

UK: Half of LGBT+ women are outed at work

By Jamie Wareham

Forbes (20.04.2020) – <https://bit.ly/2RRI6k0> – Half of LGBT+ women are being outed at work, a new survey reveals.

Women are going back in the closet when they get their first job, feeling unable to report issues to HR and struggling in “male-dominated and heteronormative environments.”

Released ahead of Lesbian Visibility Week, the new research by DIVA Magazine and Kantar looked at the experiences of LGBT+ women’s work life, financial stability, well-being, relationships and their overall feelings of safety.

The survey shows that LGBT+ women are fed up of male-dominated LGBT+ spaces and campaigns, feel most safe at home due to the violence and uncertainty they face out in the world and are facing disproportionate problems at work.

Unsurprisingly the women surveyed, who already face a higher number of barriers in the workplace, feel they are a ‘minority within a minority’ because of their queer identity.

Although three in four respondents are open about their sexual

orientation to most of their work colleagues, the youngest age group (16-24) are far less likely to be out at work.

Only one in three of those under the age of 24 feel able to be out at work, which Kantar concludes that with LGBT+ people coming out younger than ever, that many are 'going back into the closet' when they get their first job.

It's currently estimated in the graduate LGBT+ community, that six in ten, regardless of their gender identity, go back in the closet when they get their first job.

In a worrying statistic, the most common homophobic experience LGBT+ women face in the workplace is being outed. Half of the respondents saying they have been through this discriminatory ordeal.

The research, which also looked at trans women's experiences found that one in four transgender people feel that they have faced barriers in their current workplace due to their gender identity.

Research reveals discrimination LGBT+ women face for Lesbian Visibility Week

"The DIVA research highlights the challenges that LGBTQI women face; feeling invisible and unsupported in key areas of their lives," Linda Riley, Publisher of DIVA magazine, says.

The research is being launched as part of a week of events, extending the Lesbian Visibility Day on 26 April each year, into an extended celebration of queer and trans women's experiences.

Claire Harvey, MBE, GB Paralympian, Diversity and Inclusion Consultant and DIVA Development Week Lead, believes with the current COVID-19 pandemic, now more than ever it is vital that there is a focus on women's lives:

"We use the word community all too often, but what does it actually mean? For me, it means a sense of belonging, visibility and value.

"LGBTQI women are a diverse, talented and often unheard group – so now, more than ever, it's important that we build up our community and help those who are most isolated feel connected."

Saudi women are speaking up online

Male guardianship, sexual harassment amongst major concerns.

By Hiba Zayadin

HRW (14.04.2020) – <https://bit.ly/2VvXnsp> – Over the past two weeks, Saudi women have taken to Twitter, using pseudonyms, to share their experiences with sexual harassment, the reasons behind their hesitance to report these abuses to the authorities, and demands for the abolition of the discriminatory male guardianship system.

It is a remarkable show of courage at a time when Saudi authorities – under the de facto rule of Crown Prince Mohammed bin Salman – have maintained a sweeping campaign of repression that included dismantling and silencing the country's women's rights movement. Prominent women's rights activists like Loujain al-Hathloul and Samar Badawi languish in prison nearly two years since their arrests, while other women since released face travel bans and outstanding trials.

At the same time, Saudi Arabia introduced reforms for which these women had long advocated. Today, Saudi women can drive; those over 21 years old can obtain passports and travel without permission from male guardians; and recently introduced laws are meant to protect them against sexual harassment and employment discrimination.

But, as some of the anonymous Saudi women have revealed on Twitter, the road to equality is long.

Using two Arabic language hashtags which translate to “why I didn't report it” and “down with remnants of the guardianship system,” Saudi women pointed to persistent elements of the male guardianship system that continue to keep women trapped

in abusive situations.

Saudi women complained that if they attempt to flee abuse, they can still be arrested and forcibly returned if their male family members bring a legal claim based on uquq (parental disobedience), inqiyad (submission to a guardian's authority), or leaving the marital or guardian's home. They also spoke of how when they report abuse, they are often referred to closed shelters, which they are typically not allowed to leave unless they reconcile with family members or accept an arranged marriage.

The world is being told that Saudi Arabia is modernizing on women's rights. But the reality is that with no organized women's rights movement or environment in which women can safely and openly demand their rights, there is little room for further advances. The international community should call for the release of all women's rights activists, the safeguarding of women's right to freedom of expression and association, and for the complete abolition of the male guardianship system.

