No More Denial!

Giving Visibility to the Needs of the South Asian LGBTIQ Community in Southern California

Southern California LGBTIQ South Asian Community Needs Assessment Report

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Executive Summary

Faced with both racism and homophobia, the Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and Questioning (LGBTIQ) South Asians can find few spaces in Southern California where they can feel safe, healthy, and whole. Often, both LGBT and Asian/South Asian service providers and policymakers are not aware enough of this community to address their needs. Research about this community remains few and far between.

Initiated by Satrang and South Asian Network (SAN), the Southern California South Asian Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and Questioning (SA LGBTIQ) Needs Assessment Committee set out to determine the most critical unmet needs for the health and well-being of SA LGBTIQ individuals. A survey of 94 SA LGBTIQ individuals reveals the following findings:

- Even though a majority of respondents are open about their sexual identity with their friends, immediate family and health care providers, many still feel alienated from both South Asian as well as LGBTIQ communities and often encounter prejudice and discrimination in these communities.
- A majority of respondents have experienced mental health issues, which manifest themselves in suicidal thoughts; alcohol, tobacco, and other drug use, and unsafe sex.
- Utilization of health services is relatively low among respondents, especially for mental health and sexual health. This is true even among those who have access to these services. In addition, respondents report discrimination in healthcare settings, due to their sexual orientation.
- A majority of respondents receive emotional support from friends and family in general, but less so for SA LGBTIQ issues. They are least likely to receive emotional support from ethnic community organizations or religious/spiritual organizations.
- Respondents identified safe social spaces, counseling services and coming out support groups, and education of LGBTIQ issues in mainstream South Asian communities as most needed for the SA LGBTIQ community.

Based on these findings, the Committee recommends the following strategies to provide services, advocacy and infrastructure building in the SA LGBTIQ community.

Services to SA LGBTIQ individuals:

1. Develop programs to increase knowledge and use of services in high-need or stigmatized issues for SA LGBTIQ individuals
2. Develop programs to increase SA LGBTIQ individuals' efficacy to combat discrimination
3. Develop a network of culturally and linguistically competent health and mental health providers through education, linkages, and referrals
4. Recognize that any of the above needs to take into account the diversity of the SA LGBTIQ community

Community advocacy for SA LGBTIQ individuals:

1. Develop relationships with religious and community leaders to de-stigmatize and support SA LGBTIQ individuals
2. Develop programs to support friends, families and allies of SA LGBTIQ individuals
3. Develop a visibility campaign to increase realistic portrayals of SA LGBTIQ

Infrastructure building for SA LGBTIQ community:

1. Develop strategies to outreach to and include the underserved segments in the SA LGBTIQ community
2. Build and expand on existing collaboration between SA LGBTIQ organizations and ally organizations to maximize resources, capacity, skills, and access

Despite the critical unmet needs revealed in the findings, the SA LGBTIQ community in Southern California also demonstrated both assets and resiliency. This research report suggests specific ways for SA LGBTIQ individuals and their allies to maximize these skills and resources in order to empower individuals in this community and improve their safety, health and well-being.

Background

Satrang (with support from the Los Angeles Immigrant Funders' Collaborative) and South Asian Network (SAN, with support from Liberty Hill's Lesbian & Gay Community Fund) collaboratively conducted the first ever needs assessment of the Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Questioning (LGBTIQ) South Asian community in Southern California (Los Angeles and Orange Counties). South Asians are comprised of, among others, Indians, Pakistanis, Bangladeshis, Sri Lankans, Nepalis, Maldivians, Bhutanese, Afghanis; Hindus, Muslims, Sikhs, Christians, Jains and Buddhists; speakers of dozens of different South Asian languages; and multiple generations of immigrants that make up the diaspora.

The goal of the Southern California South Asian Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and Questioning (SA LGBTIQ) Needs Assessment project was to determine the most critical unmet needs for the health and well-being of SA LGBTIQ individuals. Both sponsoring organizations have been engaged in internal capacity building to develop programs that foster community organizing and advance social justice for LGBTIQ communities. However, before implementing specific programs targeting this population, the organizations sought to find out where the greatest needs lie in order to most effectively and responsively work with the community.

ORGANIZATIONAL AND PROJECT BACKGROUND

Formed in 1997, Satrang is the only volunteer organization of its kind, with the mission of serving the needs of the South Asian Lesbian, Gay, Bisexual, Transgender, Intersex, and Questioning (SA LGBTIQ) population in Southern California. Satrang is committed to providing a safe, non-judgmental and supportive environment for LGBTIQ individuals of South Asian origin; promoting awareness, visibility, and acceptance of queer and alternative sexuality; ending gender-based prejudice (sexism, homophobia, bi-phobia and trans-phobia) as well as other forms of oppression; and building coalitions with the broader South Asian community, other people of color communities, and progressive groups, as well as the community at large in Southern California.

Through education, collaboration, and outreach, Satrang is committed to creating awareness of and a place for individuals of queer/alternative sexualities and gender orientations in the South Asian and larger community. Satrang originally began by providing social support to its members. Through parties and other social gatherings, SA LGBTIQ individuals ended their isolation by meeting others like themselves and found a space to discuss unique cultural issues such as family and religion. Over the years, Satrang has transformed into an organization that empowers its membership through political, cultural, and support services.

In response to the rapid growth of the South Asian community and the inability of other organizations to address its issues meaningfully, a core group of community activists founded the South Asian Network (SAN) in 1990. Located in Artesia, in the heart of Los Angeles County's "Little India," SAN is one of the oldest South Asian community-based organizations (CBO) in the nation, and the only nonprofit organization in Los Angeles County that is addressing the racial, economic, and social justice issues of the South Asian community.

As a grassroots CBO, SAN is dedicated to the mission of advancing the health, empowerment and solidarity of persons of South Asian origin in Southern California. Given the many axes of diversity that characterize and often divide the South Asian community (e.g., religion, nationality, language, class, gender, sexual orientation, and generational differences), SAN successfully works across these dimensions internally to challenge bias within the South Asian community, as well as externally to address broader social injustices. In an effort to challenge the South Asian community's internal biases and create safe spaces for the most marginalized members of the South Asian community, SAN regularly takes on more controversial issues, such as violence against women and girls, homophobia, and sexual abuse.

SAN established an LGBTIQ Advisory Committee in 2003 composed of South Asian community members of diverse ethnicities, social classes, nationalities, and sexual orientations, many of whom are leaders of Satrang. The committee's goals were to advise SAN on how to best integrate LGBTIQ issues into its ongoing work, create a safe space for dialogue on LGBTIQ issues within the South Asian community, and ensure the equal participation of SA LGBTIQs in community life. In order to increase their capacity to work with and advocate for the rights of SA LGBTIQ community members, the LGBTIQ Advisory Committee conducted a yearlong series of trainings for SAN staff and board. Once these trainings were completed, the committee's objectives shifted to addressing the needs of the SA LGBTIQ community directly. During this period, Satrang sought out and obtained funding to conduct a survey of their constituents and their needs. Thus, SAN and Satrang came together to form the Needs Assessment Committee.

Facing racism and exoticization within the mainstream LGBTIQ community, and homophobia within Asian, South Asian, and mainstream U.S. communities, there exists very little space for the South Asian LGBTIQ community to feel safe, healthy, and whole. There exists little to no research about the needs of South Asian LGBTIQ community. In order to appropriately address its health and wellness needs through responsive programming, the committee felt that a needs assessment must be conducted to determine the greatest unmet needs of the community.

The Needs Assessment Committee met a minimum of once a month and oversaw the project. The members of the Needs Assessment Committee are:

- Neetu S. Badhan, Esq., Attorney with the Los Angeles County Public Defender's Office
- Joyti Chand, Community Advocate for the Civil Rights Unit at South Asian Network
- Sanjay Chhugani, President of Satrang, Public Education Chair of API Equality L.A.
- Rashmi Choksey, Secretary and Communications Chair of Satrang
- Prajna Paramita Choudhury, MA, project consultant for SAN and Satrang
- Salman Husainy, MSW, Vice-President of Satrang, mental health provider for HIV+ individuals
- Eric Wat, MA, Special Service for Groups' Census Data and Geographic Information Services and chair of the Asian Pacific American Community Research Roundtable

SOUTH ASIANS IN THE U.S. AND IN SOUTHERN CALIFORNIA

South Asians are the third largest Asian community in the United States (NAWHO, 1996), with at least 1.9 million people of South Asian origin currently living in the U.S. (U.S. Census, 2000). This represents a 106% increase between 1990 and 2000. This population comes from seven countries[1] of origin (10 in broader definitions[2]) and from a wide range of ethnicities, cultures, languages, religions, classes, castes, education levels, and other important characteristics that lends to tremendous diversity within this community. Though the 'first wave' of South Asian immigrants after the loosening of strict immigration laws in 1965 were often professionals and entrepreneurs, the 'second wave' in more recent decades have sought to escape circumstances of profound poverty, malnutrition, and economic exploitation in their home countries. They often occupy low income jobs in the U.S., lack access to services, and have a high rate of limited English proficiency (SAALT, 2007).

South Asians are one of the fastest growing communities in Southern California. There are approximately 300,000 South Asians living in Los Angeles County (Census 2000). Between 1990 and 2000, the Indian population grew 63%, Pakistani population 50%, Sri Lankan population 93%, and Bangladeshi population 242%. Orange County is home to about 35,000 South Asians. In Orange County, the Pakistani community is the fastest growing among all Asian ethnic groups between 1990 and 2000 at 137%. The Indian population in Orange County doubled in the same time period (APALC, 2005).

88% of South Asians in L.A. County are foreign born, with a slightly lower rate in Orange County. Contrary to the 'model minority' myth, the significant numbers of recent immigrants face severe financial hardship upon entrance to the United States. For example, Bangladeshis have median household incomes and home ownership rates lower than any of the major racial/ethnic groups, and more than half live below 200% of the poverty line (APALC, 2005).

SOCIAL ISSUES FACED BY SOUTH ASIANS IN THE U.S.

