# A New Look at Homophobia and Heterosexism in Canada

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Canadian AIDS Society
Société canadienne du sida

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# Foreword

**This discussion paper was commissioned by the Canadian AIDS Society, and was written by Bill Ryan, with contributions from John Fisher, Albert McLeod, Raj Maharaj and Wendy Maxwell. Marida Waters crafted the document design. Jean Dussault executed the translation from French to English.**

The Canadian AIDS Society (CAS) gratefully acknowledges the enormous work and contributions of the Homophobia Resources Advisory Committee, comprised of representatives from the CAS membership, who helped guide the creation of this document:

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|---|---|
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# INTRODUCTION

**In 1991, the Canadian AIDS Society published "Homophobia, Heterosexism and AIDS" to respond to the needs of its membership. There were few tools available to our membership which supported them in challenging homophobia and heterosexism in Canadian society and permitted them to carry out their community AIDS work effectively. This document became an oft- and well-used tool in Canada's community-based AIDS movement, and beyond. It helped to dispel myths and to clarify misunderstandings, and was designed to act as an informative guide for confronting homophobia in the context of confronting HIV/AIDS.**

Twelve years later, Canadian society has evolved enormously. We are no longer in the same legal or social context as in 1991. Court challenges and legislative changes at all levels of society have reflected that a majority of Canadians find it is no longer acceptable to discriminate against people because of their sexual orientation. In fact, public opinion polls show that increasing majorities of Canadians reject discrimination all across the country. Most recently, Ontario's Superior Court declared federal legislation denying equal marriage for two persons of any gender to be unconstitutional. Since then, British Columbia's Appeals Court has removed a suspension of a similar decision The federal government has not appealed these decisions and is preparing legislation to extend marriage to same-sex couples. In the fall of 2003, Québec tribunals are expected to open access to same-sex marriage in declaring the federal marriage laws unconstitutional.

## WHY IS A DISCUSSION PAPER FOCUSED ON HOMOPHOBIA AND HETEROSEXISM BEING PRODUCED BY AN AIDS ORGANIZATION?

In 2002 the United Nations chose "Stigma and Discrimination" as the theme for World AIDS Day and AIDS Awareness activities in 2002/2003. In light of this theme, CAS has chosen to renew its 1991 materials addressing homophobia and heterosexism because of their relevance and the continued effect of homophobia on Canadian community-based AIDS work. The document you hold today represents part of what CAS hopes will be an ongoing discussion of homophobia in Canada.

The original 1991 document had at its core an understanding that confronting homophobia and heterosexism is essential to confronting HIV/AIDS. The main discussion focused on how heterosexism had shaped institutional responses to AIDS, and the early response of gay and lesbian communities to AIDS. This was supported with a summary of the historical connections made between AIDS and marginalized populations, definitions of homophobia, heterosexism and other terms, and a collection of resources and tools for change.

Research has indicated clearly that homophobia undermines our ability to adequately address HIV infection. Homophobia is a risk factor in HIV prevention and care. Confronting, reducing and eliminating homophobia and heterosexism are crucial in any systemic approach to HIV infection in Canada.

## RENEWING THE VISION

In revisiting the document, CAS invited its membership to participate in an advisory committee to help shape a vision of the kind of resource that would be useful in 2003. Acknowledging that this document would have impact beyond the community-based AIDS movement, the committee's primary goal was to provide a much-needed and up-to-date resource on homophobia with a Canadian perspective. Throughout their discussions, the participants, reviewers and contributors acknowledged that the experiences of living

with HIV/AIDS, HIV/AIDS phobia, homophobia and/or heterosexism plays out differently in different community contexts. Of equal importance was the acknowledgement that the gay, lesbian, bisexual, and two-spirited, queer and questioning community is not a homogenous one.

Rather than reprinting the 1991 document, the committee felt that a broader, more in-depth discussion of homophobia was necessary, placing HIV/AIDS within the larger discussion. The document's contributors come from Canada's community based HIV/AIDS movement, working at many levels and from a variety of communities.

This "new look" at homophobia discusses the issues with a more analytical and academic tone, beginning with a review of existing literature and collected wisdom and experience. This is followed by a historical and current overview of Canadian law. The third section is a forward-looking discussion of potential outcomes, implications and questions.

The new document has retained certain features found in the 1991 version. The use of personal stories, recent headlines and quotes from political figures illuminates the discussion. The committee also encouraged the authors to use a more personal tone where possible while presenting the research. These features establish the document as coming from a collection of communities, grounding the abstract and theoretical in actual Canadian experience. Also new to the document is a chapter listing Canadian projects intended to reduce to effects of homophobia. This picks up where the 1991 document's Tools for Change section left off, directing the reader to other organizations and networks and listing programs and projects already demonstrating measures of success. Finally there is an extensive bibliography with substantial Canadian content to support the work.

The committee noted the critical importance of the use of nomenclature, vocabulary and language in any discussion of homophobia and heterosexism. A single word can carry many different meanings, and meanings can shift based on cultural context. The use of names and labels in one context can produce results contrary to what is hoped for or expected when used in a different context. These variables must be kept in mind when reading the document. Fluidity of context and meaning has been explored in the text primarily when discussing concepts of identity.

## *LESSONS LEARNED*

The creation process for this document clearly demonstrated the need for broader and more inclusive research, discussion, community representation and participation. To guide the drafting of the document, certain parameters were defined at the outset; others were determined by a lack of available research or expertise on the topic. The limited resources available for the production of this document also created certain parameters and barriers. While issues exclusively affecting specific communities, (i.e. religious, spiritual, transgender, HIV-positive/negative, drug using, immigrant/new Canadian, youth/elderly, heterophobic, biphobic) were discussed where possible when alliances and intersections existed, they could not always be addressed at length or with any detail or depth. The section titled "Discussion" mentions some of the areas requiring further exploration

## *FUTURE EDITIONS – AND YOUR CONTRIBUTIONS TO THEM*

The committee suggested the production of supporting documents and resources to complement this publication. Funding-permitting, these could include a Glossary, a revision of the 1991 Tools for change section, and community-specific and issue-specific Information sheets.

We ask every reader who uses this document to share their comments and resources with us so that future editions will improve its usefulness. The purpose of this document is to support ongoing programs and efforts that challenge homophobia and heterosexism in Canadian society. Please contact us with your comments and suggestions at:

Homophobia Resources (2003)

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# THE LITERATURE

It is important to note that, because of profound changes in the attitudes of social science and, to a lesser but still profound extent, in society at large, toward gay, lesbian and bisexual people and their lives in the last three decades, there is still much to be studied and written about the subject. Much of what was written before the mid-1970's is now subject to scrutiny and criticism primarily due to profound misgivings about the researcher's own personal biases, conditioned as they were by homophobia and heterosexism, and the populations of gay men, lesbians and bisexuals who were studied. It is also important to note that the vast majority of studies, particularly since the arrival of HIV, has concentrated on gay men.

The following areas appear to be particularly relevant in the context of this discussion paper:

1. Attitudes in society, and in the helping professions, toward gay, lesbian and bisexual people and their personal and social identities;
2. Issues related to stigma, and its application to the lives of gay, lesbian and bisexual people;
3. Factors in the development and acquisition of gay and lesbian identities, with special regard to self-esteem and including coming-out, internalized homophobia and shame, absence of role models, socio-economic considerations and the workplace, education, the impact of HIV, and the socio-political context;
4. The developmental adaptation, in the family of origin, to a member being gay, lesbian or bisexual;
5. The diverse range of experiences of being gay, lesbian and bisexual in Canada through the eyes and experiences of Aboriginal, African, Caribbean, and Latino Canadians.

## 1.1 ATTITUDES TOWARD GAY, LESBIAN AND BISEXUAL PEOPLE

### 1.1.1 Societal attitudes

An attitude is defined as a "manner of acting, thinking, or feeling that shows one's disposition" (Guralnik, 1974). Katz has defined an attitude as "the predisposition of an individual to evaluate some symbol, object, or aspect of his world in a favorable or unfavorable manner" (cited in Halloran, 1967). It includes cognitive, affective and behavioural elements.

Research into negative attitudes towards homosexuality and gay and lesbian persons has increased in the last thirty years. However, virtually no attention has been paid to positive, or even neutral stances. In other words, we are beginning to understand homophobic reactions and their roots, but we have done little to study why some people are not homophobic, or how people eliminated or reduced their homophobia. Studies have failed to differentiate between the elements of attitudes, creating ambiguities. Many studies label all negative attitudes to homosexuality as homophobia (Leavitt and Klassen, 1974; Lumby, 1976; Melham et al., 1976; Steffensmeir, 1974). Others believe that the term "homophobia" should only be used to refer to fear, aversion, and distaste (Fone, 2000; Fyfe, 1983; Hudson and Richetts, 1980; MacDonald, 1976; Weinberg, 1973). Weinberg has called homophobia "the dread of being in close quarters with homosexual" (Weinberg, 1973). MacDonald (1976) defines homophobia as an "irrational, persistent fear and dread of homosexuals". All other anti-homosexual reactions have been termed "homo-negativism" by Hudson and Richetts (1980). Fyfe (1983) has said that we need to differentiate between a socio-cultural bias against gays and lesbians of "homonegativism", and "phobic reactions to homosexuals as a particular individual's experience of excessive discomfort and avoidance when confronted with an anxiety-provoking stimuli".

MacDonald (1976) has identified three main sources of "homonegativism":

1. Religious and moral convictions that sexual activity is only permissible for the purpose of procreation;
2. Myths and stereotypes that have developed out of lack of understanding about gays and/or lesbians, and their behaviours – for example, that gays are child molesters;
3. The idea that behaviour that deviates from what the dominant culture has determined to be "normal" is wrong.

*Mr. Myron Thompson, MP (Wild Rose, Canadian Alliance):*

*I want the whole world to know that I do not condone homosexuals. I do not condone their activity. ... I do not like what they do. I think it is wrong. I think it is unnatural and I think it is totally immoral. ... I will object to it forever whenever they attack the good, traditional Canadian family unit that built the country."*

*Hansard, June 15, 1995*

These, however, do not account for the strong emotional rejection that has frequently been documented (Fone, 2000; Fyfe, 1983; Herek, 1984; Weinberg, 1973). One factor found to be the cause of such a reaction is that of personal threat (Morin and Garfinkle, 1984; Shields and Harriman, 1984).

There continues to be widespread prejudice against gays, lesbians and bisexuals in the Western world, even though this negativity appears to be diminishing, especially in Canada as compared to the United States. A 1977 Gallup poll showed that sixty-five percent of Americans thought gays should not be allowed to teach school, forty-four percent believed they should not be allowed to practice medicine, and thirty-eight percent believed they should be excluded from the armed forces (Morin and Garfinkle, 1978). A Newsweek magazine poll in 1983 found that only one-third of the American public view homosexuality as an acceptable alternative lifestyle (Herek, 1984).

*Like wouldn't it be wonderful to not be hassled when you walk down the street with your partner, hand in hand, or when you do the same things that the straight couples do, and it will be accepted?*

*Ryan, Gay Male Focus Group, 2000*

More recent polls in the United States show these negative reactions have diminished substantially. Polls in Canada show even more diminished negative reactions (Egale, 2002). Most Canadians, in every region, now believe discrimination based on sexual orientation is wrong and should be illegal. More Canadians support the extension of marriage to same-sex couples than are against it, and the younger the person the higher the level of support (Globe and Mail, September 2002).

Byrne (1982) has developed a model of sexual behaviour sequence to explain the underlying mechanisms that account for the development of homophobia. He proposes that an individual uncomfortable with gay and lesbian people may either believe that homosexuality is a learned behaviour (nurture), or that it results from a physiological or genetic basis (nature). When viewed as a learned behaviour, a gay or lesbian who appears to be similar to him will be more threatening. When seen as a genetic difference, the person may view gays and lesbians as disadvantaged compared to others, so that their achievements are extolled as the exception, rather than the rule.

Byrne also postulates that there are defined strategies of emotional response to sexual stimuli. Erotophilia is a positive response to sexually arousing stimuli. Erotophobia is a negative response. He says that emotions and beliefs interact to produce the behaviour that is seen, such as approach-avoidance, and expressions of dislike-like. Aquero, Bloch and Byrne (1984), with a class of psy-

chology students, found that those who were erotophiles felt more dislike of a gay man if they believe homosexuality is learned. Erotophobes dislike gays whether they believe it is learned or genetic. Erotophiles, however, who believe that homosexuality is a genetic issue, engaged in a statistically significant increased amount of homosexual behaviour. This was interpreted to indicate they felt safe in enjoying the novelty of gay sex without the fear of being in danger of "catching it".

*You see today, June 27, is Gay and Lesbian pride day. One of those minority groups that I was alluding to. The whole practice is perverted and disgusting to begin with...let alone to be celebrated with pride. I know that these people are God's children like the rest of us...but let's call a "spade" a "spade". They're perverts. Every last "queer" one of them. And today, they are holding a mass demonstration in Toronto, to show how proud they are of their perverted habits.*

*Nipigon Gazette, June 9, 1993.*

One of the most common instruments to assess homophobia, called The Index of Homophobia, (IHP) has been constructed by Hudson and Richetts (1980). This is a 25-item questionnaire intended to test for personal and emotional reactions to homosexuality. It has achieved a high degree of reliability, as well as good content and construct validity. It is predicated upon the belief that homosexuality is an acceptable orientation. Questions such as "I would feel disappointed if I learned that my child was homosexual" are interpreted by Hudson and Richetts to indicate homophobia.

Studies that have concentrated on the assessment of cultural beliefs about homosexuality have not found significant differences between men's and women's attitudes to homosexuality (Leavitt and Klassen, 1974; MacDonald and Games, 1974; MacDonald et al., 1972; Morin, 1974; Baals, 2000). However, those studies that focused on personal emotional responses to gays have found that men respond more negatively than do women (Milham, San Miguel and Kellogg, 1976; Minnigerode, 1976; Steffensmeir, 1974). Milham and associates (1976) found a higher degree of homophobia expressed when persons assessed homosexuality among their own sex.

