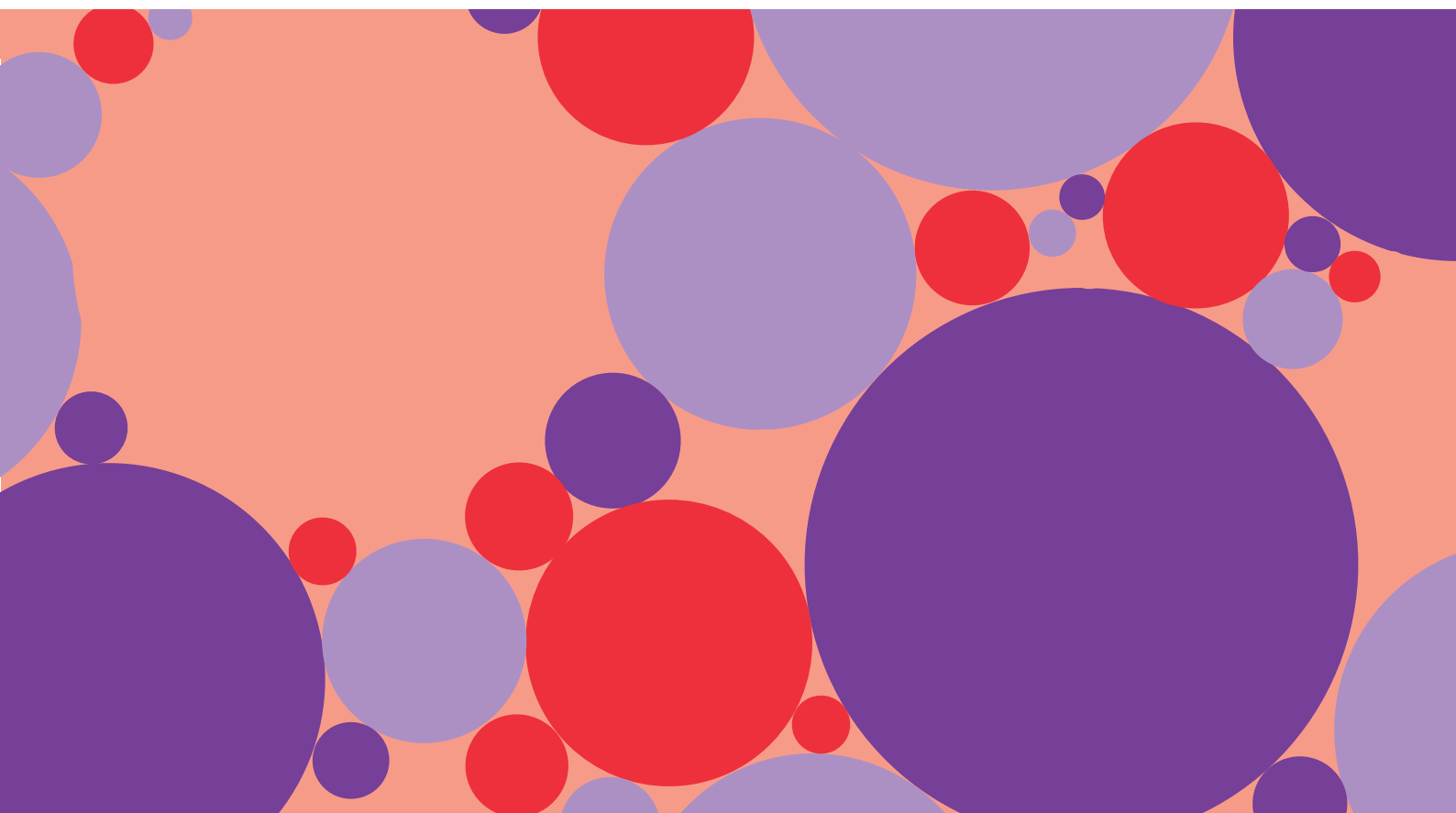


Briefing 12

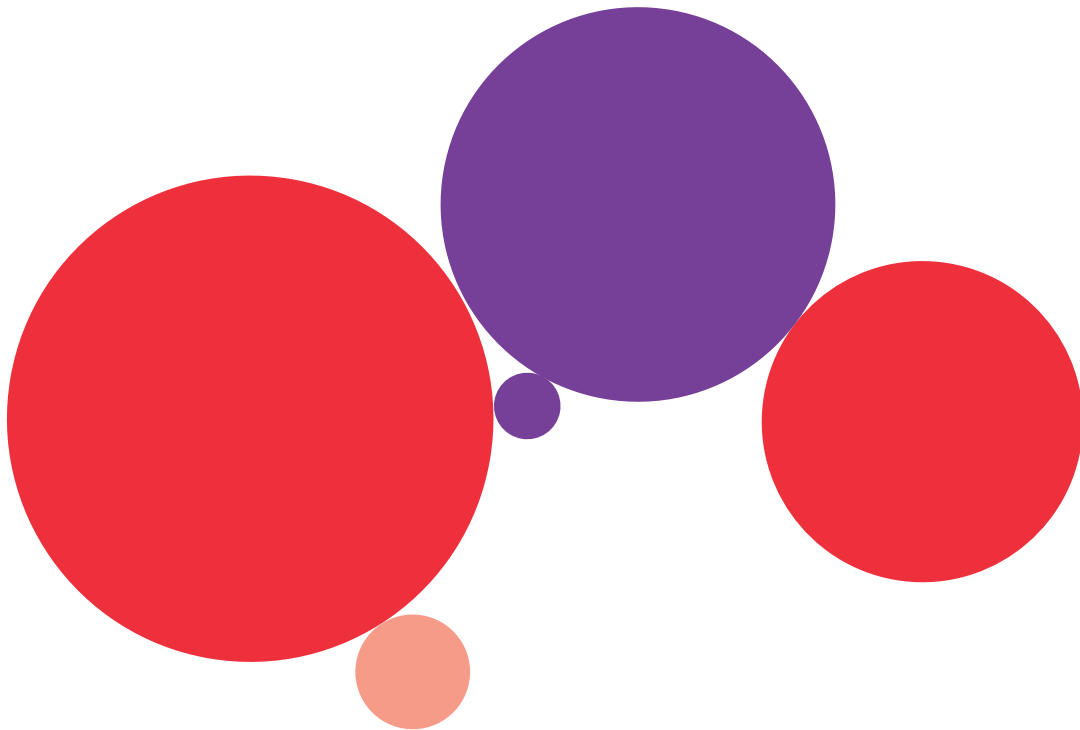
Lesbian, gay and bisexual (LGB) people from Black and minority ethnic communities



(a) Introduction

There is a widespread assumption that being gay is a phenomenon of white people.¹ Consequently, Black and minority ethnic (BME) lesbian, gay and bisexual (LGB) people's health needs have been almost completely overlooked in research conducted in the UK.

It would be inappropriate to assume that BME LGB communities form a homogenous group; they are socially, culturally, politically, religiously and economically diverse. There are also wide-ranging differences in perceptions about what it means to be BME and LGB. However, experiences of being BME and LGB mean that one's health status and access to health services may differ from those of both BME heterosexuals and of white LGB people.





