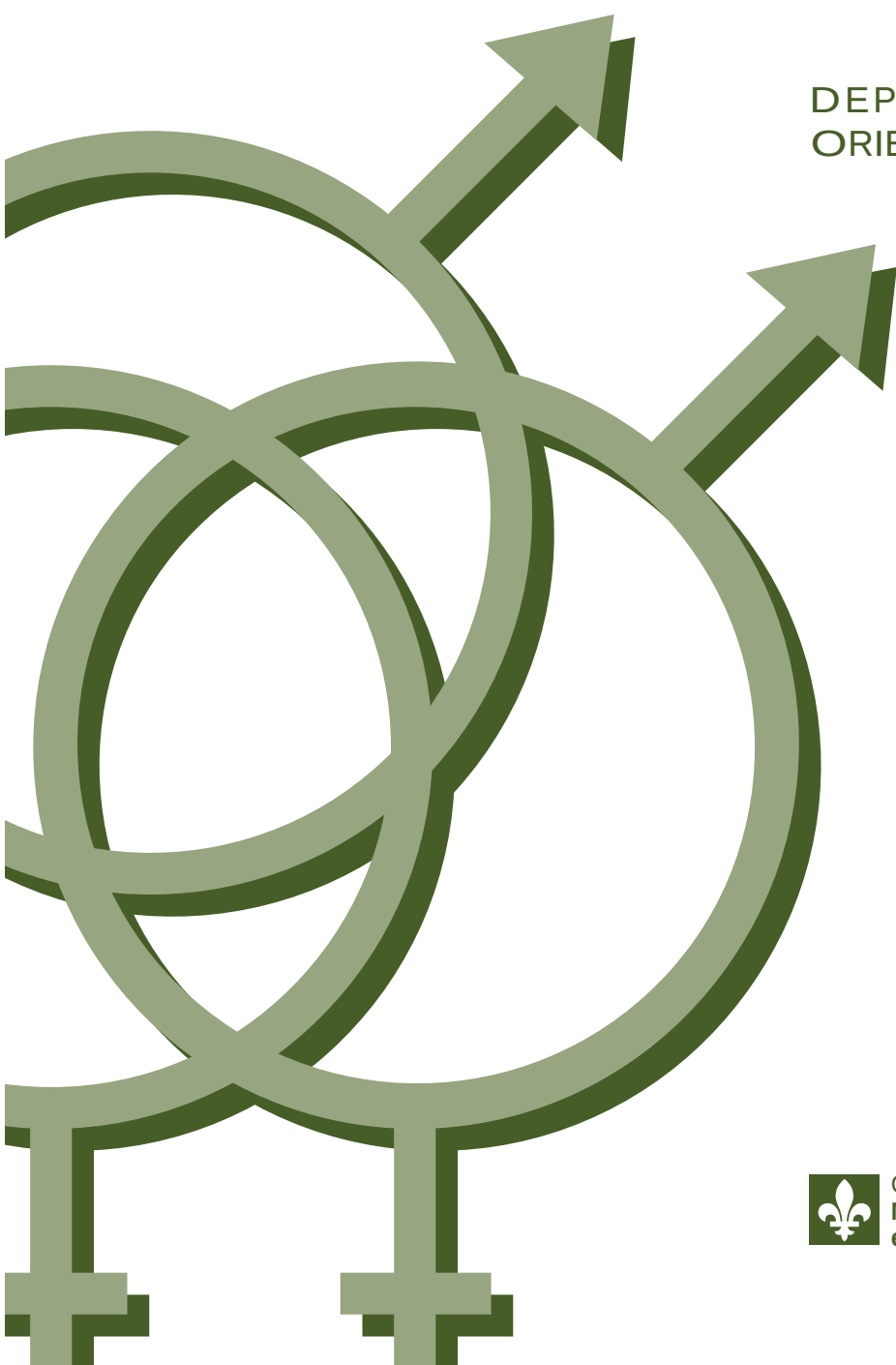


Adapting Health and Social Services to Homosexuals



Adapting Health and Social Services to Homosexuals

DEPARTMENT
ORIENTATIONS



Gouvernement du Québec
Ministère de la Santé
et des Services sociaux

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INTRODUCTION

Exactly what and who are we talking about here?

Scientific studies on sexual orientation in North America indicate that almost 10% of the population are homosexual or bisexual¹; another 10% might be homosexual at one point or another in the course of their adult lives.

Without delving too far into history, we would like to point out that in 1977 Québec was the first Canadian province to cite discrimination on the basis of sexual orientation in its Charter of Human Rights and Freedoms. It takes time for everyday attitudes and behaviour to change, however, especially where marginal or minority individuals are concerned. Despite rapid advances in western societies such as Québec, rejection and silence persist, particularly in the field of health and social services: the special needs of homosexuals are not recognized concretely.

This is what Québec's Commission des droits de la personne found in the public consultation it conducted in November 1993. In May 1994, the Commission produced a report with the eloquent title *De l'illégalité à l'égalité* (literally "from illegality to equality"). Three broad areas held the Commission's attention, the field of health and social services being one of them. This board therefore submitted eighteen recommendations covering various multisector problems to the Ministère de la Santé et des Services sociaux (MSSS, the department of health and social services). These recommendations called for changes in the values and conduct of all workers in the health and social services field.

After the Commission sent this report to the MSSS, the Minister of Health and Social Services formed a work committee to look into the health and social services being offered to gays, lesbians and bisexuals in terms of the recommendations for the health and social services network published in this report.

The work done by this committee served as a basis for the orientations presented in this booklet for adapting health and social services to homosexuals. This document therefore proposes eliminating discrimination over the next few years and giving gays, lesbians and bisexuals throughout Québec access to better services.

