

* Aim and Objectives

Aim: To help therapists/trainees consider how to talk respectfully with clients about gender and sexuality

Objectives:

- ✓ To describe the challenges that therapists experience talking about gender and sexuality with clients
- ✓ To recognise the importance of appropriate language, particularly to LGBTQ+ and GSRD communities
- ✓ To identify some commonly used terminology relating to gender and sexual diversity
- √ To describe some good practice around language use in therapy
- √ To identify gaps in our knowledge and sources of further information



* Content Note

- ✓ This talk contains references to sexuality, gender identity and some sexual practices.
- ✓ There will be mention of some lived experiences of oppression and discrimination.
- ✓ There will be a swear word!



Welcome to the galaxy of sexuality and gender identity! (You've been here all the time.)

* Sexuality and Gender

Sexuality and gender:

- ✓ are complex, rich, multi-dimensional human experiences
- ✓ are poorly covered in counselling training (Barker and Davies, 2015)
- ✓ are challenging topics for many practitioners, particularly newly qualified ones (Owen-Pugh and Barnes, 2014).



* Reflection

- ✓ How comfortable do you feel talking about gender and sexuality with your clients?
- ✓ Can you describe any barriers or fears that you experience about this?



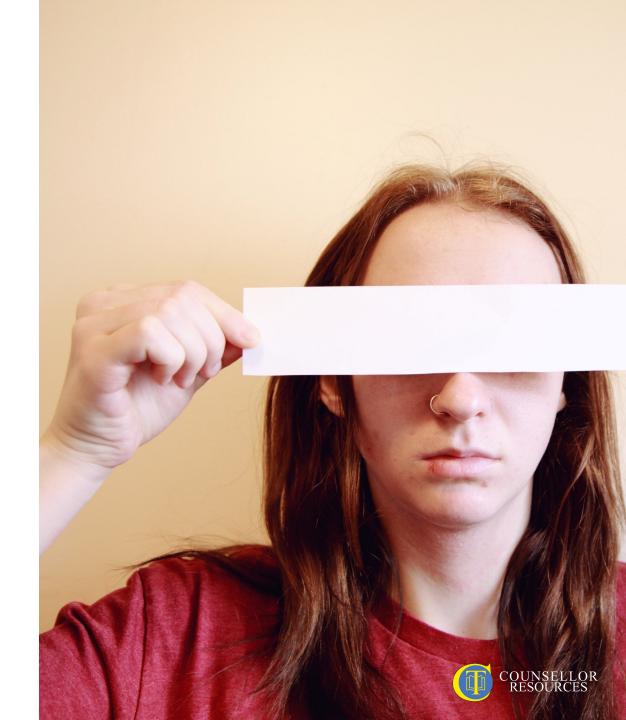
* Some Assumptions

- ✓ Gender, sexuality and relationship diversity have always existed, but the language used to describe them varies depending on the cultural and historical context.
- ✓ This presentation describes some terms commonly used in a Western context, but the list is not exhaustive – and it's important to research the language that the client may use or have grown up with, as well as listening to the terms that they use and prefer.



* Why Is Talking about Sexuality and Gender Identity Difficult?

- ✓ Confronting homophobia, transphobia, biphobia and heterosexism is a key issue for counsellors who want to engage with LGBTQ+ issues (Owen-Pugh and Baines, 2014).
- ✓ Most societies are structured in such a way that cisgender and heterosexual identities are assumed to be 'normal, natural and legitimate' and therefore unworthy of comment, and LGBTQ+ identities are positioned as 'other/different'.
- ✓ Related terms include *heteronormativity, cissexism* and *heterosexism*.



* Why Is Language Important?

- ✓ Clients may 'self-censor' as they take for granted that their experiences will not be understood (King et. al., 2007).
- ✓ Therapist microagressions can occur in therapy with LGBTQ+ clients (Shelton, & Delgado-Romero, 2011).
- ✓ Microaggressions are 'brief, everyday exchanges that send denigrating messages to a target group' (Sue & Sue, 2008).
- ✓ We need to be mindful of our own assumptions, biases and *language use* in order to practise inclusive and affirmative therapy.



* Why Is Language Important?

Language *about* LGBTQ+ people has been (and is) used to:

- ✓ criminalise
- ✓ pathologise
- √ medicalise
- √ marginalise
- ✓abuse.