(b) What are BME LGB people's health needs?

Sexual health and HIV

There is a very small number of studies that have investigated the health needs of BME LGB people. The majority have focused on the sexual health needs of BME gay men. UK researchers suggest that there is no evidence that sex between men is either less or more common among any minority ethnic group compared with the ethnic majority.²

Studies show that African-Caribbean men who have sex with men are disproportionately affected by HIV.³ Compared with white gay men, African-Caribbean men in the UK were twice as likely to be living with diagnosed HIV infection, while South Asian men were less likely to be doing so.⁴ Despite this increased risk, African-Caribbean men were less likely to use outpatient services.³

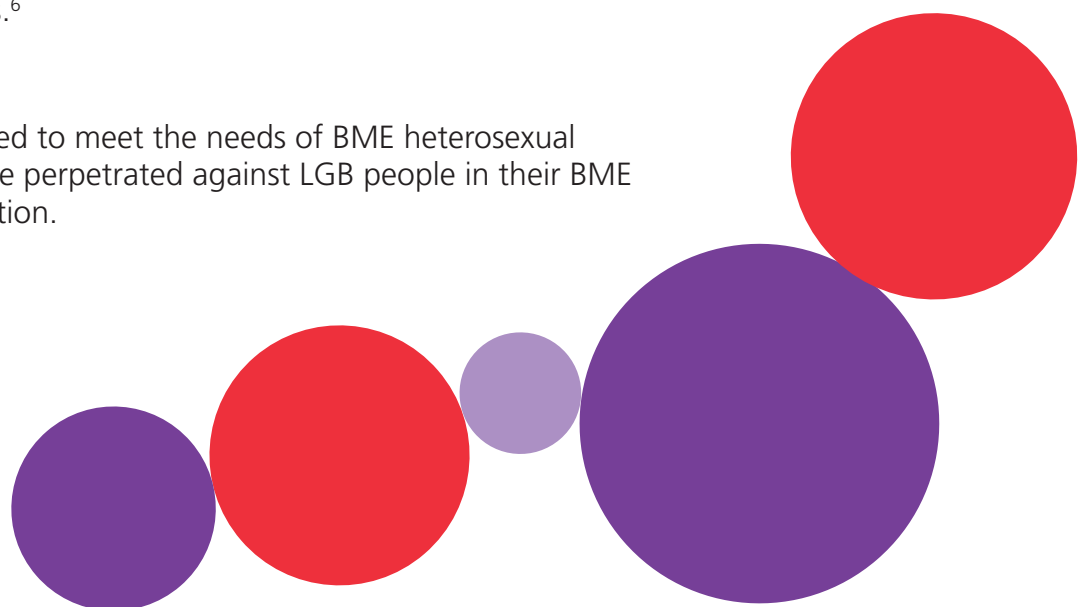
BME lesbian/bisexual health inequalities