1. Since our understanding of bisexuality is still very limited, we will not be dealing with bisexuals specifically in this booklet.

1 THE HEALTH AND WELL-BEING OF HOMOSEXUALS: Key Problems

If we are to understand the special nature and complexity of some of the problems bearing on the health and well-being of homosexuals², we must not ignore the historical context or social attitudes towards homosexuality. As with sex in general, the perception of homosexuality varies from one culture to the next as well as over time. There are nevertheless still a number of constants in our attitudes towards homosexuality according to which it is seen as a fault, a form of criminal behaviour or a disease. There are also prejudices against homosexuals themselves, as there are against minorities. In spite of significant changes over the past twenty years or so, these religious, medical and psychological theories have hung on in people's minds, and most attitudes are still based on myths and stigmatizing stereotypes.

Historically, the lives of lesbians were particularly overshadowed in relation to those of male homosexuals. Many medical theories saw female homosexuality as a greater danger than male homosexuality because the independence of women was considered threatening. Medical ideology often "pathologized" non-reproductive sexual behaviour and non-traditional behaviour on the part of women. Despite their participation in the feminist movement, lesbians are virtually non-existent sociologically and historically in French-language feminist studies in Québec³.

2. There are many different terms used to describe the homosexual reality: homosexual, bisexual, gay, lesbian, men who have sexual relations with men, women who have sexual relations with women, and so forth. For the most part, we will be using the most inclusive term, "homosexual", while sometimes referring to "gays" or "lesbians", as these terms are now commonplace.

3. L. PEERS and I. DEMCZUK. "Lorsque le respect ne suffit pas: Pour une éthique sociale de l'intervention auprès des lesbiennes", in Irène Demczuk (dir.), *Les maux du silence. Hétérosexisme et discrimination à l'égard des lesbiennes*, Montréal, Éditions du remue-ménage, 1997 (upcoming publication).

The medicalization of society and the perception of homosexuality as a disease gave rise to a variety of treatments. These viewpoints had a pronounced influence on scientific research, therapeutic intervention and widespread popular beliefs regarding homosexuality. Today, there are two major schools of thought in the forefront: essentialist theory and constructivist theory. The first is concerned with the causes of homosexuality and the second places the accent on the arbitrary nature of the stigmatization of homosexuality, identifying the causes of its marginalization rather than developing its etiology.

Insofar as our interest is in the main health and well-being problems of homosexuals, their causes and the adaptation of services directed

towards them, social attitudes will be given priority in our analysis. We will present a number of links between health, well-being and homosexuality using the constructivist approach.

Although we are barely beginning to explore the question of homosexual diversity, something we have been doing for a long time in the case of the health and well-being of heterosexuals, it is clear that we should be taking a close look at the number and diversity of homosexuals in the network — young people, parents, adults, seniors, disabled people, immigrants — in the different health and well-being sectors.

The marginalization of the homosexual community and isolation of its members make many homosexuals more vulnerable. They are at greater risk of having psychosocial problems related to actual or feared reactions to homosexuality, to anticipated reactions or fear that might be shown by the family or the people around them, to harassment and attacks, and to the risk of HIV infection or contraction of an STD, in the case of male homosexuals particularly.

In spite of the limits of the research findings on the health and well-being of a segment of the homosexual population⁴, it is clear that the majority of the problems with which homosexuals specifically are faced do not stem from sexual orientation but from rejection by society, which for many people often leads to profound problems.

4. The small size of the sample groups represents a problem; there is also an over-representation of people in contact with the homosexual community, with a higher level of education than average and living in an urban setting.

Psychological Distress

Even today, young people and adults who deal openly with the question of their homosexual orientation worry about being faced with hostile reactions from their family and the people around them. Regardless of their age, or whether or not they act on their orientation, some of them will have to live with the sarcastic remarks of others anyway. Sometimes they are even the victims of assault or crimes motivated by hatred⁵⁻⁶.

There are four factors or attitudes which can have an impact on their mental health: having to “hide” their sexual orientation, an assumption by others that they are “abnormal”, stigmatization related to the supposed deviant condition with which they are seen to be afflicted, and the prejudicial stereotype according to which homosexuals are all the same⁷.

In order to assume their sexual identity, everyone turns to the role models in their environment; a process of socialization and sexual orientation recognition then follows. This process can be more difficult for gays and lesbians because it is pervaded with real or anticipated fears concerning potential negative reactions from the people close to them. In fact, people who are open about their orientation run the risk of being recognized in public and fear the reactions of their colleagues and the people around them.

No matter what the sexual orientation, adolescence is an extremely intense time of personality and identity development. For many young homosexuals, though, it is often even more dramatic. They run a higher risk of going through psychological crises related to assertion of their sexuality, rejection by their family or peers — whether it be real or merely feared — or harassment or homophobic attacks.

The process of homosexual integration is therefore generally instigated in isolation. Many homosexuals cannot rely on the support of traditional environments such as school and family. They get very little or no emotional support from parents or school staff and, very often, from others close to them. The fear of being rejected can take up much of their everyday lives. Fear of family rejection and being thrown out of their homes is a very powerful one for adolescents, since they are neither financially independent nor emotionally mature enough to cope with such a situation. Often, the fear of rejection can be worse than the actual reaction of family and friends. The lack or absence of role models can be extremely hard to bear for teenagers, especially in the case of

5. B. RYAN and J.Y. FRAPPIER. "Les difficultés des adolescents gais et lesbiennes", *Le médecin du Québec*, 1993, vol. 28, no. 9, pp. 71-76.