However, finding a language to describe your own experience of sexual identity and/or gender identity can be empowering, and open the door to self-knowledge, connection and community.



* LGBTQ+ Affirmative Therapy

Therapy in which LGBTQ+ identities 'are regarded positively, prejudice is avoided, the stress of externalised and internalised [anti-LGBTQ+] bias is recognised, and there is sensitivity to LGBTQ+ development, culture and lifestyles. It is a therapy that "knows what it is to be LGBTQ+".' (King et. al, 2007).



* Some UK Historical Context

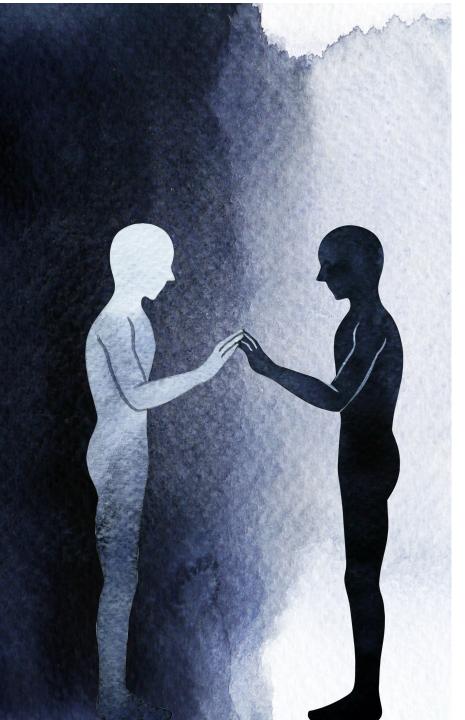
- ✓ 1967: Sex between men is partly decriminalised in England (in Scotland in 1980; and in Northern Ireland in 1982).
- √ 1988: Section 28 is introduced.
- √ 1992: The World Health Organization declassifies same-sex attraction as a mental illness.
- ✓ 2000: Scotland abolishes Section 28 (in England, Wales and Northern Ireland in 2003).
- ✓ 2000: Group sex between men is decriminalised.
- ✓ 2001: The age of consent is equalised.
- ✓ 2002: The government recognises that being trans is 'not a mental illness'.
- ✓ 2004: The Gender Recognition Act is passed.
- ✓ 2010: The Equality Act officially adds gender reassignment as a protected characteristic.



* Some UK Historical Context

- ✓ 2013: The Marriage (Same-Sex Couples) Act is passed in England and Wales (in Scotland in 2014).
- ✓ 2017: A memorandum of Understanding from the UK counselling bodies states that conversion therapy in relation to gender identity and sexual orientation (including asexuality) is unethical.
- ✓ 2018: The World Health Organization (in the ICD-10) recognises that being trans is not a disorder and replaces 'gender identity disorder' with 'gender incongruence'.
- ✓ 2018: The ICD-10 also acknowledges that paraphilias do not in themselves require psychological treatment.



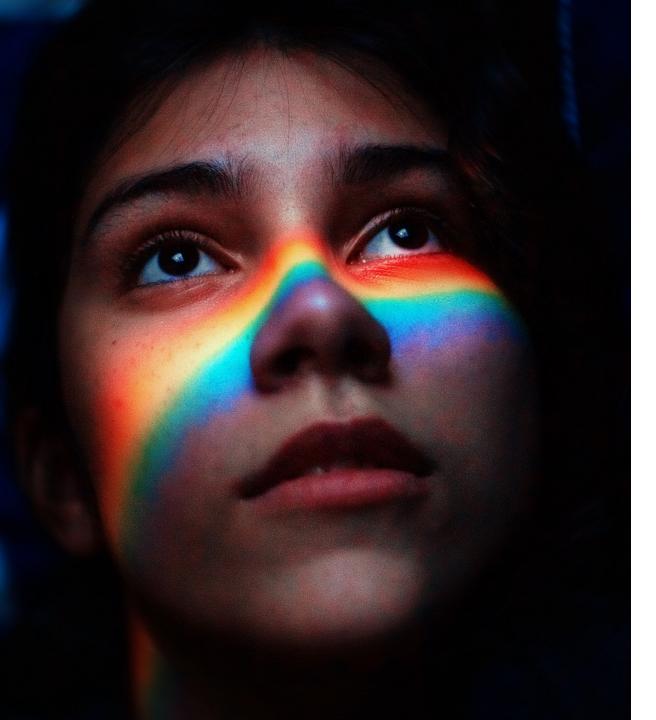


* Ethical Considerations

- ✓ Facilitating a sense of self that is meaningful to the person(s) concerned within their personal and cultural context
- ✓ Non-maleficence: a commitment to avoiding harm to the client
- ✓ Respect: showing appropriate esteem for people and their understanding of themselves.

