

# LGBTI fact sheet 8b - Culturally & linguistically diverse (CALD) groups

## Additional considerations for LGBTI peoples from culturally and linguistically diverse (CALD) backgrounds

LGBTI peoples from a CALD background can experience double exclusion; homophobia and transphobia from their family and/or CALD community and racism from mainstream society as well as from within the LGBTI community (1, 2).

### Lack of knowledge

- There is little research available on the needs of LGBTI peoples from CALD backgrounds and they are frequently excluded from multicultural policy (1).
- Available research suggests LGBTI peoples from CALD communities experience more extreme inequalities than their Anglo/mainstream LGBTI counterparts (2, 3).
- Studies of LGBTI mental health have not looked in depth at CALD influences and the additional barriers encountered in accessing mainstream services.

### History & discrimination

- Homosexuality and being a transgender person is still a criminal offence in many countries around the world.
- LGBTI peoples can experience harassment, violence and imprisonment, and even punishment by death (4, 5). LGBTI peoples from these nations who have immigrated to Australia can still feel stigma, fear and a lack of acceptance.
- LGBTI people from CALD communities may form 'a minority within a minority', with their multiple minority identities leading them to experience multiple levels of discrimination (6, 7).
- LGBTI peoples from CALD backgrounds can also experience racism and exclusion from LGBTI community events and spaces (8).

**\*Note:** Those who feel rejected by their CALD community may have limited other social options, and may find LGBTI communities difficult to access, or even unwelcoming due to racism.

- Social isolation can be increased by the migration experience and may be especially traumatic for refugees. Refugees may suffer from poor mental health, stress and post-traumatic stress disorder (PTSD).

**\*Note:** The BPSD Guide incorporates additional considerations for those from culturally and linguistically diverse (CALD) backgrounds who have dementia and present with BPSD. The additional considerations for LGBTI peoples from CALD backgrounds in this fact sheet are not intended to stand alone but rather, supplement the information included in the BPSD Guide available via [www.dementia.unsw.edu.au/bpsdguide](http://www.dementia.unsw.edu.au/bpsdguide).

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- The specific pressures on LGBTI peoples have only recently been identified by refugee support groups and mental health organisations (9).
- LGBTI women from CALD communities may face the greatest discrimination due to the multiple layers of sexism, homophobia/transphobia and racism (6, 10).

### Cultural stigma & support

- As experiences of sexual orientation, gender diversity or intersex status are understood differently within different cultures, the understanding and experiences of being LGBTI in one cultural setting are not directly translatable to the experiences of being LGBTI in any other culture (11, 12).
  - The experience of growing up as a person who is L, G, B, T or I within a CALD community which is different to your own can create additional pressures and challenges as cultural norms may conflict.
  - This is exacerbated in some CALD communities due to their small numbers and social isolation (3). Older LGBTI peoples from CALD backgrounds may have experienced a lifetime of conflict between their cultural background, religion and their sexuality, gender identity and/or intersex status.
  - The traditional expectations and cultural roles of men and women in some CALD communities can impact on intersex people, for example they are often unable to have children and this has limited their apparent suitability for marriage and traditional roles within their community.
- \*Note:** Some cultures subscribe to the belief that being born with an intersex condition is a bad omen or a curse, negatively affecting relationships between parents and their intersex child with lifelong impact.
- LGBTI peoples from migrant backgrounds may also face cultural, religious and family issues. LGBTI peoples report that Anglo-Australians (including Anglo members of the wider LGBTI community) may not understand the significance of cultural values such as shame and honour (6) or the important responsibilities and obligations of family ties within their culture.
  - Within their CALD communities LGBTI peoples may face traditional family and cultural values that emphasise an individual's primary loyalty to immediate and extended family members.
  - Traditional values can determine that romantic relationships and marriage are limited to cisgender/binary gender people (see *glossary*) entering into heterosexual unions only (13).
  - Different CALD and religious groups have varying views of, and attitudes to, people who are LGBTI. People who are newly arrived in Australia may lack an understanding of western LGBTI cultures and ways of communicating (6).
  - Where a conservative religion is part of an ethnic and cultural identity the pressure not to identify as LGBTI can be very strong. Attending religious or spiritual activities can increase the risk of negative

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homophobic experiences for LGBTI peoples from CALD groups (14, 15).