6. A. D'AUGELLI. "Preventing mental health problems among lesbians and gay college students", *The Journal of Primary Prevention*, 1993, vol. 13, no. 4, pp. 245-261.

7. G. HERDT. "Gay and lesbian youth: emergent identities and cultural scenes at home and abroad", *The Journal of Homosexuality*, 1989, no. 17, pp. 1-42.

lesbians, and particularly if there is no possibility of support from the family. Rejection by family and school might be behind the fact that there are more gays found among runaways and dropouts than among youths in general⁸.

The absence of positive role models leads some of these teenagers to hide behind a heterosexual façade. Young people tend to deny their sexual orientation, both to themselves and to others; in some cases, they continue to do so until they are much older. They are under the influence of widespread myths and stereotypes about homosexuality which they too have absorbed. Depression is a common symptom, due to denial of anger, self denial and emotional exhaustion⁹.

Suicide

Suicide is one of the biggest causes of early death in Québec. The 1992-1993 Santé Québec Health and Social Survey reported that 4% of all Québécois had seriously considered committing suicide in the prior twelve months. The critical age was between 15 and 24 (eight individuals out of a hundred thought about suicide). Suicidality was, among other things, associated with extreme psychological distress and a lack of social support.

It was acknowledged that the number of suicides in the population is usually underestimated. The “invisibility” of gays and lesbians unquestionably increases this underestimation. Suicide was clearly a major cause of death in young people, but the researchers did not pay much attention to real or feared homophobia as a cause of suicide.

In a recent American study on the mental health and suicidality of young gays and bisexuals, Hershberger and D’Augelli¹⁰ found that these youths were at greater risk of thinking about or attempting suicide than young heterosexuals.

There has also been research on suicide among young homosexuals and bisexuals in Canada but, with the exception of the federal government¹¹, which recognizes the fact that gays and lesbians as a group run a higher risk of committing suicide, and of the Ministère de la Santé et des Services sociaux, in its action strategy proposal connected with suicide (1997), research findings on the subject have been,

8. G. REMAFEDI. “Male homosexuality: the adolescent perspective”, *Pediatrics*, 1987, no. 79, pp. 326-330.

9. C.L. DEMPSEY. “Health and social issues of gay, lesbian, and bisexual adolescents”, *The Journal of Contemporary Human Services*, 1994, pp. 160-167.

10. S. HERSHBERGER and A. D’AUGELLI. “The impact of victimization on the mental health and suicidality of lesbian, gay and bisexual youths”, *Developmental Psychology*, 1995, vol. 31, no. 1, pp. 65-74.

11. HEALTH CANADA. *Suicide in Canada*, Ottawa, Health Canada, 1995.

according to Tremblay¹², ignored by suicide specialists. However, all the studies of gay and bisexual youths in North America reveal a very high suicide attempt rate: twelve of them reported rates between 20% and 50%. Young gays and bisexuals were also subject to other genetic, biological and environmental factors generally associated with suicide, like young heterosexuals showing a risk of suicidal behaviour or suicide. Despite high rates, the scholars working on the question of suicide in homosexuals appear to be up against a wall of silence, especially with respect to the influence of “sexual orientation” factor or “sexual abuse” factor during childhood in the case of both men and women as predictors of all sorts of problems, suicide in particular. Very little has been done to shed light on the mechanisms whereby the victimization of gays and lesbians can lead a young person to develop self-destructive thoughts or behaviour.

Alcohol and Drugs

The 1992-1993 Health and Social Survey allows us to estimate that 13.3% of the men and 2.8% of the women in Québec drink fourteen alcoholic beverages or more per week. The proportion of people with a high level of psychological distress increases considerably with the risks of drinking problems.

According to the literature listed by Hall¹³, scholars, clinicians and lesbians themselves believe that alcohol and drug abuse are more prevalent and more serious in the lesbian population than in the general population. In the only American study based on a large sample group of lesbians across the country, 25% of the women reported that they drank several times a week and 6% drank every day. Fourteen percent of the women in the sample felt, at the time of the survey, that they had problems related to their drinking and 16% had sought out help in this regard in the past¹⁴.

The psychological difficulties related to the development of homosexual identity in a society where the instituted norm is heterosexuality and the establishment of a lifestyle where one is a member of a stigmatized minority were identified as factors contributing to a higher rate of alcoholism in homosexual adults¹⁵.

12. P.J. TREMBLAY. “The homosexuality factor in the youth suicide problem”, a paper presented at the sixth annual conference of the Canadian Association for Suicide Prevention, Banff, Alberta, October 11-14, 1995.

13. J.M. HALL. “An exploration of lesbian images of recovery from alcohol problems”, *Health Care of Women International*, 1992, no. 13, pp. 181-198.

14. K. ERWIN. “Interpreting the evidence: completing paradigms and the emergence of lesbian and gay suicide as a ‘social fact’”, *International Journal of Health Services*, 1993, vol. 23, no. 3, pp. 437-453.

15. S. SCHNEIDER et al. “Suicide behavior in adolescent and young adult gay men”, *Suicide & Life, Threatening Behavior*, 1989, vol. 19, no. 4, pp. 381-394.

Violence

Little is known about the extent of violence in the lives of gays and lesbians. Most of the research, however, indicates that more than half of the adult gay and lesbian population considers that they have been subjected to some form of verbal or physical abuse at least once in their life.

A study conducted by Martin and Hetrick¹⁶ estimated that 40% of all gays were the victims of violence because of their sexual orientation. Apparently, family members were responsible for this violence in 49% of the cases. In a more recent study of gay adolescents, three-quarters of the teenagers reported having suffered negative reactions at school, including crude remarks, harassment and physical violence from other students.

