

Minorities within Minorities – the evidence base relating to minority groups within the LGB&T community

Author: Dr Justin Varney, Consultant in Public Health Medicine, GLADD

It is important to acknowledge that LGB&T is not an homogenous group but consists of individuals who may identify across several demographic groups, of which their sexual orientation and gender identity are only two. Individuals have multiple identities which they experience in an integrated and holistic way, although they may choose to emphasise and disclose these identities in different settings in different ways.

While there is a published evidence base relating to LGB&T communities, there is limited evidence that explores differences within this community based on other aspects of identity, for example African gay men's behaviours compared to white British gay men's behaviours.

The lack of inclusion of sexual orientation and gender identity in routine data collection means that few studies have a large enough group of participants to be able to analyse differences between sub-groups within the LGB&T population and therefore limits the ability to understand and compare the impact of multiple identities on health outcomes.



Key Recommendation:

- ➔ **Public Health England and the Department of Health should establish a research and development national work-programme to explore the impact of multiple identities on health inequalities in minority populations.**

LGB&T people from ethnic communities

The experience of growing up different within ethnic communities can create additional pressures and challenges as the two cultural norms may conflict.^{1,2,3} This may be compounded in migrant ethnic communities due to size and social isolation.

Although the evidence suggests that there are no significant differences in sexual development milestones, sexual orientation, or sexual behavior between different ethnic groups of LGB youth, there is evidence from the US that black and latino youth are less involved with gay-related social activities and disclose their sexual orientation to fewer people over time. Black young people showed stronger certainty over their sexual identity and more positive attitudes to homosexuality than white youth, leading the authors of the study to conclude that cultural factors do not impede the formation of identity but may delay engagement with positive gay role models and community forums.⁴

Research comparing British Indian and British Pakistani gay men demonstrated differences between immigrant community experiences where ethnicity, religion and sexuality interact differently in different ethnic contexts.⁵

Specific research⁶ in the UK into the experiences of migrant gay men highlighted that these men are particularly vulnerable because of their socio-economic circumstances in the UK, with higher risk of mental ill health and sexual risk behaviours.

Interestingly, in international research a poorly defined gay identity was a significant predictor of sexual risk taking, with men in one study with undefined gay identities being 3.6 times more likely to have unprotected anal intercourse than those with a defined identity.⁷ This correlates with the higher rates of HIV infection reported in the same study in ethnic minority gay men (22%). Although it is important to note that a defined gay identity is not the same as being directly engaged with the gay community, as research into community attachment has demonstrated that ethnic community attachment may be a protective factor in the presence of gay self-identification.⁸

There is some evidence that ethnic minority gay men living with HIV are prone to more psychological stress related to their gay lifestyle than Caucasian gay HIV positive men,⁹ and this is replicated in wider research into psychological stress and ethnicity in LGB youth.¹⁰ A large UK study¹¹ into mental health need which analyzed sexual orientation and gender identity found that black and minority ethnic (BME) LGB respondents were less likely than white LGB respondents to have considered suicide. This may reflect the strong cultural and religious taboos among BME groups to suicide. In contrast US studies¹² have found suicidal thoughts and ideation reported in BME gay and bisexual men.

A large national study in the US looked at ethnic differences in smoking behavior among LGB adults and found that all LGB racial groups had higher cigarette smoking prevalence than their heterosexual racial counterparts and smoking of hookahs was higher among white and hispanic LGB people than heterosexual people. Internal comparison between ethnic LGB groups found that rates of smoking cigarettes were significantly lower among black, and asian LGB people than white LGB people, in contrast smoking of cigars and clove cigarettes was significantly higher amongst black LGB people than white LGB people.