Family is a central concept within South Asian communities, the importance of which supersedes the individual. Families are considered an interdependent group, where the 'whole' is cared for by all. Privacy is 'familial,' not personal. That means that privacy is shared by the family, within the family, and is not considered a right unto one person (Das & Kemp, 1997). Each person is "responsible for fulfilling many family obligations, such as enhancing the family's reputation" (Bhattacharya, 2004). The traditional desire of parents to choose a child's mate also complicates the lives of younger generations who want to please the parents but also acculturate and assimilate (Das & Kemp, 1997).

One implication of the fundamental nature of family as an organizing principle is that individuals may be reluctant to seek care for fear of both personal and familial stigma (Das & Kemp, 1997). Many South Asians are often unwilling to seek mental health services and try to work out issues within the family (Asian Pacific Islander American Health Forum, 2003). Seeking out professional help is often hindered by the attitude that "it indicates a lack of personal strength and self-control" (Bhattacharya, 2004). However, second-generation attitudes toward mental health are generally more positive.

Understanding the experience of immigration is also crucial to understanding the South Asian experience in the U.S. According to Das and Kemp (1997), South Asians experience a deep sense of loss upon immigrating, especially if there is no opportunity to return to their country of origin. The network of support by family and friends, central in many South Asians' lives, is often disrupted upon immigration (Ibrahim, Ohnishi, & Sandhu, 1997). As one would expect, every successive generation becomes more and more acculturated. Far from being a homogenous group, the cultural identity and worldview of South Asians in the U.S. are mediated by many factors, including generation in the U.S., educational level, social class, identification with their own ethnicity and culture, and experiences with racism, sexism, and exclusion (Ibrahim et al., 1997). Gradually, most South Asians in the U.S. function with a dual-identity (Das & Kemp, 1997).

GENERAL HEALTH CONCERNS FOR SOUTH ASIAN AMERICANS

Heart disease (especially coronary artery disease), cancer (for men: prostate, colorectal, and lung cancer; for women: breast, ovarian, and uterine cancer), and diabetes are the major health concerns for South Asians in the U.S. (APIAHF, 2003). Domestic violence is also a major problem. Suicide rates within South Asian communities are found to be higher than among other populations, particularly among young South Asian women. Rather than mental illness being a precursor to suicide,

[1] Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, and Sri Lanka
[2] Afghanistan, Burma/Myanmar, and Tibet

family conflict, depression, anxiety, and domestic violence are thought to be contributing factors. With 25% of Asian Indians having limited English proficiency (South Asian Public Health Association, 2002), language often presents a barrier for South Asians trying to access healthcare. Additionally, 21% of South Asians in the U.S. lack health insurance, compared to the 18% national average (SAPHA, 2002).

South Asians have the lowest HIV testing rates in both Canada and the U.S. (Sidhu, Gill & Poonia, 2003). HIV is invisible and largely "dismissed" by the majority of the community due to the reluctance to discuss sexuality, as well as the pressures from religion. Delayed diagnosis or failure to seek health care are trends that may contribute to the spread of the virus (Bhattacharya, 2004). See Table 1 for a summary of health statistics for South Asian adults in California.

LGBTIQ SOUTH ASIANS

There exists very little research on LGBTIQ South Asians, particularly of a quantitative nature. A review of the scarce literature on LGBTIQ South Asians noted that one difficulty in identifying or defining the South Asian LGBTIQ community is that not all South Asians identify with the terms, "gay," "lesbian," "bisexual," or "transgender." This may be due to cultural differences, societal or internalized homophobia, as well as a disconnect between identity and behavior. In fact, many South Asian men who engage in same-sex behaviors are married and have children. There are no studies on the same-sex behaviors of South Asian women – however, given several websites and other resources for gay and lesbian South Asian individuals to arrange 'marriages of convenience' "to fulfill their societal and familial duty of getting married, while being able to continue same-sex behavior" (Mangto, Carvalho, Pandya 2002), it would seem that South Asian lesbian and bisexual women also find themselves in heterosexual marriages (whether by choice or by lack of choice).

Table 1
Health Statistics for South Asian Adults (18 and older) in California, CHIS 2003[3]
Note: South Asian %[4] , Population Estimates (Column 1)[5]

Health Outcome	South Asian (%) (Population Estimates)	Asian (%) (Population Estimates)	California (%) (Population Estimates)
Currently Uninsured	6.6% (22,000)	12.9% (388,000)	16.6% (4,247,000)
Had usual sources of medical care	88.6% (290,000)	88.3% (2,660,000)	86.5% (22,140,000)
Delayed or did not get prescription medications in the past 12 months	10.1% (33,000)	8.4% (254,000)	11.7% (2,998,000)
Delayed or did not get other needed medical care	18.2% (60,000)	11.7% (352,000)	14.6% (3,746,000)
14 or more physically unhealthy days in past 30 days	4.6% (15,000)	7.4% (224,000)	11% (2,903,000)
Visited a dentist in past 12 months	69.9% (229,000)	70.8% (2,133,000)	67.2% (17,206,000)
Could not afford needed dental care in past 12 months	13.5% (44,000)	15.7% (472,000)	20.4% (5,232,000)
Missed work because of dental problem in past 12 months	4.7% (15,000)	4.4% (118,000)	5.7% (1,269,000)
Dental insurance coverage in past 12 months	70.6% (232,000)	63.5% (1,912,000)	59.3% (15,189,000)
Current smokers	11.8% (39,000)	13.7% (410,000)	16.5% (4,208,000)
Overweight or Obesity (BMI >25)	33.8% (111,000)	32.6% (961,000)	55.6% (14,221,000)
Self-reported lifetime asthma prevalence	6.2% (20,000)	9.7% (291,000)	12.3% (3,154,000)
Ever diagnosed with hypertension (high blood pressure)	12.1% (40,000)	22.1% (665,000)	23.5% (6,012,000)
Ever diagnosed with diabetes	3.9% (13,000)	6.5% (193,000)	6.6% (1,679,000)
Cervical Cancer Screening in the past 3 years (women)	73% (103,000)	74.1% (1,176,000)	83.2% (10,864,000)
Mammogram in past 2 years (women age 40 and older)	66.6% (29,000)	74% (661,000)	76.1% (5,706,000)
Colorectal Cancer Screening in the past 10 years (adults age 50 and older)	27.9% (14,000)	43.9% (440,000)	53.5% (4,815,000)
Tested for STD in the past 12 months	11.4% (14,395)	17.9% (156,000)	30.6% (2,541,000)
Emergency contraception awareness (women ages 18-65)	52.1% (72,000)	54.4% (740,000)	76.3% (8,409,000)
Knowledge of emergency contraception over-the-counter law (women ages 18-65)	18% (25,000)	11.1% (151,000)	12.2% (1,341,000)

3   Full report available at: http://www.healthpolicy.ucla.edu/pubs/files/Hlth_CAs_RT.062906.pdf Background of CHIS: The California Health Interview Survey (CHIS) is the largest population-based state health survey in the United States. It is designed as a broad public health surveillance system capable of providing state and local health data for California. CHIS is a random-digit-dial (RDD) telephone survey of the California population that is conducted every two years, and began in 2001. Households are scientifically sampled from every county in the state, and interviews are conducted with one randomly selected adult from each household. CHIS 2003 interviews were conducted in 42,044 households, and Korean and Vietnamese households were oversampled. The CHIS adult sample is large enough to provide reliable estimates for Whites, Latinos, African Americans, American Indian/Alaska Natives, Chinese, Filipinos, Japanese, Koreans, South Asians and Vietnamese. The CHIS adult sample includes 1,264 Chinese, 689 Filipinos, 492 Koreans, 470 Vietnamese and 960 Other Asian subgroups.
4   This number represents the weighted percent, or point estimate, of CHIS respondents who reported the health condition or behavior.
5   The population estimate is the estimated number of Californians in each population group who have the health condition or behavior. The population estimates were calculated by multiplying the weighted sample percents (second column) by the Department of Finance figure for each row in the table, after adjusting for sampling error.

According to Mangto et al., it is a prevalent belief among South Asians that being lesbian, gay, bisexual, or transgender is a Western "disease". Many LGBTIQ South Asians may feel torn between their cultural and sexual identities. The internalized homophobia that often results can lead to "problems of identification, sexual irresponsibility, apathy, … [and] self-destructive acts" (Mangto et al., 2002). A Canadian study comparing gay men of South Asian and European origin found South Asian men to have greater levels of internalized homophobia, which in turn was inversely correlated with acculturation into the gay community (Ratti, Bakeman, & Peterson, 2000). Other health risks and barriers to health care may be caused by provider bias, fear of disclosing orientation, fear of provider outing to family or community members, and blatant homophobia by providers (including reluctance or refusal to provide care). Additionally, South Asian American LGBTIQ individuals born in the U.S. may lack peer support and feel isolated, "since much of the organizing of South Asian specific LGBTIQ associations has been done by relatively recent immigrants" (Mangto et al., 2002, p. 44).

A health needs assessment of South Asian women in three Northern California counties in the mid-90's found that these women "spoke of the difficulties they face in discussing disturbing situations, which may not be acceptable to their family, community or culture, such as culture shock, loneliness, stress, dating and sexuality issues. South Asian women and girls often find breaking traditions of silence difficult, and feel they must be strong and fulfill their parents' and community's expectations" (NAWHO 1996, p. 11). This same study found that isolation is a very important key to depression among this group. In particular, lesbian and bisexual women in this sample "felt extremely isolated and had to find information, resources, and support on their own; this was not a topic they could discuss with their family or community … [which] made them feel 'separate from the family,' … and perhaps even lose their place in the family" (NAWHO 1996, p. 13).

Common issues raised within a focus group of lesbian and bisexual women included "alienation from family because of sexual preference; isolation from and distrust of the South Asian community; fear of sexual orientation being discovered by people they know; frustration about the lack of information on lesbian health and concern about not knowing how to take care of oneself; body image problems and low self-esteem; anxiety over having to live a double life; frustration with non-South Asian therapists because of their lack of knowledge or sensitivity toward cultural issues; fear of South Asian therapists because of trust issues; and anxiety about homophobia in the workplace and the security of their job" (NAWHO 1996, p. 14).