The *Politique d'intervention en matière de violence conjugale*, a policy on domestic violence intervention, deals with the problem of violence among lesbians, differentiating it from that found among gay men. This policy states the following:

“Women who are subjected to violence by their partner find themselves faced with serious resource access problems. Heterosexism can contribute to a greater social isolation of lesbian couples. What is more, homophobia makes it harder for victims to reveal the abuse and prevents most of them from speaking out¹⁷.” (translation)

As far as violence in male homosexual couples is concerned, it too is a little known phenomenon — sometimes even denied — and not very much has been written on the subject:

“Since men occupy positions of power in society more often, it can be very difficult for abused gay men to acknowledge that they are the victims of domestic violence. Gay stereotypes do not take into account the fact that they too can be violent with their partners¹⁸.” (translation)

The action plan for implementing this policy provides for improving our knowledge of this phenomenon and the preventive means which should be recommended.

16. A. MARTIN and E. HETRICK. “The stigmatisation of the gay and lesbian adolescent”, *The Journal of Homosexuality*, 1988, vol. 15, nos 1-2, pp. 163-183.

17. *Politique d'intervention en matière de violence conjugale: prévenir, dépister, contrer la violence conjugale*, Québec, Gouvernement du Québec, 1995, p. 48.

18. Ibid., p. 48.

STDs and AIDS

Studies show that gays are a high risk group for contracting STDs and for HIV infection. It is felt that good self-esteem favours the adoption of precautions making sex safer. Discrimination against gay men, however, usually combined with a lack of social support and low self-esteem add up to a significant risk factor. It is estimated that between 10% and 20% of homosexual and bisexual men in Québec are living with HIV or AIDS¹⁹. According to the Centre québécois de coordination sur le sida, over the past ten years there has been a decrease in the proportion of men who engage in unprotected sexual intercourse and an increase in condom use. Nevertheless, one man out of five apparently still participates in unprotected sexual intercourse either occasionally or on a regular basis. Surveys have shown that involvement in the gay community had some bearing on the adoption of safe sex practices. Other Québec studies show that condom use increases with level of education and income bracket, the size of the city lived in, abstinence from drug use and commitment to the gay community.

The psychological effects of the huge losses and frequent mourning in the gay community, decimated by HIV infection, have not been studied very much, however.

19. R. RÉMIS. *La situation du sida et de l'infection au VIH au Québec, 1994*, Montréal, Centre québécois de coordination sur le sida, February 2, 1996, p. 97.

2 THE HEALTH AND WELL-BEING OF HOMOSEXUALS: Status of Health and Social Services

In this second part, we will be discussing what the health and social service system is doing for homosexuals and describing the gay and lesbian community organizations and their response to the needs of the homosexual population. We will be looking at service accessibility within this group and then will conclude with a discussion of the cultural barriers which limit the response to its needs.

What Health and Social Services Are Doing for Gays and Lesbians

Like the rest of the population, gays, lesbians and bisexuals have access to health and social services. It is not enough, however, for services to be free and geographically accessible: they must also be socially and culturally appropriate. It is crucial to adapt services for marginalized groups — poor people, ethnic minorities, gays and lesbians, and so forth.

At the central level

At first, it was basically in response to the AIDS epidemic that the MSSS decided to pay more attention to the gay population. In its *Stratégie de lutte contre le sida et de prévention des MTS* published in 1992, the Centre québécois de coordination sur le sida (CQCS) reasserted that men who have sexual relations with other men constituted one of the priority groups for the initiative to be undertaken.

The CQCS's guidelines for the prevention of HIV infection appealed to the entire health and social services network, the community, and all partners concerned to give priority, in all of Québec's regions, to interventions directed towards men who have sexual relations with other men. It recommended both group and individual interventions, which the MSSS hopes to see carried out so that they can contribute to an environment which is favourable to men who have sexual relations with other men and to their taking charge of their health better.

According to Jonathan Mann²⁰, the progress of HIV clearly shows that HIV infection within a population is closely linked to the specific characteristics of a given community and that certain social conditions, discrimination in particular, increase people's vulnerability to HIV infection.

For several years now, the MSSS has been attempting, with the regional health and social services boards, to do a better job of reaching male homosexuals in all health and social service regions. It supports many field projects, by AIDS community organizations for the most part. Also, in order to alleviate misconceptions and lack of knowledge about homosexuality in the health and social services network, a training program *Pour une nouvelle vision de l'homosexualité* (a new way of looking at homosexuality) has been set up. This program has already been offered to 1800 workers.

The MSSS contributed to the production of a special issue of the magazine *Le médecin du Québec* entitled "La médecine gaie" (gay medicine). What is more, in November 1994 it participated in a conference on gay health organized by the Association pour la santé publique du Québec, in addition to contributing financially to the event. Finally, in 1996 the Conseil québécois de la recherche sociale, in cooperation with the Centre de santé publique de Québec, sponsored a survey of the literature on young male homosexuals.

In the spring of 1996, the MSSS published, in its Études et Analyses collection, a document on the health and well-being of homosexuals entitled *Santé, bien-être et homosexualité: éléments de problématique et pistes d'intervention*. It had it distributed throughout the health and social services network and to community organizations.

A special call-in line for gays, *Gai Écoute*, was also opened up in 1980 in the Montréal region. This line was designed to give homosexuals and bisexuals the opportunity to break out of their isolation and begin the process of adjusting to their sexual orientation. Since 1996, an MSSS grant has made it possible to offer this telephone listening and information service, run by volunteers, for free in all of Québec's regions (1-888-505-1010).