- By contrast, a religious faith which teaches compassion and social justice may encourage acceptance and disclosure (10). Some older LGBTI peoples report receiving support from religious activities and communities (16) by concealing their identities or participating in inclusive religious institutions (17).
- In many different cultures around the world throughout history, gender diversity has been accepted. In some cultural and ethnically diverse communities there has been long-standing awareness and established traditions for third, fourth, fifth, or more genders (18, 19).
- European contact and strong missionary influences in the past, however led to the development of negative attitudes toward LGBTI peoples. In response to traditional and external influences these identities are now being reclaimed and redefined. Western societies typically have no direct correlation for the tradition of multiple genders.

### Invisibility & issues with disclosure

- It is important to be aware that some cultures and CALD communities may use different terms to describe LGBTI peoples and there may be no equivalent to some terms that are used in English.
- Common misconceptions that same-sex attracted people do not exist in some CALD communities and that sexual diversity is a specifically Western (Anglo) phenomenon often mean LGBTI peoples

from CALD backgrounds are invisible within their own communities (6, 10).

- In some CALD communities homosexuality is regarded as a life choice and therefore people can be pressured to hide it in order to maintain the integrity of the family and their cultural or religious group (6, 20).
- For some people, being LGBTI can bring such personal and family shame that there is overwhelming pressure against disclosing publicly.
- Where LGBTI peoples from a CALD background 'come out' or transition they may be cut off from family supports leading to double isolation. Older LGBTI peoples may have never 'come out' or disclosed their gender identity or intersex status within their CALD community.

### Health & wellbeing outcomes

- US research indicates that black and minority ethnic lesbian and bisexual women experience increased risk of obesity, some types of cancer, diabetes, arthritis and cardiovascular disease and that they access preventive health care services less than their peers leading to health inequalities (21).
- Frequent experiences of LGBTI related discrimination and racism throughout their lifetime means that LGBTI peoples from CALD backgrounds may be particularly vulnerable to poor mental and physical health (3, 8, 15).
- LGBTI peoples from ethnic minority groups can also suffer poorer wellbeing outcomes than Anglo or mainstream LGBTI peoples.

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- Research indicates that LGBTI peoples from African American and Hispanic backgrounds have lower levels of household income, education, identity affirmation and social support as well as higher levels of identity and spirituality stigma than non-Hispanic white LGBTI peoples (15).
- The combined impact of discrimination and racism can increase as LGBTI peoples age. For example, older black gay men experience high levels of negative attitudes towards them due to their age, sexual orientation and ethnicity (22).

### Service provision considerations

- Due to concerns around confidentiality, some older LGBTI peoples may seek aged care from mainstream agencies rather than CALD-based organisations or request a home care worker who does not know their community.
- It is important that staff education and training includes these considerations:
  - The impact of culture on understanding diverse sexual orientations, gender identity and intersex status (23).
  - Reported experiences of homophobia among personal care staff in aged care services, predominantly from staff members who have migrated from countries where sexual diversity is not accepted (24).
  - Aged care staff from CALD backgrounds who are culturally-aware and LGBTI-inclusive may fear a negative reaction from their own community if they publicly

express their understanding of, and support for, LGBTI peoples in their care (10).