A recent, and unfortunately, unpublished study in Québec of high school student's attitudes towards gay men and lesbians (Bals, Charbonneau & Martin, 2000) found that male adolescents exhibited much more homophobic reactions than their female counterparts – 33% of boys had positive reactions to gay and lesbian people compared to 72.5% of girls, and more alarming, 33% of boys had negative to extremely negative attitudes compared to 7.9% of girls. It is encouraging, one could suppose, to note that one-third of boys were positive, however, the enormity of the differences in socialization between boys and girls is evident, when that is compared to the almost seventy-three percent of girls who had positive attitudes. This cannot be a mere coincidence.

There are a few studies that investigate the behavioural components of attitudes. McConaghy (1977) measured the penile volume changes in reaction to pictures of nude males and females. His experimental group was composed of gay males and his control group was male heterosexual medical students. He found, as hypothesized, that the gay men demonstrated most arousal when shown pictures of the nude bodies of males. They also showed a slight arousal or neutral reactions to the female pictures. The big surprise, however, was the reaction of the control group. Their penises shrank in volume when confronted with the nude male pictures. McConaghy interpreted this to indicate a fear reaction.

Studies of the effect of interaction with a gay man have looked at the subject's use of interpersonal space. They have found that male subjects place their chair three times as far from a male experimenter they believed to be gay, as from one they thought was heterosexual (Karr, 1978; Morin, Taylor and Kreelman, 1975).

Milhan, San Miguel and Milhan (1976) found that heterosexual males who are homophobic displayed significantly more aggression toward a gay male, especially if the gay men appeared similar to themselves.

Increased negative responses to homosexuality are found among the following categories of people:

1. Older, less educated persons (Herek, 1984; Karr, 1978)
2. More authoritarian persons (MacDonald and Games, 1974)
3. Church going people who belong to a fundamentalist denomination (Kerel, 1984)
4. Those living in certain geographical locations associated with conservatism (De Crescenzo, 1984)
5. Those who have less personal experience with gay and lesbian persons (De Crescenzo, 1984; Milham, et al., 1976).

### 1.1.2 Attitudes of helping professionals

Helping professionals who understand the dynamics of societal homophobia and the internalized homophobia absorbed into the psyche of many, if not most, gay men and lesbians can help them recognize homophobia and develop effective strategies for confronting and overcoming the difficulties of being gay or lesbian in a predominantly heterosexist, and often homophobic, world. At the same time, helpers can work toward changes in society's negative attitudes and oppressive acts (Schoenberg, 1983-4). As Goldberg and Schoenberg (1981) note, "what distinguishes gay social work is not that it is services provided by social workers (homosexual or not) to gay and lesbian clients; it is the adaptation in the provision of services necessitated by society's negative attitude toward homosexuality and by homosexuals' responses to those attitudes". They identify four areas that need to be identified and studied as the social work profession comes to terms with its traditional silence about homosexuality:

1. Racialized Minorities. We need to recognize that gays and lesbians from cultural minorities have special concerns and needs, and experience several levels of oppression;
2. Women. Lesbians must deal with heterosexist assumptions about their lives as well as deal with the dominant patriarchal cultural definition of the role of women;
3. Lesbian and gay parents. This oft forgotten and emerging category of people has all the same needs as heterosexual parents; they also have many special concerns;
4. Ethical considerations. Because helping professionals have a history of neglecting the oppression of gay, lesbian and bisexual people, at best, or collaboration in oppression at worst, there are ethical demands around advocacy that need special consideration.

De Crescenzo (1984) outlined the commonly held (mis)beliefs about homosexuality, both in the general population and in the health professions:

1. Gays and lesbians have a history of disturbed relationships with either or both parents;
2. Homosexuality is a neurotic disorder;
3. Gays and lesbians have difficulty in achieving close relationships;
4. Gays, and to a lesser extent, lesbians are sexually promiscuous;
5. Gay men have unusually close relationships with their mothers;
6. Gays and lesbians adjust poorly psychologically;
7. Gays and lesbians use drugs and alcohol to a greater degree than heterosexuals;
8. Gay men tend to be child abusers;
9. Homosexuality can be reversed with adequate psychotherapeutic intervention;
10. Homosexuality represents an arrested state of psychological development.

With respect to the origins of these beliefs, Fone (2000) asserts that homophobia arises from the Judeo-Christian religious taboo against homosexuality, the secret fear of being homosexual, repressed envy of the perceived ease in the life of homosexuals, the view of homosexuality as a threat to family life and values and the re-awakening of fears of death caused by homosexuals who are often persons without children.

Morin (1977) points out that these beliefs cannot be validated by science, but are the results of cultural taboos, myths and ignorance. He identified what we now refer to as heterosexism: a "heterosexual bias that values heterosexuality as superior to, and/or more natural than, homosexuality". This characterizes most of the research that has been conducted around the issue of homosexuality and the psychiatric/psychological health of gays and lesbians that began with the assumption that homosexuality is indicative, per se, of psychopathology. Most of the early writing on homosexuality is constructed to legitimize this dominant ideology. The first studies to address the experiences of gays and lesbians and whether or not homosexuality, in itself, was indicative of psychopathology were devised by Evelyn Hooker (1956). She demonstrated that trained clinicians could not differentiate the sexual orientation of homosexual non-patients from that of non-homosexuals who were also non-patients.

Bieber's (1962) view that homosexuality was a neurotic condition characterized by undue anxiety was challenged by research in which there was no difference between gay men and heterosexual men on tests designed to measure anxiety (Siegelman, 1972). Studies comparing the childhood memories of gay males and heterosexual men do not support the commonly held belief that gay men have unusually close-binding relationships with their mothers (Bone, 1965). This question in itself presumes that one accepts the idea that somehow closeness with mothers is inappropriate. These kinds of biasis are examples of how research is predicated on a dogmatic acceptance of a pre-selected ideological option supported by the dominant culture.

Moses and Hawkins (1982) assert that although helpers generally are willing to concede that homosexuality should not be considered an illness, it is still viewed by many as indicative of pathology and of some kind of disturbance in the "normal" maturational process.

*I'm the follow-up coordinator to the seniors summit which is a large conference held in the fall, and [I'm] really concerned because there was no discussion about gay, lesbian, bisexual, transgender issues, no discussion about two-spirited issues, or aboriginal issues at the conference which was really awful*

*Focus Group on Aging participant, British Columbia, 2000*

Professional training schools and universities are still very reluctant to discuss sexual orientation issues in the classroom. As much as homosexuality was presented as a pathology and deviancy until the 1970's in every institution in Canada, that discourse has been replaced by almost total silence. It is still possible to find homosexuality discussed in many schools of psychology in courses on deviance, even though it will be carefully explained that "deviance" is used to mean "statistically" abnormal. This is very problematic and means that we are still graduating students with, at the least, little information to prepare them for a world in which, at least in Canada, many gay, lesbian and bisexual people refuse to hide any longer. At the worst, it means that health care professionals are still perpetuating stereotypical, caricatural and pathologizing views of homosexuality (Brotman, Ryan & Rowe, 2001; Ryan, Brotman, & Malowaniec, 2002).

It might be surprising to some to note that the only professional training schools in Canada to consistently, by policy, include sexual orientation sensitivity training are the Canadian Armed Forces and its related youth branches (e.g.: air, army and navy cadets), and several provincial police training institutes. Professional training in Canadian universities has a very sketchy history of adequately preparing students to deal with the world of youth in the process of coming-out, same-sex couples, or same-sex parenting (Chervin, Brotman, Ryan, & Mullin, 2003). We should not presume that because sexual orientation is not mentioned students leave with neutral attitudes. Quite the contrary. Because sexual orientation has not been

deemed a valid field of study, students leave with uncorrected and unquestioned homophobic and heterosexist assumptions that are the legacy of their culture (Mulé, 2003).

Perhaps at least as important, in 2003, is the perception that gay, lesbian and bisexual people hold of helping professionals, and not vice-versa. Originally literature from the 1950's to 1970's assessed the views of helping professionals, who may have tended to view themselves as having less bias than was the case. Today, in Canada, it is possible to find more gay, lesbian and bisexual people willing to talk about their experiences with professionals in health, social services, justice and education. As well, funding agencies are now more open to funding research that explores the lives of gay, lesbian and bisexual people.

Brotman, Ryan, Jalbert and Rowe (2002) found a great deal of mistrust among gays, lesbians and bisexuals of health care professionals. Many participants in a national Canadian study found the level of knowledge of professionals to be inadequate, the amount of homophobic reactions to their lives to be unethical, and the willingness of the health care system to adapt to their needs to be minimal. Even more so for aboriginal Two-Spirit persons who had to deal with homophobia in their home communities and racism in urban areas (Brotman & Ryan, 2002). Gays, lesbians and bisexuals from cultural minorities expressed similar experiences of rejection by their families and social networks and racism in health and social service institutions (Ryan, Brotman & Rowe, 2001). This, added to structural racism and sexism in our society, renders the lives of gays, lesbians and bisexuals from ethno-cultural communities more complex.

It should be noted as well that academic and research environments are not without homophobic beliefs and attitudes. Many researchers who work in the area of health and education with an interest in sexual orientation report oppressive work environments, homophobic attitudes among their colleagues, unwillingness of funding agencies to fund research that looks at the lives of gay and lesbian people especially if it is not HIV related, serious obstacles to research questions formulated around women's issues, and difficulty in getting scientific periodicals to publish articles (Ryan, Brotman & Malowaniec, 2003).

## *1. 2 STIGMA*

People, and the societies that they create, develop, over time, values and beliefs (norms) that lead to the establishment of rules that define appropriate behaviours in particular situations. The breaking of the rules is considered to be morally wrong, and the person who breaks them is distrusted, or discredited, and becomes an "outsider" (Becker, 1963). Stigmatization is a process that occurs when an individual is labeled different, and therefore less trustworthy, than others (English, 1979). Altman has said "to be homosexual in our society is to be constantly aware that one bears a stigma" (Weeks, 1977).

It is important to note that an act is not inherently deviant. It is the judgment of society that determines its status as deviant. The reaction of society to any act varies from time to time, as well as in different circumstances, depending on who performs the act, who is perceived as being harmed by it, or what other circumstances there are.

Goffman (1963), identifies three main categories of stigma: "Physical" disabilities, such as paraplegia; "Character" deformities, such as being homosexual; "Racial", or "religious" differences, such as being Black or Jewish. One could easily postulate that multiple oppression involves experiencing stigma in more than one category, which would explain the complexity of being black and lesbian, or disabled and gay.

A stigmatized individual is thought to be "not quite human". Stigma theory is constructed to explain their inferiority and the peril they present. Much like the Church of the Middle Ages defined who the heretics were, not because of any religious theory they might necessarily represent, but because "allowing" them to exist would ultimately threaten someone's established place in the theocracy. Questioning theology was a political act. And so the deviants are labeled, and a variety of defects is attributed to them.

According to Goffman, gays and lesbians react to stigma in the following ways:

1. They may try to correct the problem directly, for example, denying homosexuality and dating the opposite sex;
2. They may try to correct the problem indirectly, by excelling at something normally considered impossible for someone with their stigma, for example, by excelling in sports, or extreme masculinity, which may result in violent behaviour against those perceived to be gay or lesbian;
3. They may use their stigma for secondary gains, for example, to justify failing grades at school;
4. They may develop other skills to compensate for the stigma, resulting in opportunities they would otherwise not have considered, such as the development of artistic abilities;
5. They may reassess other people's situations, for example, they may point to failure of heterosexual marriage;
6. They may isolate themselves, feeling angry at the society that stigmatized them;
7. They may try too hard to please, because of uncertainty of how society will react, for example catering to the wishes of parents, because of fear of rejection if their sexual orientation is discovered.

Goffman differentiates between the discredited, who is an individual that assumes his different-ness is known, and the discreditable, who assumes that it is not known, but for whom there is the constant threat of being identified and therefore stigmatized. Many gays and lesbians are discreditable, because their orientation is not a tangible, readily recognized entity. While discreditable, the individual's goal is to manage the information that is undisclosed and potentially discrediting, in a process called "passing" (Goffman, 1963). The more intimate the relationship, the more chance the secret will be discovered, since a degree of disclosure becomes important to develop a trusting relationship. At the same time, gays and lesbians face a dilemma, because to disclose requires revealing an intimate piece of information that is not normally expressed in our society, except to particularly close people.

The growing use of the concepts of minority reveals a fundamental shift in what being gay or lesbian means, and a tendency on the part of social scientists and society to see homosexuality in social, rather than individual, terms (Altman, 1982). Attribution theory suggests that the perception and evaluation of an individual are in part a function of the personality of the perceiver and the social situation in which the perception takes place (Shaver, 1975). These, obviously, are conditioned and in evolution in Canada.

Fear of the label homosexual, with its connotations of sex-role violation, appears to function to keep men within traditionally defined roles. Fone (2000) and Kaufman and Levi (1996) point out the effectiveness of accusations like "fag", "sissy" or "queer" in controlling males' behaviour, beginning in childhood. Several studies have found that the need to perceive clear differences between men and women is a more pervasive characteristic of negative attitudes toward homosexuality than is sexual conservatism (MacDonald, 1974; MacDonald and Games, 1974; MacDonald, Huggiss, Yung and Swanson, 1973). The male role is perceived by Broverman, Broverman, Clarkson, Rosenkrantz and Vogel (1970) to be a healthier, more ideal role than the female role, and they state that the pressure to maintain the male role may be greater than the pressure to maintain the female role.