Needs Assessment Committee members developed the guiding questions and research design for the study. The primary research question was identified as access (and barriers to access) to health and wellness support and services for SA LGBTIQ. That is, are SA LGBTIQ community members able to access resources and receive support for their health[6] and well being? Where are they receiving support? What kind of access to healthcare do they have? What sources of support are missing or needed? Second, because we know that many SA LGBTIQ face difficulties within their families and communities of origin (which are traditionally the greatest sources of support in South Asian communities), how does family and culture affect their health access, outcomes, and behaviors? What are the experiences of violence or discrimination that impact their health and well being?

6   We conceptualize health to encompass physical, emotional, psychological, and spiritual well-being.

Methods

INSTRUMENT

A questionnaire method was chosen to maximize the number of respondents we could receive information from with the limited resources of this project. The questionnaire was in English, also due to limitation in resources. Survey design went through many iterations within the committee to ensure addressing the main study questions and ease of completion. Feedback was also gathered from SAN staff and board members, as well as from a focus group of Satrang members in order to refine and improve the user-friendliness of the survey.

An anonymous questionnaire taking approximately 20 minutes to complete was ultimately designed, to be administered either via the internet or via confidential paper-based surveys. We chose to utilize the internet research tool, Survey Monkey, which had been successfully used by another project on South Asians and sexuality (not LGBTIQ specific). An internet-based survey would allow for participants to pick a safe time and place to complete the survey, and to answer questions candidly while remaining anonymous from researchers. At the same time, we were to also administer paper surveys to enable community members with limited or no access to the internet to participate. The duration of the data collection period was May to September 2006.

To qualify for the study, participants needed to identify themselves as

- South Asian (defined as having ancestry from India, Pakistan, Bangladesh, Sri Lanka, Nepal, Maldives, Afghanistan, or Bhutan)
- lesbian, gay, bisexual, transgender, intersex, queer, or questioning of their sexual orientation
- and currently living in Southern California

PROTECTION OF STUDY PARTICIPANTS

Because of the sensitive nature of survey topics and the vulnerability of target population, the research committee submitted this project for Institutional Review Board (IRB) and received approval from the Special Service for Groups' IRB on March 6, 2006.

Due to the extreme stigma in the South Asian community associated with being LGBTIQ, as well as the potential havoc that being involuntarily 'outed' could cause members of this community, the research committee was keenly protective of the confidentiality of all participants or potential participants. For instance, collection of IP addresses was disabled on the web-based survey so that internet data could not be linked to individuals. Also, while outreach volunteers would conduct targeted outreach to identify and speak with individuals who may be LGBTIQ South Asians at LGBTIQ-specific spaces and events, they would conduct universal outreach at South Asian events (i.e. asking individuals if they know anyone who is LGBTIQ, instead of speaking to them as LGBTIQ individuals), so as not to make assumptions about who 'may be' LGBTIQ, as well as to protect any members of this community from being singled out.

Because the survey asked about sensitive issues about a person's sexual identity, experience with discrimination, and perceived needs, Satrang and SAN provided resource information during all phases of research participation (including outreach and the informed consent process). Once they completed the online survey, or if they chose to end their participation before completing the survey, participants were further redirected to a webpage with information about SAN and Satrang as well as other resources and referral information.

For a sample of the informed consent form, please contact Joyti Chand at South Asian Network at 562-403-0488 or by mail at 18173 S. Pioneer Blvd., Ste. I, Artesia, CA 90701.
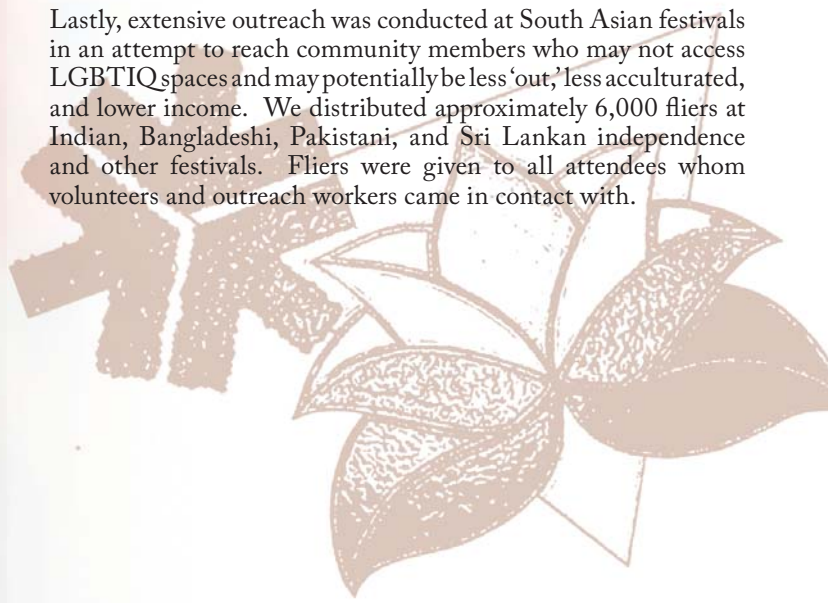
OUTREACH

In an attempt to reach the most marginalized or hidden members of the community, we trained volunteers to conduct outreach and administer paper surveys. Volunteers were identified by members of the Needs Assessment Committee, recruited from the community based on their trustworthiness and roles as gatekeepers of harder to reach sub-populations. These sub-populations included those who are closeted, married, youth (18 - 25), low income, and gender variant, among others. These volunteers were recruited and trained to obtain diversity among study participants including socio-economic status, access, gender and gender identity, and degrees of being 'out.'

Volunteers underwent a day-long training on conducting outreach, confidentiality, informed consent, and paper survey administration procedures. Volunteers were trained to administer the survey only in settings that allow for the privacy of the participant. Although every attempt was made to enable and encourage participation via paper survey administration, no community members took or inquired about non-internet based options for participation. These attempts included training committee members as well as volunteers to administer paper surveys, and including two phone numbers on all outreach materials that potential participants could call to arrange for confidential participation if they did not have internet access.

Needs Assessment Committee members, SAN staff and board, and Satrang board and volunteers conducted extensive outreach to recruit participants for the needs assessment. Internet and one-on-one outreach seemed the most effective in recruiting participants for the study. E-mails on South Asian, Asian/ Pacific Islander, people of color, and some 'mainstream' LGBTIQ and progressive e-mail listservs were posted twice during the study period. SAN and Satrang's websites included a link to the survey from their homepages. Fliers were posted at businesses. We also conducted face-to-face outreach through trained volunteers at LGBTIQ community spaces and events such as bars, clubs, coffeehouses, pride festivals, and performance spaces.

Additional outreach was conducted through ads and articles placed in LGBTIQ and South Asian print media, such as Urdu Times, India West, Thikana, India Journal, Frontiers, Blade, LN (Lesbian News), and Trikone. While this outreach seemed to be less effective in recruiting actual study participants, we believe it may have functioned to raise awareness of the LGBTIQ South Asian community, particularly via the South Asian press.

Lastly, extensive outreach was conducted at South Asian festivals in an attempt to reach community members who may not access LGBTIQ spaces and may potentially be less 'out,' less acculturated, and lower income. We distributed approximately 6,000 fliers at Indian, Bangladeshi, Pakistani, and Sri Lankan independence and other festivals. Fliers were given to all attendees whom volunteers and outreach workers came in contact with.

Findings

I. OVERVIEW

At the close of data collection, 167 respondents had logged on to the survey website and participated at least in part in the survey. After cleaning the data, information from 94 respondents remained. Reasons for excluding survey respondents included:

- Respondent does not live in Southern California
- Respondent does not identify as South Asian[7]
- Respondent does not identify as LGBTIQ
- Respondent provided consent but left over half the survey blank

Descriptive analysis was conducted using Survey Monkey, while further statistical analysis was conducted by exporting the raw data into SPSS. We used a p-level of less than 0.05 for our test of significance, and only those comparisons yielding statistically significant results are reported here.

II. RESPONDENT DEMOGRAPHICS

Out of our sample of 94 survey respondents, almost 90% of them live in Los Angeles County. Respondents from Orange, Riverside and San Bernardino counties also participated [see Figure 1]. 57% of respondents identified as male, and 40% identified as female. The sample also includes 2 female-to-male transgender respondents. The average age of the respondents is 33.5 years. A majority of them (55%) are between the ages of 26 and 40 [see Figure 2].

A majority of the sample (51%) identified as gay, or men who have sex or intimacy with men. Another 27% identified as lesbian or women who have sex or intimacy with women; this includes one of the transgender respondent. 20% identified as bisexual or pansexual. Only 2% stated they were questioning or not sure about their sexual identity [see Figure 3]. Those who identified as bisexual or pansexual are more likely to be female, younger, and U.S. born. [See Table 2 & 3].

70% of the respondents were first-generation or immigrated to the U.S. This is representative of the general South Asian population in Southern California. According to Census 2000, immigrants represented about 72% of Asian Indian, Pakistani, Bangladeshi, and Sri Lankan communities in Los Angeles and Orange Counties. Among the immigrants in our sample, 54% had been naturalized as citizens, while another 30% are permanent residents. The remaining immigrant respondents hold work permits or student visas, or skipped the question on immigrant status [see Figure 4]. Immigrant respondents also tend to be older than the general sample.

77% of respondents traced their ancestry to India, 14% to Pakistan, 5% to Bangladesh, 4% to Sri Lanka, and the remainder to other South Asian countries [see Figure 5]. The sample is slightly more diverse than the South Asian population in Southern California. According to Census 2000, Asian Indians accounted for about 85% of South Asian population in Los Angeles and Orange counties, while Pakistani accounted for 9%; Sri Lankan, 4%; and Bangladeshi, 2%.

Figure 1
Residence of Respondents

Figure 2
Age of Respondents

Table 2
Gender versus Sexual Orientation (n=94)

Sexual Orientation	Gender			n
	Male	Female	Transgender	
Gay/MSM	88.9%	--	--	48
Lesbian/WSW	--	63.2%	50.0%	25
Bisexual/Pansexual	9.3%	34.2%	50.0%	19
Questioning/Not Sure	1.9%	2.6%		2
TOTAL	100% (54)	100% (38)	100% (2)	94

Note: Proportions that are shown in **bold** differ significantly between the demographic categories (e.g., female vs. male) at a statistical significance level of *p*<.05.