### References

1. Queensland Association for Healthy Communities (QAHC). Improving the lives of LGBT Queenslanders: A call to action. Brisbane, Australia: Queensland Association for Healthy Communities; 2010 April 2010.
2. Grant J, Mottet L, Tanis J, Harrison J, Herman J, Keisling M. Injustice at every turn: A report of the National Transgender Discrimination Survey. Washington DC, US: National Centre for Transgender Equality and National Gay and Lesbian Task Force; 2011.
3. Varney J. Minorities within Minorities – the evidence base relating to minority groups within the LGB&T community. LGBTI Foundation; 2017.
4. United Nations entities. Joint UN statement on ending violence and discrimination against lesbian, gay, bisexual, transgender and intersex people.: United Nations entities: ILO, OHCHR, UNAIDS Secretariat, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UN Women, WFP and WHO; 2015.
5. Carroll A, Mendos LR. State-Sponsored Homophobia : A world survey of sexual orientation laws: criminalisation, protection and recognition. Geneva: International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA); 2017 May 2017.
6. Baptcare. Safe, inclusive and person-centred care for LGBTI seniors. Camberwell, Australia: Baptcare; 2015.
7. Ministerial Advisory Committee. Transgender and gender diverse health and wellbeing. Melbourne: Department of Health, Victorian Government; 2014.
8. Balsam K, Molina Y, Beadnell B, Simoni J, Walters K. Measuring Multiple Minority Stress: The LGBT People of Color Microaggressions Scale. Cultural Diversity and Ethnic Minority Psychology. 2011;17(2):163–74.
9. Murray A. Mental health issues for LGBTI individuals in CALD communities. Diversit-e. 2011.
10. Poljski C. Coming out, coming home or inviting people in? Supporting same-sex attracted women from immigrant and refugee communities. Melbourne: Multicultural Centre for Women's Health; 2011.
11. The World Professional Association for Transgender Health (WPATH). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People V7: The World Professional Association for Transgender Health (WPATH); 2011.

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12. Winter S, Chalungsooth P, Teh YK, Rojanalert N, Maneerat K, Wong YW, et al. Transpeople, Transprejudice and Pathologization: A Seven-Country Factor Analytic Study. *International Journal of Sexual Health*. 2009;21(2):96-118.
13. Kertzner RM, Meyer IH, Frost DM, Stirratt MJ. Social and Psychological Well-Being in Lesbians, Gay Men, and Bisexuals: The Effects of Race, Gender, Age, and Sexual Identity. *American Journal of Orthopsychiatry*. 2009;79(4):500-10.
14. Beagan BL, Hattie B. Religion, spirituality, and LGBTQ identity integration. *Journal of LGBT Issues in Counseling*. 2015;9:92-117.
15. Kim HJ, Jen S, Fredriksen-Goldsen KI. Race/Ethnicity and Health-Related Quality of Life Among LGBT Older Adults. *The Gerontologist*. 2017;57(suppl 1):S30-s9.
16. Brennan-Ing M, Seidel L, Larson B, Karpiak SE. "I'm created in God's image, and God don't create junk": Religious participation and support among older GLBT adults. *Journal of Religion, Spirituality & Aging*. 2013;25:70-92.
17. Levy DL. The importance of personal and contextual factors in resolving conflict between sexual identity and Christian upbringing. *Journal of Social Service Research*. 2012;38:56-73.
18. Matzner A. *Pacific Islands*. 2015.
19. Independent Television Service (ITVS). A map of gender-diverse cultures Virginia, US: Public Broadcasting Service 2015 [Available from: [http://www.pbs.org/independentlens/content/two-spirits\\_map-html/](http://www.pbs.org/independentlens/content/two-spirits_map-html/)].
20. Mann R, Horsley P, Saunders M, Briggs V, Mitchell A. *Swimming Upstream: Making Places Welcoming*. A report on the needs of gay, lesbian and bisexual people in 'Hard to Reach' groups. Melbourne: Gay and Lesbian Health Victoria & The Australian Research Centre in Sex, Health and Society, La Trobe University; 2006.
21. Mays VM, Yancey AK, Cochran SD, Weber M, Fielding JE. Heterogeneity of health disparities among African American, Hispanic, and Asian American women: unrecognized influences of sexual orientation. *American journal of public health*. 2002;92(4):632-9.
22. David S, Knight BG. Stress and coping among gay men: Age and ethnic differences. *Psychology and Aging*. 2008;23(1):62-9.
23. O'Keeffe D. Multicultural workforce may be an issue for gay-friendly aged care: Kirby. *Australian Ageing Agenda* [Internet]. 2015; September. Available from: <https://australianageingagenda.com.au/2015/09/02/multicultural-workforce-may-be-an-issue-for-gay-friendly-aged-care-kirby/>.
24. Barrett C. *My People - A project exploring the experiences of gay, lesbian, bisexual, transgender and intersex seniors in aged-care service*. Victoria: Matrix Guild and Vintage Men; 2008.

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See *Fact sheet 1 – Overview* for details.