Karr (1978) concurred, saying, "those interested in changing pejorative attitudes toward homosexual men would do well to pay increased attention to changing the more basic dynamics of the male role". The results of his study showed:

1. Men will sit significantly further from a man labeled as gay than when the same man is not so labeled;
2. Men will engage in less total communication regarding a specific problem-solving task requiring group co-operation with a man labeled as gay than with the same man when not so labeled;
3. Group problem-solving efficiency will be significantly lower in those groups that believe that a gay male is present;
4. A man labeled as gay will receive significantly lower preference rankings than the same man not so labeled;
5. Men who score high on a measure of homophobia will respond in greater degree to each of the above than men who score low on a homophobia measure.

As a society, and as individuals, the general response of the dominant culture has been one of homophobia, heterosexism, invalidation of sexuality, and alienation of gays, lesbians and bisexuals as fellow human beings. For this reason, gays, lesbians and bisexuals have tended to congregate in large urban centers so that they may live in some anonymity and security. Once in the cities, gays and lesbians founded their own institutions for support and social contact in response to the reluctance of the larger heterosexual community to accept them (Altman, 1982; Kinsman, 1987; Remiggi, 1998). Contact between the gay and lesbian community and the dominant culture has led to some lessening of the tension between the two (Kinsman, 1987). Although today many gay, lesbian and bisexual men and women move back to their smaller communities after some time, the migration to urban centres is still an important phenomenon (Remiggi, 1998).

## 1.3 THE DEVELOPMENT AND ACQUISITION OF GAY AND LESBIAN IDENTITIES

### 1.3.1 Coming-Out

Coming-out is the developmental process through which gays and lesbians recognize their sexual orientation and choose to integrate this knowledge into their personal and social lives (see Monteflores and Schultz, 1978). Although coming-out is an individual experience, there are commonalities. The goals of coming-out parallel three developmental tasks – developing self-esteem, consolidating identity, and learning social skills related to the new identity. Closure in the coming-out process is achieved when a gay- or lesbian-positive feeling develops, when sexual orientation is appropriately placed in perspective relative to the individual's entire identity, and when contact with gay/lesbian peers and/or a gay/lesbian community is established (Ryan, 1999).

Each person's sense of identity is made up of the picture others have of them, and their own perception of these characteristics. A "homosexual identity refers to a perception of self, as a homosexual in relation to a social setting" (Troiden, 1984).

In essence, the process involved in the acquisition of a gay or lesbian identity is one of evolution in which a previously held negative image of one's sexual orientation is replaced progressively with a more neutral, and then hopefully, a positive one.

Initial interest in gay and lesbian identity formation was expressed through the publication of the life-stories of gays and lesbians and the way they discovered and managed their homosexuality (Fisher, 1972; Jay and Young, 1975; Martin and Lyons, 1972; M. Miller, 1971). Underlying most of this literature was the assumption that considerable commonality exists between individual coming-out stories. However, it was not until the mid-1970's that this assumption appeared in the psychological and sociological literature. Within a short space of time, several researchers had proposed theoretical models of gay and lesbian identity formation (Cass, 1979; Coleman, 1981; Henchen and O'Dowd, 1977; Lee, 1977; McLellan, 1977;

B. Miller, 1978; Plummer, 1975, Schafer, 1976; Schultz, 1976; Troiden, 1977; Weinberg, 1977). More recent models were developed in Canada by Schneider and Tremble (1986), Ryan (1998) and Jalbert (1998). Until very recently, and often still, no discussion of bisexual identity formation is included.

These varied considerably in sophistication, ranging from Schafer's (1976) relatively simple three-phase description to the more detailed structures of Plummer (1975), Troiden (1977), McLellan (1977), Cass (1979), Ryan (1998) and Jalbert (1999).

The models differ in the number of developmental phases or stages proposed to account for the acquisition of a gay or lesbian identity, with some authors putting forward a three-stage model while others focus on a four-, five-, or six-stage structure. Yet, examination of these stages reveals striking similarity among models in the themes of change and growth that are hypothesized as central to identity development related to sexual orientation.

Almost uniformly, identity formation is conceptualized as a developmental process marked by a series of changes, growth points, or stages along which certain experiences can be ordered. Progress through the stages is characterized by, firstly, increasing acceptance of the label gay or lesbian as descriptive of self; secondly, development of a positive attitude towards this self-identity; thirdly, a growing desire to disclose the existence of this identity to both other gays and lesbians and heterosexuals; and, fourthly, increasingly more personalized and frequent social contacts within the gay and lesbian community. This text will use Cass (1984) as its synthetic model.

Cass hypothesizes that the process of gay and lesbian identity formation can be usefully conceptualized as comprising six stages of development, or "points of growth along the developmental continuum".

1. Identity confusion. The person begins to question his/her sexual orientation and consider possibly being gay or lesbian, either beginning to see this as something to accept or reject.

2. Identity comparison. The person's feelings of alienation increase as he/she perceives the dichotomy between self and heterosexuals. The individual may contemplate making some contact with gays and lesbians as a way of lessening the alienation felt during this period.

3. Identity tolerance. As the individual increasingly accepts their emerging self-image, they find it necessary to come into contact with others. Lee says that this is the stage at which the individual considers going to a gay or lesbian bar and looks around carefully before entering. As this stage progresses, they are able to walk into a bar with more confidence, realizing that those who are inside are probably gay (Lee, 1977). The quality of relationships established at this stage will have a profoundly important effect on the person's development. At this stage, the individual is living two lives, a public heterosexual one, and a very private gay or lesbian life.

4. Identity acceptance. As the individual's exposure to the gay subculture increases, there develops a social support network.

5. Identity pride. The person develops a strong sense of affiliation with gay or lesbian friends and feelings of pride in his/her sexuality. The individual will often stigmatize the heterosexual community, seeking opportunities to confront issues of human rights. The ability to openly declare their homosexuality depends upon their socio-economic status. If self-employed or in a position where the identity will be accepted, then he/she is free to choose this option when personally ready.

6. Identity synthesis. By this stage, individuals have developed a more balanced perspective. They realize that they are persons composed of many facets, one of which is being gay or lesbian. Now they can see commonalities with heterosexuals, and are able to accept their identity more comfortably and to live a more open life. Anger and pride, more associated with the previous stage, are still present but they

> become more integrated. For those who can disclose their sexual orientation more easily, this becomes a non-issue. Closure in the coming-out process is said to be achieved when a gay-positive feeling develops, when sexual orientation is appropriately placed in perspective and when contact with peers and/or a gay or lesbian community is established (Schneider and Tremble, 1986).

Jalbert (1999) adds that an essential turning point in the coming-out process is the moment when disclosure is undertaken with at least one parent. Ryan (1999) identifies isolation during the initial phases as characterizing what most youth experience. This isolation is cognitive, social and emotional and defines the closet on which coming out is predicated. Dank (1971) points out that "most persons who eventually identify themselves as homosexuals require a change in the meaning of the cognitive category "homosexual" before they can place themselves in this category". The negative connotations of the label "homosexual" must be modified or eliminated. Such cognitive transformation is embodied in the slogan "Gay is Good" and in the distinction between "homosexual" and "gay" and "lesbian" identities. Indeed, as a person moves increasingly toward self-affirmation, he or she tends to call themselves less homosexual and more gay or lesbian. (Ryan & Frappier, 1994) Dank sees contact with the gay community and subsequent identification with the gay community as crucial to such cognitive transformations. The negative stereotypes taught by a heterosexist society generally do not survive such contact, and the meaning of the labels usually become open to change.

To animate the cognitive transformation a re-working or reframing of one's past experience is usually necessary (de Monteflores, 1978). For both the individual gay or lesbian person and the gay and lesbian community, constructing a more positive or relevant sense of history or lineage becomes important.

The goals of coming-out parallel three developmental tasks – developing self-esteem, consolidating identity, and learning social skills. However, only a fraction of gays and lesbians end up in the sixth stage of identity formation; many stop at previous steps, for one reason or another, not feeling free or capable of following through to the end of the continuum (Troiden, 1979).

Self-esteem is the individual's evaluation of his or her own self worth. This is determined by the individual's belief that they can achieve a deserved goal, and their emotional response of self-satisfaction. Mapou, Ayres and Cole (1983) found that 44% of the gays in a group selected through gay organizations had received counselling, most often related to disclosure of sexual orientation. Bell and Weinberg (1978) found that 58% of white gay males in their study had received counselling. Nurius (1983), in a study of 689 senior social science students, found a statistical relationship between homosexuality and depression.

Importantly, Jalbert (1998) identifies a sense of euphoria experienced following coming-out that could be characterized as a long-awaited liberation.

For those individuals from ethno-cultural minority communities, the process of coming out is often more difficult, and is undertaken in a context of acculturation and racism. Greene (1994) notes that:

> Many communities of color may view homosexuality as something that exists outside their culture, and conceive of identification as a singular entity, so that the person of color who identifies as a gay or lesbian is considered to have effectively rejected his or her cultural identity. Lesbians and gay men of color face an added risk in coming out in that not only might they be rejected by members of their own community, but they cannot be guaranteed of acceptance within the mainstream lesbian and gay community either… Ethnic minority gay men and lesbians frequently experience a sense of never being a part of any group, leaving them at risk for isolation, feelings of estrangement, and increased psychological vulnerability.

Icard et al. (1996) noted that the coming out process needs to be further studied within the context of race and culture. He notes that models of coming out are based on the assumption that all individuals come from the dominant culture, and he critiques the lack of integration of ethnicity in the process models.

### 1.3.2 Internalized Homophobia and Shame

Homophobia is not the exclusive problem of heterosexuals. Most gays, lesbians and bisexuals have incorporated the beliefs of their culture and believe, at least at some point in their lives, that it is wrong to be gay, lesbian or bisexual. An essential step in the process of coming-out and developing self-esteem is the necessary task of reframing much of what has been learned about one's sexuality from the dominant culture. Gays and lesbians are the products of our society – they grow up learning the common myths and misunderstandings present in the social context in which they live (Ryan, 1998)

The absence of gay, lesbian and bisexual role models underlies and intensifies this shame. Role models serve an essential purpose, especially for adolescents. They "model" ways of being, ways of living, and values that allow youth to project themselves into a (still) uncertain future, to "try-on" different ways of being, if you will. The fact that for most youth positive role models are presented exclusively as heterosexual, and that, in most youth environments (schools, youth service agencies, etc.), gay, lesbian and bisexual people are almost always viewed negatively, deprives gay and lesbian youth of seeing themselves projected into the future. For gay, lesbian and bisexual youth from ethno-cultural communities there is a total absence of models. The few that there are are all Euro-Canadians. This inability to project one's self into the future means that, for sexual minority youth, there is no future. This simple fact has enormous implications in terms of HIV infection, suicide rates, career choice, school dropout rates and life satisfaction levels. Indeed Otis, Ryan, Bourgon and Girard (2001) in a national Canadian study of the impact of providing services to gay, lesbian, bisexual and Two-Spirit youth determined that among youth receiving supportive services fully 75% had experienced suicidal thoughts in the previous twelve month period, and 44% had made at least one serious suicide attempt, with half of them (22%) attempting suicide more than once in the same period. Dorais and Lajeunesse (2000) in a qualitative study of suicide among gay men in Québec, developed various personality profiles that gay men develop as youth in order to cope with the homophobia that surrounds them.

So, instead of being a time when one is testing out theories of what adult life might be like, with the support of peer groups, family, school, society and religious organization, sexual minority youth learn that in order to survive, and be safe in their homes and schools, they must hide, camouflage themselves and deceive others. In other words, they are learning to feel shame about their own lives, feelings and attractions. This shame will have negative consequences that, for many gay, lesbian and bisexual people, will endure their entire lives as something now generally called internalized homophobia. It is a major health problem within the gay, lesbian and bisexual community and itself impedes access to mental and physical health services. Combined with a perception that many health and social service professionals may well react negatively to gay, lesbian and bisexual people, this shame keeps people from pursuing appropriate health care.

### 1.3.3 Economic Status and the Workplace[1]

It is common belief that gay men, and often by extension lesbians, enjoy higher incomes than the general population. This is not borne out by the facts. The Yankelovich Monitor Survey, for example, found that gay men's and lesbian's incomes are actually lower than those of heterosexual men; this holds for both mean personal income and mean household income (Lukenbill, 1995). The Yankelovich Monitor Survey is a significant study because it used a (U.S.) nationally representative sample of self-selected gays and lesbians (Penaloza, 1996). It also shows that mean incomes (both personal and household) of lesbians, while slightly higher than those of heterosexual women, are still much less than those of gay men (Lukenbill, 1995), hinting at possibly greater poverty levels among gay men (81% of whom are in the bottom one-quarter category range of income) than among heterosexual men (65% of whom are

1 This section and the following are adapted from Ryan, B. & Chervin, M. (2001) Framing Gay Men's Health In A Population Health Discourse: A Discussion Paper, A Discussion Paper Written For Health Canada and Gay and Lesbian Health Services of Saskatoon.

in that same bottom range) (Lukenbill, 1995). Despite the significantly higher educational levels found among gays and lesbians, statistically; such levels of education are "usually linked to substantially higher income levels as well as employment at the professional/executive level" (Lukenbill, 1995). This would contribute to explaining the findings of the Yankelovich Monitor Survey which found that (1) the mean personal and mean household income level of gay men is lower than that of heterosexual men, and (2) less gays and lesbians are employed at the professional/executive/ managerial level than are heterosexuals.

There is no similar Canadian survey available.

However, a community-based report notes "high levels of poverty" among lesbians, gay men, bisexuals, and transgendered persons (Perchal & Brooke, 1995). Another community-based report, drawing on five years of working on health issues with a local Canadian population notes, "our experience tells us that there are a disproportionate number of lesbians, gay men and bisexuals on social assistance." (Hellquist, 1996).

Many gays and lesbians in various Canadian publications felt that when they had been denied employment due to discrimination, that if they worked they were underemployed, and that they were denied career advancement possibilities (Perchal & Brooke, 1995; Canadian Labour Congress, 1994; Taghavi, 1999; Olivier & Targett, 1993).