Research findings in the US indicate a number of health disparities among BME lesbian and bisexual women.⁵ In comparison with their heterosexual peers, they were more likely to be overweight, increasing their risk for colorectal cancer, postmenopausal breast cancer, diabetes, arthritis and cardiovascular disease. There is evidence that women who are overweight are less likely to be screened for breast and cervical cancer in primary care.

Current smoking and heavier patterns of alcohol consumption were found among BME lesbians and bisexual women; the differences in smoking and alcohol consumption were greatest between South Asian lesbians and their heterosexual counterparts.⁶

Domestic violence

Services are mainly targeted to meet the needs of BME heterosexual women. Domestic violence perpetrated against LGB people in their BME families requires investigation.



Experiences of homophobic violence

BME LGB communities are disproportionately affected by homophobic violence, abuse and harassment. In a study conducted in London, BME LGB people were more likely to experience physical abuse, more likely to experience harassment from a stranger and were equally likely to have experienced verbal abuse as their white LGB counterparts.⁷ Perceived discrimination and experiences of victimisation are associated with poor mental health.⁸

Mental health and use of services

The prevalence of mental disorders is broadly similar across racial and ethnic groups. However, (presumed heterosexual) African-Caribbean males are much more likely to receive a diagnosis of schizophrenia; they are up to three times more likely to be sectioned under the 1983 Mental Health Act than their white counterparts; and are more likely to be given medication rather than talking therapies⁹ (people from other BME groups are also more likely to receive medication).

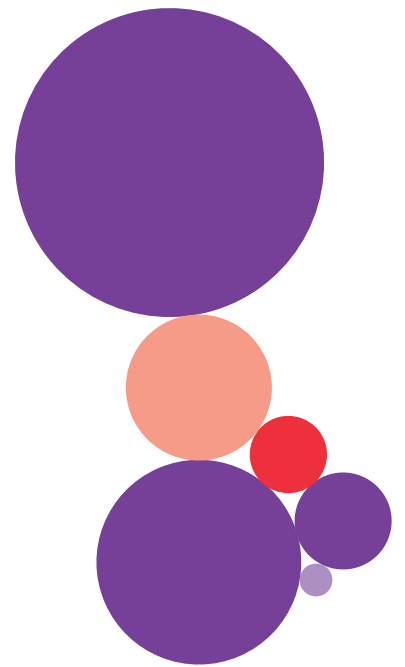
These findings suggest that the 'double jeopardy' associated with being BME and LGB may increase the likelihood of adverse experiences in mental health care.

The ethnic profile of health service staff tends not to reflect the ethnicity of the communities that staff are serving. This is considered to be a factor that deters people from BME groups from accessing mental health services.¹⁰

Suicide

A study by the mental health charity Mind is the only UK large-scale research into mental health needs that has included BME LGB people. The research found that BME LGB survey respondents were less likely than white respondents to have considered suicide.¹¹ This finding may be explained by strong cultural and religious taboos among BME groups.

By contrast, findings in a US study showed that BME gay and bisexual men reported thoughts of suicide and suicide ideation.¹² Experiences of homophobia, racism and poverty significantly predicted symptoms of psychological distress.