AUSTRALIA: Hospital hierarchies are fostering sexual harassment against

young doctors

In a stressful workplace where life-and-death decisions are taken, blatant sexual offensiveness can be dismissed as letting off steam

By Louise Stone, Christine Phillips and Kirsty Douglas

The Guardian (10.09.2019) – <https://bit.ly/2lEN5YR> – As issues of sexual harassment and toxic workplace cultures are gaining more coverage in the media, it has surprised people to read such accounts by doctors and surgeons.

People may wonder if these accounts could possibly be true, and if so, why highly trained professionals put up with being demeaned and sexualised at work.

We are three doctors who have studied the phenomenon of sexual harassment and abuse of doctors and medical students, by doctors. As clinicians we have worked with survivors of sexual abuse by fellow medical professionals.

The experience of being demeaned and sexually harassed while performing their work is commonplace for female health professionals. Internationally, 59% of medical trainees experience bullying and harassment, with 33% experiencing sexual harassment. In a large survey by the Royal Australasian College of Surgeons, 30% of female surgeons reported experiencing sexual harassment, in most cases by a male

surgical consultant. Junior doctors are over-represented among recipients of sexual harassment.

Surgery is a discipline which requires intensive training, feats of physical endurance and rapid and complex decision making. Neurosurgery is a particularly high-stakes profession where health and disability rely on millimetres of decision making and skill. In Australia, entry into this elite tribe is through an apprenticeship model that relies on senior staff selecting, training and mentoring junior staff. Training and mentoring can shade into "beneficial mistreatment", the idea that hierarchy, harsh feedback and feats of physical endurance (like brutal hours) will prepare their junior doctors for the difficult life ahead.

Hierarchical hospital cultures which support high-profile specialists make it difficult to protest offensive behaviour, particularly when the progression of one's career relies upon the support of one's supervisor. In a stressful workplace where life-and-death decisions are taken, blatant sexual offensiveness can be dismissed as letting off steam, a professional coping strategy. For juniors that do choose to report there are confusing, unconnected and at times conflicting pathways via their employer, their training bodies and/or the legal systems.

Holding doctors to account for their behaviour has proven extremely difficult. Although some surgeons are remarkably reflective about their humanness and vulnerability, many are not. Senior doctors can see themselves as invulnerable, and recent high-profile cases suggest they are correct. John Kearsley, a senior radiation oncologist convicted of drugging and indecently assaulting his registrar, pleaded guilty to

this crime but his sentence was reduced to nine months imprisonment on appeal due to his “outstanding medical work”. Chris Xenos, a senior neurosurgeon, was required to pay damages to his registrar when the Victorian civil and administrative tribunal found he sexually harassed her. Despite this, he was promoted to acting head of department and continued to work at Monash Medical Centre because of his “exemplary record as an employee”. The complainant, Dr Caroline Tan, has not worked in the public sector again.

Clinicians who call out the behaviours of doctors at the peak of their profession are rarely embraced by their colleagues. Whistleblowers experience personal cost and risk their careers, even if they are senior in the hierarchy. For junior doctors who are victims of toxic behaviours, the risk of losing their careers after reporting harassment and bullying is high. In our research, we also found that doctors are also silenced by long-standing beliefs around professionalism. “Being professional” is equated by their colleagues – and sometimes by themselves – as keeping knowledge of the behaviours within the tight circle of the ward, the operating suite, the emergency room or the clinic.

Those who do report often suffer the indignity of being cast as villains themselves. Despite winning her case, some sectors of the media treated Dr Caroline Tan as the whipping girl for victim feminism. “Clearly, the surgical training system which has served Australians so well must be destroyed to advance the causes of gender feminism,” Miranda Devine wrote in the Daily Telegraph. “Just pray you don’t get a brain tumour.”

If we are to manage the complexity of the dilemma of toxic cultures in our workplaces, we must grapple with some

difficult realities. Hierarchical workplaces sometimes exist in places where hierarchy is necessary. There is no time for democracy when surgical dilemmas unfold rapidly in an operating theatre. Sexism and sexist power structures are not unique to surgery. The groundbreaking Operating with Respect program by the Royal Australasian College of Surgeons offers one model for other professions on a coordinated long-term approach to countering entrenched culture, but progress is slow.

These initiatives will not succeed without changes in hospitals. Unsustainable overtime and profoundly unhealthy working hours are encouraged by institutions, not just professions. Exhaustion makes doctors vulnerable, and we cannot expect the junior doctors to manage the complexity of entrenched bullying and harassment alone. Whistleblowers need to be protected, not by written policies, but by enacted processes that prevent harm to them and their families. And finally, we cannot expect our heroes to work in unsustainable jobs with little input from life outside of the artificial glare of the surgical lights. Their patients and colleagues deserve better, and so do they.