People living with HIV in Canada, most of whom are gay men (Myers, Godin, Calzavara et al., 1993), are frequently reduced to poverty or great financial hardship. This situation can be conjectured to have had a profound and detrimental impact on the economic well-being of entire gay male communities. It would be difficult for the financial roller-coaster, uncertainty and hardship that usually accompanies living with HIV not to effect negatively on the overall mental, emotional, physical and spiritual health and well-being of Canadian gay men.

Gay and lesbian adolescents and youth are disproportionately homeless (Health Canada, 1996; Hellquist, 1996). Sexual orientation is a major precipitating factor leading youth to being and staying on the streets (Canadian Public Health Association, 1998), characterized by poverty and often survival conditions. More than a few leave their families because of homophobic rejection or fear of rejection; many youth feel forced to leave their home towns for such reasons, particularly if they are of rural regions.

Certainly it is reasonable to assume that gay men, lesbians and bisexuals accorded refugee status in Canada due to persecution in their places of birth, new immigrants who are gay, lesbian or bisexual and Two-Spirit aboriginal people suffer from lower socio-economic status in Canada.

### *1.3.4 Education*

Education is intimately linked to welll-being, coping skills, social status and health (Health Canada, 1994).

Educational levels of gay men and lesbians, as indicated through surveys are consistently high. For example, the Yankelovich Monitor Survey found that over 10% more gays and lesbians than heterosexuals had any college education, and twice as many gays and lesbian undertook graduate level studies. (Lukenbill, 1995) However, according to Martin Levine, "gay men are often unable to convert their educational qualifications into high income and status jobs. Indirect discrimination forces them to cluster in marginal white collar or service jobs" (Levine, 1995).

Generally, schools, especially at elementary and secondary levels are hostile environments for gay, lesbian and bisexual youth (Canadian Public Health Association, 1998; Lesbian, Gay, and Bisexual Youth Project of Nova Scotia; Flynn Saulnier, 1998). Inclusion of issues related to gay, lesbian and bisexual youth and the effects of homophobia have slowly begun to enter school curricula, and recent court decisions have reinforced the obligations of schools to respect sexual minority youth and their rights.

The effects of homophobia and heterosexism in school environments contribute to:

1. Many lesbian, gay, and bisexual adolescents dropping out of school because of harassment (Dempsey, 1994; Lesbian, Gay, and Bisexual Youth Project of Nova Scotia, no date), harassment that is often allowed and in some cases encouraged by teachers or staff (Flynn Saulnier, 1998);
2. Many becoming street-involved and homeless;
3. High suicide rates and attempted suicide rates (Coalition for Lesbian and Gay Rights in Ontario, 1997; Flynn Saulnier, 1998; Hellquist, 1996)
4. Internalized homophobia, shame and low self-esteem (Canadian Public Health Association, 1998; Kaufman & Raphael, 1996; Otis et al., 1999).

Efforts by gay organizations, gay youth, and their allies to change school environments (through organizing student groups; workshops for staff, teachers, students; queer students organizing to effect policy changes in education; and so on) have been courageous and inspirational (Canadian AIDS Society, 1998). Youth have had to go before the courts to have the right to go to graduation dances with a same-sex partner upheld. Notwithstanding the courageous risks taken, particularly by these youth, they meet tremendous obstacles and the effects of their work do not appear to be strongly considerable nor widespread (Vaid, 1995). Gay teachers may hesitate to come out (or be stronger allies in the work) because, much like pediatricians, they fear being taken for molesters (Flynn Saulnier, 1998; Appleby & Anastas, 1998). The positive impact that gay teachers may have on gay youth as role models to widen the range of possibilities seen available, as well as the importance of all teachers as allies of gay youth to whom they can "open up" are underlined (Unks, 1995; McLaren, 1995; Blumenfeld, 1995).

Several note the importance of the career training and ongoing professional development of school teachers, administrators, support staff, school guidance counselors, policy developers, and others who work in or with schools regarding addressing homophobia and heterosexism (McLaren, 1995; Rofes, 1995; Canadian Public Health Association, 1998).

Presently, the Canadian Teachers' Federation is developing a list of resources and curriculum materials to be used across Canada to foster safer environments for gay, lesbian, bisexual and trans youth. Similar regional initiatives have taken place in several regions both within the community (Lesbian, Gay, Bisexual Youth Project of Nova Scotia; Breaking Barriers in Winnipeg), and teachers' federations (British Columbia Teachers' Federation, La Centrale des Syndicats du Québec). An innovative symposium was organized in 2002 by the Centrale des Syndicats du Québec in concert with the Canadian Mental Health Association (Montreal Branch) that brought together educators, students, unions and gay and lesbian youth to discuss homophobia in schools. The Minister of Education of Québec closed the meeting and spoke about homophobia and education for the first time at a public forum. Noteworthy, as well, was the presence of the Québec Human Rights Commission, which reminded participants that homophobia was illegal under the Canadian and Québec Charters of Rights and Freedoms and that the Commission was actively following the issue of discrimination in schools.

### *1.3.5 The Integration of Sexual Orientation and the Impact of HIV*

Altman (1986) described the tragic irony that HIV allowed people to speak about sexuality in general, and homosexuality in particular, for the first time. The experience of being gay in the 1980's was marked by the catastrophe of HIV infection (know progressively from 1981 as gay cancer, GRID, ARC, AIDS, and HIV infection) in a way that is very different than in 2003. Larry Kramer, a veteran of the gay liberation movement in the United States, put it this way: "I am angry and frustrated almost beyond the bounds my skin and body and bones can encompass. My sleep is tormented by nightmares and visions of lost friends, and my days are flooded by the tears of funerals and memorial services, and seeing my sick friends. How many of us must die before all of us start fighting back?" (1983).

*"I have the impression sometimes that my life is lived in a world of ghosts. As much as I seek out these ghosts in melancholy, I run from them in fear that their fate will be mine. They are my friends, all gone. Like the dinosaurs, I fear someday all gay men will be extinct."*

*38 year old gay man, Montréal, 1998*

For most people in the general Canadian population, it has been the fear of contagion rather than experience of loss that has made this disease a reality. For the gay male and lesbian community, AIDS was not just the fear of contagion, which it was, nor the loss of friends and loved ones, which it was in abundance, but also the fear that all of the recent political gains would be destroyed; it was the fear of a whole culture being destroyed. It presented itself in the gay psyche as the possibility of annihilation (Altman, 1986; Morin et al., 1984; Joseph et al., 1984; Meredith, 1984; Kopelman, 1988; Ryan et al, 1998).

AIDS was the phenomenon in which all of these fears and taboos intersected. It will end up having an enormous effect on the way that gays and lesbians imagined themselves, defined themselves, and struggled for a place in society. Every young gay man in the process of coming-out to himself had to add AIDS to the list of negative reactions his sexual orientation would evoke, and it often rose to the top of the list. It would mean he would have to come to accept premature death as one of the risks of being gay, as gays had to accept the risk of violence, rejection and self-loathing (Altman, 1986).

In some ways the fears were materialized and in some ways they were not. In spite of some notorious speeches in the House of Commons, and the calls of some right wing organizations, gay men and lesbians did not willingly go back into hiding nor were repressive laws forcing back recent human rights gains passed. But something significant did take place. Governments, ministries and policy makers often chose to ignore HIV as long as it primarily affected gay men. The community became galvanized around the activists who denounced government inaction. As a result, many of the emergent *gay and lesbian* organizations, or *gay* and *lesbian organizations*, that had initially been established to advocate for legal change and the elimination of discrimination were transformed across the country into AIDS Service Organizations. This resulted in three important shifts in Canada, and much of the Western world:

1. The transformation of the emergent gay and lesbian activism into activism which become primarily HIV related, which was urgent, and sought to have, and had, an immediate effect on public discourse related to HIV infection (Rofes, 1996; Ryan and Chervin 2001b);

2. The resultant eradication of attention to the needs of the lesbian community and its health issues, largely untouched by HIV, but enormously involved in caring for sick gay men;

3. Very often and very quickly, the transformation of AIDS Service Organizations into institutions serving the needs of the whole community and requiring silence on gay (or gay and lesbian) issues from their employees and in their programmes. This transformation did not happen voluntarily. It was often, but not always, imposed on ASO's by funders, public and private, wary of being associated with any gay or lesbian organization. The Canadian AIDS Society itself came under similar criticism over the years.

Ultimately, gay men became very absent in discourse, policy and programming related to HIV. Either through misguided political correctness or the inability of certain bureaucrats and politicians to deal squarely with the fact that that homophobia was a major factor in the transmission of HIV infection, both as it affected the lives of individual gay men, particularly during the years before coming out, and in the way that it rendered decision makers silent about the alarming numbers of gay men who were being infected. Prevention and care budgets, federally and provincially, never reflected, in the allocation of resources, the fact that the great majority of people infected with HIV

was, and still is, gay men (Ryan and Chervin, 2001a). The gay male community would have to wait for years before it was realized, both without and within the community, that it was a major mistake to eliminate gay men from HIV discourse. Ultimately, it was addressed in a way that came to be considered to be erroneous and unhelpful by many: the development of an entirely new transmission vector in which gay men were totally subsumed, or perhaps more accurately, erased: that of men who have sex with men (MSM). Originally coined to describe an epidemiological category, it quickly overtook any references to gay men as an identifiable population in health discourse, including HIV prevention. As public health networks and the ASO's were falling in love with the idea of this category, called MSM, it appears gay men clearly were not. In numerous studies and focus group consultations across Canada, most gay men affirmed that they had no sense of affiliation or attachment to the term, or being identified as MSM, and many felt that it was counterproductive to be so labeled. (Ryan, 2000a; Ryan, 2000b; Ryan & Chervin, 2001a; Ryan & Chervin, 2001b) Clearly, this medical category did not transfer well to a sociological category. For most men, being gay was very different in socio-political terms from being epidemiologically "categorized" as "men who have sex with men". Now, increasingly, the error is being recognized and gay men are reappearing as a population worthy of attention in the struggle to decrease rates of HIV infection (Samis & Whyte, 1998; Ryan & Chervin, 2001a; Ryan & Chervin, 2001b).

### *Two Spirit People and HIV*

Two Spirit people have been affected by the HIV epidemics in Canada since the early 1980's. As the media began to report that "Aboriginal homosexuals" had been diagnosed with AIDS, various Aboriginal leaders tried to distance their communities from the issue by denying there were Aboriginal gays. The following excerpt from a report on the 11th Annual International Two Spirit Gatherings demonstrates the degree of homophobia and AIDSphobia at the time (Wilson, 1998).

> "I don't want those two [words: gay-native] put together. It's a disgrace to put them in the same category," Chief Joe Guy Wood, chairman of the Island Lake Tribal Council said yesterday. Wood said there were no gays on his St. Theresa Point Reserve of 1,500. (News article by Shirley Muir, Winnipeg Sun, August 1987)

In 1988, Health Canada included ethnic identifiers in the collection of AIDS data and soon began to report increasing numbers of Aboriginal AIDS cases. During the next decade, Two Spirit people became the leaders in the Aboriginal AIDS movement, confronting ignorance, denial, and discrimination by providing safer-sex and HIV/AIDS education to Aboriginal communities. They collaborated with the gay and Aboriginal communities and governmental AIDS programs to establish Aboriginal AIDS organizations like the Canadian Aboriginal AIDS Network., Healing Our Spirit, BC Aboriginal HIV/AIDS Society and 2-Spirited People of the 1st Nations (TPFN).

Many Two Spirit people were dying, because of AIDS, suicide, addictions and violence, which galvanized the community into action. Coming out wasn't a big issue when you could be dead in a couple years. It became a do or die situation. There may have been a minute degree of tolerance regarding homosexuality in Aboriginal communities during the gay liberation period, however being gay was mostly perceived as an aberration. The issue of AIDS had derailed the Two Spirit liberation agenda and efforts needed to be increased.

One of the principal research documents of the early 90's which addresses AIDSphobia and homophobia in Aboriginal communities is the "Ontario First Nations AIDS and Healthy Lifestyle Survey" (Myers, Calzavara, Cockerill, Marshall, and Bullock, 1993). This study was completed a decade ago, demonstrating the need for new research to assess whether there has been a decrease in the level of homophobia.

> A survey of 658 respondents in First Nations communities were asked, *"according to your community is it okay for men to have sex with men and women to have sex with women, or is it wrong?"* Over 80% of the respondents perceived that their communities felt that it was wrong.

One of the reasons it has been difficult to address the issue of sexuality and HIV in Aboriginal communities is how Aboriginal people deal with sexuality. While the growing birth rate and the high rates of STI's in some communities are sure signs that aboriginal people are having sex, it is still a very difficult topic to discuss openly in aboriginal communities. Early on in the epidemic, educators – some of whom were Two Spirit – travelled into isolated communities to speak in schools and public forums about safer sex, both gay and heterosexual, condoms and HIV. This had never been attempted before in the history of most aboriginal communities, which had not dealt with the sexual/historical trauma that resulted from the residential school period. Anecdotally, it has been reported that there were some situations where educators were asked to talk to their own people about sexuality, knowing that their abuser was in the same room. Principles inherent in health promotion and HIV safer-sex education require that all members of the community receive appropriate and accurate information to protect themselves from infection or to assist them to not infect others if they are HIV-positive.

A backlash to having various sexual practices discussed openly in the community may have resulted in the "hetero-sexualizing" of Aboriginal HIV education. Many of the sexual practices that are not considered heterosexual are seen as "taboo," and therefore difficult to discuss in most communities. Also, we cannot assume that health educators have any experience or knowledge of them.

As of 1999, there are an estimated 2,740 Aboriginals living with HIV. Health Canada reports that Men Who Have Sex With Men make up 47.7% of Aboriginal AIDS cases and at least 23% of prevalent HIV infections. Can we say that we have honestly attempted to provide accurate HIV education to all sectors, including Two Spirit people, of the Aboriginal community when some portions of the information have been censured or deleted because some people are not comfortable with the content?