BACP Ethical Framework, 2018





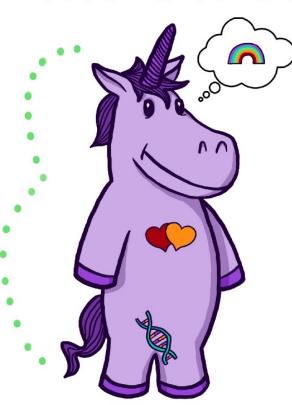
* Acronyms

- ✓LGBTQ+
- **√**GSRD



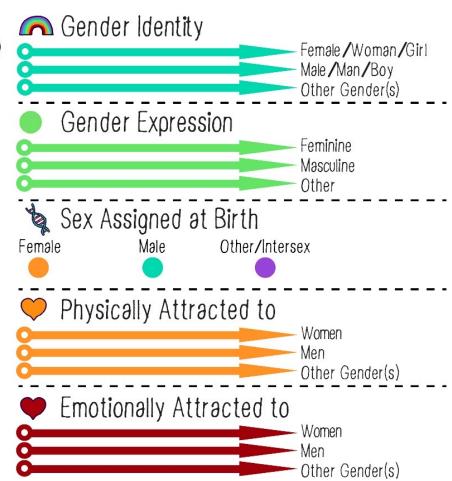
The Gender Unicorn





To learn more, go to: www.transstudent.org/gender

Design by Landyn Pan and Anna Moore





* Identity Is Not the Same as Attraction, Behaviour or Expression

A couple of examples:

- 1. Asked to plot themselves on a 'sexuality scale', 23% of British people chose something other than 100% heterosexual and the figure rose to 49% among 18- to 24-year-olds (YouGov Poll, 2015).
- 2. Gender identity is an *internal and individual* sense of one's experience of gender and does necessarily have to relate to gender expression (public and outward expressions of gender).





* The Task

Listen to your thoughts and feelings while we explore some gender and sexuality terminology.

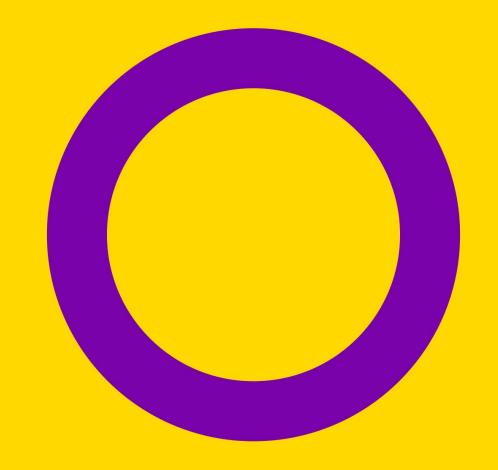
Definitions are from:

- https://www.bacp.co.uk/media/5877/bacp-gendersexual-relationship-diversity-gpacp001-april19.pdf
- https://www.stonewall.org.uk/help-advice/faqs-and-glossary/glossary-terms



* Gender Assignation

Intersex/
'disorder of sex development'/
'diversity of sex development' (DSD)





* Gender Status

- Cisgender: Someone whose gender identity is the same as the gender they were assigned at birth.
- ✓ Transgender/trans: An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the gender they were assigned at birth.

Some useful terminology: https://transgenderni.org.uk/glossary/



* Gender Identity

- ✓ Man
- ✓ Woman
- ✓ Non-binary, e.g. agender, neutrois, gender neutral, demi boy/girl, bigender, androgynous, third-gender, gender fluid, genderfuck*



* Asexual Spectrum

- ✓ Asexuality, or ace, is an umbrella term for people who do not experience sexual attraction.
- ✓ People on the ace spectrum may describe themselves using one or more of a wide variety of terms, e.g. asexual, demisexual and grey-As.