In cooperation with several other government departments, the MSSS contributed to the development of the *Politique d'intervention en matière de violence conjugale*, published in 1995. As we pointed out earlier, this policy deals with the issue of domestic violence among gay and lesbian couples. In 1997, in its consultation document entitled *Proposition d'une*

20. J.M. MANN. "Prochaine étape: le sida, les communautés et les droits de la personne", Deuxième conférence internationale sur la prise en charge extra-hospitalière, Montréal, May 1995.

stratégie québécoise d'actions face au suicide, the MSSS included homosexuality among the different factors associated with suicide or suicidal behaviour.

The MSSS also collaborated on the program *Dire enfin la violence* ("Finally Speaking Out about Violence"). The purpose of this program is to listen to, support and accompany gays and lesbians who are victims of abuse. It is also important because of the partnership that it entails between different sectors: gay and lesbian communities, the Ministère de la Sécurité publique, the Montréal urban community, the Montréal urban community police department, the city of Montréal, the Régie régionale de la santé et des services sociaux de Montréal-Centre, and the Commission des droits de la personne et des droits de la jeunesse.

The inclusion of a question on sexual orientation in the 1998 Santé Québec Health and Social Survey will provide more information on the health and well-being of homosexuals. A monograph might be written up on this subject based on analysis of the findings. It should be pointed out that this is the very first time that a question on sexual orientation has been included in such an important survey.

Finally, during the public consultation conducted by the Commission des droits de la personne on violence and discrimination against gays and lesbians, the Fédération des centres locaux de services communautaires (CLSCs) said it would devise a policy in its network for staff communication with homosexuals.

At regional and local levels

In Montréal, the Régie régionale de la santé et des services sociaux de Montréal-Centre formed a team in 1995 to work on accessibility of health and social services for the gay and lesbian community. This group admits that there are very real problems as far as access to services adapted to the special needs of gays and lesbians is concerned and that the ties between community groups and the network's services and establishments are very weak. It has recommended greater openness on the part of the network to the gay and lesbian population, with priority being given to the following: inventorying existing needs and services; raising awareness and training health and social service sector workers; lending financial support to gay and lesbian community groups; promoting joint efforts between the government network and community

groups; and creating, within the Régie, a committee for updating and following up on the recommendations.

We do not plan to go over the whole history of the network's involvement in services offered to the homosexual community. The team work of Project 10 run by the Centre de la Jeunesse et de la Famille Batshaw (Batshaw youth and family centre) and supported by the Régie régionale de Montréal-Centre in conjunction with its HIV prevention program should be mentioned, however. This project, which has been in existence for about twenty years, offers services geared towards helping adolescents and young adults feel better about themselves by sending them positive messages about their sexual orientation.

This year, a multi-party table was set up on gay and lesbian health; it is attempting to bring about an improvement in services and relations between service providers and the homosexual clientele²¹.

In Québec city, the Régie régionale de Québec, pursuant to the report from the Commission des droits de la personne, has proposed ways of developing an action plan to submit. Québec city's CLSC Haute-Ville offers interventions centred specifically around homosexual issues and supplies help to anyone who wants it, which can be provided confidentially so that the person's anonymity is maintained. It also hosts two community groups, one of which is for the 14-17 age group.

The regional boards all over the province have received a copy of the Commission des droits de la personne report on violence and discrimination against gays and lesbians. Most of them are aware of the existence of community groups dealing with gay and lesbian issues. In eastern Québec, several CLSCs have established ties with gay and lesbian organizations. Some CLSCs provide these groups with concrete support, the Estuaire CLSC in Rimouski for example. As part of the implementation of the Policy on Health and Well-being, two regions have asked gay organizations to participate in the determination of priorities with respect to health and well-being in their region. The grand majority of the regions offer the CQCS training program *Pour une nouvelle vision de l'homosexualité*.

21. At this table, there are representatives from Séro-Zéro, the Groupe de discussion Montréal (G.D.M.), the Centre des gais et lesbiennes, the Commission des droits de la personne, the du Faubourg CLSC, the city of Montréal, and the Métro and du Plateau CLSCs sharing their expertise.

Role of Community Organizations

Community organizations and self-help groups created by the gay and lesbian communities play a vital role, not only in consciousness raising, lobbying and mediation for services adapted to their needs, but also by virtue of the services they themselves provide to their community. With the advent of AIDS, an even more tight-knit network of gay organizations was formed in most of the health and social service regions to support the community and establish cooperative ties with the health and social services network for both preventive and curative services.

The gay and lesbian communities have created many organizations, associations and self-help groups offering a variety of services and activities in the cultural, sports, legal and mental health (alcoholics anonymous, young people with problems, etc.) fields. They are mostly found in around the major urban centres and financed essentially by their members. The absence of consistent public funding, however, contributes to the precarious nature of the community organizations and they have to constantly worry about their financial survival.

The gay and lesbian communities in the Montréal region were the first to set up organizations for providing all sorts of services. It was the work and lobbying done by a group of these organizations that led the Commission des droits de la personne to hold its public consultation in November 1993 on violence and discrimination against gays and lesbians. To illustrate the diversity of the services offered by the Montréal community, these are a few of their organizations and associations: the Centre des gais et lesbiennes de Montréal; the Centre de services juridiques pour lesbiennes et gais, which offers legal services; Jeunesse Lambda, which provides support to young people under 25; Rencontre Alcoolique-Anonyme Gai, an alcoholics anonymous service for gays, also available in Québec city; Divers/Cité; the Association des pères gais de Montréal, for gay fathers; Mecs-Santé, a male health-oriented organization; not to mention many worker and college and university student organizations.

There are also groups which disseminate information and do research on gay and lesbian issues, such as Diffusions gaies and the Groupe interdisciplinaire de recherches et d'études Homosexualité et société (GIREHS) at the Université du Québec à Montréal.