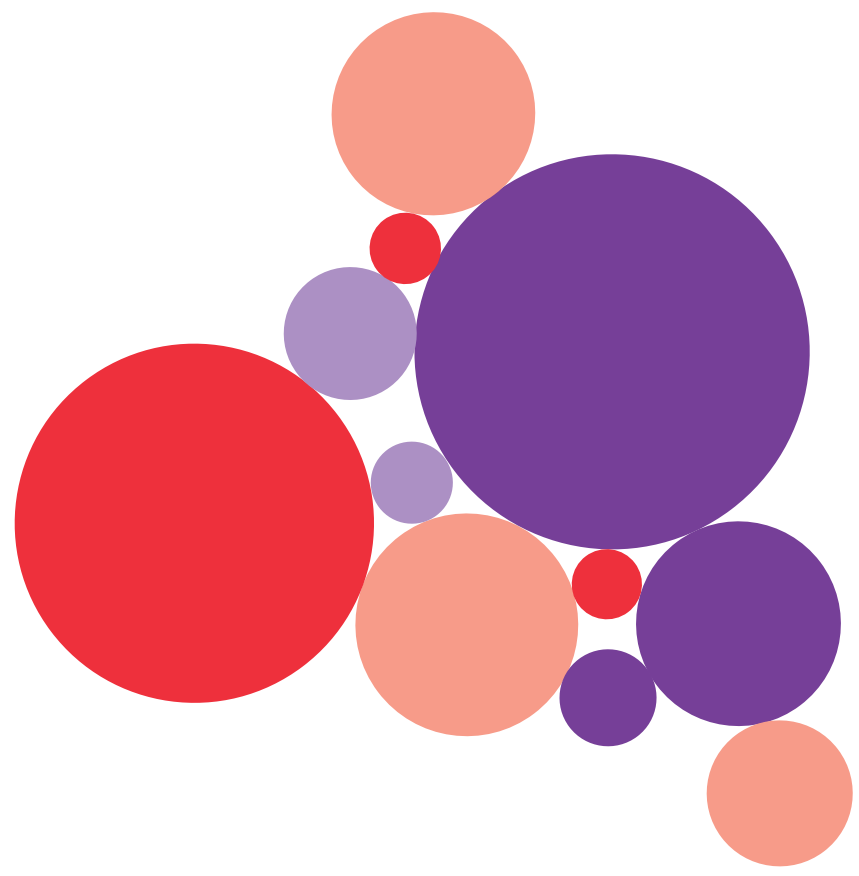




(c) Communicating and engaging with BME LGB people in healthcare

BME lesbians and gay men may encounter both racism and heterosexism in their receipt of healthcare. In one of the few studies to specifically address the needs of African-Caribbean gay men, the researchers explored the ways that racial and sexual discrimination influence access to healthcare, HIV testing, communication and adherence behaviours.³ African-Caribbean gay men's experiences of discrimination fostered feelings of detachment.

In many BME communities, men who have sex with men and also have sex with women may not use the terms 'gay' or 'bisexual' to describe themselves. Good practice is to use the term 'men who have sex with men' rather than gay or bisexual men.





(d) Wider social determinants of health for BME LGB people

The role of family and family structure within BME communities

Because of the importance of family as a social and economic unit and cultural expectations about having children, for some within BME communities, being gay can be seen as a denial of ethnicity. For many BME LGB people, their communities are an important support against racism within wider society; they are more likely to sustain contact with BME heterosexual social networks.¹³ Within some communities, although the family may not approve of their son or daughter's sexual orientation, they may be less likely to reject them.¹⁴

BME lesbians are more likely than white lesbians to maintain strong family ties, depend on family members for support, have children and parent other children within their extended family network.¹ Rates of having children may be lower among BME LGB than BME heterosexual couples; however, adoption rates may be higher.¹

Comfort with sexual orientation

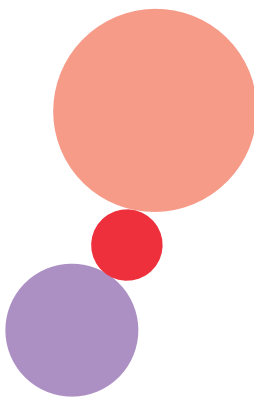
BME LGB people are faced with the challenge of integrating two aspects of their identity, both of which are disparaged; many BME LGB people experience dissonance between their cultural/religious and sexual identity.¹⁵ Some feel pressure to minimise their cultural identity in LGB spaces and their sexual identity in BME environments.