* Gender of Attraction

One gender (monosexual)

- ✓ Heterosexual/straight
- ✓ Gay
- Lesbian

More than one gender

- ✓ Bisexual
- ✓ Pansexual



* Queer

- ✓ Some (particularly older) LGBT people consider 'queer' a slur, although the term has been reclaimed.
- ✓ However, queer is also a term that may be used by people wishing to reject, challenge or question the idea of specific norms and labels relating to gender, sexuality and relationships, and the power structures that underpin them.

For more information see Barker, 2016: Queer, A Graphic History



* Sexual Practice

- ✓ BDSM
- √ Kink



* Relationship Diversity

- ✓ Solo-ness and singledom
- Monogamies
- ✓ Secret non-monogamies
- ✓ Open non-monogamies
- Aromantic experience
- Relationship anarchy
- ✓ Sex work



* Other Terms

People may use terms to describe themselves that have been reclaimed, or have a specific usage within their community — it is important to approach these with caution and not to use these terms unless the client self-identifies with these terms and invites you to use them. Assuming that someone identifies with a term can be incongruent and often offensive.

See Richards and Barker, 2013



* What Came Up?

- Excitement? Curiosity? Shame? Discomfort? Detachment? Overwhelm?
- ✓ This needs to be acknowledged and processed before you get into the room with a client!



* Reflection

- ✓ What identities do you want to understand better?
- ✓ How will you research or explore this?
- ✓ When will you do it?



* Good Practice

- ✓ Services should have clear public statements that homophobia, biphobia, heterosexism, transphobia and cissexism are unacceptable behaviours and should have clear complaints policies (McFarlane, 1998).
- ✓ Look at the language you commonly use during intake and assessment (spouse, partner, partners).
- ✓ Seek out specific expertise if needed e.g. CPD, consultation or additional supervision.
- ✓ Ask about sex life either as standard during assessment or once trust is established do not assume that clients want to have sex at all, what sex means to them, or what kinds of sex they should be having.

* Pronouns

- ✓ Use gender inclusive language and be especially aware of gendered modes of address 'sir', 'madam', 'mate' etc.
- ✓ ALWAYS use the person's correct name and pronouns if you know them.
- ✓ Say your name and pronouns when you introduce yourself for the first time, and ask other theirs e.g. 'My name is Daniel and I use he/him pronouns how should I refer to you?'
- ✓ Include your pronouns in your email signature/Twitter bio etc.
- ✓ If you make a mistake, apologise and move on.





* Pronouns

- ✓ Learn to gently correct others if they mispronoun/misgender someone who is not there.
- ✓ Ensure that questions about gender on forms etc. embrace the full spectrum, including title (Mx.), and multiple choice AND free text options.
- ✓ Ensure all service staff, including reception staff, use correct names, titles and pronouns.
- ✓ It can be helpful to practise in a safe environment, such as on your own or in supervision.

https://www.mypronouns.org/
https://www.robot-hugs.com/comic/pronoun-etiquette/





* Tips

- ✓ Practise talking about these issues in 'safe spaces' before trying them out with clients.
- ✓ Take a lead from clients, and if in doubt check with them.
- ✓ Educate yourself and seek out voices of real people (blogs, podcasts, YouTube videos) as well as academic articles.
- ✓ Be honest! You can say 'I'm not familiar with this, but I'll find out' BUT never expect your client to educate you!
- ✓ Be aware of the limits of your expertise be prepared to refer on.



* Open Questions

- ✓ What relationships are important to you?
- ✓ What aspects of identity are important to you?
- ✓ How would you describe your sexual identity?
- ✓ How would you describe your gender identity?
- ✓ Are there any words/language that you'd like me to avoid?
- ✓ Are there any words/language that you'd like me to use?



* Language Is the Tip of the Iceberg

- ✓ Correct, sensitive, client-centred language use is only a small (albeit important) aspect of providing LGBTQ+/GSRD affirmative therapy.
- ✓ The self-reflection and CPD required to work effectively with gender, sex and relationship diversity require an ongoing commitment it is a process, not a one-off event.
- ✓ For more information, visit:

 https://www.bacp.co.uk/events-and-resources/ethics-and-standards/good-practice-across-the-counselling-professions/gpacp001-gender-sexual-and-relationship-diversity/



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