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7   We believe some of these respondents were unclear about what 'South Asian' meant, despite it being defined in all outreach and in the survey itself, as there were several non-South Asian-Asians who participated in the survey.

Table 3
Demographics versus Sexual Orientation (n=94)

	Sexual Orientation				n
	Gay/ MSM	Lesbian/ WSW	Bisexual/ Pansexual	Questioning/ Not Sure	
Age					
17-25 years	**10.4%**	**12%**	**42.1%**	**50%**	17
26-40 years	**56.3%**	**60%**	**52.6%**	--	52
41 years and older	**33.3%**	**28%**	**5.3%**	**50%**	25
Generation*					
1st generation	**83%**	**68%**	**42.1%**	**50%**	65
2nd generation	**17%**	**32%**	**57.9%**	**50%**	28
Education					
Less than college	12.5%	16%	26.3%	--	15
College degree	41.7%	40%	47.4%	100%	41
Post/Professional Degree	45.8%	44%	26.3%	--	38
Income					
< $30,000	**14.6%**	**24%**	**57.9%**	**50%**	25
$30,000 - $50,000	**12.5%**	**20%**	**31.6%**	--	17
$50,000 - $100,000	**41.7%**	**48%**	**10.5%**	**50%**	35
> $100,000	**31.3%**	**8%**	--	--	17
TOTAL	100% (48)	100% (25)	100% (19)	100% (2)	94

Note: Proportions that are shown in **bold** differ significantly between the demographic categories (e.g., female vs. male) at a statistical significance level of $p<.05$.
*Generation: There is one missing respondent.

As "South Asia" consists of dozens of ethnic groups, our respondents reported a total of 33 single or multiple ethnicities. The most common were Gujarati (19%), Punjabi (18%), and Sindhi (12%). [See Table 4].

Table 4
Most Frequently Reported Ethnicities

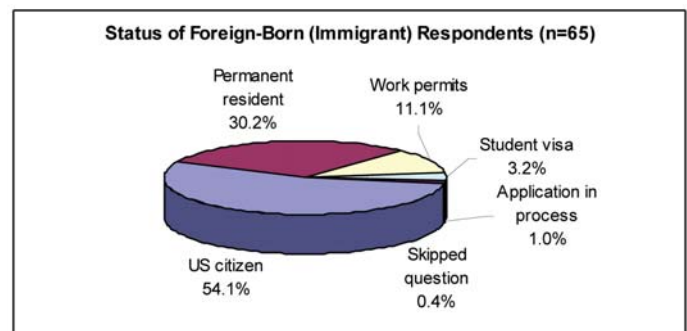| South Asian Ethnicities	Percentage
Gujarati	18.8%
Punjabi	17.6%
Sindhi	11.8%
South Indian	10.6%
Bengali/Bangladeshi	7.1%
Sri Lankan/Burghur	3.5%
Uttar Pradeshi	3.5%

*8.2% listed their ethnicity as "Indian," "East Indian," or "Hindi."

Our sample is also diverse in spiritual background and tradition: 43% Hindu, 22% Muslim, and 11% Christian. About 18% stated they were spiritual, but not practicing any one religion; while almost 17% reported being atheist, agnostic or not religious at all. A small number of respondents listed Buddhist, Jain, Sikh or Zoroastrian/Parsi as their religion.

A large proportion of our sample reported both high education attainment and high income. Only 16% had less than a college degree, while about 40% had a post-graduate or professional degree [see Figure 6]. Also, 58% of participants reported an individual annual income above $50,000, significantly higher than the overall South Asian population[8].

Figure 4
Status of Immigrant Respondents

Status of Foreign-Born (Immigrant) Respondents (n=65)

Permanent resident 30.2%
Work permits 11.1%
Student visa 3.2%
Application in process 1.0%
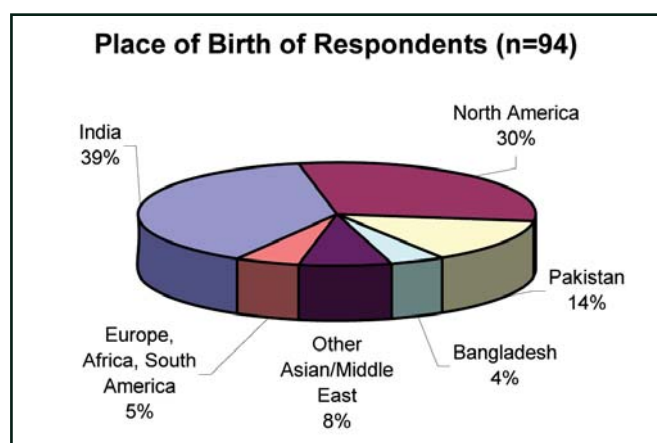Skipped question 0.4%
US citizen 54.1%

These higher income respondents are more likely male, older, and first-generation immigrants.

Almost half (46%) of respondents reported being single. Male respondents were significantly more likely to be single than female respondents. 79% of the male respondents reported seeking potential partners through the Internet, while 87% of female respondents did so through community events, hobbies, and other activities [see Figure 7]. First-generation respondents also tended to use the Internet to seek partners more so than second-generation respondents. 7% of respondents reporting having children, all of whom are biological children from previous heterosexual relationships.

The remainder of the survey addressed respondents' experiences and access to services. Within the sample, we compared results across gender, age group, generation status, and level of education.

8   The average annual per capita income for the various South Asian groups in Southern California range from $12,084 for Bangladeshis in L.A. County to $27,762 for Asian Indians in Orange County (U.S. Census, 2000).

Figure 5
Place of Birth of Respondents

Place of Birth of Respondents (n=94)

- India 39%
- North America 30%
- Pakistan 14%
- Bangladesh 4%
- Other Asian/Middle East 8%
- Europe, Africa, South America 5%

Figure 6
Education Level of Respondents

Education Level of Respodents (n=94)

- less than a college degree 16%
- post-graduate or professional degree 40%
- bachelor's degree 44%

III. OPENNESS ABOUT SEXUAL IDENTITY, COMMUNITY BELONGING

Respondents were more out to friends and immediate family, and less out to religious/ ethnic communities and extended family.

When asked how many people in various social circles know of their sexual identity [See Figure 8], respondents were most likely to be "out [9]" to their friends, followed by health care providers and immediate family, and least likely to be "out" in their ethnic/ religious/ spiritual community and extended family.

- Respondents 25 years or younger reported being out to no or very few health care providers and immediate family
- (73% and 60%, respectively) compared to respondents 26 to 40 years old (20% and 25%, respectively) and respondents 41 years or older (13% and 22%, respectively).
- Older respondents tended to be more out overall (mean

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9   Being "out" was defined as people knowing that one is LGBTIQ

Figure 7
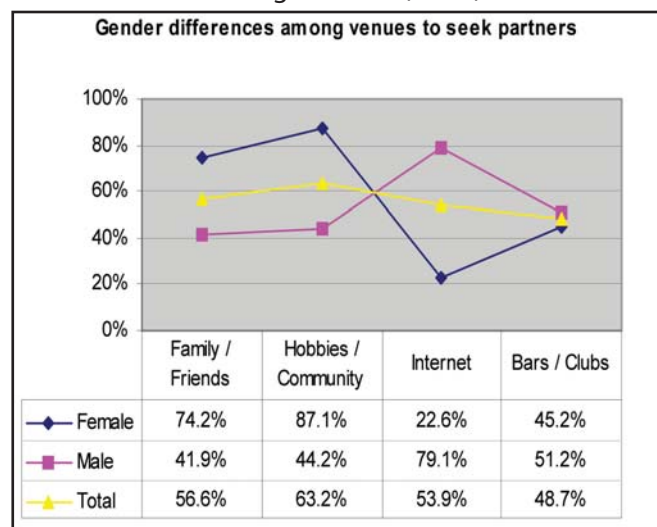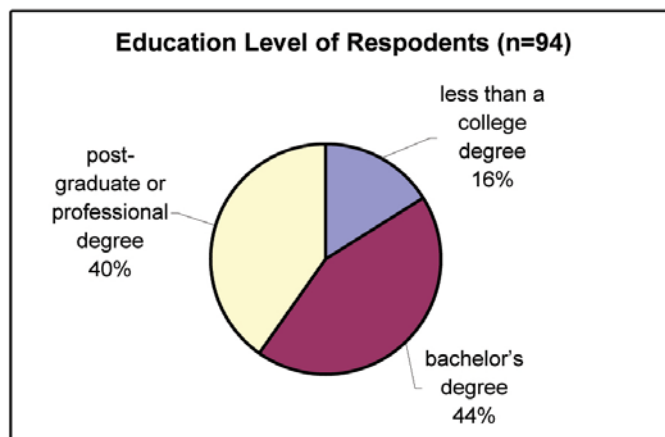### Gender Differences among Venues for Seeking Partners (n=76)

Gender differences among venues to seek partners

	Family / Friends	Hobbies / Community	Internet	Bars / Clubs
Female	74.2%	87.1%	22.6%	45.2%
Male	41.9%	44.2%	79.1%	51.2%
Total	56.6%	63.2%	53.9%	48.7%

score[10] of 20 for respondents over the age of 25 vs. 14 for respondents 25 years or younger), as were higher income respondents (mean score of 21-22 for incomes over $50,000 vs. 16 for incomes $50,000 or less).

Feelings of alienation and not belonging in both the South Asian and LGBTIQ community were prevalent among respondents.