Other findings suggest that BME lesbian/bisexual women were younger when they began to question their sexual orientation, proceeded more slowly in deciding they were lesbians and then disclosed their identity more quickly than their white counterparts.¹⁶

The costs of sexual orientation disclosure are likely to be higher among BME LGB people than for their white counterparts. Levels of coming out to family differed between ethnic groups: only 27% of South Asian respondents were open to their mothers about their sexual identity compared with 61% of African-Caribbean respondents.⁷

Young BME LGB people

BME LGB young people report less involvement in gay-related social activities, less comfort with others knowing about their sexual identity and they disclose their sexual identity to fewer people than do white young people.¹⁷



Self-harm among young South Asian women

South Asian young women born in the UK are at higher risk for attempted suicide and self-harm as compared with white and African-Caribbean young women. A complex range of issues may lead to self-harm and suicide, including the pressures of 'izzat' (honour) and 'sharam' (shame) within the family, racism and gender inequality.^{18,19} Self-harm among young South Asian lesbians is an area for future research.

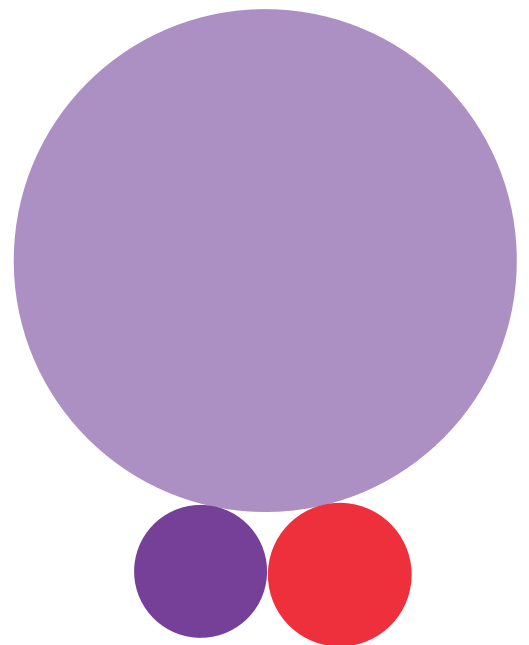
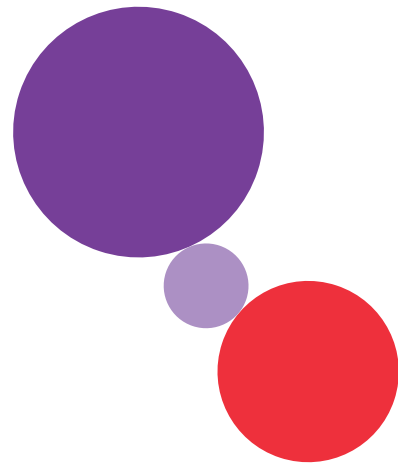
Access to social care

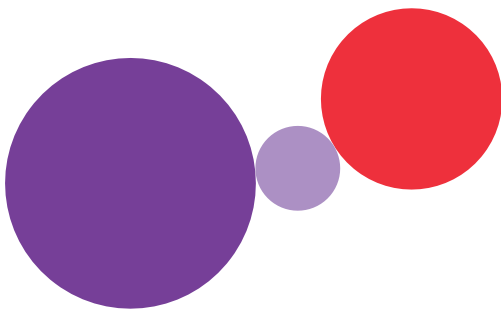
There are few studies that investigate access to public sector services by BME LGB people. The Safra Project conducted research into the needs of lesbian and bisexual Muslim women and found that there was a lack of relevant and accessible information to meet their needs in relation to housing and other issues.¹⁰

Inclusion within participatory-democratic structures

There are limited opportunities for the interests of the South Asian LGB community to be expressed in the design of local strategies.²⁰ BME LGB people need a safe place where their input can be heard. In some communities, speaking out risks domestic violence and, in some extreme cases, even death.

A key issue is the need for BME LGB people to become spokespeople; however, they need to have the necessary skills, knowledge and support for this risky task. Many current BME spokespeople are religious leaders. While religion has a central, positive function in many BME communities, it can also play a role in supporting homophobia. Those who speak on behalf of BME communities sometimes reinforce conservative attitudes towards sexual orientation; this is experienced as oppressive by many South Asian LGB people.²⁰





(e) Evidence and statistics

- An analysis of the 2000 US census documented Black same-sex couples' residence patterns, parenting rates, educational attainment, employment status, income, housing and veteran status. It reported on 85,000 Black LGB households.²¹
- The US Black Pride Survey of 2,500 BME LGB participants presented findings about patterns of parenting among BME communities.²²
- A US survey of the intimate relationships of 723 African-American LGB people found a fair degree of demographic similarity with their partners.²³
- A large-scale study of 13,205 young people (45% of whom were BME) found that same-sex attraction was higher among some BME groups than other racial groups. In this study, African-American same-sex-attracted adolescents were twice as likely to report suicidal thoughts compared with heterosexual African-American young people.²⁴

