Queer Inclusion: higher education, healthcare and beyond

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LGBTQIA+?

Stands for lesbian, gay, bisexual, transgender, queer, intersex, asexual

- Covers approximately 5-7% of the UK population.

- So a surgery with a list size of 10,000 patients will have 500-700 LGBT+ patients.

- Various other abbreviations used too (e.g. LGBT, LGBTQIAA) but the intention is to be inclusive of all people who do not identify as heterosexual or cis-gendered.
A note on language

**Sex** – refers to biological development and is judged on genital appearance at birth.

**Gender identity** – A culturally-bound, socially constructed internal psychological identification as man/woman, boy/girl or neither.

**Gender expression** – Outward manifestation of gender identity.

**Transgender/Trans** – An umbrella term used for people whose gender identify and/or gender expression differs from the sex assigned to them at birth. Trans people may or may not decide to alter their bodies hormonally and/or surgically.

**Cisgender/Cis** – Used to describe anyone who is not transgender. i.e where sex appearance and gender identity are congruent.

**Trans man** – A natal female, identifies as male  

**Trans woman** – A natal male, identifies as female

**Enby / NB / Non-binary / Gender Diverse** – where someone’s gender identity does not fit into a categorical notion of one type of masculinity or femininity,
Why worry about LGBTQI health?

Greater health needs, and poorer health outcomes:

- 52% of LGBT people in Britain experienced depression in the past year. Another 10% think they might have done.

- 3 in 5 experienced anxiety.

- One in eight (13%) LGBT people aged 18-24 said they’ve attempted to take their own life in the last year.

- Almost half of trans people have thought about killing themselves in the past year.

For context, NHS Digital report that fewer than 1% of the general adult population attempted suicide in the past year, and 5% had thoughts of it.
Specific health needs – which may not be met

- 1 in 7 LGBT people have avoided seeking healthcare for fear of discrimination from staff.
- 1 in 8 have experienced some form of unequal treatment from healthcare staff because they are LGBT.
- 1 in 4 have witnessed healthcare staff make discriminatory or negative remarks about LGBT people.
- One in 10 LGBT people have been outing without their consent by healthcare staff in front of other staff or patients.
- One in 20 have been pressured to access services supposed to change or suppress their sexual orientation and/or gender identity whilst accessing healthcare services.


The community don’t always feel safe:
• Increased violent attacks since 2015
• Harassment and assault on campuses
• History of exclusion and expulsion

We know that people who experience childhood trauma:
• Greater rate of chronic illness
• Delayed presentation
• Multiple, complex, intersecting problems
• Mistrust

Patients from the LGBTQ+ community may
• Fear judgement or ‘outing’
• Have been pressured into conversion ‘therapy’

(Renn, 2017) (Martin et al, 2017) (Stonewall, 2018)
Inclusive practices

Environment
Curriculum design
Impact
Safety
Microaffirmations

Small acts that convey positive regard and inclusion for the person as they are, in that moment:
- Respecting pronouns
- Asking how to get name right
- Random acts of kindness
- Visibility and platforming

(Roberts, 2021)

Caution needs to be taken, though, as some microaffirmations may become tokenistic:

Visibility of allyship (e.g. rainbow lanyards)

The concept of thriving (or languishing) in positive psychology would suggest that for every negative emotion, a person needs to experience three positive ones.

- (Fredrickson et al, 2011)
Understand how your privilege positions you...

...blind spots

...immunity

...power to speak up

Your own characteristics, such as age, race, gender empower you to speak up and be vocal about harassment – especially when you are not the target or representative of the target group.

You don’t see what you don’t shine a light on
Intervening

Recognizing a potentially harmful situation or interaction and choosing to respond in a way that could positively influence the outcome

- Being an ally does not mean jumping in at the heat of the moment
- The psychological and physical safety of yourself and victim is paramount
- What action would be helpful?
- When would it be most constructive?

The aim of action is generally to be: supportive, restorative to victim, and to initiate a change in system
I saw what they just did. Are you OK?

I heard what that person said to you. I am so sorry.

I would like to help, what is the best way for me to do that?

Aim is to be: supportive, restorative, and to initiate a change in behaviour in system.
Set the tone: normalise the expectation to speak up, step in, call it out

Snowball effect....

- Are you hearing what I am hearing?
- I can’t be the only one who thinks this is not OK
- I don’t see how XYZ is relevant or appropriate to this discussion
- I know you’re a better person than that

...recruiting others to your cause, and creating a space to reflect
Practice: role play, mirror, script

Put the shoe on the other foot: how would you want others to respond?

Reflect: don’t feel bad, but turn it into learning – what could you do differently next time?

When you are ready and able, take steps to be proactive: create the persona you wish to emulate and role model
Resources

• Mermaid Foundation: www.mermaidsuk.org.uk
• The Clare Project: https://clareproject.org.uk
• MindOUT: https://mindout.org.uk
• LGBT Switchboard: www.switchboard.org.uk

• All About Trans has a directors of support organisations: https://allabouttrans.org.uk/about/support-organisations/

• The Terrence Higgins Trust also offers a lot of different services, advice, and guidance to people from the LGB and T community/ies.
Further Resources

• Online training:

• Recommended reading:
- Angela Saini’s *Superior: the return of race science*
- Ijeoma Oluo’s *So you want to talk about race?*
Q&A

Feel free to email me at d.shrewsbury@bsms.ac.uk