

The Challenge of Diversity



BME LGB&T Health and Wellbeing Needs Assessment

EQUITYPARTNERSHIP

Published by

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November 2015

Copies of this report are available on request or can be obtained as a PDF document from the above website.

Equity Partnership is the trade name of Bradford LGB&T Strategic Partnership Company Limited by Guarantee number: 5545105.
Registered in England and Wales at the above office.
Registered Charity Number: 1115525

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Thanks

This research was supported by Joseph Rowntree Charitable Trust.

It is a pleasure to thank those who made this research possible. Thank you to all staff, trustees, volunteers and members at Equity Partnership and Racial Justice Network for their support, guidance and hard work. Also a very special thanks to each and every participant who so openly shared their most personal life experiences.



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Introduction

Equity Partnership

Equity Partnership is a community based charitable organisation in Bradford delivered by and working for LGB&T (lesbian, gay, bi and Trans) people. We work in partnership with statutory, voluntary and community organisations in Bradford and surrounding areas to raise awareness and gain equality for LGB&T people. We have established a community centre in central Bradford since 2006 which provides a safe space for LGB&T groups to meet and socialise, network and also offer peer support.

In June 2012 Equity Partnership launched the BME LGB&T service, a fortnightly social group based in the Equity Community Centre. Starting with ten members, all male and predominantly of British Pakistani heritage, the group developed into a large network of forty five members, both male and female and of ethnically diverse identities. In 2014, BME women launched S.P.I.C.E., a separate group to meet their differing needs.

In 2013 Equity Partnership successfully secured funding from the Joseph Rowntree Charitable Trust for our BME LGB&T Visibility Project. The aim of the project is to increase the visibility of LGB&T people from minority ethnic groups, whilst challenging Islamophobia and stereotyped attitudes about homophobia within ethnic minorities. As part of this project Equity Partnership has undertaken a Health and Well Being Assessment of BME LGB&T people living, working or socialising in the Bradford area. The idea of a Health and Wellbeing Needs assessment was identified by the group itself through other learning forums. The pressures and expectations of the group members were diverse and in terms of gender, seemed to mirror those of society as a whole due to women being under represented. However, reports of harassment, pressures from family and cultural expectations, alongside ill health led us to believe that BME LGB&T people experience particular commonalities as well as specific difference in issues to those faced by their Caucasian British counterparts. We anticipated that the needs assessment would inform the practice of Equity Partnership and other interested groups, to further provide evidence to Service providers and also support fundraising.

The Equality Act 2010 places a requirement upon agencies for equality considerations, covering all protected equality groups, to be reflected in the design of policies and delivery of services. We intend that the needs assessment will highlight areas of inequality which will be useful to agencies delivering public services in meeting this requirement. The needs assessment is a snapshot of the experiences of LGB&T people from ethnic minorities. It is not comparative with other LGB&T groups nor does it suggest that the reported experiences are exclusive to BME people.

Defining 'health' and 'wellbeing'

The use of the term 'health and well-being' is consistent with the World Health Organisation definition of health: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The Oxford Dictionary refers to wellbeing as a 'state of being comfortable, healthy, or happy'. For BME LGB&T

people, wellbeing is also about feeling secure within their personal identity and culture. Good health and wellbeing enables the individual to build resilience towards the negative pressures that feature so largely and are likely to have a continuing adverse impact upon them.

Identifying the areas to focus the questionnaire was developed through consultation with BME LGB&T people and relevant Service providers within Bradford district. We delivered two focus groups, for men and women to steer discussions of the major issues and concerns current in this minority. The findings were consistent across both groups and Service providers; priority should be given to mental health and wellbeing, family and social life and primary health care. Some respondents were asylum seekers and Equity Partnership acknowledges that they have issues relating to their circumstances which were not addressed within this assessment. (This would require further research.)

Methodology

A questionnaire was designed in consultation with Equity Partnership's BME group and circulated electronically whilst paper copies were also distributed across Equity Partnership's BME men's and women's (S.P.I.C.E.) groups, and the service users of Yorkshire MESMAC, The Brunswick Centre, Bradford University and The Women's Centre in Kirklees.

The first set of 50 surveys showed a disappointing return with many people reluctant to participate and many questionnaires returned incomplete. It is believed that participants may not have been comfortable due to the sensitive nature of the questions. There were also concerns about confidentiality, particularly for people who are not "out", and living a closeted or double identity lifestyle. We therefore followed-up with further questionnaires completed with one-to-one support, face to face or over the telephone.

We also delivered four focus groups where individuals contributed their experiences through a structured discussion. Some people with personal stories to tell allowed us to capture these as case studies.

1. Background and context

“There is a widespread assumption that being gay is a phenomenon of white people. Consequently, Black and Minority Ethnic (BME) lesbian, gay and bisexual (LGB) people’s needs have been almost completely overlooked in research conducted in the UK.”

LGB people from BME communities, NHS, 2007¹

It is a recognised fact that LGB&T people from BME communities often face multiple oppressions. This can include difficulties around a range of LGB&T issues including homophobic, biphobic or transphobic bullying as well as cultural and religious conflicts, such as racism and segregation. We refer to this as an ‘intersection of oppressions’.

Bradford

In the mid-nineteenth century, Bradford was a beacon for the progression of British industry, social politics and civic development. The textile industry flourished at the time and made Bradford one of the richest cities in Europe at the turn of the 20th Century. The 1950’s saw the recruitment of people from South Asia, especially Pakistan, India and Bangladesh filling jobs in Bradford and Keighley’s woollen mills. This is the migration that became associated in the national mind, with Bradford being seen as a city of majority Pakistani Muslim population. This image became more pronounced over the years despite the decline of the textile industry and the resulting poverty and marginalisation caused unease and tensions leading to street violence and riots in 1995 and 2001.

These images of Bradford, like all stereotypes, are both partial and misleading. As with many conurbations, Bradford’s geography and demography are varied. Bradford and District’s many towns and villages have distinct identities and two thirds of its area are rural and boast a wide range of social and cultural activity. The conflicts in Iraq, Afghanistan and The Middle East coupled with the aftermath of 9/11 and 7/7, promoted a stereotypical extremist image of Bradford which is heavily scrutinised in the media.

Bradford’s resident population stands at 522,452 according to mid-2011 population estimates published by the Office for National Statistics (ONS) making Bradford the 4th largest Metropolitan District in England, and 5th largest in the UK. Bradford has by far the largest Asian population (140,149) in the region, and is second only to London in the whole of England. Nearly half of all Asians living in Yorkshire and the Humber region reside in Bradford. Further details of the ethnic makeup of Bradford are given in the table below.

¹ http://www.merseycare.nhs.uk/Library/Who_we_are/Equality_and_Diversity/lesbian_gay_bisexual_trans/LGB_%20from_BME_backgrounds.pdf

Bradford: Ethnicity 2011 Census

Ethnic group	Population	%
White	352,317	67.5
Asian or Asian British	140,149	26.8
Mixed	12,979	2.5
Black or Black British	9,267	1.8
Arab	3,714	0.7
Other Ethnic Group	4,026	0.8
Total	522,452	100

The many ethnicities living in Bradford add to its diversity and bring new rich cultural heritages and languages. However, this presents challenges for key service providers and can create obstacles additional to the many levels of disadvantage already being experienced by Bradford's inhabitants.

The Census does not include numbers of people specifically from Central and Eastern European (CEE) countries but Bradford Council estimates a population of 11,000 CEE people living in Bradford District. The largest numbers of these come from Poland and Slovakia followed by several of the EU Accession states. The Roma community represents a significant group of people who share one identity, but originate from several different CEE countries, and is the one group whose numbers are increasing gradually.

In 2010 Bradford became a City of Sanctuary offering shelter and support to the steady flow of asylum seekers to the UK. There is no available data on the number of refugees and asylum seekers living in Bradford, but estimates imply a mere 400 individuals who have been granted official refugee status. It is believed the numbers are much higher as there are many who are living here illegally or are still awaiting a decision on their asylum case. Of those who are identifiable, one third of refugees in Bradford originate from Asia, one third from Africa and one third from The Middle East. Bradford city is a prime location for the rehousing and settlement of refugees and asylum seekers due to the availability of low cost housing. The demography of the city continually changes as it has done since the industrial revolution.

