



The Gender Centre Inc. Fact Sheet

Concerns for Clients

Accessing Government Agencies or Service Providers

Reviewed July 1st 2008

Fear/prior experience of insensitive treatment/curiosity/ridicule.

Many people within the transgender community report high levels of insensitive treatment by services. Staff who undertake counselling at the Gender Centre have listed as examples of insensitive treatment described by clients:

- Deliberately being hidden in inconspicuous areas;
- Being asked to stand or wait in non-private/conspicuous areas;
- Being asked questions several times in disbelief;
- Being questioned in a public setting;
- Seeing Staff members being called out to "have a look";
- Seeing incredulous expressions;
- Being openly laughed at;
- Being addressed inappropriately, by using an "original" name and not having a change of name acknowledged;
- Hearing themselves referred to as "her" or "him" when this is not appropriate; and
- A refusal on the part of staff to treat a transgendered person as a member of their preferred gender.

Clients may feel that their confidentiality is being breached due to curiosity from people working within services. Some clients have mentioned feeling certain that once they leave an agency the staff will look at or discuss their file inappropriately. In other instances, a person may find their file contains the word "transgender" or "transsexual" where this information is completely irrelevant to the services provided by the agency.

Clients may find themselves having to justify or explain their transgender status, or explain parts of their history not relevant to the service they are currently accessing. It is not unknown for staff to claim that they "just wanted to know more in order to deal with the client more effectively". However, services should not, except in exceptional circumstances, have to gather details from one person that they do not need to gather from other clients.

There are very few reasons to treat one client differently from another if they are accessing the same treatment or services. If there is a genuine reason for requesting additional information or varying procedures used with other clients, this should be explained. If a staff member is unsure of how to work with particular client (i.e. does the client want to sit in an open waiting room or would they prefer to sit somewhere more private), then usually questions can be asked in a way that does not impinge on a client's dignity. If unsure whether to address a client as him or her, ask them.



Fear/prior experience of discriminatory/unfair treatment.

Clients may be reluctant to return to a service where they have experienced insensitive or discriminatory treatment. For instance, some people with gender issues do not claim/continue with their welfare entitlements because they have experienced unfair or insensitive treatment from Centrelink in the past.

Transgender people may be reluctant to seek help/benefits in the first place due to a fear of discrimination. Clients may discontinue health/medical treatments or simply not seek medical help for the same reasons. Either of these can certainly be detrimental and/or dangerous to the individual. Ultimately it is up to the client to seek help if required.

There are ways to get information across to the general community that particular agencies are for all people (i.e. ACON's posters and ads promoting the fact that "ACON is for women", to counter the once widely held perception that ACON only dealt with gay men).

The only other thing that services can do is to treat all clients equally when and if they do present.

Being treated/seen as part of a stereotyped group rather than as an individual.

While it is possible and often practical to talk in terms of a group or a community (for funding or planning resource development, for example) it is important to recognise that every person is an individual. This line can become blurred in services, due to a number of factors. If there is media exposure about a particular "community", there may be a perception that there is a "line" or "format" for dealing with that community. Service providers are individuals dealing with individuals and one "line" may be inappropriate for one person but acceptable to another.

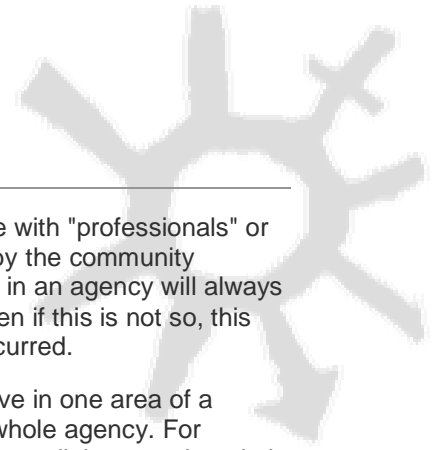
The perception that one is being treated as part of a minority group, even if "kindly" treated, can be undermining, as can the knowledge that one is being "tolerated".

Not being aware of own rights. Difficulty in enforcing own rights if they are known. Fear/prior experience of own rights not being upheld.

Clients may worry that they do not know how to find out about their rights, and that service providers may not be interested in helping them find out about these rights. Finding out about rights and entitlements within the health/welfare bureaucracy is not always easy for members of the general community, and this difficulty may be increased for members of "minority groups". Sometimes there are no special rights for disadvantaged groups despite the fact that their needs may clearly lie outside the boundaries of what is provided for mainstream groups.

When multiple difficulties are expected or experienced, it may be difficult for people to enforce their rights. Many health/welfare clients feel quite disempowered just by being "part of the system" (health or welfare systems) and may fear losing entitlements or benefits if they "make a fuss" or stand up for their rights. There is sometimes a perception that welfare recipients have no rights, or a feeling that enforcing one's rights may affect one's entitlements, even among welfare recipients themselves.

When it takes courage to walk into an agency in the first place, clients often find themselves unable to utilise the extra emotional resources necessary to defend one's rights. This is a common experience for transgender clients and many other disempowered/disadvantaged groups.



Difficult in resolving problems encountered in agencies.

Clients may not feel that they have the skills or even the right to negotiate with "professionals" or service providers. This is not an uncommon problem, often complicated by the community perception that members or certain professional bodies or staff members in an agency will always "hang together" and back each other up regardless of circumstances. Even if this is not so, this perception may stop people from resolving difficulties once they have occurred.

Transgender clients may also be concerned that the treatment they receive in one area of a service reflects the attitude that can expect to encounter throughout the whole agency. For instance, a transgender client who has a negative experience with one Centrelink or one hospital may be very reluctant to deal with another Centrelink or hospital: although the negative experience may have had more to do with the individual worker than the type of agency.

Needs not being addressed/dismissed as irrelevant or unimportant.

Transgender clients, have the right to expect to enter and leave a service with their dignity and self-esteem intact. However, transgender clients may find that their current gender is ignored and that they are treated as a member of their birth gender regardless of their stated wishes.

Transgenderers have a right, in common with other clients, to see that people who discriminate against them are sanctioned. However, it does happen that clients may be told, in all seriousness, that "so and so just isn't used to people like you, it isn't personal, just ignore it". This is an intolerable, but unfortunately, all too common attitude.

Physical issues and body image.

This is a major concern that can have a serious effect on transgender people's willingness to access health services, particularly sexual health services. Many people feel uncomfortable about sexual health check-ups and this sense of discomfort can be acutely heightened for people who may be struggling with their own gender, body image, and "physicality" in any case.

Even for those who are quite comfortable within themselves, the idea of encountering curiosity or ignorance, or having to "explain" one's body to a health service provider, can overwhelm transgender clients to the point where they just cannot bring themselves to access health services, even when this is essential to their health and well-being.

Fear/prior experience of violence.

Violence and physical hostility are not unknown in welfare/health services. Violence may come from service providers, but transgender clients may also worry that other clients may be hostile or violent towards them. It is within the legal/justice system that transgender people fear violence the most. This can mean the police, or the prison system. However, this fear of violence can also apply to residential services, such as refuges, or programs such as Drug and Alcohol rehabilitation programs.

Having inadequate/no social, legal or political redress for discrimination.

Transgender people have traditionally had very little to fall back on in the way of legislation or political representation, in common with many marginalised/disadvantaged groups.

The transgender community has only recently been included in the New South Wales Anti-Discrimination Act. It remains to be seen whether or not this will ensure fair and equal treatment for them.

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