The social isolation of gays and lesbians is often compounded by geographical isolation. This is frequently the case with men and women

in rural or semi-urban areas where the gay and lesbian social network is far more limited or even nonexistent. The gay community in Québec city and eastern Québec, however, is becoming increasingly organized; the Coalition gaie et lesbienne-Québec handles dialogue and liaison with gay groups and various institutions concerned by the status of homosexuals.

On the north shore, the Centre des femmes l'Étincelle women's centre has initiated a lesbian health project, as has the Centre de santé des femmes de l'Estrie in the eastern townships. Lesbians have participated actively in the activities of the Centre de santé des femmes de Montréal women's health centre and the Coordination nationale pour l'avortement libre et gratuit (for free abortion on demand), on women's committees, and in setting up shelters for battered women and women's groups focusing on violence against women²².

Despite the number and variety of community service organizations and self-help groups, many operate completely outside the health and social services network. Improvement of services geared towards homosexuals must, as with other groups, count on close cooperation between the public and community sectors.

22. I. DEMCZUK. *Op. cit.*

Homosexual Accessibility to Health Care and Services

The question of access to health care and services offered by the health and social services system is a crucial one for marginalized groups. The muteness of workers on the question of homosexuality does not contribute to the effective adaptation of services to this clientele.

Services not very well adapted to the special needs of homosexuals

Thanks to the briefs submitted in conjunction with the public consultation by the Commission des droits de la personne, a survey of the literature on the subject²³, and based especially on the information provided by the special issue “La médecine gaie” of the magazine *Le médecin du Québec*, we are aware that gays, lesbians and bisexuals do not always receive appropriate services. Service adaptation is based on finely tuned knowledge of the clientele to be served; considering the lack of information on these groups, it is no great surprise that poorly adapted health and social services, for young people and lesbians especially, have been pointed out.

The feminist movement prompted an examination of the special problems experienced by women in their relations with health care providers. Studies on lesbian health revealed heterosexist attitudes on the part of service providers in particular.

Apparently, lesbians consult health care practitioners less frequently than heterosexual women, one of the main reasons being their fear of being rejected by them. In an American study of a limited sample group, 70% of the lesbians had received a negative reaction from health care providers when they revealed their sexual orientation²⁴. Many of them were subjected to breaches of confidentiality, rough physical examinations (especially gynecological exams), sarcastic remarks or prying personal questions. Generally speaking, physicians appear to assume that women are heterosexual and do not tend to ask them about their sexual orientation. Other studies have confirmed that these kinds of things continue to be problems for lesbians²⁵⁻²⁶.

Even if they have access to services, hardly any young gays and lesbians have access to programs that are appropriate for them. They are up against institutional barriers linked to homophobia. It would

23. M. CLERMONT. *Santé, bien-être et homosexualité: éléments de problématique et pistes d'intervention*, Études et Analyses collection, no. 26, Québec, Ministère de la Santé et des Services sociaux, 1996, 56 p.

24. D. EDELMAN. “University health services sponsoring lesbian health workshops: implications and accessibility”, *Journal of American College Health*, 1986, vol. 35, no. 1, pp. 44-45.

25. D. JUNOD and L. CHAREST. “Santé des femmes homosexuelles. Quelles sont vos recommandations médicales?”, *Le médecin du Québec*, 1993, vol. 28, no. 9, pp. 67-69.

26. S.E. TRIPPET and J. BAIN. “Physical health problems and concerns of lesbians”, *Women & Health*, 1993, vol. 20, no. 2, pp. 59-70.

therefore appear that services are being underutilized considering the significance of the problems pointed out.

In the social services field, the question of sexuality is still not raised easily; if one adds the prefix *homo* to the word *sexuality* then the subject becomes taboo for many workers. Since young people rarely bring up the matter of their homosexual orientation on their own, it is not easy for the staff to get into this aspect of their lives with them.

Up until very recently, very few community organizations or groups in Québec took young gays or lesbians into account when offering services or care. We already know that teenagers do not use the system much; they feel that the staff does not really want to talk about homosexuality and are afraid that if they try what they say will not remain confidential.

When services are planned for the elderly, gays and lesbians are still not taken into account. There too, intervention models are designed with heterosexuals in mind. There are not any policies for ensuring that homosexuals are supported during hospital visits or when they make medical decisions for their partner. The fact that they might be isolated or vulnerable is not always taken into consideration. None of these factors are incorporated into existing services.

Consequently, the absence of policies or even of dialogue on policies for gays and lesbians in the health and social services field generally isolates both homosexuals and staff.

Staff attitudes towards homosexual clients

All relations between health and social services network users and workers are essentially founded on trust. Expectations of workers are particularly high because the relationship they need to build is an intimate one considering the knowledge it entails of the person's private and family life and body²⁷. And workers apparently have more problems offering services adapted to the homosexual clientele. What is more, gays, lesbians and bisexuals are not very inclined to reveal their sexual orientation because they are afraid of discrimination and hostility from the workers, so this is bound to have an effect on the treatment sought, especially for mental health difficulties.

The "invisibility" of homosexuals is one explanation for the workers' problems but there are also other factors involved: gay and lesbian

27. D. WELZER-LANG et al. *La peur de l'autre en soi: du sexisme à l'homophobie*, Montréal, VLB éditeur, 1994, 302 p.

stereotypes, feeling threatened by homosexuality, the lack of scientific literature on the subject and the absence of training on homosexual issues. This fear of homosexuality, the veil of silence which shrouds it, the rejection – these things are borne out by the workers' sex education limited to heterosexuality, by a lack of information on the process of accepting one's sexual orientation to cut down on psychosocial problems and by the stigma attached to research work on homosexuality. This heterosexual bias is therefore found at training, intervention and research levels.