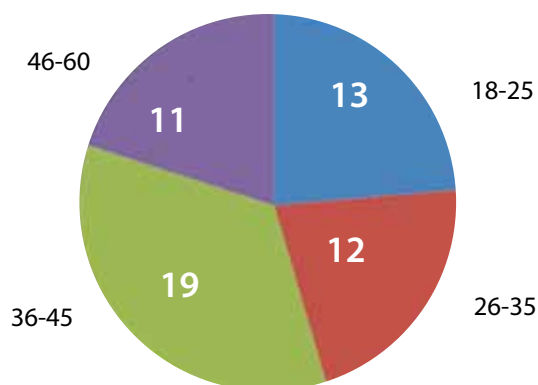
2. Demographics and participants

Fifty five participants took part in the needs assessments, all of whom completed the equality monitoring form. There are no comprehensive official statistics on the numbers of BME LGB&T people in the UK. The only current estimates available are on the total LGB&T population of UK, which state 5-7% of the total population identify as LGB or T. This excludes those who are not out as LGB or T and would only lead to under or overestimated guesses when trying to compare participants' identities to national statistics.

Age Range

The mean age for the participants was ranging from 18-60 with the largest cohort being 36-45. This gives a relatively balanced representation of the ages found within the groups run by Equity Partnership.

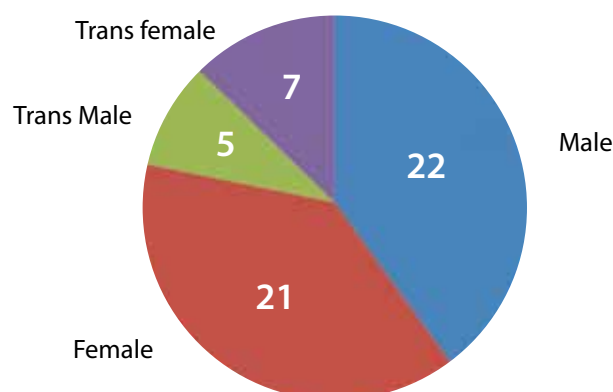
Age Range



Gender

27 of the participants identified as male, of which 5 identified as Transgender male (Female-to-Male). 28 participants identified as female, of which 7 identify as Transgender female (Male-to-Female).

Gender



The ethnicity of the different gender identities is further analysed below.

Ethnicity

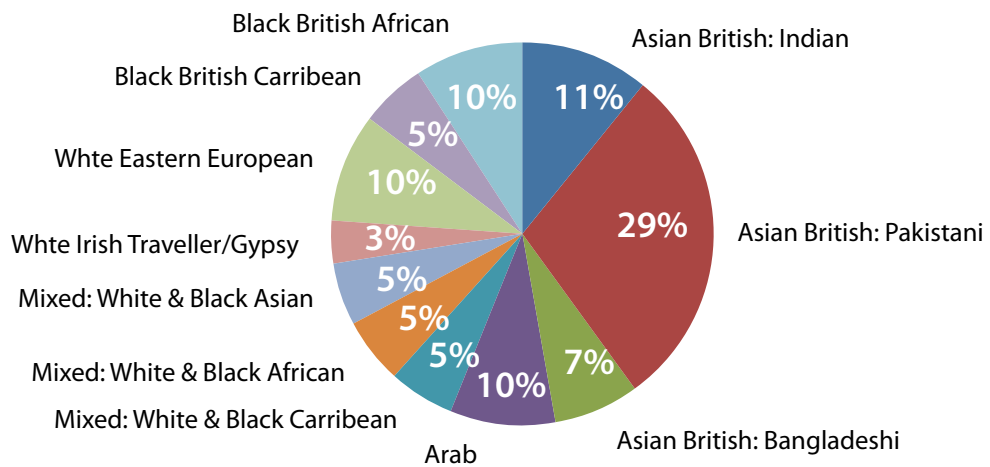
The highest ethnic group to have participated in the questionnaire were Asian British: Pakistani who accounted for 16 of the respondents.

This was followed by Indian 6, Black British: African 5, Eastern and Central European 5, Arab 5, Bangladeshi 4, Caribbean 3, Mixed Heritage: White/South Asian 3, Mixed Heritage: White/Black Caribbean 3, Mixed Heritage: White/Black African 3, Irish 2

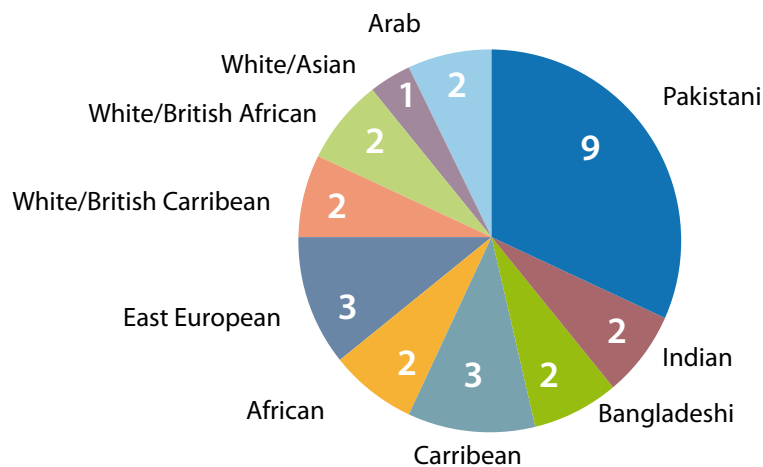
This highlights the ethnically diverse population of Bradford District along with mirroring accurately the fact that Bradford has the largest British Pakistani population in England after London.

The chart below shows a full breakdown in percentage of the ethnicities of the participants.

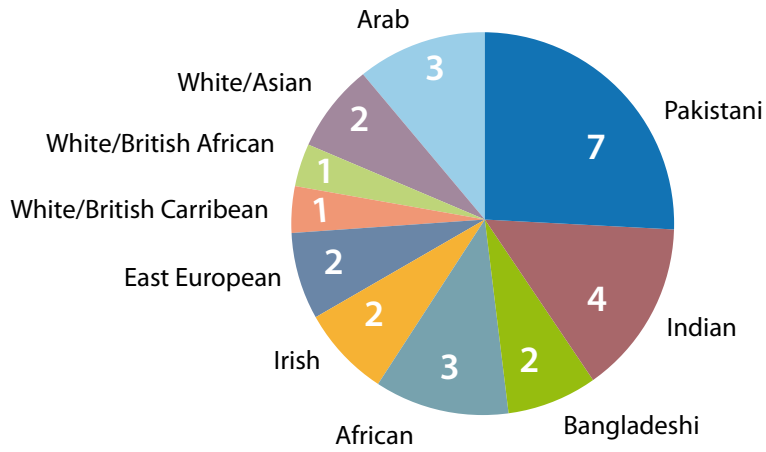
Ethnicities of participants



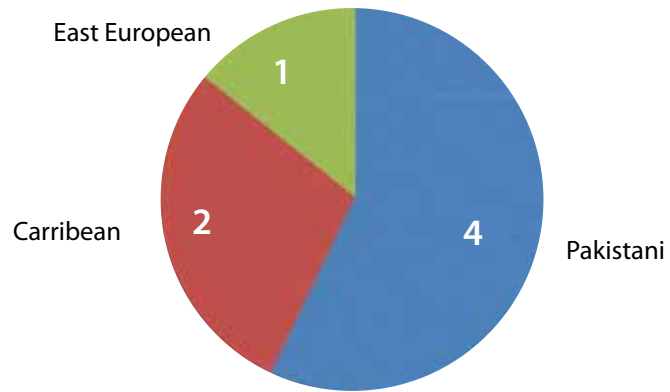
Female



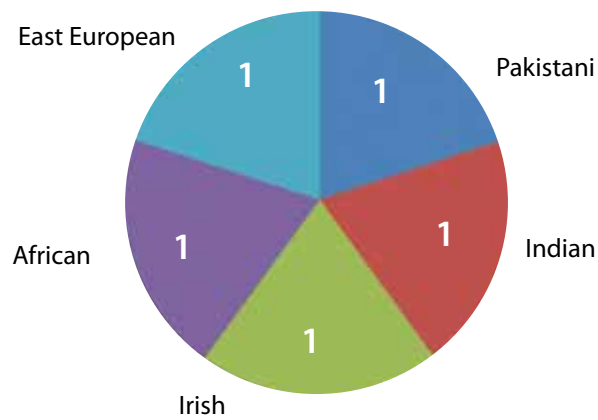
Male



Trans Female



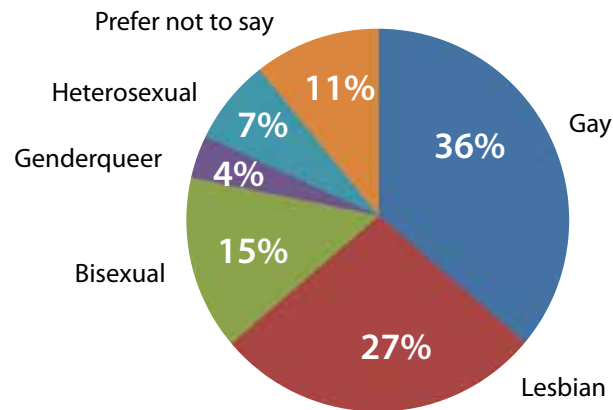
Trans Male



Sexual Identity

20 of the participants described themselves as Gay, 15 as Lesbian, 8 as Bisexual, 2 as Genderqueer, 4 as Heterosexual, 6 preferred not to say. .