London based research¹³ found that BME LGB people were more likely to experience physical abuse and more likely to have experienced harassment from a stranger than white LGB people. The combined impact of homophobia/transphobia and racism can play out over a lifetime and research into perceptions of ageism amongst gay men at different stages and ethnicities found that older black gay men perceived the highest level of ageism and were most disengaged with coping styles and mechanisms, although the study that explored this did not find outcomes.¹⁴

UK research suggests 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.¹⁵ 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.¹⁶

US research¹⁷ has found a number of health inequalities experienced by BME lesbian and bisexual women, including increased risks of obesity, colorectal cancer, post-menopausal breast cancer, diabetes, arthritis and cardiovascular disease. Research¹⁸ into smoking and alcohol consumption among BME lesbian and bisexual women found that differences were greatest between South Asian lesbians and their heterosexual counterparts.

There is virtually no research into ethnic differences among the trans community. There is one study¹⁹ based on a small sample of ethnic minority male to female trans identified youth in the US which highlighted a range of needs including homelessness, unemployment, substance misuse, unprotected anal intercourse and higher rates of HIV positive status, especially amongst African-American youth. However, in another report²⁰ of the same study this sub-group of African-American trans youth were less likely to be involved in high-risk sex. The report highlighted the need for further research into the risk behaviours amongst trans BME youth.

Stonewall's research into the health needs of lesbian and bisexual women, 'Prescription for Change', has found clear differences in their health compared to that of women in general. Lesbian and bisexual women are more likely to have smoked and to drink heavily than women in general. Levels of attempted suicide and self-harm are much higher than in the wider population. In addition, half of lesbian and bisexual women have had a negative experience of healthcare in the past year.

The national surveys by Stonewall provide some insight into the differences in health behaviours across BME LGB people, particularly when compared with the outcomes for the total LGB sample for England in the same surveys.²¹

Exploration of the results from the schools survey conducted by Stonewall which asked 1,614 LGB young people aged 11 to 19 years to complete a survey about their experiences in school or college found that:

- More than 3 in 4 (76%) BME gay and bisexual boys have thought about taking their own life compared to 56% of white gay and bisexual boys. 71% of lesbians and bisexual girls thought the same with no significant difference across ethnic background.
- Over 8 in 10 (83%) BME lesbian and bisexual girls deliberately harm themselves compared to 71% of white lesbians and bisexual girls. 36% of gay and bisexual boys have self-harmed with no significant difference across ethnic background.

Analysis of the findings for BME lesbian and bisexual women found that:

- A third currently smoke, which is slightly higher than the total sample rate (28.7%) and higher than the rates among women in general.
- 70% had a drink in the last week and a third drink three or more days a week compared to a quarter of women in general, which was higher than the total sample rates in England.
- More than 2 in 5 (44%) have taken drugs in the last year, six times more likely than women in general, which was higher than the total survey sample rate of 35%.
- Over half (55%) have been screened for sexually transmitted infections which was higher than the general survey sample (47%).
- 1 in 5 (19%) over the age of 25 have never had a cervical screen compared to 7% of women in general and 16% in the sample population.
- 7% have attempted to take their own life in the last year which was higher than the sample population (5%).

- A quarter (26%) have deliberately harmed themselves in the last year compared to 0.4 % of the general population and 20% in the total sample population.
- 1 in 5 (21%) have an eating disorder compared to 1 in 20 of the general population, this was similar to the general sample findings.
- More than 1 in 4 (27%) have experienced domestic violence in a relationship compared to 1 in 4 women in general, and was similar to the total sample population.
- More than three quarters (76%) say that they are in good health.
- More than half (54%) have had negative experiences of healthcare in the past year which was slightly higher than the total sample finding (52%).
- More than half (55%) are not out to their GP or other healthcare professionals.

There are also some significant differences amongst lesbian and bisexual women from different ethnic backgrounds:

- Only 1 in 8 (12%) black lesbian and bisexual women said their healthcare professional acknowledged they were lesbian or bisexual after they had come out. 1 in 4 (26%) white lesbian and bisexual women have received this acknowledgement.
- More than 1 in 4 (28%) lesbian and bisexual women of mixed or other ethnicity deliberately harmed themselves in the last year compared to 21% of black women, 20% of white women and 17% of Asian women.
- Almost half (46%) of mixed and other ethnicity lesbian and bisexual women have taken drugs in the last year compared to a third (34%) of white women. 37% of black women and 35% of Asian women have taken drugs in the last year.