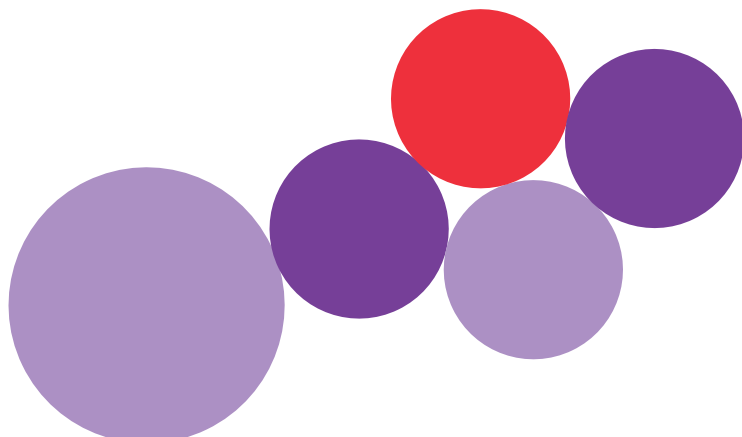
(f) Implications for service commissioners and providers

It is important to recognise the role played by BME providers of services for BME LGB people and the specialised provision they offer. Both generalist and specialist providers are needed to demonstrate NHS commitment to choice.

Recommendations for improvements to healthcare for BME LGB people include:

- increasing the number of ethnic and sexual minority providers;
- expanding current definitions of cultural competency curricula at academic institutions;
- targeting future research efforts on BME LGB people and improving structural and communication barriers.

HIV prevention work should target interventions to specific populations within ethnic minority groups. It should also address the fact that migration has a major impact on health and wellbeing; it is often the context in which men's HIV prevention needs are elevated.²



(g) Links and resources

Black Lesbian UK

A positive place for UK Black lesbians to communicate, network, ask for advice, and make friends.

<http://ukgroups.yahoo.com/group/BlackLesbianUK/>

DOST

Support group for South Asian and Middle Eastern gay and bisexual men and men who have sex with men.

www.naz.org.uk/men/mensupport.html

HALIC

Support group for Somali men who have sex with men.

www.naz.org.uk

The Safra Project

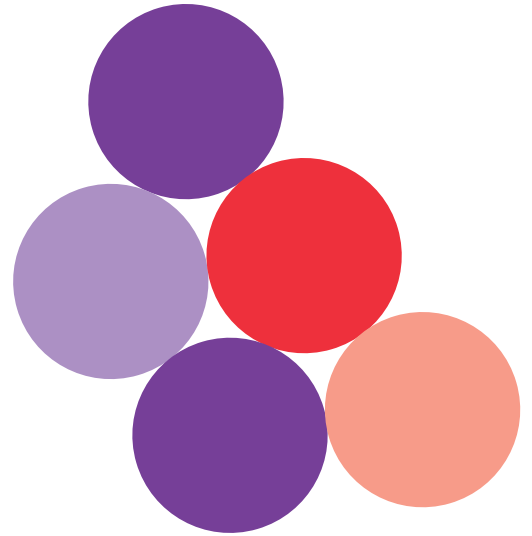
A resource project working on issues relating to lesbian, bisexual and/or transgender women who identify as Muslim religiously and/or culturally.

www.safraproject.org

Naz Project London (NPL)

This project provides sexual health and HIV prevention and support services to targeted BME communities in London. It provides sexual health and HIV/AIDS prevention and support services to South Asians (including Bangladeshi, Indians and Pakistanis), Muslims (including those from the Middle East and Africa), Horn of Africans (Eritreans, Ethiopians and Somalis), Portuguese speakers (including Angolans, Brazilians, Mozambicans and Portuguese), and Spanish speakers (mainly Latin American). It offers a support group for people living with HIV/AIDS (which includes BME men who have sex with men) and a project of activities for Black (African and Caribbean) men who have sex with men.

www.naz.org.uk



Imaan

A social support group for lesbian, gay bisexual and transgender Muslims, their family friends and supporters and those questioning their sexuality or gender identity.

www.imaan.org.uk

KISS (part of the Naz Project)

A social group made up of women who identify either as lesbian, bisexual or queer and are of South Asian, Middle Eastern or North African descent.