Sexual Identity

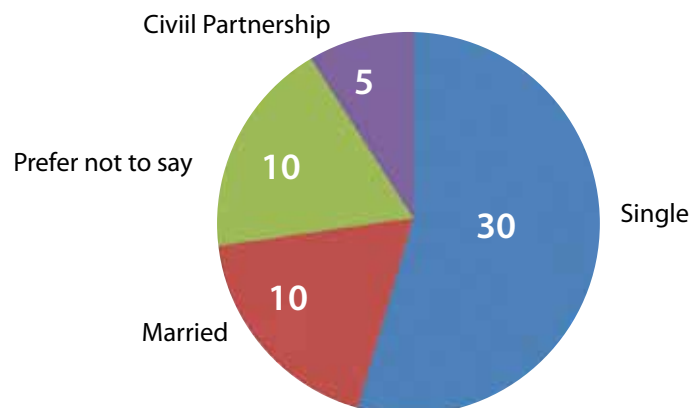


4 participants identified as heterosexual as they also identify as Transgender. This includes two Trans females and two Trans males. Prior to transitioning these individuals identified as either Gay or Lesbian, and following transition they identified as heterosexual

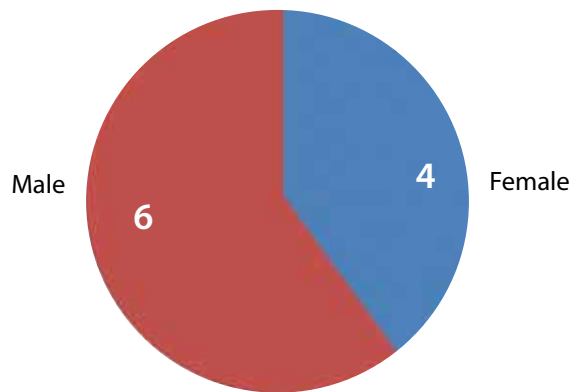
Marital Status

30 of the participants were single, 10 were in a heterosexual marriage, 10 preferred not to say, 5 were in a Civil Partnership, 8 out of the 10 respondents in a heterosexual marriage come from a South Asian background. This includes Pakistani, Indian and Bangladeshi for both men and women. Only one female out of the four in a heterosexual marriage is of African descent and of Muslim faith. Arranged marriage is a common practice in South Asian cultures as well as other predominantly Islamic cultures. Individuals stated being married at a young age, usually late teens or early twenties and often without any choice. Fear of coming out and the predicted reaction to this was the common reason for "going along" with the marriage in order to "keep the family happy" and to avoid "bringing shame upon the family" within the close knit community. All these individuals stated that they lived a double life and had secret relationships with someone of the same gender.

Marital Status



Heterosexual marriage

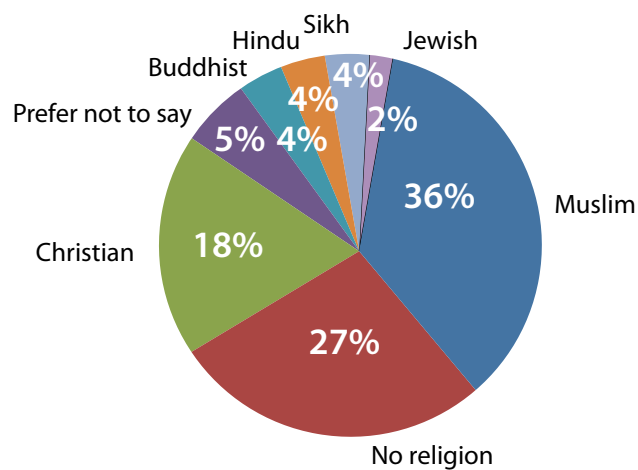


Religion

Participants were asked to state whether they had a religion. 20 were Muslim, 15 said that they had no religion, 10 identified as Christian, 3 preferred not to say, 2 were Buddhist, 2 were Hindu, 2 were Sikh, 1 was of the Jewish faith.

The 70% of the respondents who identified as having a religion were from all heritages.

Religion



Disability

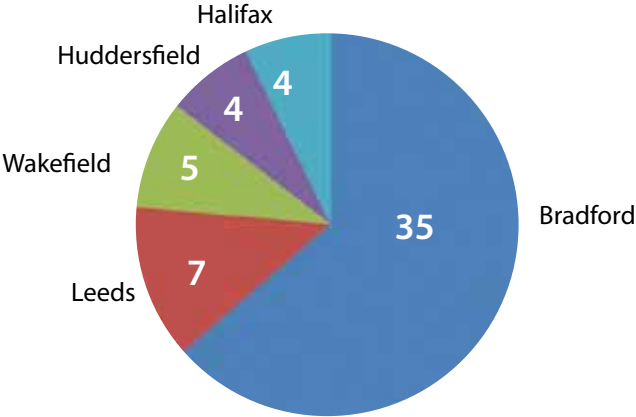
5 out of the 50 participants considered themselves to have a disability. Some of the 5 participants stated more than one disability.

3 Mental Health, 3 Physical Health, 1 Learning Disability, 1 Sight Loss, 1 Hearing Difficulty.

Location

The chart below identifies the locations of participants, with most coming from Bradford Metropolitan District. All respondent's either live, work or socialise within Bradford District.

Location

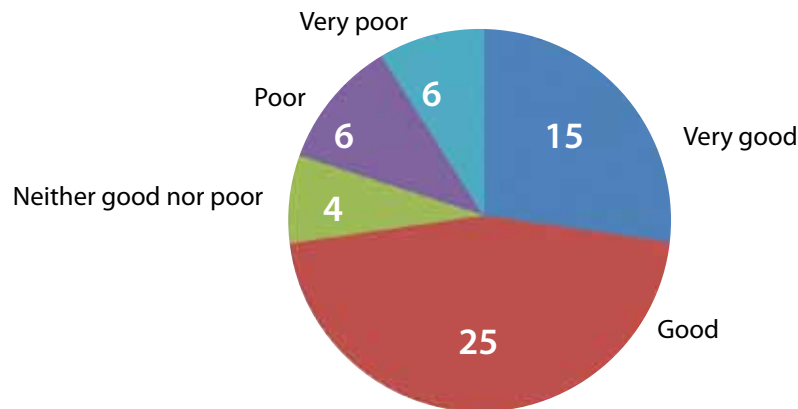


3. Data analysis

Health

Participants were asked about the state of their health.

How would you describe your health?



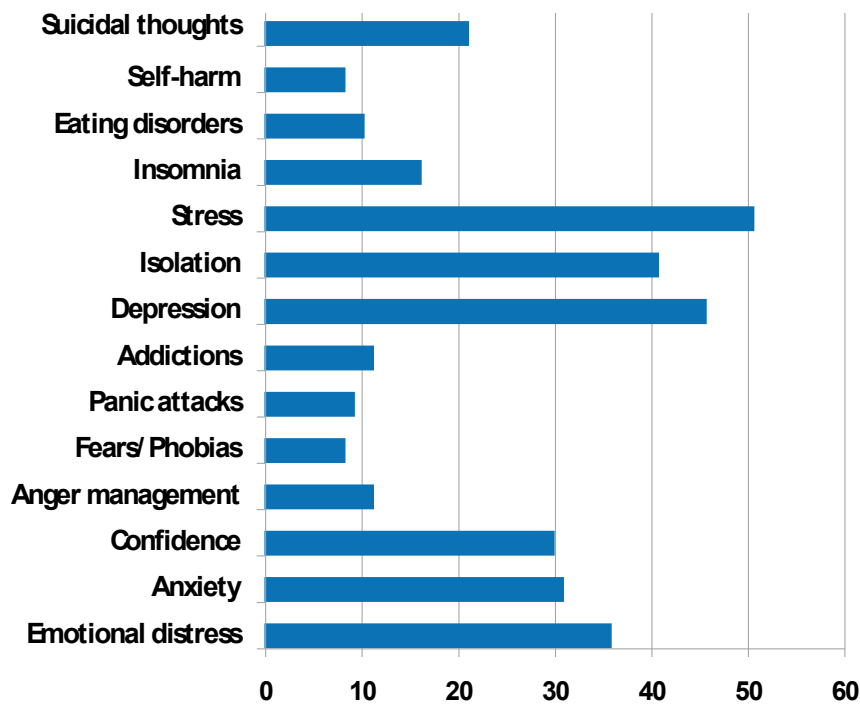
40 participants reported good or very good health, leaving 15 experiencing less positive health, which is a concerning proportion. It was noted that poor health seemed to be linked to living a secret life in regards to sexuality. Two Pakistani males believed that the abuse experienced within their families was the cause of their poor health.