Analysis of the results for BME gay and bisexual men found that:

- More than a quarter (27%) currently smoke compared to 22% of men in general and 26% in the total sample population.
- 7 in 10 (69%) had a drink in the last week and 3 in 10 drink on three or more days per week, which although higher than the general population, is lower than the total sample population.
- More than half (53%) have taken drugs in the last year compared to just 12% of men in general and 52% in the total sample population.
- 1 in 4 (26%) report being in 'fair' or 'bad' health compared to 1 in 6 men in general, similar to the total sample finding.
- 5% have attempted to take their own life in the last year. Just 0.4 % of men in general attempted to take their own life in the same period, and the proportion in the total sample was only 3%.
- 1 in 12 (8%) have harmed themselves in the last year compared to just 1 in 33 men in general who have ever harmed themselves and the total sample finding of 6.5%.
- 1 in 6 (15%) have had problems with their weight or eating in the last year compared to 4% of men in general, although this was lower than the proportion found in the total sample (21%).
- More than half (55%) have experienced at least one incident of domestic abuse from a family member or partner since the age of 16 compared to 17% of men in general and 23% of the total sample.
- More than 1 in 5 (22%) have never been tested for any sexually transmitted infection and this was similar to the total sample.
- A quarter (24%) have never had an HIV test which was lower than the total sample (29%).
- More than a third (37%) who have accessed healthcare services in the past year have had a negative experience related to their sexual orientation compared to 35% in the general sample.
- One in three (36%) are not out to their GP or other healthcare professionals which was a higher proportion than the general sample (33%).

There are some significant differences among gay and bisexual men from different ethnic backgrounds:

- More than 2 in 5 (43%) black gay and bisexual men have experienced at least one incident of domestic abuse from a family member since the age of 16 compared to one in five (22%) white gay and bisexual men. A third of Asian men (32%) and mixed and other ethnicity men (34%) have experienced domestic abuse from a family member since age 16.

- More white gay and bisexual men check their testicles monthly (34%) than Asian men (21%), black men (24%) and men of mixed or other ethnic background (28%).
- 7% of black gay and bisexual men have never been tested for any sexually transmitted infection compared to 3 in 10 (30%) Asian men, 1 in 4 (26%) white men and 24% of mixed and other ethnicity men.

Both surveys found there are also differences in how men and women from different ethnicities describe their sexual orientation:

- Black men are twice as likely to describe themselves as bisexual (13%) compared to white men (7%).
- Asian women (23%) are more likely to describe themselves as bisexual compared to white women (16%) and black women (8%).

The combination of the grey and published literature findings suggest that LGB, and one would assume also T individuals, from black and minority ethnic communities, experience more extreme inequalities than their white LGB&T counterparts. Further research is needed to understand the correlation with the health outcomes monitored in the Public Health Outcomes Framework.

LGB&T people living with disabilities and /or learning difficulties

There is very little peer-review published literature on the health inequalities experienced by LGB&T people with disability or learning difficulties.

However, there is a range of literature about the challenges for people with disabilities and learning difficulties expressing their sexuality and being supported by carers and services in developing a sexual identity.²²

There is also evidence that gay, learning disabled men face marginalisation within wider LGB&T communities²³ and this may place them at additional risk of mental ill health.

The evidence base around disability in the LGB&T community in the UK is lacking, however there is some research evidence from grey literature and needs assessments in the UK which found:

- Disability in the Trans community is slightly higher than in the general population although the extent of the inequality varies in studies between 15% and 36%.²⁴
- Higher disability prevalence in the LGB&T community, between 15-17%, which is slightly higher than the general population.²⁵
- 16% of UK respondents to The Lesbian & Gay Foundation's "I Exist" and the Stonewall "Gay and Bisexual Men's Health survey (2011)", and 14% of those responding to the Stonewall "Lesbian and Bisexual women's Health Check (2008)" reported that they had a disability .
- A YouGov survey of older LGB people found that 23% of respondents had a disability which limited their daily activities in some way.²⁶