2-Spirited People of the 1st Nations (TPFN) became an organization in Toronto in 1989. They recently released a report titled, "Voices of Two-Spirited Men: A Survey of Two-Spirited Men Across Canada" (Monette, Albert & Waalen, 2001). This initiative demonstrates the new paradigm of Aboriginal commuity based research, being that Aboriginal people ask the questions, own the research agenda, and ensure that the community is aware of the findings. The survey had 189 respondents from six regions of Canada. Half reported that they were HIV-positive and most identified as Two Spirits (58%) or gay (48%), some using both terms. The report concludes,

> The core issue of homophobia must be addressed if we seriously hope to see a reduction in risk-taking behaviour among Two-Spirited men. There are too many Two-Spirits who are excluded from the circle, estranged from their traditions, families, and communities. Our survey respondents have shown us their deep craving for self-esteem, familial love, community belonging, and spiritual connection. If their families and reserves reject them – if their traditional healers, elders, and teachers denounce them – they will try to find what they are seeking elsewhere. More than any other factor, it is the sense of alienation that contributes to engaging in the high-risk activities that make them vulnerable to HIV/AIDS. The painkiller used, and the dosage, is as individual as the pain and the pain threshold.

### *Gay Men of Colour and HIV*

The International Gay and Lesbian Human Rights Commission (2001) states that, in the United States:

> Gay men of color with AIDS have markedly differential access to healthcare than gay white men. Gay men of color are less likely to have been tested for HIV, and are more likely to have accessed testing in hospitals or state-run clinics than gay white men, who generally have better access to private hospitals and to a wider range of health services.

A recent study by National Gay and Lesbian Task Force (2002) underlined that gay Latino men who are subjected to both racism and homophobia are more likely to engage in high-risk behaviour and be infected with HIV. The acknowledgement of this issue has prompted service providers to identify some of the barriers to effective health care and access for this population.

The U.S. Department of Health and Human Services, Public Health Service (2000) states that:

> To reduce infection rates and improve the likelihood of survival, prevention programs for racial/ethnic minority MSM need to focus on both HIV-infected and uninfected populations. Challenges to the design and implementation of HIV prevention programs among racial/ethnic minority MSM include reaching MSM who may not identify themselves as homosexual or bisexual, recognizing the importance of representing racial/ethnic minority MSM in HIV prevention planning, addressing language barriers, and improving access to HIV testing and health care. Within racial/ethnic minority communities, the stigma attached to acknowledging homosexual and bisexual activity may inhibit racial/ethnic minority MSM from identifying themselves as homosexual or bisexual, and they may be more likely to identify with their racial/ethnic minority community than with the MSM community.

Unfortunately, Canadian HIV data stratified by ethnicity is not available. Health Canada (2001) notes that this is due to "…incomplete ethnic information in current surveillance data; in 2000, 75% of positive HIV test reports and 16% of reported AIDS cases had no ethnic information. Other reasons include inter-provincial variations in reporting ethnicity, [and] misclassification of ethnic status" (p.1). Although it is believed that a similar trend may be evident among gay persons of colour in Canada, there is no available literature to document this assertion.

It should be noted that some concern exists that the issue of HIV has received attention at the exclusion of other, more general health care concerns for gay people of colour. Icard et al., (1996) note "a good deal of recent research on men of color has focused on the incidence and prevalence of HIV disease. Given the severe effects this disease has had on men of color, the amount of money spent is justifiable. Following this logic, attention should also be given to the epidemiology of alcohol and drug use, depression, and other disorders or problems that affect men of color". This criticism suggests that further research on general health factors for ethno-cultural gay, lesbian and bisexual persons should continue.

### *1.3.6 The Socio-Political Context*

Newsweek magazine, as early as 1985, found that only one in five Americans reported having a gay or lesbian acquaintance. This finding was extraordinary low given the number of gays and lesbians in the United States. Alfred Kinsey's 1948 study of the sex lives of 5,000 white males had shocked the nation: 37 percent had at least one homosexual experience to orgasm in their adult lives; an additional 13 percent had homosexual fantasies to orgasm; four percent were exclusively homosexual in their practices; another five percent had virtually no heterosexual experience; and nearly one-fifth had at least as many homosexual as heterosexual experiences (Kinsey, 1948, 1953).

Two out of five men one passes on the street have had orgasmic experiences with men. Every second to third family in the country has a member who is gay, lesbian or bisexual and many more people regularly have same-sex experiences. Who are gays and lesbians? Clergy, teachers, bank tellers, doctors, letter carriers, secretaries, members of parliament, detectives, soldiers, siblings, parents, and spouses. They are everywhere, virtually all ordinary, mostly unknown and, in terms of their sexual orientation, invisible.

Several important consequences follow from this invisibility. First, Canadians are profoundly unaware of the actual experience of gay, lesbian and bisexual people. Second, social attitudes and practices that are harmful to gays, lesbians and bisexuals have a greater impact on society than is usually realized because most men and women are not out, at least in some significant components of their lives. Third, this means that many gays and lesbians live not just invisibly, but in hiding, — in the closet — making the coming-out experience the central experience of gay, lesbian and bisexual consciousness, and negotiation of visibility the chief characteristic of the their experience. As well, the diversity of who they are is very rarely represented in the popular media, which is constantly searching for more sensationalized images of gay men, lesbians and bisexuals.

Ignorance about gays, lesbians and bisexuals, however, has not stopped people from having strong opinions about them. The void which ignorance leaves has often been filled with stereotypes. Society holds chiefly two groups of homophobic stereotypes. One stereotype suggests that gays and lesbians wish to be members of the opposite gender: Lesbians are women who want to be, or at least look and act like, men – "bulldykes", etc. – while gay men are those who want to be, or at least look and act like, women – "queens", "fairies", "faggots". These stereotypes of mis-matched genders provide the materials through which gays and lesbians become the object of ridicule similar to that accorded members of ethno-cultural minorities.

Another set of stereotypes revolves around gays as a pervasive, sinister, conspiratorial threat. The core stereotype here is the gay (and less so, lesbian) person as a child molester. These types of stereotypes carry with them fears of the very destruction of family and civilization itself.

Of course, the classic stereotype of a bisexual person is of someone who is not able to decide who they are, who sits on the fence, who refuses to engage within a system that situates people on either extreme of the continuum.

Sense can be made of this incoherence if the nature of stereotype is clarified. Stereotypes are not simply false generalizations formed from a skewed sample of cases examined. Admittedly, false generalizing plays some part in the stereotypes a society holds. If, for instance, one takes as one's sample gays and lesbians who are in psychiatric hospitals or prisons, as was done in nearly all early investigations, not surprisingly one will probably find gays and lesbians to be of a "crazed" and "criminal" cast. Stereotypes, then, are utilized to confirm beliefs already maintained, ones that likely led the investigator to the prison and psychiatric ward in the first place. Evelyn Hooker, who in the late 1950's carried out the first rigorous studies to use non-clinical gay men, found that psychiatrists, when presented with case files including all the standard diagnostic psychological profiles – but omitting indications of sexual orientation – were unable to distinguish gay male's files from heterosexual ones, even though they believed gays to be crazy and supposed themselves to be experts in detecting craziness (Hooker, 1956). These studies proved a profound embarrassment to the psychiatric establishment and led the way for the American Psychiatric Association to finally dropping homosexuality from its registry of mental illnesses in 1973 (Bayer, 1981). Nevertheless, the stereotype of gays and lesbians as sick continues apace in the minds of many people, even though empirical evidence clearly shows these stereotypes are not grounded in reality. They are social constructs used to legitimize rejection.

False generalizations help maintain stereotypes – they do not form them. As the history of Hooker's discoveries shows, stereotypes have a life beyond facts; their origin lies in a culture's ideology, or metatheory – the general system of beliefs by which a culture lives, and which for many people goes unquestioned – and they are sustained across generations by diverse cultural transmissions, hardly any of which, including slang and jokes, even purport to have a basis in fact. Stereotypes, then, are not just the product of erroneous facts but are social constructions that perform central functions in maintaining society's conception of itself.

With this understanding, it is easy to see that the homophobic stereotypes surrounding gender conformity are means of reinforcing still powerful gender roles in society. If, as this stereotype presumes and condemns, one is free to choose one's social roles independently of gender, many guiding social divisions, both domestic and commercial, might be threatened. The gender-linked distinctions between breadwinner and homemaker, boss and secretary, doctor and nurse, protector and protected would blur. The accusations of "dyke" and "fag" exist in significant part to keep women in their place and to prevent men from losing theirs. Whatever is not male, preferably white, hierarchical and patriarchal, is considered other than and less than. Women preferring women, and men perceived as acting otherwise than within the prerogatives of their privileged gender, are disenfranchised.

The stereotypes of gays and lesbians as child molesters, and assorted threats to civilization, function to displace socially irresolvable problems onto an inaccurate and unmanageable

source. Thus, the stereotype of child molester functions to give the family unit sheen of innocence. It keeps the unit from being examined too closely for incest, child abuse, and woman battering. The stereotype teaches that the family as an institution must not be scrutinized too closely. Its inherent problems are concealed (De Francis, 1969, 1978; Spencer, 1986).

One can see these cultural forces at work in society's and the media's treatment of reports of violence, especially child abuse, incest, or woman battering. When a mother kills her child or a father rapes his daughter, this is never assumed to be evidence that something is wrong with traditional families or heterosexuality per se. These issues are not even raised. But when a child molestation is reported, and it is a child of the same sex as the molester, it is taken as confirming evidence of the way gays and lesbians are. One never hears of heterosexual murders, but one regularly hears of "homosexual" ones. The recent furour about the cloning of two children by members of the Realian movement spoke of one child being born of a "woman" in the United States, and the other being born of a "lesbian" in Holland (The Montreal Gazette, January 7, 2003). One need only examine the recent pedophilia scandals in the Roman Catholic Church in the United States, and the extent to which the American hierarchy and the Vatican are using the scandal, associating pedophilia and homosexuality, to discredit even celibate and well-behaved gay American priests, conducting witch-hunts in seminaries in order to eliminate candidates who might be gay, and in the process ignoring the suffering of young women who have also been abused by pedophile priests. In the process they have proclaimed that behavioural scientists back them up, even though professional organizations like the American Psychiatric Association have decried this claim as repugnant.

Because the "facts" largely do not matter when it comes to the generation and maintenance of stereotypes, the effects of scientific and academic research will be, at best, slight and gradual as contributions improving the prospects of lesbians and gay men. If this account of stereotypes holds, society has been profoundly immoral, for its treatment of gays is a grand scale rationalization, a moral sleight-of-hand. The problem is not that society's usual standards of evidence and procedure in coming to judicious designs of social policy have been misapplied to gays and lesbians; rather, the standards themselves have been dismissed in favor of mechanisms that encourage unexamined fear and hatred.

*By the mid-1960s we were in the midst of a sexual revolution. The feminist movement started a strident campaign to bring women into the 20th century. They wanted vengeance and retribution. A gradual blurring of the sexes occurred that gave young men growing up in many female dominated, single parent homes an identity crisis. This led to a rise in militant homosexuality … The things that had been considered improper went looking for a desperate legitimacy.*

*Reed Elley, MP, Canadian Alliance*

Social arrangements of dominance and oppression, which were accepted as natural and inevitable, have been revealed through analysis and action to be products of human design (Clark & Lange, 1979). Our perception about women and violence, and about sexuality, have been affected most of all. As women have broken the silence imposed on them for so long – a silence enforced by laws, courts and most of all conditioning – they have been analyzing and speaking out about what has been done to them. What we

now call battering and abuse of women and children were once seen as the prerogatives of husbands and men, until feminist analysis uncovered patriarchal and sexist imperatives in the dominant culture. Is it any wonder that the gay and lesbian liberation movement followed women's liberation? The tools that women used to deconstruct their social status applied themselves perfectly to the status and condition of gay men and lesbians!

Compared to other cultures, we in North America tend to exaggerate gender differences. We go far beyond reproductive function to notions of specific, mutually exclusive personality traits associated with each gender, and to roles appropriate to each. The dominant culture's presentation of male/female genital patterns becomes expanded to the whole range of human activities, interests, aptitudes, and character traits. Even though common sense tells us that

people do not divide so neatly into two discrete groups and that parents, psychologists, educators and peers often have to work very hard to induce the appropriate behaviour, both in children and adults, we still too often promote an oppressive and simplistic either/or system and fault the individual if he or she does not conform.

There is one more important aspect to this construct: in terms of value attribution it is not a horizontal polarization, but rather vertical wherein things male are more valued.

Radical questioning and challenges that come from feminists working not from the established centre, but from the peripheries, the "underside of history", go right to the root of the problem with "history". What can and cannot be considered normative within "human" history was written by the "winners" of history, mostly heterosexual white males whose theories and histories established and maintained the dominant culture, and whose construction of "heresies" provided reasons to rid the world of people who thought differently. All other versions of history have been suppressed. What would "history" look like written from the perspective of those who suffered at the hands of the colonizers, the slave traders, the Inquisition, those history calls the "losers", the oppressed, the dispossessed, the North American or Australian aboriginal, the disenfranchised, women, or gay men and lesbians? This history, at least the story of women, is beginning to be generated from the feminist community. Gays and lesbians are now just beginning to write theirs, and this is having and will continue to have a significant impact on how young gay men and lesbians, and adults, see themselves in the future.

There is a link between feminism and the liberation of gays and lesbians. The same patriarchal assumptions operative in society against women also manifest themselves against gays and lesbians in a defined patriarchal, heterosexual fashion. Sedgwick (1985) makes the case that the bonds between misogyny or sexism and homophobia are real and profound. She states that homophobia is not primarily an instrument for oppressing a sexual minority; it is, rather, a powerful tool for regulating the entire spectrum of male relations. In demonstrating that male homophobia is directed at both gay and non-gay men, and by demonstrating that it affects women as well, Sedgwick has effectively transformed the fear of homosexuality from an isolated political issue into a central concern of any critique of the dominant culture. This is especially demonstrated in the way the government and the media have scapegoated the gay community, especially at the beginning, as part of their response to the HIV crisis, and the way the Roman Catholic Church is trying to transform its present pedophilia crisis into a problem with gay priests. These reactions were and are coded with important messages for all men and for all women, not just those who are gay and lesbian.