- About 1 in 4 respondents (27%) reported feeling alienated in the broader South Asian community, while almost 1 in 5 (19%) felt alienated in the broader LGBTIQ community.
- Only 37% of respondents reported feeling like they are part of the South Asian community most of the time.
- 37% reported feeling that they are part of the LGBTIQ community most of the time.
- 48% reported feeling that they are part of the South Asian LGBTIQ community most of the time.
- Respondents 41 years or older reported feeling alienated in the broader South Asian community more than younger respondents (42% vs. 22% for 26-40 year olds and 20% for 17-25 year olds).
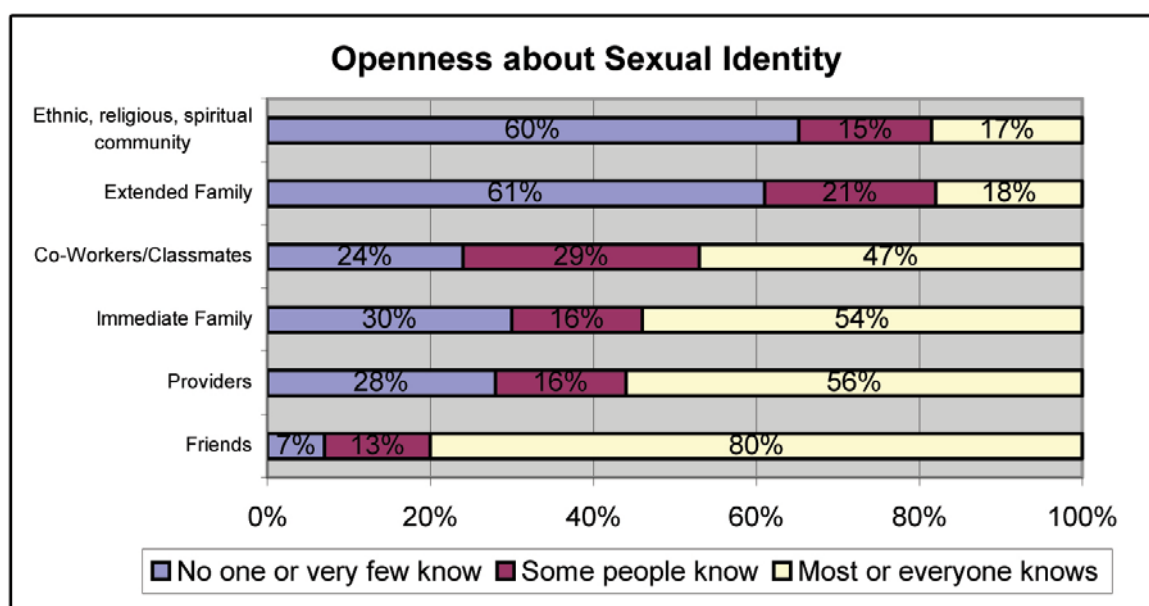
IV. EXPERIENCES WITH COMMUNITY ATTITUDES AND DISCRIMINATION

Respondents experienced homo/trans/bi-phobia and/or racism in mainstream American society, the South Asian community, and in the LGBTIQ community.

- 77% of respondents reported experiencing homo/trans/bi-phobia in mainstream American society while 69% reported experiencing racism in mainstream American society.
- 7 out of 10 participants reported experiencing homo/trans/bi-phobia in the South Asian community while 56% reported experiencing racism or exoticization in the LGBTIQ community.
- More than half of the respondents (56%) reported

_____
10   An openness score was created to summarize the six variables measuring LGBTIQ identity in the workplace/school, with immediate family, extended family, friends, ethnic/religious/spiritual community, and health care provider. Respondents can have a score ranging from 5 to 30. A score of five indicates no one or very few people know of a respondent's LGBTIQ identity and a score of thirty indicates everyone knows respondent's LGBTIQ identity. The average LGBTIQ identity score was 19.37 with a minimum of 7 and a maximum of 30.

Figure 8
Openness about Sexual Identity among Respondents (n=87)

Openness about Sexual Identity

Category	No one or very few know	Some people know	Most or everyone knows
Ethnic, religious, spiritual community	60%	15%	17%
Extended Family	61%	21%	18%
Co-Workers/Classmates	24%	29%	47%
Immediate Family	30%	16%	54%
Providers	28%	16%	56%
Friends	7%	13%	80%

☐ No one or very few know ■ Some people know ☐ Most or everyone knows

experiencing discrimination[11] based on their ethnicity, nationality, or actual or perceived immigration status[12], while 38% reported experiencing discrimination based on their sexual orientation.

- Respondents who experienced discrimination due to sexual orientation were more likely to be "out" as assessed by their "openness score" (mean scores of 21.35 vs. 18.20).

Women, younger, and second generation respondents were more likely to report experiences with discriminatory attitudes and behaviors than their counterparts.

- More women than men reported experiencing racism in mainstream American society (86% vs. 55%) and discrimination based on their ethnicity, nationality, or immigration status (69% vs. 44%).

- All of the respondents in the 17-25 year old category (100%) reported experiencing homo/trans/bi-phobias from the South Asian community (compared to 71% of 26-40 year olds and 46% of those 41 years old and over).

- Those in the younger age ranges also reported experiencing discrimination based on sexual orientation (36% of 17 – 25 year olds and 48% of 26 – 40 year olds) or ethnicity, nationality, or immigration status (86% of 17 – 25 year olds and 56% of 26 – 40 year olds) more than those 41 and older (17% and 38%, respectively).

- U.S. born respondents reported experiencing homo-/trans-/bi-phobia and racism in all settings (mainstream American society, South Asian community, and LGBTIQ Community) more than immigrants did. They also reported more discrimination based on ethnicity, nationality, or immigration status than immigrants did (77% vs. 48%).

- Respondents who have a post-graduate or professional degree reported experiencing racism/exoticism in the LGBTIQ

community (70%) more than those with bachelor's degree (41%) and those with less than a college degree (55%).

- Inversely, 91% of respondents with less than a college degree reported experiencing racism/exoticism from the general society compared to 54% of those with bachelor's degree and 78% of those with a post-graduate or professional degree.

V. SOCIAL PRESSURES, SOCIAL AND HEALTH ISSUES, AND HELP-SEEKING

Significant social pressures and mental health issues were experienced by this sample.

- More than two-thirds of respondents reported experiencing leading a double life (77%), loneliness or isolation (72%), and feelings of pressure to marry someone of the opposite sex (71%).

- 90% of respondents reported experiencing mental health issues.[13] Other top issues experienced by this sample include suicidal thoughts (45%), abuse from family (36%), and unsafe sex (34%). [See Table 5 for all issues reported, as well as the number of those experiencing the different issues who sought help].

Younger and U.S. born respondents were more likely to report mental health issues, suicidal thoughts, and abuse.

- Younger respondents (17 – 25 years old) are substantially more likely to report experiencing mental health issues (100%) and suicidal thoughts (85%) than those 26 to 40 years old (94% and 38%, respectively) and those 41 years and older (75% and 35%, respectively).

- U.S. born respondents reported experiencing suicidal thoughts (71%), abuse from family (54%), and sexual assault (29%) more than immigrant respondents (34%, 29%, and 4%, respectively).

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11   Respondents were asked if they experienced discrimination, harassment, or unfair treatment in their workplace, place of residence, or public accommodation (e.g., restaurant or hotel) due to their identity characteristics.
12   Referred to simply as "immigration status" henceforth

13   For the following list of social and health issues, 80 people responded to this section.

Table 5
Overview: Help-Seeking Behaviors of Respondents (n=80)

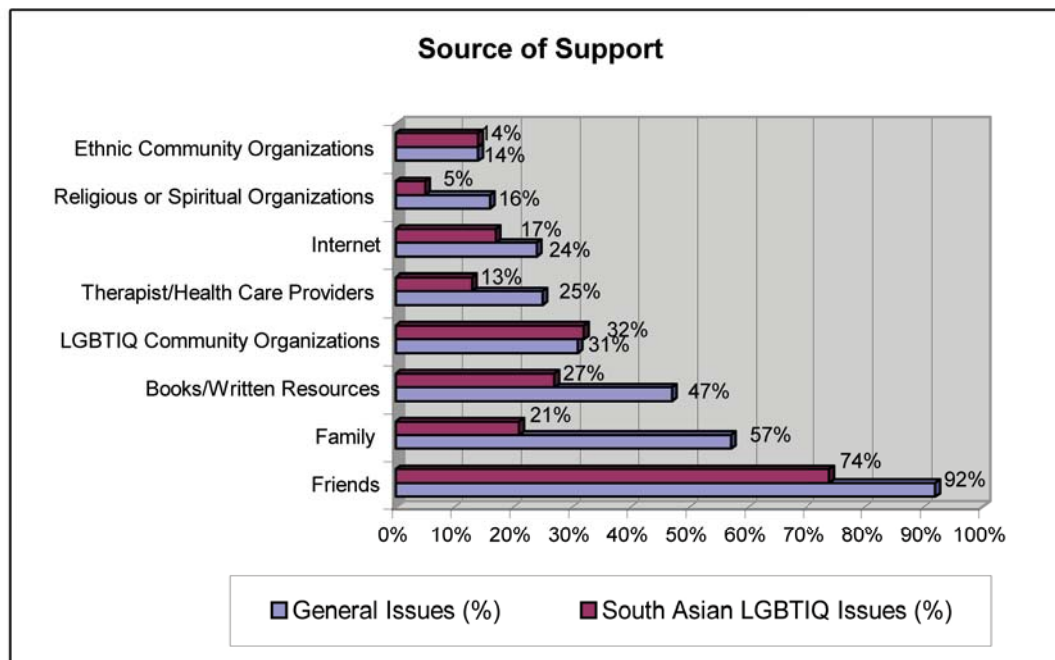| Issue	Number who experienced this social or mental health issue	Percentage who sought help for this issue
Mental Health	72	64%
Suicidal Thoughts	36	64%
Alcohol, tobacco & other drugs	23	52%
Unsafe sex	27	44%
Sex addiction or sex to cope	19	26%
Other addictions to cope (food/eating disorder, internet)	31	32%
Abuse from partner relationships	23	61%
Abuse from family	29	69%
Hate crime/Hate violence	10	30%
Immigration issues	13	77%
Sexual Assault	9	22%

Immigrant respondents and those with less education were less likely to seek help than their counterparts

- U.S.-born respondents were more likely to seek help than immigrants for mental health issues (83% vs. 55%).
- Of those who experienced abuse in intimate relationships, those with a post-graduate or professional degree were more likely to seek help (100%) than those with lower education levels (42% of those with a bachelor's degree, and 50% of those with less than a college degree).
- The top sources for help include seeing a therapist or counselor, and friends.