The national surveys of LGB men's health conducted by Stonewall did do some analysis of the outcomes for individuals with disability compared to the general cohort in the study and the wider population.²⁷

Analysis of the findings of the Stonewall commissioned YouGov survey of 2,086 people over the age of 55 across England, Scotland and Wales, found that of older LGB people with a disability:

- Almost 2 in 5 (37%) did not access health services they felt they needed in the last year compared to 28% of disabled heterosexual people.
- 1 in 4 (23%) did not access mental health services they felt they needed in the last year compared to just 6% of disabled heterosexual people.
- 1 in 5 (19%) did not access social care services they felt they needed in the last year compared to 10% of disabled heterosexual people.

Of gay and bisexual men responding to the survey²⁸ with a disability:

- 29% smoked compared to 22% of men in the general population and 26% of gay and bisexual men in the total survey population.
- 55% had used recreational drugs in the last year compared to 12% in the general population and 51% in the total survey population.
- 7% had attempted suicide in the last year and 15% has self-harmed in the last year.

- 63% had experienced domestic violence from a family member, partner or ex-partner since age 16.
- 27% had never had an HIV test which was slightly lower than the general survey population proportion of 30%.
- 25% were not out to their GP or other healthcare professionals which was lower than the 34% in the general survey sample.
- Compared with the other men responding to the survey, gay and bisexual men with a disability were more likely to have experienced domestic violence, more likely to report problems with their weight or eating, 3 times more likely to have attempted suicide in the last year, and also more likely to have self harmed in the last year.

Of lesbian and bisexual women²⁹ with a disability:

- 29% were currently smokers, which was similar to the total sample population but higher than the 20% of women in the general population.
- 30% had used recreational drugs in the last year which was similar to the total sample population but higher than the rates reported in the general population.
- 10% had attempted suicide in the last year and 31% had self-harmed in the last year.
- 39% had experienced domestic violence from a family member, partner or ex-partner since age 16.
- 13% of respondents over 25yrs had never had cervical cancer screening which was similar to rates in the total survey population.
- 35% were not out to their GP or other healthcare professionals which was lower than the overall sample rate of 49%, and 61% had had negative experiences of healthcare in the past year which was higher than the 52% reporting negative experiences in the overall sample.
- Compared with other women responding to the survey, lesbian and bisexual women with disabilities were more likely to have experienced domestic violence in a relationship, more likely to have an eating disorder, twice as likely to attempt suicide, and more likely to have self-harmed in the last year.

As with ethnicity there is no peer-review or substantive grey evidence about the outcomes or experiences of trans people living with disabilities, although one can assume a similar picture of enhanced inequalities when compared to non-disabled LGB&T individuals. Further work is needed to explore this area, especially for trans individuals and communities.

LGB&T people from faith communities

There is relatively limited evidence about the relationship between religious identification and sexual orientation or gender identity. Different religions take different attitudes towards sexual orientation and gender identity; ranging from complete acceptance and inclusion to complete rejection and condemnation.

Needs assessments have found that over a third of LGB&T individuals self-identify with a faith or belief, although the proportions attributed to different faiths vary widely between surveys.^{30 31}

The majority of published research about faith and sexual orientation has been based on small qualitative studies that draw out common themes of individuals finding ways to balance religious doctrine and sexual identity to support individual faith. This is described in some studies³² as the psychological coherence principle, which allows individuals to find balance between potentially conflicting identities.

One small qualitative study³³ in the US explored the role of religion and spirituality in black bisexual men's lives and found that some saw the church as a place where non-heterosexual black men could interact and meet new sexual partners.

Some of the research³⁴ highlighted the tensions created by a religions emphasis on traditional gender roles and the importance of procreation, and many of the tensions described in the research have been played out in the public debates over the legislations relating to gay marriage.

