



FOCUS ON DIVERSITY

Hold my hand

Dr Sean Pert on why LGBTQ+ people need allies and support



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Many people now consider lesbian, gay, bisexual, trans and queer people (LGBTQ+) as being the same as everyone else. After all, it's nothing special to come out as LGBTQ+ these days, while trans people are more visible in the media. The Equality Act (2010) included sexual orientation and gender reassignment as protected characteristics, and equal marriage came into effect in 2014. The battle is over: we are as 'Good As You' (GAY).

That's not how it feels. More than two thirds of LGBTQ+ couples avoid holding hands for fear of negative reactions from others (UK Government, 2017). There has been a surge in hate crime, rising by 144% since 2013-2014; transphobic hate crime is even higher, trebling in number, with almost half of incidents involving assault (Marsh, Mohdin and McIntyre, 2019).

Discrimination is encountered at work, in social settings, places of worship and when accessing services. Black, Asian and minority ethnic LGBTQ+ people are

at even higher risk of discrimination, experiencing homo/bi/transphobia from others in their community, and racism within the LGBTQ+ community (Stonewall, 2017).

This is not new, and statistics are real people: our colleagues and our clients. Older gay men will have lived through repression, fear, the AIDS crisis, Section 28 and relentless discrimination. Trans people now attract the same negative tabloid treatment that gay men experienced in the 1980s and 90s. No wonder mental health difficulties are prevalent in the LGBTQ+ community.

Many LGBTQ+ people are afraid to be their true selves at work, concerned that their job may be at risk, or promotion opportunities will be lost due to subtle but very real phobic behaviour. Only half of LGBTQ+ people are out at work, with harassment and discrimination encountered from colleagues, managers and clients (TUC, 2017). Inappropriate comments about gay men's sexual conduct and the toxic myth that we are a potential risk to children and young people are still encountered in our own profession (RCSLT, 2020). The current pandemic has "...provoked a mental health crisis among the LGBTQ+ community, with younger people confined with bigoted relatives the most depressed" (Batty, 2020).


Our profession has long actively supported trans men and women through voice and communication work, with those individuals transitioning to their correct gender. My career has encompassed working with both bilingual families, and trans and non-binary




clients. These seemingly unrelated areas of interest are actually connected through the concept of cultural inquisitiveness, often known as cultural competence.

To work holistically, we need to understand our own privilege and thought processes, as well as our client's identity. Language, cultural identity, gender identity, social class and sexuality are aspects of our own identity, as well as our client's (Mills and Stoneham, 2021). SLTs are best when they have humility. There is no doubt that by listening closely to our clients and offering our specialist skills to support clients in meeting their aims, we can be enriched by these clinical collaborations.

So how can you help? Being a visible ally is a signal that you have sought information and training and will challenge discrimination in the workplace, whether an LGBTQ+ person is present or not. LGBTQ+ people cannot do it all themselves.

Consider your unconscious bias: you work with children, so you won't encounter trans people, right? But is the father of that child with a speech disorder a trans man? Is this young person non-binary? You work with adults: is that older person fearful of being isolated because no one in their care home is LGBTQ+? Is your student bi and too fearful to chat about their weekend because you might judge them? Does your service assume that everyone is cis or heterosexual by using gender-stereotyped language or assumptions? The fear of discrimination is as real as the actual negative comment or action, whereas allyship opens the door and creates a safe space. 

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LGBTQ+: Lesbian, gay, bisexual, trans, queer (and other terms people may use to describe themselves). It is crucial to note that LGBTQ+ people are not discussing their sex lives or gender, they are highlighting their identity.

CIS: Someone allocated the same gender at birth as they identify with now. For example, I was born male and I still identify as a man.

TRANS: 'Trans' describes any person whose gender identity is different from the gender they were given at birth. It is an umbrella term which covers a range of identities, including trans women, trans men, and non-binary people. Trans people can dress or present themselves in any way. Being trans is linked to gender identity and a person does not need to have medical procedures or diagnoses in order to be considered trans (LGBT Foundation, 2017).

NON-BINARY/THIRD GENDER: A person who does not identify with either gender. A non-binary person may change their presentation day by day or present with aspects of both or neither gender.

ALLY: Someone who is prepared to act in order to challenge discrimination and learn more about an oppressed group. This means acting to protect others, not your own comfort.

HETERONORMATIVITY: The assumption that everyone is heterosexual. This can include unconscious bias, such as assuming a child has a mother and a father (instead of two mothers or two fathers, or one parent).

HOMO/BI/TRANSPHOBIA: The hatred or fear of individuals from the LGBTQ+ community (or people perceived or assumed to be LGBTQ+). This may be conscious or unconscious, and systems such as service delivery may be discriminatory without knowing, unless LGBTQ+ people are involved in service design and review.

INTERSECTIONALITY: Many individuals experience discrimination because of more than one aspect of their identity, often simultaneously. For example, a black lesbian may experience racism, misogyny and homophobia.



REFERENCES

To see a full list of references, visit: bit.ly/BulletinReferences