*I've experienced homophobia since I came out. Having only come out while at university and living in a dorm, I was headed for disaster. I have been the target of homophobic jokes, rumours, and intense disgust towards me because I'm gay. I have had inappropriate pictures drawn on my door, and have had any "gay" imagery on my door defaced or destroyed. One of the worst experiences I have experienced is being singled out by a group of guys when I used to live in an all male dorm, and taunted about wanting to have sex with the entire group. Living in an all male dorm was easily pure hell, I felt so uncomfortable, scared and absolutely out of place. I had to hide my sexuality until I graduated from that university till I started at my current one. Now things are a lot easier but the jokes, comments, rumours, and defacing are still going on. I don't understand why people can't just accept everyone, and not be judgmental of someone who is different. Homophobia has affected me strongly, leading to me having thoughts of suicide, desperately wanting to be straight, and severe depression. Fortunately, since I have come out and have gotten friends who are cool with it, life is a lot better. Just wish the world was different, but know its not gonna happen.*

*young man, New Brunswick, 2003*

Bunch (1975) speaks of heterosexual privilege as the operative force in the repression of homosexuality. Gay men and lesbians living in patriarchal, heterosexist societies are labeled with many negative and abusive terms. Such experiences are the substance of the oppression that makes gay men's and lesbian's lives substantially different from those of heterosexual men and women. While gay men share the privilege of being in a dominant position in relation to women, they are at the same time in a subordinate position in relation to heterosexual men.

Kinsman states: "In developing a radical perspective we need to draw on the insights of lesbian feminism about the social power of heterosexuality and also on the historical perspective provided by the new critical gay history, which reveals the social and historical process of the organization of heterosexual hegemony and the present system of sexual regulation".

The gay male and lesbian minority, like any oppressed group, is largely unaware of its own history. Even more so for bisexual men and women. For the most part, the history of gays, lesbians and bisexuals has been banished to the realms of silence and invisibility. Until recently, there had been no legal discourse available to gay and lesbian communities, which had been deprived of any possibility of connecting with their roots. In organized gay and lesbian communities across Canada there have been traditions that evolved orally which allowed men and women to integrate themselves into the subculture, but these were not accessible to everyone, and are more widely available only recently, and to those who had the opportunity, or determination, to find and to work their way into the community (Grahn, 1984). Indeed, we need to keep in mind that there are distinctly gay male communities and histories, distinct communities and histories of gay and lesbian persons working together for social change, and distinct communities and histories of lesbians with their own traditions and culture (Vida, 1976; Jay & Young, 1972; Cruikshank, 1982; Faderman, 1981; Gross et al, 1980; Demczuk and Remiggi, 1998). The bisexual and Two-Spirit communities are just beginning to write their histories, as is the case with those who belong to ethno-cultural communities and are gay, lesbian or bisexual.

Due to the socio-political status of gays and lesbians, until the last two decades, there was only a minimal amount of networking and sharing of experience and history (Altman, 1982). For the most part, political organization began in isolated urban centres, almost spontaneously during the 1950's, following the Second World War. Men, having been sent off to theatres of war in Europe, coming from a mostly rural Canada, realized for the first time in their lives that they were not the only people who had feelings for other men, and women, who were conscripted (temporarily) to take men's places in the factories (and allowed to wear pants and receive pay cheques written to them) realized that they liked occupying these new social roles, and some became more than room-mates to other women. As well, because of Kinsey's research and the media attention it garnered, these men and women started to have an idea of how large a population they constituted (1948).

Licata (1985) outlines in some detail the stages in the development of the movement of the growing consciousness of gays and lesbians in the United States. Similar processes took place in Canada although with some important distinctions. These are chronicled primarily by Kinsman (1987), the Canadian Gay and Lesbian Archives (www.clga.ca), in Québec by the Archives Gaies du Québec (www.agq.qc.ca), and by Demczuk and Remiggi (1998).

There is a feeling of empowerment conveyed by gays and lesbians becoming aware of their history. Grahn (1984) writes: "I thought that if gayness has cultural characteristics then it exists as a separate entity, complete in itself, and not as a reaction to social models, including sexism, patriarchy, the way men or women are treated by each other, the fact that families stay together or split up, that sexuality is open or closed, that the economy is flourishing or depressed. If gayness has a culture of its own, it exists in the midst of, but is not caused by any of these conditions".

### *1.3.7 Family Of Origin*

It has been estimated that approximately one in two to three families have a member or members who on some level is or are dealing with his or her own homosexuality (National Gay and Lesbian Task Force, 1972). There is a noticeable lack of empirical studies about families with gay and lesbian members. However, few have been found that examine homosexuality from the perspective of the impact on the family, their needs, wants and concerns, and adaptation to the sexual orientation of one of their members.

*After about four years, we have finally got a GLBT Youth Group going in Truro. We have about ten kids that attend regularly. The contact is a professional who works long and hard to ensure that the group is a success. She has dealt with angry parents who feel their kids are being "recruited" into a cult, parents who are trying to deal with their kids sexuality in an open and supportive manner, and Foster Parents who refuse to allow their "Out" Foster Child attend meetings and access the support available to them.*

*A rural Canadian experience*

For gay and lesbian people, an important turning point is disclosing one's homosexuality to one's parents (Myers, 1982; Jalbert, 1998). Weinberg (1972) has itemized factors to consider when contemplating disclosure to parents, including possible guidelines and reactions for parents. Clark (1977) describes the effects of disclosure on parents, spouses, children, siblings and friends. Jones (1978) has written about his experiences as a minister counselling gay people, their relatives, and their friends. Silverstein's (1977) book, which is specifically for parents of gay people, urges meaningful dialogue between their gay son or lesbian daughter. Fairchild and Hayward's (1979) work is written for parents of gay children by parents of gay children. Gilberg (1978) describes how the changing culture has affected gays and lesbians and the attitudes of their parents toward therapy. He stresses a family approach to the intervention with the client. Bergon and Leighton's (1979) book on being gay contains an excellent chapter on telling the family.

Myers (1985) outlines the motives one should consider important in disclosing to parents:

1. Consequences of the Gay Liberation Movement. Gays and lesbians think differently of themselves, and adolescents are more aware of the positive image being manifested;
2. Inner torment. Disclosing is a way of reducing the turmoil and psychic pain of those who are close not knowing the real person;
3. The coming-out process. A person may see disclosure to parents as part of the political process of coming-out;
4. The therapeutic process. Therapy may positively affect a person's ability to disclose;
5. A relationship. If there is a lover in the person's life, it may necessitate a disclosure;
6. Destructive motives. "Revealing one's homosexuality to parents as an act of angry aggression, or as an attempt to lay blame and induce guilt, sets the stage for confrontation, defensiveness, and increased alienation".

In terms of dealing with the parents' reaction to their child's sexuality, Myers recommends seven steps in the therapeutic process: problem identification, catharsis, explanation, reassurance, confrontation, suggestion and recommendations for continued intervention.

De Vine (1984) indicates that same sex orientation becomes a crisis for a family system primarily because:

1. There are no rules in the family system to respond to this behaviour;
2. There is no framework specific to the issue in which the family can fit;
3. There is no positive way to describe the issue;
4. There are strong cultural taboos against homosexuality;
5. Much of the binding forces in the family become detriments to adaptation.

Woodman (1985) contends that many lesbians and gays wish to have closer relationships with their parents and that withholding a part of oneself impedes this closeness; that it is highly possible that parents will find out from some other person; or that some parents already have a fairly good idea about the situation but are, themselves, too afraid to broach the subject openly.

Jalbert (2002) underlines that parents in the Montreal area are still very ill prepared to experience their children's coming-out. Yet, mothers indicate in the same research that when their sons finally come out to them that their sons are happier, smile more often, are more honest, more motivated in life, more independent and more relaxed.

## 1.4 THE DIVERSE RANGE OF EXPERIENCES OF BEING GAY, LESBIAN AND BISEXUAL IN CANADA

Although every attempt has been made to include the increasingly diverse voices of gay, lesbian and bisexual Canadians throughout this discussion paper, the following sections will address issues specific to Aboriginal, African, Caribbean and Asian communities in Canada.

It is obvious that gay men, lesbians and bisexuals from ethno-cultural communities struggle against the combined effects of heterosexism, homophobia and racism (Rodriguez, 1998; Swigonski, 1995a). Recently, much work has been done that explores the specific effect of the relationship between sexual orientation and race, and the underlying premise has strong theoretical support. In her discussion of institutional agendas in health care, Jiwani (2000) notes that:

> Racism as a system of domination and oppression works in the same way as sexism and homophobia. In fact, these systems of oppression are interlocking – they do not operate in a vacuum or separately – they are interwoven and their intersections serve to worsen the situation of those who cannot be neatly categorized into any one group. [With] sexual minorities, race, gender, and class intersect to complicate and compound the situation of say a woman of colour who is also a lesbian, or the man of colour who is gay. These are structural issues that clearly influence policy, and when these intersections are not accounted for, the reality is that a whole group of people fall through the cracks – their needs are not being met – but worse still, their realities are completely erased and or categorized into stereotypical frames.

The International Gay and Lesbian Human Rights Commission (2001) also notes this fact, stating that:

> Very often, individuals who exhibit stigmatized markers of both race and sexuality (e.g. being a racial minority and being lesbian, gay or transgendered, or being a racial minority and engaging in sex work) experience even more severe discrimination and social privation than do those who occupy only one stigmatized category. The increased discrimination faced by these individuals illustrates that race and sexuality are not mutually exclusive from one another. For people who embody the intersection of race and sexuality as members of discriminated groups in each category, the relationship between sexuality and race forms a powerful lens through which all social and political life is perceived and understood.

The experience of being a minority community that is the recipient of the majority's racism sets up dynamics related to wanting to preserve what is seen as integral to one's cultural identity and at the same time wishing to adapt to Canadian cultural values, and integrate what is seen as good and worthwhile. In any discussion of heterosexism and homophobia in ethno-cultural communities, we must be mindful of the history and heritage of colonialism, not forgetting that that homophobia has been a pillar of European, and therefore mainstream Canadian, culture for centuries, and that Western culture exported homophobia and heterosexism through colonialism to many cultures that were not, per se, homophobic at the time, or at the very least were much less so than Europe and North America.

### 1.4.1 The Experience Of Aboriginal Peoples[2]

***Colonization and De-colonization***

This section will provide an overview of the gender and sexual orientation issues confronting Two Spirit people whose origins are First Nations, Metis and Inuit. Although "Two Spirit" is an umbrella term meant of be inclusive of all indigenous peoples, it should be noted that Inuit gays and lesbians have not yet been consulted as to whether they wish to be identified with it. Including indigenous people in this discussion paper will require establishing a historical and contemporary context as a guide. The pre and post contact experiences of indigenous peoples becomes relevant when examining homophobia and heterosexism in Canada, because their history is unique and not what other Canadians have experienced. Also, contemporary non-Aboriginal Canadians may be influenced by the degree of homophobia that existed in their ancestor's countries of origin in ways that Aboriginal people have not. For example, (Norton, 2002) reports that,

> One of the tragedies of the New World is that it took over much of the legal system of the Old World. The Buggery Act of Henry VIII (as re-enacted by Elizabeth I in 1563) was adopted, often verbatim, by the original thirteen Colonies, and buggery was punished by death.

Norton makes the point that the homophobia increased drastically in Europe in the sixteenth century and notably in England, France, Portugal and Spain, who were the original colonizers of the Americas.

This is relevant to remember in 2003 because many Aboriginal people believe that in order to progress, non-Aboriginal people need to understand their worldview. They believed they were the only humans in the universe and had a unique view of life. When Europeans arrived in the Americas they found very developed and sophisticated peoples and cultures with a history of residence that extended back 30,000 years. While modern science can establish this record by dating the earliest human remains and artefacts, this evidence of a limited time frame of human occupation is challenged by Aboriginal creation stories which tell us that Aboriginal people have been here from "the beginning of creation." For example, the indigenous languages words, Anishinaabe (Ojibway), Ininew (Cree) and Inuit (Inuktitut) roughly translate to mean the "original people." To get a sense of this perspective, we can compare how long Aboriginal and non-Aboriginal people have been present in Canada. Aboriginal people have been here for 25-30,000 years, and if we consider the creation stories, it would be equivalent to that of modern humans who appeared in Africa around 115,000 years ago. The Inuit acknowledge that their ancestors came over the Bering Strait around 10,000 years ago and their pre-history begins about 5,000 years ago. Non-Aboriginal Canadians have been here for about 500 years.

Aboriginal people have a unique, successful history of human experience that is connected to the environment in which they live. If we choose to engage this community in an attempt to examine issues of gender, sexual orientation, homophobia and sexism, we must acknowledge that this history, with its culture, values, languages, social and political structures are equal to that of Canada and any other civilized societies, past or present. From the Aboriginal worldview, contact with Euro-colonizers and contemporary Canadians has been a brief encounter on a long continuum. However, it has been long enough to devastate whole indigenous populations.

It would be short sighted for gays and lesbians to examine their history or evolution only within the context of Canada's history or that of contemporary society. Without building links with their ancestors back into Old World history, and with other societies and indigenous cultures around the world, the picture will remain incomplete and only provide a single biased snapshot of a fairly recent experience in a modern society.

2 This section is written by Albert McLeod, a leader in the Two Spirit movement in Canada.

It is not possible within the scope of this section to give a in-depth picture of the history of Aboriginal people or their contemporary lives. However, some information will be useful in order to establish a profile of the various peoples and their communities. We must understand that when communicating in English, whether it is American, British or Canadian English, or French, it is limiting as a tool to engage the Aboriginal community. Although Canadian English or French, is spoken by almost all Aboriginal people, Statistics Canada, (2003), reports,

> A total of 235,075 individuals, or about one-quarter (24%) of the 976,305 people who identified themselves as North American Indian, Metis, or Inuit in 2001, reported that they had enough knowledge of an Aboriginal language to carry on a conversation. This was down from 29% in 1996.