Apparently some doctors even demand that some of their patients undergo HIV screening simply because they are gay. Others sometimes refuse to test lesbians for STDs, claiming that they are not at risk. The most serious prejudice in the health field appears to be the belief that psychotherapy can “heal” all homosexuals²⁸.

However, the arrival of AIDS on the scene, even though it contributed to a certain extent to the “remedicalization” of homosexuality, also made many physicians and workers more aware of the need to do a better job of grasping the situation of gays who consult them but are hiding their sexual background. For the most part, AIDS prevention workers dealing with young gays or bisexuals in Québec have a positive attitude towards homosexuality. As part of an ongoing assessment by the Direction de la santé publique de la Montérégie²⁹, 338 workers answered a questionnaire chiefly measuring their knowledge of and attitudes towards male homosexuality, their interest in working with young gays or bisexuals, and their perception of their competence at AIDS prevention work. The initial findings show that the workers' knowledge is limited, especially regarding theory and psychosocial aspects of homosexuality. However, although a great deal of interest was shown in working with this clientele, the respondents said that they felt that they were only moderately competent to do so. They also confirmed that current services do a poor job of meeting the needs of young homosexuals.

28. J. LAFOND and M. STEBEN. “Concepts d'homophobie et d'hétérosexisme”, *Le médecin du Québec*, 1993, vol. 29, no. 9, pp. 43-50.

29. J. OTIS and N. CHOUINARD. *Évaluation du projet “Planification d'une structure d'accueil en Montérégie destinée aux jeunes hommes de 15 à 24 ans ayant des comportements homosexuels”, Part 1* (Evaluation of the worker training process structure), a preliminary report prepared for Charles-LeMoine hospital and the Régie régionale de la Montérégie, July 1994.

The necessity and usefulness of better training were also raised in a study conducted among newly-trained physicians who had graduated from universities in Québec. This research study concluded that many of them felt extremely uncomfortable about bringing up questions of a sexual nature with their patients, especially pertaining to their sexual

orientation or any high-risk behaviour. It also confirmed the positive effects of appropriate training: graduates from Sherbrooke University, who had received special courses in sexual matters, perceived things more accurately and acted more appropriately when dealing with various aspects of the sexual health of their patients³⁰.

A Conclusion of Sorts: The Need to Change How Homosexuals Are Seen

Usually as a result of pressure from gay and lesbian communities, the health and social services system has recently shown a true openness to adapting its services to the needs of these communities. Over the past few years, conferences, forums, public consultation, pressure from community organizations and various events have prompted an increase in sensitivity and awareness centrally and locally of a reality which had been virtually ignored up to now.

Clearly we need to go beyond words and good intentions. Far bigger steps have to be taken because, considering the size of the problems pinpointed, services are being underutilized, often due to cultural barriers manifested by silence or non-recognition of the special needs of gay and lesbian clients. Obviously, this lack of recognition is not only found in the health and social services system: it is typical of most public institutions. However, expectations with regard to health care and social service workers are understandably especially high, but homosexuals' fear of discrimination and hostility from workers combined with the workers' lack of special training on homosexual issues stand in the way of accessibility and quality where the services offered to homosexuals are concerned. The system contributes to the overshadowing of this reality and to some of its negative effects on the health and well-being of the people involved.

If we are aiming for social and health interventions that are tailored to the groups targeted and the problems to be solved, then the question of homosexuality needs to be looked at from a broader perspective, with all the complexity of its mechanisms for exclusion or isolation of the different people involved.

30. N. HALEY, B. MAHEUX and M. RIVARD. *STD/HIV Prevention by Newly-Trained Family Physicians*, Université de Montréal, Sainte-Justine hospital, Cité de la Santé de Laval, 1994, 27 p.

Lifting the veil of silence from the gay and lesbian population in institutions calls for better information and training, reexamination with the community organizations working in this area of how services are organized, and more social research geared towards understanding the phenomenon as well as improving interventions.

3 ADAPTING SERVICES TO HOMOSEXUALS: Concerted Action

Guiding Principles

One of the convictions on which the Policy on Health and Well-being is based is that health and well-being stem from constant interaction between individuals and their environment. Now, the society in which homosexuals live is strongly influenced by heterosexist and homophobic values. It is therefore not at all surprising that the new initiatives undertaken to improve the health and well-being of gay and lesbian clients must accord greater importance to environmental causes, especially laws, institutional culture and attitudes.

While admitting that the underlying questions implied by the homosexual reality must fit into a very broad perspective aimed at the causes of discrimination, the health and social services network is responsible for ensuring that the services it provides are quality services and accessible to the whole population of Québec. The cultural barriers encountered with the homosexual population raise questions similar to those already raised for other network clienteles, such as people who are socioeconomically underprivileged and cultural communities.

The principles on which the initiatives of the health and social services system are founded are found in the Québec Charter of Human Rights and Freedoms and the Act respecting health services and social services. The Charter stipulates that people must not be discriminated against on the grounds of sexual orientation and the Act provides that the health and social services system must be respectful of the characteristics of the groups it serves and meet their needs.

In addition, the MSSS bases its initiatives on the following principles:

- elimination of all discrimination from the provision of health and social services;
- recognition of the legitimacy of the aspirations for better well-being on the part of gays, lesbians and bisexuals;
- promotion of respect for gays, lesbians and bisexuals and for their differences.

Key Types of Intervention

The MSSS plans to articulate its action around four key types of intervention.