The accompanying mental health problems ascribed to domestic abuse at the hands of family has led to individuals relying on prescribed medication to control depression and anxiety as well as to help with sleep problems. The percentage of respondents stating poor health is alarming, but so too are the reasons given for the causes. On further questioning most felt that their poor health was directly a result of depression, anxiety, isolation and “constantly living in fear” of how their relatives would react to knowing about their sexuality. It was noted that those who described their physical health as ‘very poor’ are the same 5 individuals who consider themselves to have a disability.

Emotional and Mental Health

Participants were then asked if they had experienced any mental or emotional difficulties over the last 5 years. The chart below details the full range of issues experienced by BME LGB&T individuals. The main difficulties could be grouped under the umbrella of mental health and wellbeing. All of the respondents cited multi emotional and/or mental health problems.

Have you experienced difficulties with any of the following in the last 5 years?



A large majority of respondents reported symptoms indicative of mental distress. Stress and depression featured highly for both men and women regardless of how open they are about their sexuality. The causes attributed to this varied from 'emotional and physical abuse at the hands of family' to 'not feeling accepted in society'. Further consultation with those who reported poor emotional health shows that those who accessed support for these problems managed to 'control' their condition and 'stop it from spiralling out of control'. Those who did not access support services reported problems with addictions, insomnia, eating disorders, panic attacks and self-harm. This was prevalent for both men and women equally.

25 respondents said they get support for their difficulties yet stated needing more support in those areas.

Participants reported receiving support from a wide range of sources, with their support mainly coming from the NHS. This includes services such as GPs and mental health services. The other main sources of support came from their family and friends as well as LGB&T organisations such as Equity Partnership and Yorkshire MESMAC. Some participants had received access to counselling through voluntary sector organisations such as Yorkshire MESMAC, Women's Centre Kirklees, Bradford University LGBT Support group, specific groups at Equity Partnership such as Trans Positive, BME Men's Group and S.P.I.C.E. BME Women's Group. However, one participant had paid privately for counselling and another for psychotherapy. The majority of the support received was in the form of talking therapy but for some, this support was through medication from their GP.

22 respondents stated that they would like more support and help, and three stated that further help and/or support was no longer required as they had developed good

coping strategies through talking therapies. Those who stated that they would like more support and help said they wanted services where they would be accepted and not judged for who they are. Some respondents cited the need for support groups and specifically a Black Gay Men's group. Most people said they needed a safe and supportive environment where they could talk about their issues. Access to counselling was felt to be limited and in cases where the individuals were paying for their therapy, this was expensive and they wanted to be able to access free 'one to one' support. Those who were receiving medication wanted to be more proactive in addressing their health needs and to have access to talking therapies as opposed to medication.

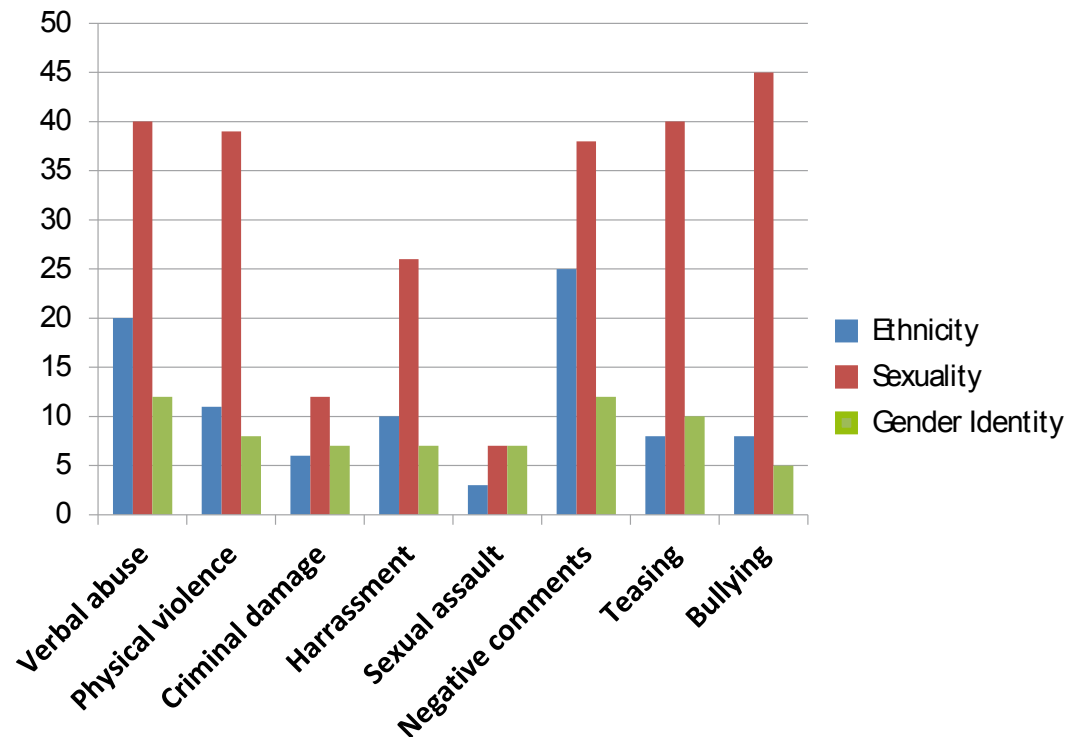
Isolation was another key issue for the participants. The majority of those responding stated that they had 'always or sometimes' felt isolated whilst fifteen had never experienced this. These feelings of isolation were due to respondents feeling a 'lack of acceptance from family' and 'not being able to be myself' which has led them to 'feel a fraud'. Whilst a significant number had stated receiving support from family and friends, this didn't always alleviate their isolation. They reported feeling disconnected as they felt that family and friends don't want to hear about their problems or are 'inattentive', they therefore avoid talking about their issues resulting in a greater feeling of isolation. For one participant their long term chronic illness further compounded their feeling of isolation and loneliness, another respondent felt isolated and unable to share positive feelings of impending parenthood, however this feeling was mitigated by being in a 'strong relationship'.

When asked as to how respondents believed they could overcome feelings of isolation, the need to 'feel a part of something' and 'belonging to a group I can identify with' were most common for both men and women alike. It was found that men were more likely to seek social contact online or on the 'gay scene' but this often led to further feelings of isolation due to being seen as 'exotic sexual prey' and 'superficial encounters'. Women reported finding comfort in close friendships or family members who were accepting of their sexual identity. There was no difference between numbers of men and women seeking support from professionals, but this was more difficult for those not 'out' and more so for those who identify as South Asian or Black. The reasons for this include not wanting to be 'seen as a failure' and for one respondent his family felt that his negative feelings were caused by the 'unnatural sexuality' that 'possessed' him. Not being 'out' meant having to secretly access support and often led to missed appointments or a total avoidance of anything that could identify the individual as being LGB or T.

Not all emotional and mental health problems were linked exclusively to sexuality or gender identity. Common factors impacting on these respondents included unemployment, poor job satisfaction and financial problems.

Safety

Have you experienced any of the following in the last 5 years that was due to your ethnicity, gender identity and/or sexuality?



The most common reason for all forms of abuse was cited as being due to sexuality. This was in the form of bullying (45) teasing (40) verbal abuse (40) physical violence (39) and negative comments (38). The overwhelming reasons cited by respondents for being abused was due to their Sexuality, followed by gender identity and lastly ethnicity.