Shame or embarrassment and not being sure they had a problem were the top reasons for not seeking help.

- Shame or embarrassment were the top reasons for not seeking help for mental health issues, suicidal thoughts, abuse in intimate relationships, abuse in family, and sexual assault.
- Not being sure they had a problem was the most common reason for not seeking help for alcohol, tobacco, and other drug (ATOD) use, unsafe sex, sex addiction, other addictions, hate violence, immigration, and sexual assault.
- Respondents also often did not know where to seek help for ATOD use, abuse in intimate relationships, abuse in family, and sexual assault.

Figure 9
Sources of General Emotional Support and of Support as a LGBTIQ South Asian (n=88)

VI. SOURCES OF SUPPORT

Friends, family, and books/written resources were the most frequently cited source of general emotional support [see Figure 9].

- Females reported receiving more general emotional support from family than males (72% vs. 48%).
- First generation respondents reported more general emotional support from LGBTIQ community organizations than U.S.-born respondents (38% vs. 15%).
- Respondents with a post-graduate or professional degree reported therapists/health care providers as a source of general emotional support (41%) more than those with less education (13% among those with a bachelor's degree, 17% among those with less than a college degree).

Respondents reported receiving less emotional support from all sources in being South Asian LGBTIQ (compared to general emotional support) [see Figure 9].

- Younger respondents were less likely to report support in being South Asian LGBTIQ from friends (50% among 17-25 years old) than older respondents (82% among 26-40 year olds and 71% among those 41 years and older).

VII. ACCESS AND UTILIZATION OF HEALTHCARE SERVICES

Despite high levels of respondents who have health insurance (90%), only 79% reported having a regular source of health care.
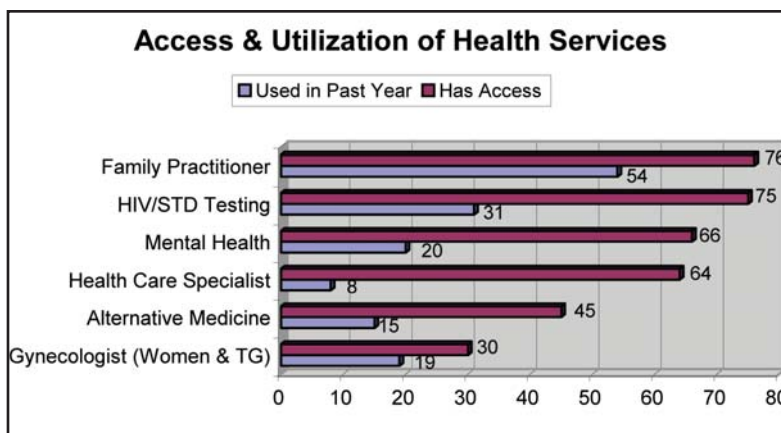
- Males were much more likely to have employer-paid insurance (78%) than females (43%). 30% of females reported paying for their own health insurance.
- Younger respondents were significantly less likely to report having a regular source of care compared to older respondents (59% among 17-25 year olds vs. 80% among 26-40 year olds vs. 92% among those 41 and older).
- Immigrant respondents are more likely to have health insurance (94%) than U.S.-born respondents (79%).

Utilization of health services (compared to access to health services) was relatively low, especially for mental health and sexual health [see Figure 10].

- While 79% of respondents had access to mental health services, only 30% used these services in the past year.
- U.S.-born respondents were more likely to have utilized mental health services in the past year (47%) than immigrant respondents (23%), even though both groups have roughly equal access to this service (76% for immigrant vs. 80% for U.S.-born).
- Only 77% of women and FTMs reported access to a gynecologist, even though reproductive healthcare is free to women in California. Even with the recommended annual gynecological exam, only 63% of these respondents reported actually using the service in the past year.
- 6% of our sample reported being HIV-positive and 2% reported being infected with another STD.
- 13% stated that they were unsure or not tested for HIV in the last 12 months and 12% stated that they were unsure or not tested for STD in the last 12 months.
- Younger respondents (41% of those 17-25 years old) and respondents with less than a college degree (36%) were more likely to state that they were unsure or not tested for HIV in the last 12 months than older respondents and those with higher education levels (10% of 26-40 year olds and 0% of those 41 and older; 13% of those with a bachelor's degree and 5% of those with a post-graduate or professional degree)[14] .
- Despite widespread free HIV/STD testing in Southern California, only 89% of respondents reported having access to HIV/STD testing. Even with the recommendation to get tested every 6 months, only 41% of those with access reported actually getting tested in the past year.
- 41 and older respondents reported having more access to HIV/STD testing (96%) than those 17-25 years old (71%).

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[14] It is possible that some respondents may have stated that they are negative for HIV and STDs, when in fact they may not actually have been recently tested.

Figure 10
Number of respondents who have access and/or used Health Care Services in the past year (n=87)

VIII. EXPERIENCES IN HEALTHCARE SETTINGS

Discrimination in a health care setting[15] was reported by 22% of respondents.

- Respondents experienced discrimination in a healthcare setting due to:
  - Sexual orientation (52%)
  - Ethnicity/nationality/immigration status (19%)
  - Both of the above reasons (14%), and
  - Gender non-conformity (14%)[16].
- Only 23% of those experiencing discrimination in a healthcare setting sought help.
- Respondents desire health care providers to be culturally competent and LGBTIQ-friendly.
- Respondents preferred receiving healthcare from a provider who is LGBTIQ-friendly (60%), culturally-competent (56%), or a specific gender (41%), rather than other aspects of the provider's identity (i.e., whether or not the provider her/himself is South Asian or LGBTIQ). Table 6 shows the most frequent responses when asked how a healthcare provider can demonstrate sensitivity.

15　　Defined as receiving sub-standard healthcare services, or experiencing discrimination, harassment, or unfair treatment in a healthcare setting due to one's identity characteristics.
16　　It is interesting to compare discrimination in healthcare to discrimination in the workplace, place of residence, or public accommodation, where more discrimination was felt due to ethnicity, nationality, or immigration status, and secondly to sexual orientation.

IX. PROGRAMS AND SERVICES FOR SOUTH ASIAN LGBTIQ COMMUNITY

Family pressure/lack of acceptance and coming out were identified as the biggest issues/problem areas faced as SA LGBTIQ [see Table 7].

South Asian LGBTIQ social/support groups, mental health/depression/coping mechanisms, and activism/political involvement were ranked as the top areas respondents wanted to receive more information or services about [see Table 8]. Safe social spaces, counseling services/support groups, and coming out support were identified as programs most needed for the South Asian LGBTIQ community [see Table 9].

Table 6
Ways for Health Care Providers to Show Sensitivity (n=56)*

Ways for Health Care Providers to Show Sensitivity	Percentage
Ask questions relevant to age/sex/health status	21%
Don't make heterosexist or stereotypical assumptions	16%
Listen well and willingness to learn	14%
Know my cultural background or have experience with same population	13%
Is attentive and friendly	13%
Talk openly about issues and is communicative	11%
Take race and sexuality into consideration when giving advice or treatment	11%
Is not judgmental	9%
Appear comfortable and is not easily fazed	7%
Does not push for personal agenda and is willing to discuss different options	7%
Use neutral or appropriate language	5%

*Open-ended question

Table7
Problems faced by South Asian LGBTIQs (n=58)*

Problems faced by South Asian LGBTIQs	Percentage
Family Pressure/Lack of Acceptance	24%
Coming Out	24%
Feeling like a Double Minority	21%
Lack of Visibility	16%
Homophobia in SA Community	14%
Lack of Supportive Environment	12%
Racism in Gay Community	10%
Pressured to Get Married	9%
Lack of Access to Services	7%
Dating and Relationships	5%

*Open-ended question

Table 8
Information and Services for the South Asian LGBTIQ Community (n=58)[17]

Issue/Information	Total Score	Total # of Respondents
South Asian LGBTIQ Social Support Group	138	39
Mental Health/ Depression/ Coping Mechanism	120	30
Activism and Political Involvement	118	42
Dating/Relationships	89	29
Immigration	89	15
Coming Out issues	82	24
Artistic or Cultural Expression	80	29
Access to Healthcare	75	20
Alternative/Holistic Healthcare	68	25
Support for parents/families of South Asian LGBTIQ	65	21
Starting or Raising your own family/adoption	63	20
STD/HIV Testing and Safe Sex	61	18
Sexual Practices Education	57	18
Religion/Spirituality and LGBTIQ issues	53	19
General Health Maintenance	51	16
Worker, Tenant or Consumer Rights	42	14
Issues of abuse (emotional, physical, sexual or financial)	36	12
Discrimination/Hate Crime	35	14
Treatment by Law Enforcement Agencies	32	11
Reproductive Healthcare	24	9
Issues with alcohol, tobacco, and other drugs	18	7

Table 9
Programs and Services for the South Asian LGBTIQ community (n=58)*

Programs and Services for South Asian LGBTIQ community	Percentage
Safe Social Space	48%
Counseling Services/Support Groups	18%
Coming Out Support	18%
Political Education/Activism	14%
Education of Mainstream Communities about SA LGBTIQ Awareness	14%
Relationships/Dating	8%
HIV/STD/Safe Sex Education	6%
Women's Support & Services	6%
Access to Services	6%
Access to Culturally-Competent Care	6%

*Open-ended question

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17   Participants were asked to rank the top 5 issues they want to receive more information or services about out of the choices in Table 5. Respondents ranked "1" as most important and "5" as least important of their top 5; we then reverse-coded these responses so that "5" is most important and thus a higher total score denotes higher importance. The Total Number of Respondents tells us how many people found this issue to be important, while the Total Score reflects both the number of participants and how highly each participant ranked that issue.