However, there are also positive reports of voluntary and community groups creating safe spaces, particularly for people with learning difficulties, to explore their LGB&T identity in a supported way,³⁵ as well as articles providing guidance for health and social care professionals.³⁶

Further work is needed to understand the role that religious belief may play in affecting health outcomes, particularly in relation to the potential additional stress and anxiety related to religious intolerance for individuals growing up in faith communities and families.

Trans individuals and communities

An estimated 1% of the adult population identify with a gender variant identity, i.e. not the same gender as the sex they were born with, although only 0.2% may seek surgical or hormonal gender reassignment interventions. The median age for presentation for gender reassignment services is 42 years. However there is also an increasing number of young people who are now presenting in adolescence³⁷ and there is a growing body of research into their needs which particularly flags high levels of mental distress, suicidal ideation and suicide attempts.³⁸

It is also important to recognize that some individuals identify with a third gender identity,³⁹ i.e. do not associate with either male or female binary gender states, these individuals are also protected through the Equality Act 2010, but very little research has been done into this population.

Health inequalities for trans individuals can be related to their gender reassignment treatment, the additional impacts of the pathways or care processes, or the life experiences of being trans in England.

The majority of research into the health of trans individuals and communities focuses on gender reassignment treatment and pathways of care, however, there has been limited exploration of the impact of reassignment treatments on long term health outcomes. One study highlighted the importance of lifestyle factors in individuals taking synthetic hormones because of the compounding of cardiovascular risks⁴⁰ and another looked at the evidence of physiological stress through the transition experience.⁴¹ Another doing a three year follow-up in a Spanish transgender population suggested a statistically significant higher incidence of metabolic syndrome in male to female trans individuals.⁴²

There have been significant improvements in the clinical support offered to trans individuals and it is hoped that NHS England with its national commissioning role for gender reassignment services will build on the international best practice for adolescents and adults who are seeking support and assistance with transitioning.

There is relatively little published research into the general physical or mental health of trans people. Several papers have been small-scale international studies looking at trans sex workers^{43,44} and highlighted the negative mental health impacts as well as the increased HIV risk behaviors. However, the inequalities in mental health⁴⁵ and sexual risk behavior⁴⁶ have been replicated in other trans studies,⁴⁷ often correlated with physical and emotional abuse and substance misuse.⁴⁸

The Trans Mental Health Survey⁴⁹ in 2012 was the largest survey of its kind in Europe and involved a cohort of 1054 participants across the UK. It asked a series of questions about mental and physical health and found that:

- 20% of the sample identified as heterosexual.
- 58% identified as having a disability or chronic health condition.
- 36% identified as having a mental health issues, with nearly a fifth of the sample having some form of learning difficulty or impairment. 8.5% were deaf and 5% were visually impaired.
- 18% were carers with 7% providing significant levels of care.
- The average age at which individuals started living part time in their felt gender was 23 years and the average age at which they started to live full time as their felt gender was 31 years. 13% did not want to undergo any form of transition.
- Nearly 19% of the participants had experienced sexual harassment for being trans within the last year, 6% had been raped and 17% had experienced domestic violence.
- Over 90% of respondents had used NHS services, of these 65% had experienced one or more negative experiences of general physical health services, 63% had had similar negative experiences in mental health services.
- 66% of respondents reported they had used mental health services for reasons other than to access gender reassignment services and 31% were currently using anti-depressant medication.
- 53% of the participants had self-harmed at some point, with 11% currently self-harming.
- In the last year 63% of the sample had thought about attempting suicide with 3% thinking about it daily. 33% had attempted to take their life more than once in their lifetime, with 3% attempting suicide more than 10 times.
- 24% of the participants had used drugs within the last 12 months, a range of drugs had been used, however the most common were cannabis (11%), poppers (3%) and ecstasy (4%).
- 19% of the sample were current smokers, with just under 56% of these having smoked for over 10 years.
- 62% gave answers on the AUDIT-C questions which suggested alcohol dependency, suggesting high levels of harmful and damaging drinking in this population group.

- 52% of the participants had experienced problems with work due to being trans or having a trans history, although 56% were in education, employment or training of some form.
- 19% reported having been homeless at some point, with 11% having been homeless more than once.

