
- + Booker requests to remove appearance-related items due to safety and security concerns (e.g., prosthetics, clothes of the presenting gender, wigs, and cosmetic items). Trans arrestees shall not be asked to remove appearance related items if cis- gender arrestees are not required to do so.
- + Transgender arrestees shall be asked by the booker where they would feel most safe before placement and every effort shall be made to ensure the transgender is placed in the cellblock area consistent with their request. Unless the transgender expresses a concern for their safety, the individual shall be housed in a cellblock area consistent with their gender identity.

Access to clothes and commodities

Prison authorities should facilitate access to clothes and personal commodities that allow transgender prisoner to express their gender identity by offering gender-neutral purchase options, where any prisoner can purchase the approved commodities, irrespective of gender. Where such gender-neutral options are not available, a second line alternative can be implemented by allowing transgender prisoners to purchase commodities approved for both men and women. Prison authorities should also consider allowing transgender prisoners to dress in clothes that align with their gender identity. However, where prisoner uniforms are required, transgender prisoners should be allowed to choose the uniform that they feel is most appropriate.

Access to bathrooms and showers

Prison authorities should take into account transgender prisoners' gender identity, dignity, and personal safety when facilitating access to shower and bathroom facilities. Where dedicated, private or separate facilities cannot be provided, prison authorities should put in place the guideline of self-perceived gender identity to avoid any barriers by maximizing privacy, without compromising safety and security.

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- + The rape of transgender people should be recognized as rape period. Sexual intercourse without consent or through forced consent is rape regardless of which body orifice is penetrated, by whom and how. There should be no distinction in the nature, degree or mode of sentencing and investigation in rape cases based on (trans) gender status. Same protocols should be extended to investigate rape cases of transgender people as that of women and children. Same protections should exist in the law for transgender people as they do for other rape victims. Therefore, the rape of transgender people should be tried under Section 375-6 of PPC and according to the provisions of Criminal Law Amendment (Offences related to Rape) Act 2016. Currently, the rape of transgender people is tried under Section 377, which makes no distinction on the basis of consent. As a result, the rape victims are in danger of reverse criminalization which is why most transgender people are reluctant to report rape cases. The sentences are also different which leads to out-of-court settlements, blackmail and threats.
-Similarly, the procedures under Section 377 are different as opposed to Section 375 and same protections are not extended to transgender people. Since Section 377 is not clear with respect to its language, the clause is exploited to force transgender people into having intercourse and then blackmailed.
- + There also needs to be a hotline and special procedures for tackling targeted crimes against transgender community.
- + For instance, establishment of special complaint cells will Furthermore, the higher authorities need to establish special policies and procedures to ensure further protection of transgender people by consulting with the community -such as offering protections at deras, taking action against criminal gangs, protecting victim of domestic abuse and violence.
- + The police also need to be aware of and understand the Transgender Persons (Protection of Rights) Act 2018 and work for its implementation by making the sensitization session or training arrangements for them.

8.7: Management of Transgender Prisoners

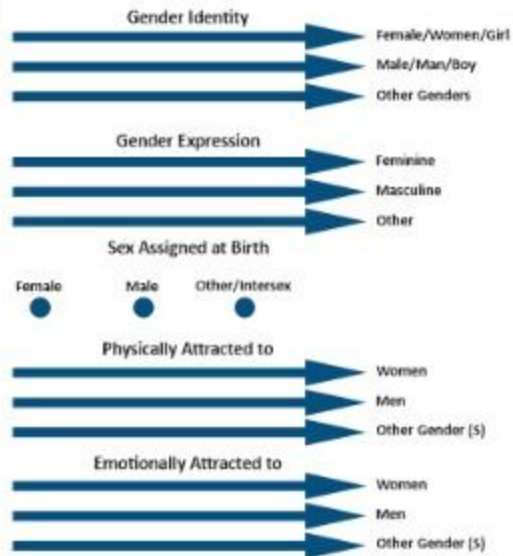
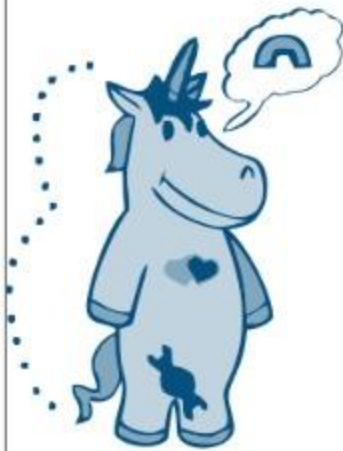
Staff training

Governments and prison authorities should ensure that all prison staff receive regular training to ensure they understand and address the special needs of transgender prisoners. Trainings should be designed to empower prison workers in preventing, identifying and responding to bullying, harassment and discrimination on the grounds of sex, sexual orientation, gender identity, gender expression and sex characteristics.

Access to health services

At minimum, governments and police authorities should ensure that access to health services and standards of care in prisons and other closed settings mirror those available in the community. Ideally, health service delivery in prisons should strive to surpass the availability and quality of health care delivered in community settings. Prison authorities should mobilize health expertise from external professionals and establish partnerships with relevant community groups in the community in order to meet transgender prisoners' health needs.

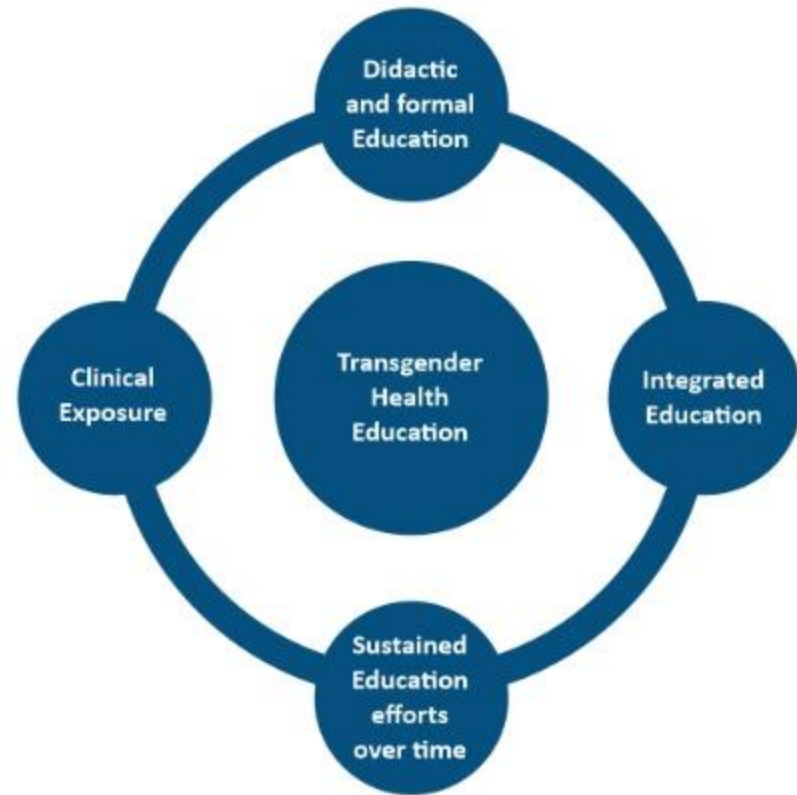
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To learn more, go to:
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TRANSGENDER HEALTH EDUCATION



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