www.planetkiss.org.uk

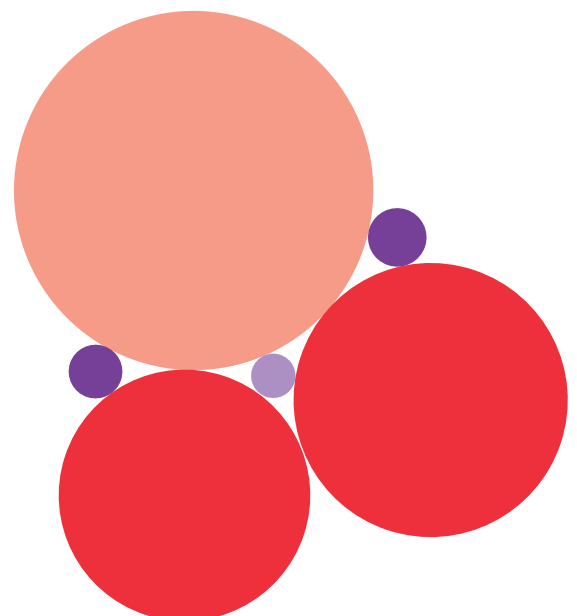
UKBlackout.com

This website includes national and international news, and features information on culture, health, Africa, the Caribbean, gay, lesbian and transgender issues.

www.ukblackout.com

(h) References

1. Cahill, S, Battle, J and Meyer, D (2003) Partnering, parenting, and policy: Family issues affecting Black lesbian, gay, bisexual, and transgender (LGBT) people, *Race and Society*, 6: 85–98.
2. Hickson, FC, Reid, D, Weatherburn, P et al. (2004) HIV, sexual risk and ethnicity among men in England who have sex with men, *Sexually Transmitted Infections*, 80: 443–50.
3. Malebranche, DJ, Peterson, JL, Fullilove, RE and Stackhouse, RW (2004) Race and sexual identity: Perceptions about medical culture and healthcare among Black men who have sex with men, *Journal of the National Medical Association*, 96(1): 97–107.
4. Keogh, P, Henderson, L and Dodds, C (2004) *Ethnic Minority Gay Men: Redefining community, restoring identity*, Sigma Research, University of Portsmouth, Portsmouth.
5. Mays, VM, Yancey, AK, Cochran, SD et al. (2002) Heterogeneity of health disparities among African American, Hispanic, and Asian American women: Unrecognized influences of sexual orientation, *American Journal of Public Health*, 92(4): 632–9.
6. Evans, B, Kell, P, Bond, R and MacRae, K (1998) Racial origin, sexual lifestyle, and genital infection among women attending a genitourinary medicine clinic in London (1992), *Sexually Transmitted Infections*, 74(1): 45–9.
7. Galop (2001) *The Low Down: Black lesbians, gay men and bisexual people talk about their experiences and needs*, Galop, London.
8. Mays, VM and Cochran, SD (2001) Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States, *American Journal of Public Health*, 91(11): 1869–76.
9. Mclean, C, Campbell, C and Cornish, F (2003) African-Caribbean interactions with mental health services in the UK: experiences and expectations of exclusion as (re) productive of health inequalities, *Social Science and Medicine*, 56(3): 657–70.
10. Jivraj, S, Tauqir, T and de Jong, A (2002) *Identifying the difficulties experienced by Muslim lesbians, bisexual and transgender women in accessing social and legal services*. www.safraproject.org
11. King, M and McKeown, E (2003) *Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales: A summary of findings*, Mind, London.



12. Diaz, RM, Ayala, G, Bein, DE et al. (2001) The impact of homophobia, poverty, and racism on the mental health of gay and bisexual Latino men: Findings from 3 US cities, *American Journal of Public Health*, 91(6): 927–32.

13. Greene, B, Ethnic minority lesbians and gay men: Mental health and treatment issues. In Greene, B (ed) (1997) *Ethnic and cultural diversity among lesbians and gay men*. Sage Publications, Thousand Oaks, pp. 216–39.

14. Greene, B (2000) African-American lesbian and bisexual women, *Journal of Social Issues*, 56(2): 239–49.

15. Bhugra, D (1997) Coming out by South Asian gay men in the United Kingdom, *Archives of Sexual Behavior*, 26(5): 547–57.

16. Parks, CA, Hughes, TL and Matthews, AK (2004) Race/ethnicity and sexual orientation: Intersecting identities, *Cultural Diversity and Ethnic Minority Psychology*, 10(3): 241–54.

