River is a person in their mid twenties who comes to see you for some advice about sexual health. They are single at the moment but would like to form a sexual relationship with a man and want to know about the best way to protect themselves from sexually transmitted infections.

Think about:

- What key pieces of information will you need in order to effectively assist River?
- What assumptions might you have about River’s identity and experience on the basis of this information?
- How would you proceed?

It will of course be important to ascertain the type of sex River wishes to have in order to effectively assist them. In order to speak with River about sex it will also, of course, be necessary to gain a reasonable degree of rapport, and for both of these things you will need to determine how River wishes to be addressed and how they wish to have their queries dealt with (see Key Practices in the book).

In this instance (although not in most other situations) it will also be necessary to find out something about River’s physiology as it pertains to their sexual expression. It should be noted that this will not necessarily relate to River’s own sense of gender. Practitioners must be cautious not to assume, for example, that River is ‘really female’ if River states that they have a vagina and wishes for some form of barrier protection against STIs. Indeed, practitioners should be especially cautious about reframing information gained from clients who are beyond the gender dichotomy within terms they may be more comfortable with and so suggesting that they are ‘really’ anything (e.g. male, female, heterosexual, gay, etc.) Similarly, it is important not to assume that a particular physiology maps on to a particular type of sex, for example people with vaginas can also penetrate partners in various ways and people with penises can be penetrated (see Chapter 9). Also, of course, it may be that genitals are relatively unimportant for certain kinds of sex (see Chapter 6).