Limitations

While there were many benefits to utilizing an internet-based survey, such as anonymity and confidentiality for participants, there were other aspects that posed limitations to this method. It is possible that being primarily internet-based prevented more underrepresented members of the community from participating in the study. In addition, lack of privacy or secure housing, particularly for youth and others living with their families, may have prevented even those with internet access from participating. However, as non-internet options were included in all outreach, there is nothing to indicate that more representation would be obtained by using paper-only or interview-based methods. It is possible that more diverse sectors of the community may have been reached through South Asian language based methods[18]. It must also be mentioned that it seems Survey Monkey may have deleted or not captured some participants' responses[19].

18   The U.S. Census 2000 reports high rates of South Asians in Southern California speaking English "less than very well" – approximately 23% of Asian Indians and up to 50% of Bangladeshis.
19   Researchers noted this upon initial presentation of results to a community focus group, who observed that some of their demographic information was not represented in the data (e.g., a place of birth that may have been different from others in the sample but did not show up in the data).

Lastly, although researchers made concerted efforts to reach lower income sectors of the community, either they were not reached, or community members still did not feel safe coming out in this context. It is probable that those with less access to information and resources that help mitigate the effects of societal homophobia (such as a secure sources of housing and employment, financial independence, and the ability to access services such as mental health support) face increased challenges in coming out or being able to live and love freely. This limitation highlights the need to provide greater outreach, support, and resources to such communities.

As with any community-based research project, in addition to the data from the actual survey, the research process also yielded rich and important information to the findings. Throughout the research project, SAN staff and NAC members periodically reviewed community and media reaction to outreach and refined outreach strategies accordingly.

Process Findings

After data findings were analyzed, NAC members met with SAN staff and board to use their outreach experience and interaction with the media and the community to discuss lessons learned about the community through the process of outreach. In addition, NAC members met with a focus group of LGBTIQ South Asians including Satrang leaders and members to interpret the data and determine initial recommendations. Satrang and South Asian Network are subsequently using these recommendations to form their programmatic goals.

OBSERVATIONS FROM COMMUNITY OUTREACH

On the most basic level, by conducting outreach at popular South Asian community venues (e.g. holiday festivals, theaters, and print media), SAN staff and Satrang volunteers raised the profile of LGBTIQ South Asians for the broader community who may be unaware of the very existence of LGBTIQ South Asians and would not likely to engage in any conversation about LGBTIQ issues. Therefore, before any findings were disseminated, the research project already had a significant impact on the visibility of LGBTIQ South Asians in a community where their existence is often ignored or denied.

For instance, outreach staff and volunteers found that the community was generally receptive to being approached during outreach, even if the community member might be ambivalent or disapproving about LGBTIQ individuals. Two factors could explain this receptivity. First, SAN has a long history of serving the broader South Asian community. Many community members are familiar with SAN's work because they or someone they know may have received services from SAN or they may have read about it in local South Asian media. Therefore, SAN already has credibility within the community, even though LGBTIQ issues might be controversial to some and new to others in the community.
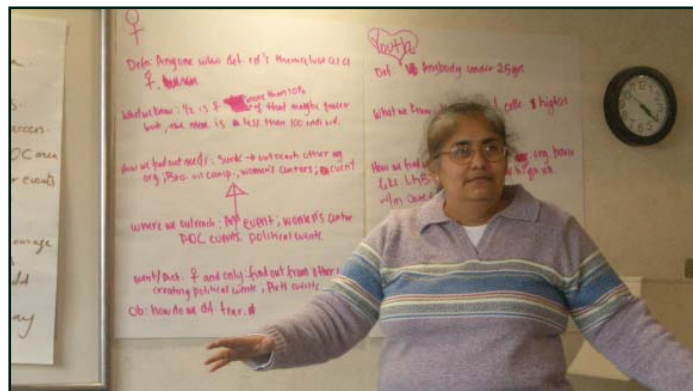
Second, even though SAN staff did not reveal their sexual orientation, community members generally assumed that they were straight and might have been less threatened by their approach. Talking with SAN staff did not have any implication on the community member's own sexuality. This was especially true when SAN staff approached a community member in a group setting, where the community member might be more susceptible to peer pressure or worried about how his or her response might be perceived by the friends or family present.

Similarly, outreach staff and volunteers framed the outreach as "information dissemination," that is, passing information to those who need it. Instead of urging community members directly to take the online survey if they were LGBTIQ, outreach staff asked them to pass on the information to "someone who may benefit from this." Most community members would then take the flyer without feeling targeted or implicated as LGBTIQ. In fact, many community members felt comfortable enough to express their reservations or questions frankly. SAN staff also believed that, because the organization is non-LGBTIQ-specific, some questioning or closeted South Asian community members were able to get information from them without revealing themselves to their families or friends.

LGBTIQ research volunteers appreciated the participation of SAN staff in making outreach more effective. Whether or not their anticipation of backlash or hostility was justified, many LGBTIQ research volunteers expressed fear for their emotional safety and were not able to be as assertive as they liked in their outreach effort. Some expressed that anti-LGBTIQ hostility in a South Asian context would feel more painful to them than in a mainstream context. When they conducted the outreach on their own, they would either try to pass as "straight" or did not engage very deeply with community members about the issue at hand.

As a way to refine outreach strategies and maximize the strengths of both partners, SAN staff and LGBTIQ research volunteers paired up to conduct outreach. This approach took advantage of SAN's credibility in the community as well as the expertise of the LGBTIQ research volunteers. In addition, outreach staff and volunteers learned the importance of using direct terms (i.e., "gay," "lesbian"), even if they felt these words to be taboo in a South Asian context. When they could say these words comfortably, confidently, and openly, community members tended to take them more seriously. Outreach staff and volunteers also received additional training to brainstorm effective responses to negative reactions to their outreach, including when to walk away from a confrontation. With each outreach collaboration, SAN staff became more confident and thorough in articulating the importance of addressing LGBTIQ issues in the South Asian community. Many staff members became ardent LGBTIQ advocates in their own personal lives, educating spouses, children, family and friends about the work that they are doing.

Outreach at South Asian community events was successful, even though it was aimed at the broader community and outreach staff and volunteers targeted individuals regardless of their sexual orientation (or appearance of it). This was evidenced by the spike of surveys taken online after many large community events.

POSITIVE RESPONSES

Over the course of their community outreach, many community members accepted the approach of outreach staff and volunteers and received the information they shared with little or no reaction. However, outreach staff and volunteers also experienced positive responses to their work that validated the necessity of projects like this. Several community members commented how important the work was or that they were glad that the work was finally being done in the South Asian community. Some community members expressed disapproval of homosexuality because of their religion but still agreed to take the information because they knew someone who was LGBTIQ. Some exhibited healthy curiosity about LGBTIQ issues, actively asking for information such as, "What does intersex mean?" Outreach staff and volunteers observed that there was confusion surrounding LGBTIQ issues and where community members stood on issues of sexuality, but for many it was because they previously never had a place to raise or discuss these issues. Given the right strategy or setting, many South Asian individuals may be receptive to community education on these issues.

NEGATIVE RESPONSES

Outreach staff and volunteers also observed negative responses to their outreach in the community. Most community members who objected to homosexuality did so based on their religious upbringing. For instance, they often referred to religious texts that either do not mention homosexuality or condemns it. Not being experts in religious matters, outreach staff and volunteers had a hard time responding to such arguments. Community members seemed more receptive to LGBTIQ issues when framed in a "human rights" and "anti-discrimination" framework, rather than a moral or religious one. Many individuals who disapproved of homosexuality were receptive to messages about combating discrimination and providing support services to those who need it. However, this also highlights the importance of working with religious and community leaders, as religion was often cited as a barrier to tolerance and acceptance of LGBTIQ individuals.

While most community members were non-confrontational with their disapproval, some research staff reported experiencing the strongest reaction from second-generation or acculturated young men, especially when approached within their peer group. Examples of negative responses included throwing flyers on the floor, chuckling, being aggressive or defensive when responding to outreach staff and volunteers, and denying the existence of LGBTIQ South Asians. Some community members also accused SAN of promoting homosexual behavior. The latter raised the possibility of breaking the trust and credibility that SAN had built over the years in the South Asian community. Fortunately, SAN staff recognized that often with controversial issues, some community backlash was inevitable. In the late 1990's when SAN started its community education on domestic violence, many had similarly denied the existence of domestic violence and accused SAN of "breaking up families." Community reception to the issue had improved since then, because of SAN's persistence. The current community backlash against LGBTIQ South Asians only reinforces the necessity and importance of this work.

OBSERVATIONS FROM MEDIA OUTREACH

Media outreach included a series of advertisements promoting the online survey and an opinion/editorial article by a needs assessment committee member[20], in both LGBTIQ and South Asian outlets. SAN staff coordinated the media outreach effort because of its established relationship with many South Asian print media. SAN staff reported that local reporters and editors working within South Asian print media were generally supportive of their efforts, but feared backlash from their board members and readership. A few outlets refused to print the article, though they did accept the paid advertising with reservations. Even though the article was written from the perspective of a straight ally, the editors from these outlets were fearful of community backlash from its publication, one even citing his fear of actual violence. He suggested that SAN get a "mainstream" newspaper to publish the article first, and that it would be less controversial for them to reprint the article from the mainstream newspaper. One outlet had altogether stopped returning phone calls from SAN staff on this and other SAN projects. Another community newspaper wrote an anti-SAN article, citing its work on LGBTIQ issues. However, they also published SAN's response to the article. However contentious the debate was, SAN staff perceived this as a positive step in opening up a dialogue on an issue that has been too well hidden in the community.

IMPLICATIONS FOR INFRASTRUCTURE BUILDING

The experience of the research process highlights how the act of conducting research may bring about change not only in community awareness but also in community infrastructure building. The success of the research process should be attributed to the relationship between SAN and Satrang, which existed long before the research project. The research process highlights the importance of long-term relationship building between LGBTIQ organizations and non-orientation-specific allies, especially one whose credibility and history in the broader community makes it an ideal messenger for community education on LGBTIQ issues. Many SAN staff had also taken the knowledge gained from this process and educated their own families and friends.