Alarmingly, all 12 respondents who identify as either Trans male or Trans female had experienced verbal abuse and negative comments. This was linked to being more 'physically recognisable as Trans' and therefore not being able to escape silent harassment such as stares of curious or aggressive passers-by. All 7 Trans female respondents had experienced criminal damage, harassment and negative comments at some point during and after transitioning. All 7 stated their perpetrators as being heterosexual men whose sexual advances once rebuked led to sexual assault and criminal damage.

25 respondents reported experiencing negative comments due to their ethnicity and 20 had endured verbal abuse. All of these incidents had occurred whilst socialising on the gay scene in Bradford which left some individuals feeling 'ostracised in the very place we sought sanctuary'.

The incidents of abuse and violence experienced by the respondents took place in a range of settings. The main ones being 'in the street', Bradford city centre and in social settings such as pubs and clubs (gay and straight). This includes people having drinks poured over them; racial name calling; being asked to leave a bar or denied entry for no valid reason; being called names such as 'faggot' and 'batty boy'. 16 respondents stated the incidents of abuse had taken place in an educational or work environment and 25 cited incidents of abuse taking place at home.

Experiences of physical violence at the hands of family were predominantly reported by Pakistani men and women. This may not be representative of the Pakistani community as a whole but rather a reflection of the willingness of Pakistani respondents to share this information. It was with much reluctance that women told of their ordeals.

Domestic abuse at the hands of a partner was perceived to be the norm by one woman who had been advised “to put up and shut up” by her traditional parents. This woman further explained that she could not escape her forced marriage because “who is going to look after me and my children?” The stigma attached to leaving home and being identified as lesbian would have a negative impact on her children so staying in the marriage was “worth the suffering”. This particular woman found comfort in her close female friends and had developed coping strategies which she believed would see her through until “the kids leave home”.

The majority of perpetrators responsible for acts of violence and/or abuse away from home were found to be strangers in the street or from passing cars, usually in a city centre setting. A small number had experienced these incidents from family, friends and neighbours. These incidents had a detrimental impact on the mental health and wellbeing of the participants. The majority of those responding to this question (45) felt that the incidents had left them:

- Lacking in / destroyed their confidence
- With low self-esteem and confidence
- Scared and tried to hide from family
- Unwilling to go out, especially to straight clubs.
- Isolated and unsupported
- Unprotected in England
- Negative and wary

It also made them:

- Feel angry
- Realise that there is still racism and uneducated people
- Embarrassed for their colleagues who were with them at the time

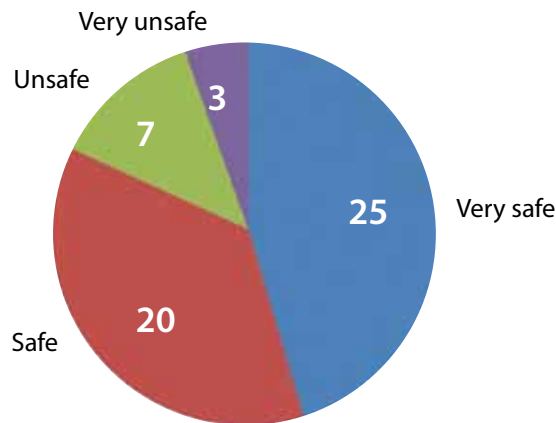
One respondent felt ‘stronger’ for their experiences after seeking help from support organisations such as Equity Partnership.

30 participants who had experienced abuse chose not to report any of the incidents to the police. 15 reported the incidents citing racial, transphobic and/or homophobic abuse; harassment; verbal abuse; harassment at a party (drink poured over head). Most respondents had reported these incidents to the police, whilst the others had reported the incidents to the management of the establishments concerned. The overwhelming reason for reporting these incidents was ‘feeling unsafe’ and wanting to ‘feel safe’ and that ‘incidents like these should not be happening in these times.’ A small number of Trans females who socialise in straight clubs in Bradford and Leeds did speak positively about the attitudes of door staff and stated they were ‘well looked after when out’.

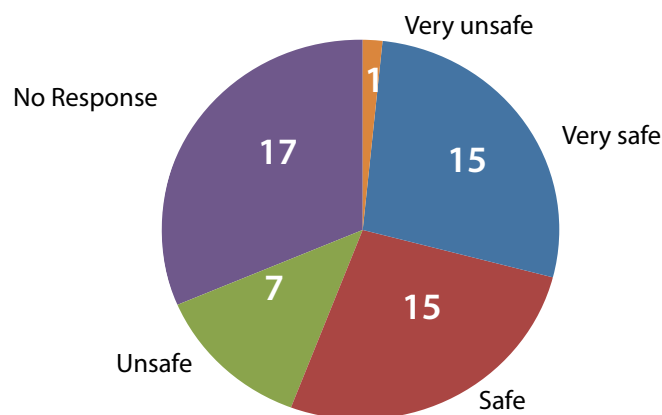
In response to the question on 'what does safety mean to you?' participants said it meant:

- Everything
- The right to feel free from fear/ express self without fear
- A stress free environment
- Being protected from others/danger
- Prevention of injury/ damage of objects / environment
- Being comfortable and worry free
- Duty of care for self
- Able to go wherever without harassment because of race / ethnicity due to gender identity or sexuality
- Freedom / happiness- not looking over my shoulder

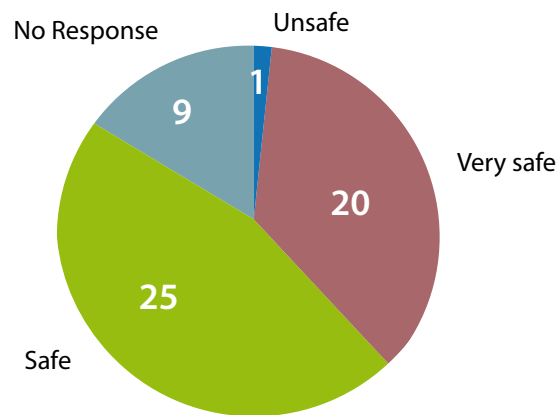
How safe do you feel where you live?



How safe do you feel where you socialise?



How safe do you feel where you work/volunteer/study?



Almost half of the participants felt 'safe' or 'very safe' where they lived, worked, studied or volunteered and where they socialised. Participants felt that West Yorkshire was safe in certain areas, particularly during the day. However some didn't feel as safe, due to feeling 'uncomfortable in predominantly South Asian populated areas', as they perceived South Asian communities to be 'particularly discriminatory against LGB&T'. Although most respondents felt safe there were a small number who didn't, especially at night in West Yorkshire. One participant felt that there was 'no social space for African LGB&T people'.

It is interesting to note that of those respondents who felt least safe, 10 felt unsafe or very unsafe where they live. These are the same 10 respondents who were either not out to family or within the local community and those who had experienced abuse at the hands of close contacts. Those who had fled an abusive family home stated feeling much safer where they now live, but that was due to 'not being known to be different' in their new surroundings. One Pakistani female respondent told of how she and her White British partner had been harassed by locals after news had spread around their community of their relationship. After many months of verbal abuse and damage to property the couple were forced to relocate under police protection. No charges were ever brought upon the perpetrators due to lack of evidence and the reluctance of witnesses to come forward. All of the abuse and damage was carried out by men who were visibly identifiable as older and Muslim.

All except one respondent felt safe or very safe where they work, volunteer or study. This was attributed to institutions taking a tougher stance on homophobic and transphobic harassment. Respondents stated reasons such as The Equality Act 2010 and a greater awareness amongst professionals had led to a more welcoming and safe environment at work.

Feelings of safety where people socialise seem to reflect the change in attitudes amongst the general public. It was noted that people felt more unsafe in the suburbs where the communities tend to be ethnocentric, be this White British or South Asian, and often 'segregated from mainstream culture'.

