

Transgendered Clients: Tips for Clinical Workers

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Handling transgendered clients can be a unique challenge to counselors, medical personnel, and clinical workers. Most helping professionals aren't sure what to do with us, or how to appropriately treat us. These tips will help you to treat us courteously, and make us feel more comfortable and cooperative.

1. Please keep in mind how much of our personal information is your business, and how much is not. Curiosity is not an excuse for asking personal questions that have no bearing on your job. Don't give in to talk-show mentality. Our daily lives are not a Riki Lake stage. If you don't absolutely need to know something for health or safety reasons, don't ask. If you do need to know sensitive information, learn to ask in ways that don't reinforce the idea of us as freaks whose personal lives are everyone's business.

2. Transgendered people come in many stripes. We are a continuum, not a monolithic group. It can be hard to tell whether someone is a transsexual, a drag queen or king, a cross-dresser, or just an androgynous "genderqueer". For the most part, however, this information isn't necessarily your business. It may be disconcerting to you not to be sure what pronoun to use.

Here's the basic guideline: if someone is dressed in a culturally feminine way, use "she". If they are dressed in a culturally masculine way, use "he". When in doubt, default to the outward gender presentation.

Keep in mind, of, course, that "culturally male or female clothing" varies tremendously by the culture. For example, Pakistani or Chinese traditional male attire involves designs and materials commonly perceived as feminine in the West.

It is acceptable to ask, "What pronoun do you prefer?" or "Do you go by he or she?" Do not say, "Are you a boy or a girl?" or anything along those lines. Once the individual tells you their preferred pronoun, use it faithfully. Don't screw up so much as once. To screw up on pronouns is a huge

discourtesy. It shows that we have no say in your opinion of our gender. It's a good idea to keep referring to an individual by their chosen pronoun even when they aren't around, and you're talking to other people about them in the third person. Consistency will help keep you from slipping. If you're having an ideological issue with calling someone "he" when you really can't accept them as male, or "she" when you can't accept them as female, keep it to yourself. We don't need you to lay that on us.

3. Our sexual practices are none of your business, unless you are asking for purposes of determining whether we are practicing safe sex. Appropriate and nonintrusive ways of asking might be, "Have you had unprotected sex with anyone?", followed up with, "What sorts of practices do you think might be considered unsafe?" in order to see if they know what they're doing. That's the bare maximum of what you need to know. You don't need details, and they're none of your business. When you do have to ask specific questions because you're seeing a particular physical symptom that may be indicative of something, phrase it like this: "I'm seeing this (insert symptom), and that's sometimes an indication of (insert problem). I have to ask this of everyone that I see this on: are you doing (activity)?" That lets us know that it's not about our transgendered status.

4. Don't assume that FTMs are just lesbians (i.e. that they only have sexual relations with women) and that MTFs are just gay men who only have sexual relations with men. About a third of FTMs identify as gay men or bisexual, and about a third of MTFs identify as lesbian or bisexual. You can't make assumptions about who we're sleeping with by looking at us. Are you allowed to ask? No. Again, the only information that you have a right to is whether our practices are unsafe, and that only if you are doing STD counseling.

5. Physical examinations are a painfully humiliating experience for us. Understand that the way we feel about our bodies not being what we want can be as traumatic as the experience of a sex abuse victim. If it is not absolutely necessary, don't do it. Going in for a throat culture does not require you to examine what's between our legs. Again, your curiosity is never a justification. Unless you are treating something or running a test

that requires contact with the genitalia, leave it alone. Some of us may have had sex reassignment; most haven't, especially FTMs who may not like the quality of modern surgery and may be waiting for advances in technology. Don't ask questions about it, either. It seems like every dork in the world thinks that our genitals are their business. Total strangers walk up to us and ask about it. Don't be one of these talk-show mentality individuals. Unless you are going to have to handle them for some absolutely necessary reason, they should not exist for you. If you do have to deal with them - for example, to take a swab for an STD test culture - warn us in advance. Say, "I'm going to have to take a swab from your genitals. Is there anything I can do to help you feel more comfortable while I'm doing that?" Possible things that may help us be more comfortable: Let us keep as much clothing on during the procedure as possible. It helps us feel less vulnerable and is less likely to trigger body shame. Don't flinch, or gasp, or otherwise act shocked if we expose genitals that do not look like what you expect. Act like it's no big deal. Don't make embarrassed comments. Do it quickly and professionally and get out of there fast. Don't ask questions about sexual function while you're down there. In fact, don't ask about anything while you're down there; it's hard enough for us to endure it without having to deal with educating you at the same time. Wait until we're dressed to ask questions. If you are doing a pelvic exam on an FTM, remember that we may have enormous issues about our vaginas. Don't drag it out. Post-transition FTMs generally look and pass entirely as men, and it may be difficult for them to find proper gynecological care as men with vaginas. Keep in mind that the vagina of an individual who has been on testosterone for several years is basically like that of a menopausal woman's; it is more fragile and may spot blood. The FTM in question may or may not be using it at all. (Don't ask; just be gentle with the exam.) Similarly, years of estrogen on a MTF makes testicles and prostate much more mushy. Don't comment on it, or assume it's part of a different problem. FTMs also have even larger issues about our breasts, so don't do a breast exam. It's OK to ask "Would you like information on breast cancer or breast self-exams?" If they say yes, you can ask them if they examine their own breasts, and perhaps give them some pamphlets. If they say no, leave it be.

It may be that they expect to have a bilateral mastectomy sometime in the future, which will make the entire issue a moot point.

6. A health care provider who is doing an examination involving the genitals should ask if there are any terms the client prefers. Often trans people utilize certain words to describe parts of their bodies in a way which is more comfortable for them. For instance, an FTM may refer to his biological clitoris as his dick.

7. It is never, never appropriate to bring in interns or curious others to show off the tranny. We are not freak shows. The fewer the people who see our genitals, the better. If you do have to bring in a specialist to help diagnose a particular problem, warn us first. Apprise the specialist (in the hallway, out of earshot) of our situation, and make sure that they will be courteous and unshocked and not act like a curiosity-seeker. Actually, try not to inflict anyone on us who hasn't read this paper.

8. If you ask, and discover that we don't have regular medical care, don't be judgmental of us. There are doctors out there who refuse even to have us in their waiting rooms. Robert Eads, the FTM transman who was featured in the documentary "Southern Comfort", died of cancer because he was turned away from every oncologist's practice for being transgendered. There are other doctors who are rude or insensitive to us, so finding decent medical care can be a nightmare. If you'd like to make referrals, make sure that they are reasonably sensitive and aware medical personnel. In fact, if you refer one of us to a doctor, send this flyer along ahead to the doctor in question, and if at all possible speak to them first to make sure that they aren't going to be visibly uncomfortable with us.

9. We transgendered people put up with having to educate others day in and day out. Sometimes we're in the mood to educate you; sometimes we just want to get in and get out. If you want more information on us, ask "Are there resources that we can contact to get more information on people in your situation?" Don't assume that the sick or traumatized individual currently putting their clothing back on is necessarily going to want to run an impromptu seminar, now or ever. Some of us do educational seminars,

depending on the area. Leave them the option of pointing you towards someone who is more prepared.

10. Most importantly, remember that we are human beings first. We may have interesting medical histories and unusual anatomy, but we also have feelings. Think of us more like someone with a disability than someone with a strange lifestyle. Most people would think it rude to run up to an obviously disabled individual and start asking them personal questions about their ability to function. Remember that it's just as rude to do the same for us. After all, if you're not in this career to make people's lives easier, then what are you doing here? A little care and empathy goes a long, long way.