Furthermore, through this process, SAN incorporated LGBTIQ issues in its other work, including its current campaign to organize taxi drivers. Organizers and workers in this campaign recognized the deep homophobia that existed in their community and included support for LGBTIQ individuals as part of the values in their work, including solidarity work with LGBTIQ South Asians on the basis on human rights and civil liberties. This was possible in part due to the continuing collaboration between Satrang and SAN and SAN's own evolution of understanding of LGBTIQ South Asian issues.

For Satrang, the research process had increased its exposure to and participation in the broader South Asian as well as Asian and Pacific Islander communities. Satrang and SAN members presented the research project at conferences reaching beyond the LGBTIQ community, such as the South Asian American Leaders of Tomorrow (SAALT) and the Asian Pacific American Community Research Roundtable. Satrang volunteers gained experience in doing outreach and being out in their community. As a result, some Satrang volunteers have become more involved in the functioning of the organization. The research process also allowed Satrang to learn from larger or more sophisticated organizations (i.e. SAN and SSG), after which Satrang could model itself. Satrang's next strategic plan might include expanding its circle of community partners, using this collaboration model. Partly as a result of collaboration with SAN, Satrang renewed its commitment to diversify its membership to include more low-income LGBTIQ South Asians. Primarily a social support organization, the research process had politicized its membership through the training of volunteers as community outreach workers as well as the inclusion of Satrang membership in the interpretation of research findings.

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20   The article shared the perspective of a South Asian with an LGBTIQ family member, about why it was important to the author to be engaged in this work.

Recommendations

Based on the study results and subsequent feedback from the SA LGBTIQ community, researchers recommend the following strategies to organizations seeking to create a more inclusive communities.

SERVICES TO SOUTH ASIAN LGBTIQ INDIVIDUALS

1. Develop programs that will increase knowledge of and/or use of services in high-need or stigmatized issues by South Asian LGBTIQ individuals, including mental health, sexual health, gynecology, HIV testing and treatment, safe sex education, and intimate or family abuse. Regardless of gender, age, educational attainment, income, and immigration status, survey respondents reported a high level of social pressure that manifested itself in unhealthy ways. Yet, shame and embarrassment kept many of them from seeking help in addressing these issues, especially mental health, suicidal thoughts, family abuse, intimate partner abuse, and sexual assault. In addition to shame or embarrassment, many LGBTIQ South Asians were not sure they had a problem with issues of addiction, including substance use and unsafe sex. More community education is necessary to raise their awareness. Yet, even for services they have knowledge of and access to, such as gynecological services and HIV testing, utilization remains low. Therefore, it is important that programs be developed to increase knowledge of and access to services in these high-need or stigmatized issues.

2. Develop programs that will increase the efficacy to combat discrimination based on their race, gender and sexual orientation, including how to recognize discrimination, their rights as victims of discrimination, how to report discrimination and follow-up on claims, and how to advocate for themselves. An overwhelming majority of survey respondents reported having experienced discrimination in various settings based on their sexual orientation, race, gender, and immigration status. Yet, fighting discrimination was a relatively low priority for respondents than other issues. It is possible that respondents felt resigned to the existence of discrimination as a multiple minority and instead seek help in addressing the effects of discrimination, such as safe social spaces and mental health services, which rank higher as a topic or service respondents want to see more of in the community. Based on the findings, however, discrimination is a fact of life for most respondents and will not likely disappear. Instead of ignoring it or only treating its symptoms, LGBTIQ South Asians individuals need to be equipped to deal with it head-on, including recognizing and reporting discrimination when it occurs as well as understanding and advocating for their rights. Furthermore, our research process indicated that a "civil rights" framework is an effective one in promoting equality and visibility of LGBTIQ South Asians in the South Asian community. Therefore, it is important that programs be developed to increase the efficacy of LGBTIQ South Asians to combat discrimination.

3. Develop a network of health and mental health providers who are competent in dealing with all aspects of South Asian LGBTIQ identities, including identifying and educating providers in the community, linkage and referrals to resources. A majority of survey respondents did not need their health and mental health providers to be LGBTIQ South Asian themselves.

In any case, it would be nearly impossible to find providers that match all the identities of a SA LGBTIQ individual. In

some cases, having a South Asian provider would prohibit some in sharing health concerns related to their sexuality. However, a majority of respondents wanted a provider who is LGBTIQ-friendly and culturally competent. Sensitivity is manifested as specific skills and approaches identified by the respondents and is not limited to providers of one identity. Therefore, it is important that programs be developed to identify and educate providers on how best to work with LGBTIQ South Asians and to link and refer LGBTIQ South Asian individuals to them.

4. Recognize that any programs and services to the South Asian LGBTIQ community have to take into account the diversity of the community, including immigration status, language, gender, age, and generation. While all survey respondents, regardless of gender, age, educational attainment, income, or immigration status, reported high needs in many areas as LGBTIQ South Asians, the quality of their experiences were very different. For instance, older respondents tended to feel more alienated in the broader South Asian community; female respondents reported greater experience with discriminatory attitudes and behaviors; immigrants were less likely to access mental health services; younger and U.S. born respondents receive less general support from LGBTIQ community organizations and less support in being South Asian and LGBTIQ from friends; and respondents with less than a college degree reported experiencing more racism in general society. Therefore, it is important that programs understand how and why certain demographic factors expose LGBTIQ South Asians to higher or more risks and be able to target services specific to various demographics in order to be more effective.

COMMUNITY ADVOCACY FOR SOUTH ASIAN LGBTIQ INDIVIDUALS

1. Develop working relationships with religious and community leaders to de-stigmatize and support LGBTIQ individuals, including event co-sponsorship and outreach at religious facilities. Most community members who exhibited negative responses to study outreach objected to homosexuality based on their religious beliefs and upbringing. While some of them would support services for LGBTIQ South Asians in the community on "human rights" or "social service" grounds, religion often remains a fundamental barrier for complete acceptance of LGBTIQ individuals in the South Asian community. Community-based organizations, such as SAN, may carry a high level of credibility in the South Asian community because of their long history of services to and organizing in this community, but they are ultimately not authorities in religious matters. Therefore, to reach these individuals, it is important to develop working relationships with religious and community leaders to de-stigmatize and support LGBTIQ individuals.

2. Develop programs to support and work with families, friends, and allies of LGBTIQ South Asian individuals, including social support, workshops on addressing homophobia in the South Asian community, and changing heterosexist norms and attitudes. Contrary to popular beliefs that many LGBTIQ South Asian individuals are closeted due to the social conservatism of the South Asian culture, a majority of survey respondents were out to their friends and immediate family. They also cited friends and immediate family as important sources of emotional support. However, many remained closeted to extended families and the

larger community. Because of this discrepancy in "outness," the closet was extended to their friends and immediate family, making these allies hesitant in sharing their experiences with their own circles and asking for support for themselves. Therefore, to truly change the heterosexist norms and attitudes in our community, it is important that programs be developed to empower families, friends, and allies of LGBTIQ South Asian individuals as advocates.

3. Develop a visibility campaign to increase realistic portrayals of role models in the SA LGBTIQ community (including allies) and important issues confronted by them, including self-advocacy training and media relations. Despite the recent increase in visibility of the LGBTIQ community in general, many survey respondents cited lack of visibility of SA LGBTIQs as a major concern in their lives. Lack of visibility made it difficult for them to come out and ask for support from the larger community, leading them to lead a double life and to feel alienated. The outreach process also demonstrated that the South Asian media could be a significant influence on the perception and acceptance of LGBTIQ South Asian individuals in the community, even though the reactions of individual outlets were mixed at best. There remains more work to be done in cultivating these relationships. Therefore, in order to foster a community more open about all forms of sexuality, it is important that a visibility campaign be developed to increase awareness of South Asian LGBTIQ individuals in our community.

INFRASTRUCTURE BUILDING FOR SOUTH ASIAN LGBTIQ COMMUNITY

1. Develop strategies to outreach to the underserved individuals in the South Asian LGBTIQ community, including low-income, limited English proficient, transgender, and youth communities. As a mostly online survey that was conducted only in English, this project reveals many limitations in terms of who in the community were more likely to participate and share their experiences. Yet, it is sobering to find that, even among respondents who have relative privilege and access (as a result of their higher level of acculturation, income, or educational attainment), many needs were expressed. It is disturbing to consider the severity of the same needs for those more marginalized community members who did not participate, including youth, transgenders, and those who have low income and limited English proficiency. Despite the limitations of this

study (or rather, because of them), it is important that strategies be developed to engage and address the most underserved and hidden members of the LGBTIQ South Asian community.

2. Build and expand on the existing collaboration between South Asian LGBTIQ-specific organizations and "ally" organizations serving broader communities (both non-South Asian-specific and non-LGBTIQ-specific) in order to maximize resources, capacity, skills, and access. The success of this study highlights important implications for infrastructure building in the South Asian community in serving LGBTIQ individuals. Whether a partner is an ally organization or a South Asian LGBTIQ-specific one, whether it is a grassroots membership organization or one that has access to resources (e.g. staffing and funding), each organization has skills, credibility, and access that complement each other. It is clear that this project (or any project that tries to de-stigmatize South Asian LGBTIQ individuals and promote their equal rights) cannot be accomplished by one type of organization alone. Therefore, it is important that collaborations like the one between Satrang and SAN be developed, sustained, and expanded in order to create a community in which LGBTIQ South Asian individuals can equally participate.

NEXT STEPS

SAN and Satrang are currently using the information gained from this needs assessment to inform a strategic planning process to develop responsive programming for the health and wellness of the SA LGBTIQ community.

Understanding the unmet health and wellness needs of the SA LGBTIQ community are helping Satrang and South Asian Network to develop programs that are responsive to the community. This may include providing appropriate health/mental health support services or referrals, education for family members or the broader community, establishment of a drop-in center, or other programming. By establishing such responsive programming, they aim to help create a South Asian community which is more inclusive and supportive of its LGBTIQ members so that this community no longer has to separate sexual identity from cultural identity and can find safe space where both are embraced. Disseminating the results of the study is itself aimed at raising awareness within the South Asian community of the needs of some of its most marginalized and isolated members.

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