8 gay male South Asian and Black respondents felt they were not welcomed on the gay scene whilst socialising. They each stated feelings of being stereotyped as

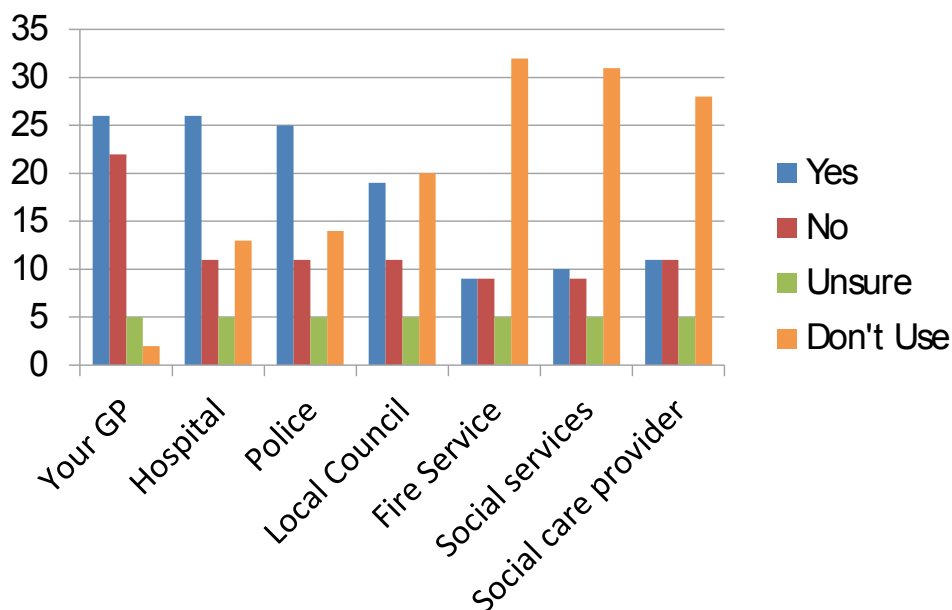
'potential criminals' and/or 'drug dealers'. The other 3 respondents who felt unsafe whilst socialising identified as Trans women. They stated feeling unsafe in the vicinity of 'drunken straight men out on the town' rather than actual bar and door staff. Several Drag Queen performers on the gay scene were identified as a source of harassment. People of colour reported that they were targeted for a cheap laugh which relied on racist stereotypes and was delivered very publicly.

Public Health Services

A key part of the Needs Assessment was focused on experiences with public services. Approximately half of the respondents felt that they would be comfortable to use the range of public services presented to them. Places where people felt most comfortable being out as LGB&T were hospitals (26), Police (25) and the local council (19). This was followed by Social Services, Social Care Providers and Libraries & Information services. Not all respondents had accessed these and therefore could not answer whether they would choose to be out or not in these situations.

Just under half of respondents (22) felt insecure about being out at GP surgeries due to locality, possible links to family or friends in the neighbourhood and surgery staff.

Are you comfortable being 'Out' about your sexuality/gender identity when using the following services?

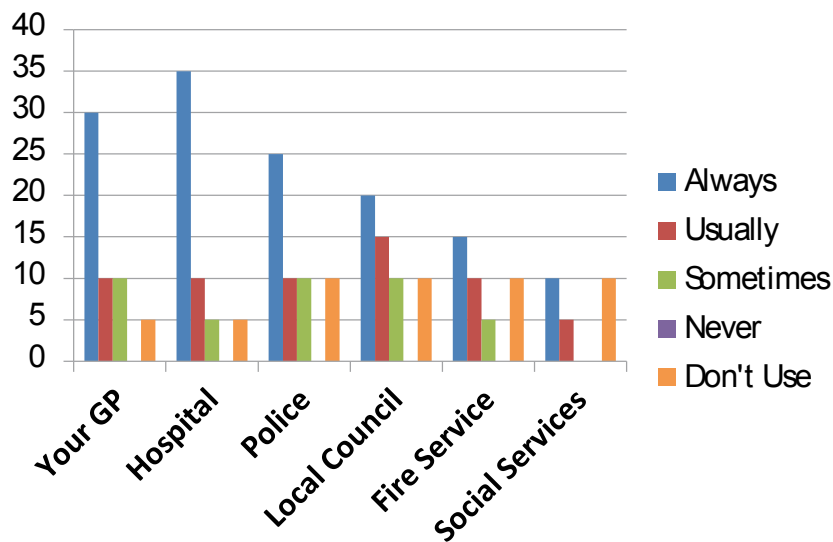


This feeling fed into how participants felt they were treated by the services they accessed. The services scoring highly for treating respondents with both respect and dignity were GP (30), Hospitals (35), local council (20), Police (25), Social Care provider (10), Libraries & Information services (20). Interestingly almost all of those who felt they were treated with respect and dignity also stated not being out to their GP. Reasons for this were locality of GP surgery and the risk of reception staff living in the local community. It is therefore not surprising that these individuals felt that coming out to their GP could lead to being 'treated differently' and that this would impact upon how often they would access such services, if at all.

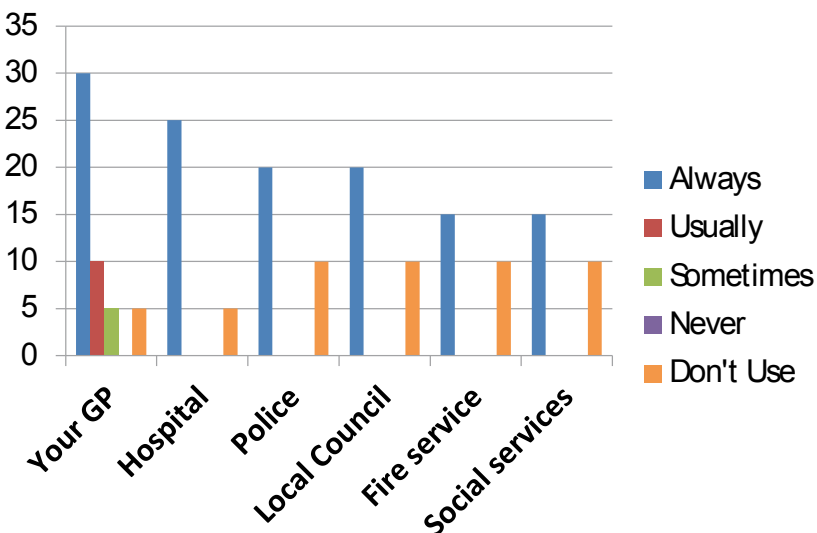
Only 8 of the 55 respondents are out to their GP and felt they were treated fairly

and they felt that it was important to be out so as to 'receive the fullest care possible'. Others who are out to their GP stated being treated with respect 'usually' or 'sometimes'. These individuals felt there was a lack of knowledge amongst GPs around specific LGB&T health issues. Women reported feeling 'embarrassed' having to explain their same sex lifestyle to a GP who 'looked overwhelmed' and even 'baffled by the concept'. Male respondents reported accessing specific sexual health services away from home where they were comfortable being out as the staff treated them with 'compassion and understanding' and 'ensured confidentiality'. Respondents identifying as Transgender stated using specialist health care services where the staff had an understanding of their transitioning and could provide the appropriate support needed.

If you have used the following services, did you feel that overall you were treated with respect and dignity?



If you have used the following services, did the staff treat you, your family and or friends without discrimination and free from prejudice due to sexual and/or gender identity?



Generally, satisfaction with levels of respect in the delivery of services was good. The discrepancies between the preceding tables suggest a fall in satisfaction with services when the provider is aware of sexuality and/or gender identity.

LGB&T Services

With regard to accessing LGB&T services 24 respondents went to other cities away from where they lived. 21 accessed these services in their own cities, suggesting that BME LGB&T people want to be able to access services they require in the local areas where they live. Those who did go to other cities and areas went to the following cities for the following reasons:

- **Bradford** – Equity Partnership, only support group which targets Black and Asian LGB&T
- **Manchester, Birmingham** – larger communities and more fun; South Asian LGB&T night clubs
- **London, Leeds, Brighton, Manchester** – Pride and events that may come with this, Fertility services, Friendships, Partners

35 respondents were willing to give information about their race, gender and/or sexual identity for monitoring purposes yet 10 would not be willing to give this information, and 10 declined to answer. Almost all of the participants said confidentiality was important for them in order to feel safe, and to have privacy. Overall, participants wanted to know what their information was being used for, that it was not personally identifiable and used to provide an equal service where they will be treated with respect. It was important that the information was used to effect change and provide services that were equal and their information kept confidential.

45 of participants stated that there were no services in West Yorkshire designed for them that they did not use and 5 didn't know if there were any specific services designed for them. 4 people stated that there were services that they didn't use because:

- Services not appropriate or accessible
- Too white
- Family and friends unaware of sexuality

8 people stated they wanted counselling specifically for gender reassignment.

A small number of respondents (10) felt they had experienced barriers when accessing public services, which related to confusion about their gender identity and lack of acceptance, perceived to be because of the colour of their skin or their sexuality.

30 did not feel that they faced any particular barriers in accessing public services. This included a mixture of men and women who are out and not out which makes it difficult to know whether barriers would be faced if everyone was out.

Almost all respondents expressed the need for a more diverse gay scene including clubs and bars that cater towards ethnic minorities by means of the music they play. Successful examples of these could be found in Leeds, Manchester, Birmingham and London which encouraged people to travel away from Bradford.