Although it appears that indigenous languages in Canada may be declining, indigenous languages are still important as markers for distinct peoples and cultures. They can be a mechanism for creating dialogue and fostering understanding about their perspectives. Especially when we consider that in this document we are using the English term, "Two Spirit," to speak about a largely unknown indigenous population whose ancestors have been here for a long time. According to the 2001 Canadian census, there are 976,305 Aboriginal people in Canada, 608,850 North American Indian (First Nation); 292,305 Metis; 45,070 Inuit, and an additional 30,080 with multiple or other Aboriginal responses not included elsewhere in the census.

The language used in Canada to describe Aboriginal people has changed over time. In the 1960's and 1970's common descriptors for indigenous Canadians were "Indian and Native," and there were many other derogatory ones used by racist non-Aboriginal people. In the 1980's and 1990's, as self-determination and self-government increased, Aboriginal people began to choose English words that better defined who they were. "Treaty Indians," registered under the Indian Act, who lived primarily on reservations, soon became "the First Nations." Although the Aboriginal Rights in the Constitution Act of 1982 proclaims that,

> (2) In this Act, "aboriginal peoples of Canada" includes the Indian, Inuit and Metis peoples of Canada.

There is a tendency for people with treaty status to refer to themselves as First Nations as opposed to Indian or Treaty, as a way to proclaim their inherent rights to the land and their primary relationship with the government of Canada is one of "nation to nation." The Metis are the descendants of Cree, Ojibwa, Saulteaux, and Assiniboine women and European fur traders people who developed as people, distinct from either Indian or European. They have national representation and regional offices which advocate for their people and culture. Their language is "Michif," a mixed language of Cree and French. Most Metis live in western Canada, both in remote and urban communities and in Metis-only and mixed communities. (www.metisnation.ca) The Canadian Arctic has four Inuit regions, each with a Regional Inuit Association with a comprehensive land claim agreement, Labrador, Nunavik, Nunavut, and Inuvuialuit. (www.tapirisat.ca) And finally, instead of using old terms like, Indian, North American Indian (as it is still used in the census), native, Amerindian, we now use the word, "Aboriginal," when we refer to Aboriginal/indigenous peoples. This being said, some Aboriginal people will only refer to themselves as First Nations, Metis or Inuit, or in their language as "Inuk," which is the singular for Inuit. The names for their communities are also being replaced with traditional ones, for example, "Tootinaowaziibeeng" was formerly known as Crane River.

Gays and lesbians in Canada use words like gay, lesbian, bisexual and transgender. This creates some difficulty in that indigenous peoples around the world have words and roles in their languages and cultures to describe people who would be considered to be gay, lesbian, bisexual, transgendered or transexual. They also have other roles and genders that are not presently recognized in Western society. Thomas (1997) writes in "Two Spirit People,"

> Navajo culture has frequently borrowed ideas from other cultures, including Euro-American culture which brought in the concepts of gay and lesbian identities. Today, many younger Navajos see themselves as gays and lesbians and have no interest in conforming to the traditional cultural definition of *nadleeh*, simply because of changes in time. As a result, Navajo gays and lesbians identify with the Euro-American notion of sexual identity rather than the Navajo ideology of multiple genders. Because of Western schooling, extensive exposure to Western culture, and the lapsed transmission of Navajo tradition, the traditional role of both male-bodied *nadleeh*/feminine males and female-bodied *nadleeh*/masculine roles is not widely known by young Navajos who would fit into those categories.

In many cultures around the world, the traditional roles for gays, lesbians, bisexuals and transgendered peoples still exist, although they may have lost their cultural context, importance and relevance. In India, for example, the "Hijra" community is composed of people who are neither men nor women, the majority being South Asian male-to-female (MTF) transsexuals. In the documentary, "Paradise Bent" Heather Croall (1996) explores the Samoan *fa'afafines*, boys who are raised as girls, fulfilling a traditional role in Samoan culture. The culture clash between traditional Samoan culture versus Western culture is revealed when the older unadorned *fa'afafine*, who is washing clothes by a waterfall, criticizes the much younger Cindy, who wears makeup and performs drag shows for tourists. (S)he tells us that Cindy has moved beyond the boundaries which define a traditional *fa'afafine*. Cindy, as a *fa'afafine*, also performed traditional Samoan dances as a female, which puts her blended gender front and centre in the Samoan and Western (tourist) societies. If these variations of gender still exist in indigenous cultures it must be asked: Why did Europeans create a society that sanctions only heterosexual male and female roles?

In another part, a mother praises her *fa'afafine* daughter-son because (s)he can perform hard physical labour to grow crops, albeit in makeup and a knit tank top, and because (s)he also cooks and cleans for the family. It appears that their distinctive masculine and feminine personas are intact, acknowledged and respected, as is their blended female/male persona. In American culture, the media obsessively bombards us with images of the ultra-masculine male and ultra-feminine female. In light of our growing knowledge, it becomes bizarre to have only these two aspects of gender reflected back to us as the norm.

The colonization of Aboriginal peoples caused "historical trauma," the psychological, physical, social and cultural aftermath of colonialism and post colonialism in many generations of indigenous people in Canada (Maviglia, 2002). The existential-historical aspects of historical trauma can be summarized as follows:

1. Communal feelings of disruption of the family and societal network;
2. Development of an existential form of depression, based on a sense of communal disruption and anomie;
3. Ambivalence and anxiety about feeling part of the historical ancestral pain, and the tempting option to adopt the easily accessible Western attitudes, values, and sociocultural models;
4. Development of chronic existential grief, nested in the dominant context of denial and silence. This angst is typically manifested through the complete rubric of destructive and self-annihilating behaviours (including some patterns of drinking and substance abuse);
5. The daily re-experience of colonial aspects of trauma stemming from stereotyping, and racism, which are the base for the above described emotional states, and;
6. Lack of resolution of the existential dimension triggering an individual, intergenerational, and communal extension of the existential pain.

One could only add, in reading this list, the obvious conclusion that this trauma can only add to, and complicate, the vulnerability to HIV infection present in the Aboriginal communities of Canada, both for Two Spirit and heterosexual aboriginals.

Maviglia goes on to say that when addressing "historical trauma" using therapeutic methods, we must not isolate the process from an understanding of the historical phases through which Native Cultures have interacted and clashed with the Western European civilization. There is agreement that the phases can be summed up in four major stages[3]:

1. The Colonizing Period, characterized by the establishment of definite policies leading to the appropriation of Native American lands and resources;
2. The Relocation Period represented by the forceful relocation of Indigenous people to often unfamiliar territories;
3. The Boarding School Period, finalized to the annihilation of the cultural characteristics of the Native population by enrolling Native youth into Boarding Schools, under the pretence of fostering the development of competent and integrated citizens;
4. The last step, Termination Period, consistent in the additional and substantial removal of families from Reservation land into urban areas, with the unrealized promise of a better life.

In 1974, a study by the Manitoba Indian Brotherhood titled, "The Shocking Truth About Indians in Textbooks," stated that racism against Aboriginal people can be subtle and pervasive. The contents of elementary grade textbooks were examined for "positive" and "negative" adjectives that described Europeans and Indians. The author contends that generations of Manitobans (Aboriginal and non-Aboriginal) were schooled in racism. The author warns, "If a student encounters in his studies, material which is derogatory toward a race of people, he will undoubtedly adopt these same attitudes, probably for life." It is worthy to list the ten criteria used to evaluate the historical text as these biases can also be applied to homophobia.

**Bias by Omission**: selecting information that reflects credit on only one group, frequently [the] writers groups;

**Bias by Defamation**: calling attention to the native person's faults rather than their virtues, and misrepresenting their nature;

**Bias by Disparagement**: denying or belittling the contributions of native people to Canadian culture;

**Bias by Cumulative Implication**: constantly creating the impression that only one group is responsible for positive developments;

**Bias by (lack of) Validity**: failing to ensure that information about issues is always accurate and unambiguous;

**Bias by Inertia**: perpetuation of legends and half-truths by failure to keep abreast of historical scholarship;

**Bias by Obliteration**: ignoring significant aspects of native history;

**Bias by Disembodiment**: referring in a casual and depersonalized way to the Indian menace and representing the annihilation of Indian culture as part of the march of progress;

3 Although Maviglia's paper addresses the experience of American Indians in the United States it is comparable to the experience of Aboriginal people in Canada

> **Bias by (lack of) Concreteness**: dealing with a race or group in platitudes and generalizations. To be concrete, the material must be factual, objective and realistic;
>
> **Bias by (lack of) Comprehensiveness**: failing to mention all relevant facts that may help to form the opinion of the student.

Homophobia and intolerance increased overtime as Aboriginal children were forced into residential schools by the government of Canada. The "education" of the children began in 1892, in isolated locations where the children were indoctrinated into Christianity by the religious orders that managed the schools. The children's religious instruction caused many of them feel ashamed of their bodies (sex organs) and of the sex act itself. Women were deemed to be lesser than men and in some cases, "the work of the Devil," because their sexuality tempted men. Homosexuality became a sin and heterosexuality became the only acceptable norm. There is no research or written record that exists today on the experience of Two Spirit people in residential or mission schools. Except for the writings of Cree playwright, Tomson Highway. He portrayed the impact of Roman Catholicism on men and women from his community in his plays, "The Rez Sisters" and "Dry Lips Otta Move to Kapuskasing," and in his novel, "Kiss of the Fur Queen." Along with the brainwashing or "mind fucking" as he called it at an Aboriginal AIDS conference in 1992, came mental, emotional, spiritual, physical and sexual abuse. The sexual abuse, both heterosexual and homosexual, of Aboriginal children was perpetrated by nuns, pastors and priests who believed the children would never tell. As the healing process from this experience begins, there is some controversy in Aboriginal communities, as to how to address the issue of same-sex sexual abuse against children, and its consequences. There are myths and misconceptions among some Aboriginal people that this type of assault can or has caused heterosexual people to become gay or lesbian. Presently there is no discussion of its impact on children and adolescents who were gay or lesbian.

The Aboriginal Healing Foundation funds some 953 projects across Canada to assist Aboriginal people to heal from the intergenerational traumas caused by residential schools. It has identified "gays and lesbians" as one of its target groups, having reached approximately 1,500 participants according to an evaluation conducted in 2001. It is disturbing to note that one of the project's "Expected Outcomes" is

> (To) have Two-Spirited aboriginal people speak on traumas which may have led to their sexual preferences/orientations.

### *Naming and re-namin*

The Aboriginal response to colonization is one of "decolonization," which is a process that involves establishing Aboriginal self-government, land claims, justice systems, economic development, and strengthening and sustaining culture and language. In the United States, indigenous scholars write that when decolonization addresses language, it must go beyond the indigenous languages. They assert that changing Canadian English, and, by inference, French, words that refer to Aboriginal people is an act of decolonization (Yellow Bird, 1999).

> The continued use of Indian, American Indian, and Native American maintains counterfeit identities for Indigenous Peoples. As part of decolonization of Indigenous scholarship and thinking, I suggest these terms must be discarded in favor of more empowering descriptors. To me, ceasing to call Indigenous Peoples Indians, American Indians, or Native Americans is more than an attempt at "political correctness," or a change in semantics. It is an act of intellectual liberation that corrects a distorting narrative of imperialist "discovery and progress" that has been maintained far too long by Europeans and European Americans.

"Two Spirit or Two Spirited," is a term that is new to the gay and lesbian vocabulary, although most Canadians are unaware of its existence as are most gay and lesbian and Aboriginal communities. However, in certain sectors of the gay community, federal and

provincial governments, and Aboriginal organizations, it is being becoming known and formally recognized as a culturally appropriate way to describe Aboriginal people who may be gay, lesbian, bisexual or transgender. The awareness, acceptance and adoption of this term is increasing in North America and there are now a number of papers, articles, books, and films about this phenomenon. Gay, Two Spirit, Aboriginal and non-Aboriginal researchers have become aware of this "naming/re-naming process". It has caused them to explore the history of indigenous peoples in an attempt to understand its significance. "Two Spirit" can now be found on the Internet and in some dictionaries. Where did it come from?

A number of papers by Aboriginal and non-Aboriginal authors have identified that the term was introduced into the Aboriginal gay and lesbian community in Winnipeg, Manitoba, in 1990, at one of a series of annual international (primarily Canada and the United States) gatherings (Medicine, 2002). This is correct – the third gathering in 1990 was sponsored by the Nichiwakan (friend) Native Gay and Lesbian Society in Winnipeg. At the time some Aboriginal people had alliances with the gay community and strongly identified as gay, lesbian or bisexual. In the "Two Eagles" newsletter, of June 1990, a number of organizations were listed: Gay American Indians, San Francisco; American Indian Gays and Lesbians, Minneapolis; WeWah and BarcheAmpe, New York; Nichiwakan Native Gay and Lesbian Society, Winnipeg; and Gays and Lesbians of the First Nations, Toronto.

The Manitoba gathering was held in August and in the fall edition of Two Eagles, there were five letters from people who had attended. Three of them refer to "Two-Spirit(ed) womyn, mothers, daughters, person, people, and brothers." In the earlier summer edition of Two Eagles and in other writings prior to the '90 gathering there is no record of the term "Two Spirit." In 1991, the organization in Toronto changed its name to "2-Spirited People of the 1st Nations." Some authors have their own opinions as to why this change occurred (Hasten, 2002),

> The term "berdache" problematized by quotation marks throughout this paper, has itself come under scrutiny. From the French word *bardash*, it follows a chain of ancestry back through Italian, Arabic, and Persian variants meaning, in all cases, "kept boy" or "male prostitute" (Jacobs 1983). It is not difficult to understand, then, why contemporary gay, lesbian, bisexual and transgendered native North Americans have rejected the label and why its application with regards to women makes no sense at all. The term Two-Spirit was coined as an alternative in 1990 by an organization known as Gay American Indians, during the third Native American/First Nations gay and lesbian conference in Winnipeg, Manitoba.