Bisexual individuals and communities

Estimates of the proportion of bisexual identified individuals vary between survey types and formats.

The Integrated Household Survey (IHS), which is conducted face to face with the head of the household, has included sexual identity as a question since 2009/10, the 11/12 sample reported 0.4% of the population identifying as bisexual and a further 0.3% identifying with an 'other' sexual identity.⁵⁰ Interestingly, the analysis of the IHS suggests that bisexual identification is higher among people aged 16-24 than older age groups but in contrast identification with 'other' sexual identities is higher with older people over 65yrs.

This is reflected somewhat in the national surveys conducted by Stonewall which found that 7% of men and 16% of women in the samples identified as bisexual, with a further 2% of men and 3% of women identifying with the term 'other' when describing their sexual identity,^{51 52} suggesting that in an LGB targeted survey bisexuals are a minority sub-group.

In terms of peer-review published research there are many studies which include bisexual in the title but on further exploration, few of the LGB or LGB&T studies separate out findings based on sexual orientation and fewer still draw conclusions about bisexual health separate to lesbian and gay health. There are also a few studies which focus on bisexual men's sexual health but in the text describe men who have sex with men and don't identify with a gay or bisexual sexual identity,^{53 54} relatively few studies actively explore this distinction.⁵⁵

There is a body of evidence that focuses specifically on bisexuality. This highlights the enhanced risk behaviours in this community,⁵⁶ particularly in relation to suicidal risk.⁵⁷

Some of the research draws out the negative impacts of biphobia which can be present in both the heterosexual and lesbian and gay community, and can further distance bisexuals from support and care.⁵⁸

Analysis of the Stonewall national surveys' bisexual cohort responses has found that:⁵⁹

Of bisexual women:

- A quarter currently smoke.
- More than three quarters (77%) had a drink in the last week and over a third (37%) drink three or more days a week compared to a quarter of women in general.
- Almost 3 in 5 (57%) have been tested for sexually transmitted infections compared to 44% of lesbians.
- More than 1 in 10 (11%) over the age of 25 have never had a cervical screen compared to 7% of women in general.
- 1 in 14 (7%) have attempted to take their own life in the last year.
- 3 in 10 (29%) have deliberately harmed themselves in the last year compared to 18% of lesbians and 0.4% of the general population.
- 3 in 10 have had an eating disorder compared to 2 in 10 lesbians and 1 in 20 of the general population who have eating disorders.
- 1 in 4 have experienced domestic violence in a relationship which is the same as women in general.
- 3 in 4 say that they are in good health.
- Half (51%) have had negative experiences of healthcare in the past year.
- Two thirds (66%) are not out to their GP or other healthcare professionals compared to 46% of lesbians.

Of bisexual men:

- Over a quarter (27%) currently smoke compared to 22% of men in general.
- More than 7 in 10 (74%) had a drink in the last week and 4 in 10 drink on three or more days per week compared to 35% of men in general
- Half have taken drugs in the last year compared to just 12% of men in general.
- More than a quarter (28%) report being in 'fair' or 'bad' health compared to 1 in 6 men in general.

- 5% have attempted to take their own life in the last year compared to 3% of gay men. Just 0.4% of men in general attempted to take their own life in the same period.
- More than 1 in 10 (11%) have harmed themselves in the last year compared to 6% of gay men and just 1 in 33 men in general who have ever harmed themselves.
- 15% have had problems with their weight or eating in the last year compared to 4% of men in general and 6% of gay men.
- Half (51%) have experienced at least one incident of domestic abuse from a family member or partner since the age of 16 compared to 17% of men in general.
- Almost 2 in 5 (38%) have never been tested for any sexually transmitted infection compared to 25% of gay men.
- Half (49%) have never had an HIV test compared to 29% of gay men.
- 1 in 3 who have accessed healthcare services in the past year have had a negative experience related to their sexual orientation.
- Six in ten bisexual men are not out to their GP or other healthcare professionals compared to 3 in 10 gay men.

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