Perceptions of safety are low amongst respondents, particularly in areas where they are likely to be known. This demonstrates the day to day anxiety experienced by people who are in a position of living with a fear of being 'found out' or identified as LGB&T. Domestic abuse, including forced marriage was reported by male and female respondents

4. Conclusion

Completing a Health and Wellbeing Needs Assessment on the needs of BME LGB&T people in Bradford District has been a difficult, yet learning process. The questionnaire was initially available both online and in paper format resulting in respondents either skipping some questions or not providing sufficient data for the results. A second round of questionnaires was completed, this time through face to face interviews or over the telephone. This method of questioning offered better support to participants in answering the questions. Face to face interviews alleviated some of the anxiety respondents experienced when discussing personal and often traumatic life events, information vital to this Needs Assessment. We also conducted four focus groups and collected case studies, three of which are included in the appendices.

The groups hosted by Equity Partnership and their contacts offered an opportunity to identify a broad range of age groups, gender variations, ethnic and sexual identities as well as a diverse range of experiences. Bradford is home to the second largest population of British Pakistanis outside of London and this was reflected by the greater proportion of Pakistani respondents involved in this study.

Bradford's long tradition of accepting migrants and refugees makes it a largely tolerant city. Although there are examples of tensions between different ethnicities, there are also many examples of harmony and tolerance.

Most respondents were from ethnic groups reputed to have strong family networks such as South Asian, Arab, African, and Caribbean and Eastern European communities. These supportive networks can also carry high expectations to live within the societal norm. Migrant communities can place a greater importance upon these norms and traditions than within the home nation. The freedoms of western culture may appear decadent to a community where there is traditionally high levels of family and community support, expectation and accountability. The needs assessment highlights the limited options available to many LGB&T people who are living in close knit ethnic minority communities. Living outside the heterosexual norm comes at a high cost to many respondents who have been ostracised from families, communities and even countries. Living a 'double life' is a difficult and stressful lifestyle, and deeply unfair to any unknowing partner or spouse. We found only men living in this way. Assuming such women exist, it would appear that they are not networking or socialising within LGB&T communities in Bradford. There are however examples of LGB&T people of both gender from ethnic minorities within Bradford who are living a lifestyle true to their identity, and whose families continue to support them..

Unfortunately there is also racism and discrimination within the commercial gay scene. Black and Asian men are often stereotyped in ways which are racist and detrimental to wellbeing. Male respondents were more likely to be socialising on the commercial gay scene than the female respondents who tended to rely more on family networks and building supportive relationships within these networks.

Thirty seven respondents identified as belonging to a particular faith or religion despite the frequent difficulties in reconciling faith with sexuality. The legalisation

of same sex marriage has brought the debate on the tensions between major religions and sexuality to the forefront and LGB&T people of faith are becoming more visible. We found that some respondents had negative experiences within religious institutions, and yet did not want to give information that could be used to bring them into disrepute. Many LGB&T people find solace in faith and continue to worship despite the fact that many religious institutions would not find an LGB or T lifestyle or identity acceptable. Many say that they find acceptance and love before God which they do not find within society.

Perceptions of safety are low amongst respondents, particularly in areas where they are likely to be known. This demonstrates the day to day anxiety experienced by people who are in a position of living with a fear of being 'found out' or identified as LGB&T. Domestic abuse, including forced marriage was reported by male and female respondents. Some respondents shared their experiences around domestic abuse but were reluctant to give further details as they felt uncomfortable doing so. Reliving traumatic experiences for the sake of research was not welcomed by some, whilst other individuals stated they felt there was "no point" in doing so as "there isn't anything anyone can do". When respondents said that they had reported hate crime they were positive about the response they had from the police.

There were no marked differences between the genders when reporting poor physical health and/or disability. Some respondents with poor health stated this was a result of emotional stresses directly linked to sexuality or gender identity. Two Pakistani male respondents attributed their physical disability to violence experienced at the hands of family members which further exacerbated the mental and emotional impact of being gay in a homophobic environment. A clear link between physical and emotional health presented itself throughout the interviews, with individuals openly claiming that the emotional distress and anxiety caused by feelings of not belonging often led to isolation, depression and further stress. This impacted on physical health and helped to create a vicious cycle from which many felt they could not escape. In a few of the extreme cases, poor physical and emotional wellbeing led to a loss of confidence, suicidal thoughts, insomnia, addictions and self-harm.

Of those who received support, all stated needing and wanting more support in a setting where they could be open about their sexuality and/or gender identity without fear of repercussions or breach of confidentiality. Those who did not receive support for stress or depression reported feelings of isolation and loneliness, which further increased risks of anxiety, low self-esteem, insomnia, addictions and self-harm. Almost all respondents cited more than one difficulty in this area. Again, it was noted that male respondents were more likely to look for an escape in the form of online dating websites and mobile phone social apps to alleviate feelings of stress and depression. This resulted in masking the symptoms of poor emotional health and led to risk taking behaviour such as unprotected sex with strangers and anonymous sexual encounters. Few recognised how this behaviour further impacted upon their self-esteem and how it was a possible cause of other emotional issues. Women who reported feelings of isolation and depression sought to overcome these through strong close friendships and emotional bonds within the family network where possible. Some did find support through online forums and networks such as

SPICE women's group. There are clear differences between the genders in the ways individuals seek support and help for emotional issues. The number of respondents stating having suicidal thoughts is high and alarming. Considering this in the context of the low number of respondents who are not out to health services, it can be seen that health practitioners are lacking crucial information about their patient which is highly likely to impact upon the outcomes of the treatment. Almost all respondents suffered from stress and depression directly linked to their sexuality and/or gender identity.

The needs assessment has highlighted that many LGB&T people from ethnic minorities experience marginalisation and oppression from within their families, their communities, from their religion and mainstream British society. People who are rejected from their families and communities cannot assume that they will receive acceptance from a predominantly white British gay scene. LGB&T communities in Britain are predominantly white, and our assessment suggests that LGB&T people from ethnic minorities have experienced prejudice and racism therein. This is in spite of recent political debate where British Muslims have been chastised for not embracing 'British values' of tolerance on gay issues. This intersection of oppressions is damaging to the health and well-being of individuals. The perception that ethnic minority communities are intrinsically homophobic is damaging and drives a wedge between groups addressing different inequalities. Within all communities there are individuals with different levels of tolerance and it is preferable to foster understanding and harmony than to drive people away through blame and negativity. We will progress by focussing upon shared values and maintaining channels of communication.

The needs assessment gives a snapshot of LGB&T people from ethnic minorities as a group who have suffered a disproportionate level of abuse and rejection. Many have been rejected in all areas of their lives. This has caused health and well-being issues, some of which will be ongoing for life. Beyond this, we found a group of people who are resilient in the face of hardship and who have found ways of living their lives meaningfully. Britain is on a journey of acceptance and we will promote freedom and integration through open dialogue and focus upon commonality of our values.

5. Recommendations

All LGB&T people should have a choice to live openly without the fear of oppression, intimidation or violence, and with societal acceptance. In order for this to happen:

1. LGB&T people from ethnic minorities need places to go where they feel accepted, valued and have contact with people with similar experiences

- Equity Partnership to prioritise the continuation of its BME groups and services
- All LGB&T groups and venues should be fully accessible to ethnic minorities, and proactive in challenging racism
- Consideration should be given to members who are not able/ do not wish to access a group. The learning from the SPICE group, which offers opportunities to meet others on line, to be replicated for BME men's group
- Equity Partnership to support BME groups in other towns and cities through sharing of experience and learning

2. All public and voluntary sector services should be accessible to all LGB&T people and particularly those who are from ethnic minorities

- Equity Partnership should work with Clinical Commissioning Groups to issue guidance and to ensure that GPs are perceived as non-discriminatory and knowledgeable about LGB&T health issues, and will protect confidentiality
- Primary health providers should consider the impact of community health provision upon LGB&T people from ethnic minorities

3. Violence against LGB&T people from ethnic minorities must be treated with zero tolerance

- Hate crime reporting mechanisms should be reviewed to ensure that ethnic minorities are receiving the information that they need
- Domestic abuse against LGB&T people from ethnic minorities is going undetected. All domestic abuse agencies should develop heightened awareness of this issue and respond through campaigns and heightened awareness in its work. All staff should be trained in LGB&T awareness.