Eliminating discrimination against homosexuals

For the development of conditions favourable to the health, well-being and quality of life of homosexuals, the health and social services system has work to do within its very institutions. At the very least, it needs to lift the veil of silence shrouding the homosexual experience and alleviate the isolation of people who need services. Also, maintaining and increasing dialogue and cooperation with other sectors in society are important ways of fighting discrimination against gays and lesbians and of changing mentalities, especially those of parents, teachers and young people.

The health promotion advocated is based on the need to act on the social factors at the root of discrimination against gays, lesbians and their respective communities.

In connection with its initiative aimed at prevention of HIV infection among men who have sexual relations with other men, the MSSS stipulated an objective which we will reiterate here: reducing discrimination in relation to homosexuality.

Tailoring services to fit the needs of the target clientele

Adapting services to the needs of homosexuals requires systematic acceptance of the homosexual experience at all levels: central, regional and local. This means:

- at the central level, inclusion of the “sexual orientation” dimension in carrying out key departmental duties such as policy and orientation development, strategic planning, research support and assistance, evaluation, etc;
- at the regional level, taking homosexuality into consideration in the implementation of department policies and orientations, evaluation of training requirements, establishment of health and well-being priorities, and distribution of financial resources;
- at the local level, unbiased attitude and interventions adapted to homosexual clients in all establishments, i.e. attitude adapted to different living situations, concrete support of community organizations

and self-help groups working with gays and lesbians, dialogue and cooperation with these organizations, and support to help workers take homosexuality into account in their work.

Recognizing and supporting gay and lesbian communities

Community organizations and self-help groups, in addition to playing a significant socialization role, provide indispensable support for homosexuals with the problems they encounter. The increase and growth in these organizations over the past ten years demonstrate the ability of gay and lesbian communities to equip themselves with mechanisms for meeting some of their members' specific needs. Torn between the need for greater visibility in society and the fear of discrimination against their members, community organizations and self-help groups need more recognition from the health and social services network for both their funding and their establishment. We must also involve these organizations in service planning and organization.

All of Québec's regions must:

- recognize the expertise of community service organizations and self-help groups in gay and lesbian communities;
- encourage, by means of concrete support, the members of these communities in their initiatives so that they can benefit from various programs distributing grants among community organizations;
- include the homosexual reality in devising and providing front-line health care and services through dialogue and cooperation with community organizations.

Improving on knowledge and intervention

The lack of data on homosexuality in Québec is a major obstacle to adapting services to the needs of this clientele. Special attention must be accorded to research and worker training and the following objectives should be given priority:

- ensure that research institutions (the Fonds de la recherche en santé du Québec and the Conseil québécois de la recherche sociale) are adequately covering the question of homosexuality and its repercussions on the health and well-being of homosexuals;
- include in health care system policies and orientations, in terms of both problems and recommended measures, aspects related to

homosexuality which can have an influence on the services homosexuals are offered, for example in updating the Policy on Health and Well-being, in policies or guidelines for young people, women, the elderly, people with a physical or intellectual impairment or people with mental health or addiction problems, and in the follow-up and evaluation of the *Politique d'intervention en matière de violence conjugale*, the policy dealing with domestic violence;

- promote, at central, regional and local levels, the tools and approaches required to bring about a change in mentalities and attitudes in order to eliminate discrimination not only in the health and social services network but also in other areas of society, schools in particular;
- support training on homosexuality and homosexual issues for decision-makers and managers as well as for workers in all of Québec's regions; the MSSS will also see to the dissemination of information on homosexuality and intervention with homosexuals in order to increase the sensitivity and awareness of colleges, universities and professional associations providing basic training for future health and social service workers.

Orientation Implementation and Follow-up

Orientations for the health and well-being of gays, lesbians and bisexuals must have procedures for implementing them in all of Québec's regions.

To manage this, the MSSS plans to exercise its leadership to call on the whole network to improve homosexual accessibility to health and social services; it also intends to raise the consciousness of other sectors so as to fight against the social discrimination which many many homosexuals are still subjected to.

To ensure the implementation of the orientations recommended, the department will give a joint MSSS/regional boards committee the responsibility of supporting their introduction at the different levels and of following up.

This committee, made up of two MSSS representatives and four regional board representatives, will be mandated to:

- see to the dissemination and promotion of the department orientations at the different intervention levels;

- help support the four key types of intervention, for example by participating in intersectorial initiatives aimed at reducing discrimination against homosexuals;
- devise an action plan and the tools needed for the MSSS and regional boards to produce an annual progress report;
- study the progress reports and disseminate them annually among the authority levels concerned.

After three years, this committee will be reviewed in terms of initiatives undertaken and objectives met and its relevance will be evaluated.

CONCLUSION

Changes in mentality and subsequent adaptation do not happen overnight. This is why the MSSS approach calls for a gradual and effective transformation over the next few years. This pragmatic perspective is based on partnerships that are responsible but each moving at its own speed, both in terms of the regional boards and other departments and institutions concerned and of the community organizations.

We feel that it is necessary to change how homosexuality is seen in order to better adapt services to the needs of the homosexual clientele. With this in mind, we have chosen two short-term priorities from among all the steps to be taken: worker training and evaluation of front-line services in cooperation with community organizations.

The Act respecting health services and social services stipulates that services must be respectful of the characteristics of the groups to be served and must meet their needs. Staff at the MSSS and regional boards and in establishments and centres must first and foremost have access to training which allows it to be sensitive to homosexual issues. If we are to see to the needs of homosexuals, at all levels, we need to know something about them.

In addition to this “consciousness raising”, input from community organizations to help with the planning and organization of services will also give them the opportunity to share a common goal, that of services adapted to homosexuals for the improvement of their health and well-being.