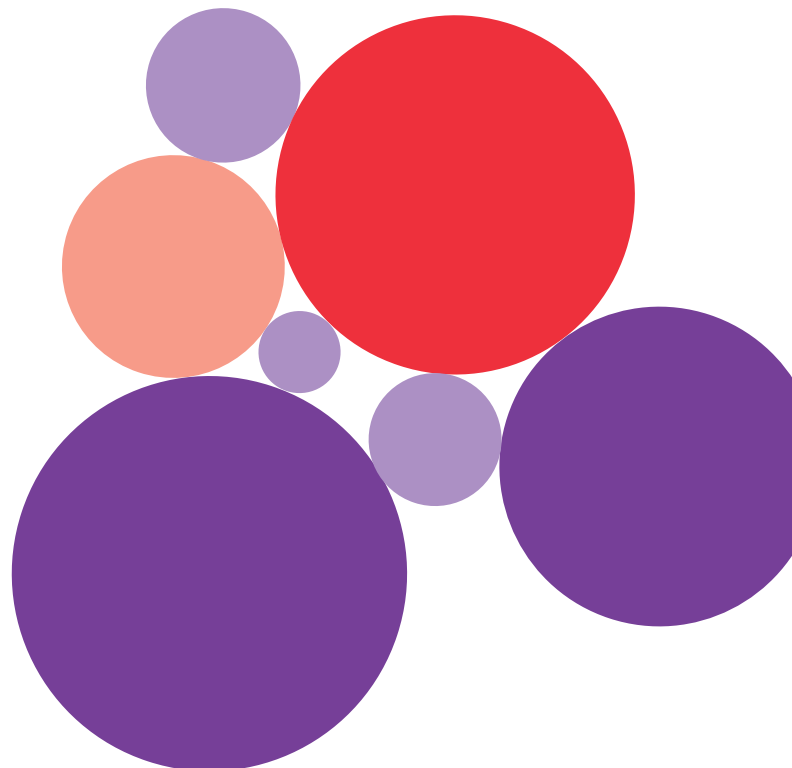
17. Rosario, M, Schrimshaw, EW and Hunter, J (2004) Ethnic/racial differences in the coming-out process of lesbian, gay, and bisexual youths: A comparison of sexual identity development over time, *Cultural Diversity and Ethnic Minority Psychology*, 10(3): 215–28.

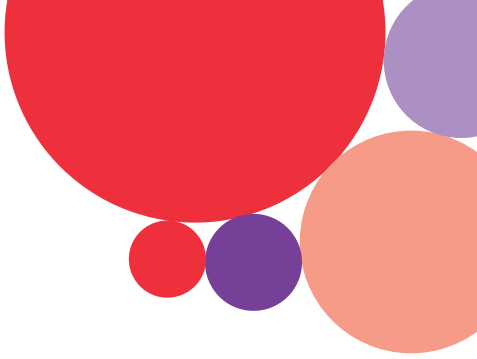
18. Marshall, H and Yazdani, A, Young Asian women and self-harm in Ussher, JM (ed) (2000) *Women's Health: Contemporary International Perspectives* (pp. 224–30), BPS Books, Leicester.

19. *Growing Up Young Asian and Female in Britain – a report on suicide and self-harm*, Newham Asian Women's Project. www.nawp.org/research.html

20. Blakey, H, Pearce, J and Chesters, G (2006) *Minorities within minorities: Beneath the surface of South Asian participation*, Joseph Rowntree Foundation, York. www.jrf.org.uk

21. Dang, A and Frazer, S (2005) Found: 85,000 Black Gay Households, *Gay and Lesbian Review Worldwide*, 12: 29–30.





22. Battle, J, Cohen, C, Warren, D et al. (2002)
Say It Loud: I'm Black and I'm Proud. Black Pride Survey 2000, The Policy Institute of the National Gay and Lesbian Task Force, New York.
<http://thetaskforce.org>

23. Peplau, LA, Cochran, SD and Mays, VM, A national survey of the intimate relationships of African American lesbians and gay men: A look at commitment, satisfaction, sexual behavior, and HIV disease. In Greene, B (ed) *Ethnic and cultural diversity among lesbians and gay men*, Sage Publications, Thousand Oaks, pp. 11–38.

24. Consolacion, TB, Russell, ST and Sue, S (2004) Sex, race/ethnicity, and romantic attractions: Multiple minority status adolescents and mental health, *Cultural Diversity and Ethnic Minority Psychology*, 10(3): 200–14.



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