4. Homophobia, transphobia, Islamophobia and racism are intersecting oppressions that must be addressed through open dialogue by all organisations offering services to the public

- Stereotypes of any group; LGB&T people, people of faith or any ethnicity is deeply unhelpful and should be challenged
- Resources to address homophobia and transphobia in community organisations must be developed in partnership with those organisations to ensure that we foster a culture of understanding and cooperation
- The needs of all LGB&T people, and specifically those from ethnic minorities should be built into the design of public services from the outset
- Equity Partnership should develop projects and activities that promote inclusion and cooperation between different ethnic groups
- Equity Partnership should seek funding to continue to its work to address the visibility of LGB&T people.

6. Case studies

Case Study One

'S' approached Equity Partnership after fleeing her home from a small mill town in the North of England in August 2015. S was born male but has since approaching Equity Partnership decided to transition from male to female. S is of a mixed Pakistani, Irish and English heritage and was raised in a Muslim household with both parents and her siblings. Her paternal family identify strongly with the Rajput clan of the Indian sub-continent. Tracing their history back to a proud warrior clan with its roots in Rajasthan India, the Rajput represent a link to the Royal houses of ancient India whom exercised much power until the introduction of The British Raj.

S remembers being compared to other male family members from a young age and being bullied by them for being too feminine. This was mirrored at school where her older brother disowned her and she was bullied by mostly boys. S feels she was neglected as a child. The bullying directed towards S both at home and at school, encouraged her to withdraw from interaction with others in order to minimise any unwanted attention. S felt she was not normal for being gay and decided to come out to her family at age 17. The isolation and emotional abuse led to depression, self-harm and eating disorders and this ultimately led S to flee from home. S was only away from home for a few nights before being talked into coming back home. Under the immense stress and uncertainty around her own identity S naively hoped her family would have her best interest at heart. It wasn't long before S was taken on holiday to Pakistan and upon arrival realised this was not a holiday at all. Her passport and documents were confiscated and unable to speak the language she was forced to stay there for 18 months. S resided with her paternal grandparents in Pakistan and was required to look after their needs. Her parents felt that this 'holiday' would toughen her up.

On returning back to UK, S developed mental health issues which led to admittance in the local mental health institute. Here she received medication for her symptoms of depression and on her release four weeks later her family sent her back to Pakistan. Unaware S was coerced into an arranged marriage with her first cousin which she went along with due to the immense mental health issues she was facing. She remembers this time as being quite hazed and feels as though she wasn't really there. S spent 6 months in Pakistan and was belittled and ridiculed by her new wife for not being able to perform sexually and generally for her femininity. She eventually tried to jump off a building in order to end her life but was stopped by an aunt and this is when it was decided to send S back to UK again.

On returning S resided in her parents' home and now 23 years of age she discovered social media as a useful tool in seeking friendships with other gay men. Sadly S's secret friendships and sexual contacts were discovered by a family member on her mobile phone. Word spread fast around the family and threats of violence and even death were made by some family towards S. All this led to S's phone being confiscated and further arguments with siblings.

It was after this incident that S decided to leave her family home for good and ended

up seeking refuge at a mental health institute. From here the police were alerted of her situation and following their advice she was relocated to Bradford under the protection of a local charity. S feels her life has finally taken a turn for the better and has received much positive support since moving to Bradford. She is currently in the process of building her life up independently and has the freedom to make choices which matter to her.

Case Study Two

A is a gay man from the near Middle East in his 30's who grew up in a traditionally Abrahamic culture. A realised at a very young age that he was attracted to men and had several intimate experiences with classmates. He grew up thinking it was bad to be attracted to men and that it would lead to punishment from God. This ideology was promoted in the school environment. It was a struggle for A knowing that family, society and culture wouldn't accept his orientation. This led to A not accepting himself.

A found intimacy with men from different social backgrounds so as not to be easily exposed within his own community. In his late teen years A became an atheist after realising that religion offered no recognition or acceptance of his identity.

Throughout his life A lived around several Middle Eastern countries and often in bigger cities which gave him the opportunity to socialise with other closeted gay men. A was shocked to meet openly gay men for the first time while studying in Lebanon and it helped his identity a lot to be able to identify with other men like him. While living in Dubai A felt there was an acceptance amongst his straight friends of his sexuality even though public displays of affection were strongly discouraged for both straight and gay people.

A experienced homophobia in the form of physical violence but felt it was mostly motivated by economic reasons as he was targeted by poorer men who would engage in sex but used the experience to blackmail. Another reason A feels he was the target of violence is because that many of the men were closeted and felt guilty afterwards.

A moved to UK to study at Bradford University but was relatively surprised by the intolerance shown especially by European students in regards to his sexuality. This feeling extends into A's experience within the local gay scene where A experienced subliminal racism. A thinks this is due to media propaganda and also the high number of homophobic straight people who choose to socialise on the gay scene.

Unseen circumstances began unfolding in A's home country and this led to him seeking asylum in the UK. More recently A has discovered his spiritual side and is very comfortable with his orientation without having to rely on gay culture. Delving into the spiritual side of life has opened up different avenues for A and has helped him realise that there is a whole world out there to experience.

A has avoided using stereotypical labels and generalisations throughout the case study as he felt this would further propagate the negative images in the public sphere of certain cultures and religious groups. A feels that the issues that need addressing exist amongst all cultures and faith groups.

Case Study Three

A and B are gay Russian men aged 40 and 25 respectively who live in the UK with A's teenage son, C. A and B met at a rock concert in 2007 in their home town in Russia and embarked upon a relationship. A and B lived comfortably and worked on various projects highlighting LGB issues through film and journalism. They socialised amongst the underground gay scene which was known and tolerated by most people.

Over the next four years acceptance slowly turned into an outright and blatant witch-hunt of gay men as the authorities promoted homophobic attitudes. In 2011 Laws were passed with an ethos similar to that of Section 28 of the Local Government Act 1988 in UK, but more aggressively implemented. These new laws made it an offence to promote anything relating to LGB&T people especially where children were concerned. This meant that even holding hands of a same sex partner in public became a punishable offence.

In 2009 A and B also planned a Gay Pride event in their hometown which was actively encouraged by the local authorities. A and B cancelled the event when they realised that this was being done to out many local people including a Council official. After this incident A and B were known to the authorities as gay men. B was finishing his studies at university and successfully completed his exams and course work only to be told by the educational institute that he was not entitled to a diploma or a certificate of attendance. The university communicated with B that they would not issue a Diploma for a gay man. The authorities have an extremely strong influence on all institutions within the country.

A continued writing for television and set up a successful charity supporting orphanages by running events around different cities. This soon was targeted by authorities and finally led to closure when funding came to an end. A was accused of bringing disrepute to the country and found his television work diminishing over the coming months. A and B had to take C out of education and decided to provide home schooling as a safer option.

The homophobic attitudes promoted by the authorities really started to take effect after 2011. Homophobic hate crimes were committed, including the murder of public figures. Videos of the crimes were circulated on social media and attracted support from the media and the general public, encouraging further hostility towards gay men. In 2013 A, B and C decided to travel around South East Asia for 8 months taking in countries such as Cambodia, Thailand, Vietnam and India. They found tolerance in all these countries as long as they were discreet. They returned to Russia where they spent the next few months getting by in an ever increasing homophobic and hostile environment.

In 2014 the family received a letter from the local authorities threatening to remove C due to A and B's sexuality. Taking legal advice, the family left the country for the UK within days. They claimed asylum on arrival at Heathrow and were welcomed by a border control officer who offered them food and assistance. This was refreshing following the hostility experienced in their home town. A screening interview was held, and the family were allowed to sleep in the airport until accommodation was organised. The following day was spent in prison like conditions before they were

transferred to a hostel in Birmingham. Here the guys felt relieved although exhausted and describe the hostel as a positive experience. They stayed here for a few weeks until without notice, they were taken to Leeds and then onto Bradford by G4S. The house they were dropped off at was in a very bad condition and C suffered from insect bites in the first few days. The family was to spend the next few months here until their claim for asylum was heard at an official hearing.

They contacted Bradford University's LGB&T society and were given details of Equity Partnership where they became members and joined the BME Men's group. They formed new contacts and friends to help support and advise them on settling in the UK. A and B accessed free legal advice on asylum through Equity Partnership's collaboration with No Going Back, supporting them in preparing and gaining asylum in June 2015. With ongoing support from Equity Partnership the family have been rehoused, C is attending school and A and B have enrolled onto English classes at the College. Over the summer they have attended Pride celebrations in Leeds and Bradford and at first they felt uncomfortable there due to being raised in a very homophobic environment. It has taken them time to become accustomed to the more liberal attitudes currently being promoted throughout the UK.



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