Hasten is a bit off the mark because the term was introduced by an Aboriginal Traditional Teacher at the gathering which took place near Beausejour, Manitoba. It was adopted by the participants who found meaning in it and identified with its origin and significance. Hasten discusses the term "berdache," which was used by early colonizers and academics to describe the diverse gender roles and sexuality they observed among Aboriginal peoples. It must be stated that it was never used in any Aboriginal or Native American communities (Deschamps, 1998). Still, she challenges the concept of a "third gender" and "institutionalized homosexuality" among Aboriginal people and concludes,

> The fact is that cultures providing "berdache" status likely did so in order to avoid the designation of homosexuality by shifting genders, and did in most cases prohibit the equivalent of "homosexual" behavior: Homogendered sexual activity was not acceptable, and two males who both identified as men could not freely engage in sexual activity under any circumstance. Therefore, if homosexuality has ever been "institutionalized," and if there have ever been more than two genders, it has apparently not been among the peoples native to North America.

Others have speculated that it was created by Aboriginal gays, lesbians and bisexuals to act as a shield in order to distance themselves from the stigma and homophobia experienced by non-Aboriginal gays, lesbians and bisexuals, and as a way to distance themselves from AIDS

stigma, which was linked to being gay. Some Aboriginal communities saw AIDS as a "gay plague and a white man's disease" (Beaver, 1992).

Two Spirit groups volunteered to host a gathering in their traditional territory organized the Annual International Two Spirit Gatherings, which began in 1988. The gathering was moved out of city centres into campsites which brought the people closer to the earth. Two Spirit people, along with their supportive partners and family members, travelled across North America to attend, learning the culture and traditions of the host group, as well as sharing their own. For a few days each year, a safe space is created where people can share, laugh and heal together. The sweat lodge and other sacred ceremonies are held, which brings spiritual knowledge, growth and strength to people who may otherwise be excluded from the circle.

There is enough evidence in the historical record and in Aboriginal cultures today that demonstrates that Two Spirit people are distinct and function in their communities. Words that describe them, their roles in society and their stories were shared through many aboriginal languages. When Aboriginal children in residential schools were forbidden to speak their language and taught to fear and feel ashamed of their culture and traditions, being Two Spirit became a liability. As their place in the culture eroded, Two Spirit people learned to assimilate and hide who they were. Many aspects of the culture, like the sweat lodge, Potlatch and Sundance, were deemed to be pagan Devil worship and were outlawed. Aboriginal people preserved these important traditions by hiding them from the colonizers and waited for the day when they could be restored. It is the same for Two Spirit people, who are restoring themselves and being restored by their families, communities and leaders. The practice of naming and re-naming is an Aboriginal tradition; people are given spiritual names when they are children and again when they are adults. Today, many Aboriginal people have both spirit names and English or French names. The Two Spirit decision to adopt a new name by discarding the term "berdache," and to become distinct from the broader gay, lesbian and bisexual community is not based in fear and uncertainty. Instead re-naming or self-naming as Two Spirit is an act based in spirituality, empowerment, tradition and a process of decolonization. Eventually it too may be discarded, when traditional names like *winkte* (Lakota), *nadleeh* (Navajo), *lhamana* (Zuni), and *ogokwe* (Ojibway), are used every day in a respectful way.

There are a number of categories which can be used to define gender and sexual orientation of Aboriginal people, some are related to Two Spirit orientations. The majority tend not to disclose their orientation(s) and identify only in their peer group, or be ambiguous about it. They reside in urban, rural, and First Nations, Metis, and Inuit communities. These categories are presented here because they are relevant to promoting healthy sexuality for Two Spirits and safer-sex for all Aboriginals.

**MSM or WSW**: Heterosexual Aboriginals who have emotional and sexual relationships with the same gender. Many are married and keep this part of their life hidden and only identify as heterosexual;

**Bisexual**: Aboriginals who have emotional and sexual relationships with both genders. Many are married and identify as heterosexual, but may also be ambiguous about their bisexual orientation;

**Neutrals**: Aboriginals who have emotional and sexual relationships with the same gender who never disclose their orientation;

**Gay or Lesbian**: Aboriginals who have emotional and sexual relationships with the same gender who only identify as gay or lesbian;

**Two Spirit**: Aboriginals who have emotional and sexual relationships with the same gender, who only identify as Two Spirit (having the attributes and spirit of both male and female);

**Two Spirit (Traditional)**: Aboriginals who demonstrate their identity primarily through culture and spirituality. They have emotional and sexual relationships with the same gender;

**Two Spirit/GLBT**: Aboriginals who have emotional and sexual relationships with the same gender, who identify using one, either or both definitions;

**Transgender**: Aboriginals who are biologically male or female who are partially or completely the other gender. They identify as transgender, heterosexual or as a Neutral would and may have emotional and sexual relationships with heterosexuals or same gender partners. They may opt to have sex reassignment surgery;

**Two Spirit (Transgender)**: Aboriginals who are biologically male or female who are partially or completely the other gender. They identify as Two Spirit and may have emotional and sexual relationships with heterosexuals or same gender partners;

**Two Spirit (Asexual)**: Aboriginals who demonstrate their identity primarily through culture and spirituality. The may be emotionally and sexually attracted to the same gender but are not sexually active. They also may identify as Two Spirit;

**Indigenous (GLBT)**: Aboriginals who fulfill various traditional (Two Spirit/GLBT) roles in their culture and identify using indigenous language identifiers such as "winkte" (Lakota). They have emotional and sexual relationships with the same gender.

This analysis, and the use of these categories, shifts depending on context, and alludes to the ambiguity present in the lives of all gay, lesbian and bisexual people of all ethnicities.

### *Gay, Lesbian, Bisexual and Two Spirit Alliances*

At the 3rd Annual International Two Spirit Gathering, in Beauséjour Manitoba, a workshop was organized for the non-Aboriginal partners of Two Spirit people, where they discussed the particulars of living with and loving an Aboriginal person. It was the longest and best-attended workshop of the gathering. This suggests that a lot of non-Aboriginal gays, lesbians and bisexuals need time to discuss Two Spirit people. It is also indicative of one of the alliances that Two Spirit people have with the gay community. Aboriginal people have always been migratory and mobile; therefore we can consider that Two Spirit people have always been present in urban environments. Most non-Aboriginal gays and lesbians hold myths and stereotypes about Two Spirit people. Alex Wilson, a Two Spirit woman from Opaskweyak Cree First Nation writes in her paper, "How We Find Ourselves: Identity Development and Two-Spirit People,"

> As I reflect on the lives of my Indigenous friends, I realize that those of us who are happy have achieved our presence within the Indigenous American community. Two-Spirit identity is rarely recognized in the mainstream lesbian and gay community unless it is accompanied by romantic notions that linger from the concept of the *berdache*. We are either Spanbauer's "holy man who fucks" or "just a fuckin' Indian."

In the 60's and 70's, Two Spirit people were part of the gay and lesbian movement, most having left the hostility of their home communities to live in urban centres. In the summer of 1975, Barbara Cameron (Lakota) and Randy Burns (Piute) started the organization "Gays American Indians (GAI)" in San Francisco.

> I was like a lot of Indian people who came to the city. During the '40s and '50s, the Bureau of Indian Affairs relocated many Indians to the cities. A lot of them were gay Indians who had "lost" the respect of their tribes. They came to the cities and turned suicidal, alcoholic and stereotypically cross-dressed." (Burns, 1976)

There is no doubt Two Spirit people find refuge in the gay and lesbian culture and create alliances that benefit both communities. The organization that replaced GAI, "Bay Area American Indian Two-Spirits," is now housed in the Gay and Lesbian Community Centre. Another example, is the Saskatoon Declaration of GLBT Health and Wellness, inclusive of

Two-Spirit people, which was supported unanimously by delegates at the *2001: A Health Odyssey – Building Healthy Communities*. It is a national framework to address the health issues of gays, lesbians and bisexuals in Canada, including Two Spirit people who are part of its coordination.

In Australia, the federal government began a process of reconciliation with Aboriginals in 1997. The gay community undertook their own process because "extraordinary attacks have been directed at the Reconciliation process from all sectors of the Australian community." An excerpt from the statement of support from the Sydney gay and lesbian community organizations reads,

> We are proud to live in a nation with the oldest indigenous peoples in the world. We believe that non-indigenous Australians have a great deal to gain from Reconciliation by coming to terms with our collective past and valuing Aboriginal culture and history. We must be prepared to listen to Aboriginal people's points of view. We must recognise the special relationship that Indigenous Australians have to the land; their grief occasioned by theft of their land and forced removals from their families. We must acknowledge the central nature of land rights to Aboriginal people's self esteem. We acknowledge that racism exists within the lesbian and gay community and that Indigenous gays and lesbians often feel alienated and unsupported by our community.

### *Two Spirit Women*

There are not many Two Spirit women who are "out" in the Aboriginal community. Many women are in denial about their orientation as they are in heterosexual relationships or married. Some are mothers and caregivers, who know they are Two Spirit, but not able to come out because of how it will affect their families. They are the new voice of a younger generation of Two Spirit women, who have identified early as lesbians and later choose a Two Spirit identity, which they believe strengthens their sense of culture.

A confrontation is brewing around women's issues and homophobia. Many Two Spirit women are grandmothers, and some are now becoming Elders in their communities, roles that are traditionally held in high esteem in the Aboriginal community. Being Two Spirit and being an Elder may appear as a contradiction, but may be the vehicle for creating a dialogue that will begin to dismantle homophobia and heterosexism. In an interview a Two-Spirit grandmother, she shared,

> My generation was conditioned to become life-givers and to practice maternal procreative gender specific lives. Despite this, I have always had aspirations for women and looked at them in a way that made them special. I believe that having children is not a factor of your orientation. The common stereotype or myth is that gays and lesbians can't or do not have children. In the general population as in the Aboriginal community we know this is not true, because some same-sex couples and Two Spirit individuals adopt children or have partners who have children.

### *Hope for the Future*

Years of advocacy on Two Spirit issues may have yielded some fruit. In response to a national First Nations leadership forum on HIV/AIDS in 2000, the Assembly of First Nations (AFN), released a 10-point action plan. The AFN is a national lobby organization that represents 630 First Nations in Canada. Under the third program component, "Traditions and Cultural Practices, " the following strategy was identified,

> Recognize the role of Two-Spirit First Nations' Peoples – Health care workers and professionals dealing with HIV/AIDS point to a real problem in discrimination against gay and/or the Two-Spirit First Nations' peoples, who may avoid HIV

> testing and treatment because of fear and discrimination. The delay in seeking treatment is given as one of the reasons First Nations' people diagnosed with HIV/AIDS live only 50% as long as non-First Nations' people diagnosed with [the] HIV/AIDS. As one HIV/AIDS worker put it, "Some young men would rather die that let anyone know they are gay." The solution is to educate people of the traditionally respected role that Two-Spirit First Nations' peoples played in most communities, and to thus remove the stigma that has been associated with this group.

In Winnipeg the Rainbow Resource Centre, a gay community centre, undertook a project called "Breaking Barriers" to provide anti-homophobia training to organizations. They included a section on Two Spirit people in their training. A result of this effort may have been demonstrated in a popular school, Grant Park High School, which has a Gay/Straight Alliance group dedicated to eliminating violence, harassment and discrimination by educating the school community about homophobia and encouraging a greater degree of understanding from students and staff. Their motto reads:

> Grant Park's Gay Straight Alliance – A student group for Lesbian, Bisexual, Gay, Transgendered, Two-Spirited and questioning youth, together with their straight friends and allies!

In 2001, a total of 976,305 persons identified themselves as Aboriginal. Using the base rate of homosexuality for the general population (i.e., percentage who are gay, lesbian or bisexual) (Banks, 2001), we can estimate that between 5-10% (48,815 - 97,630) of the Aboriginal population is homosexual. There is very little research on the health status and well-being of Two Spirit people because it has not been identified as a priority in the Aboriginal or gay research agendas. A majority of Aboriginal surveys, both past and current, do not include "transgender" in sex demographics or options for describing sexual orientation, which would include gay, lesbian and bisexual.

The Ontario First Nations survey, (Myers, Calzavara, et al, 1993), is an example of Aboriginal directed research which addresses this gap. Of the 658 respondents, 88.4% reported their lifetime sexual orientation was heterosexual only, 0.2% were homosexual only, 2.6% bisexual ever, and 8.8% no partners ever. It is interesting to note that over 80% felt that their family and community believed that homosexuality was wrong. This degree of homophobia may be related to the intolerance promoted by some Christian belief systems because 41.7% of the respondents reported their religion was Catholic and 16.9% were United. In some rural communities there can be as many as seventeen distinct religious denominations in a town of 6000 people. At an indigenous peoples satellite (Dumont-Smith, 1996), at the XIth International AIDS Conference in Vancouver, Roda Grey spoke about the North;

> Roda said that the first Inuit to admit his homosexuality addressed this group [national Inuit training workshop] and spoke of his personal experiences. Inuit people are scared to speak about sexuality issues because of deep-rooted religious beliefs. This stems back to the days of the missionaries who controlled the information that would reach the Inuit. Religion, Roda said, has had a very serious impact on the Inuit, including herself. Religion influences how AIDS is addressed because elders believe that sex is a subject that shouldn't be openly discussed. People are, therefore, reluctant to speak about sex and HIV/AIDS.

It is evident that Two Spirit people have been excluded from research initiatives because of the lack of advocacy and the political will of Aboriginal leaders to acknowledge their existence. Impartial and inclusive research would reveal they are part of the Aboriginal community and that they have health and social needs. Heterosexism results in violence against Aboriginal women and seriously negates the lives of Two Spirit men as shown in the category, *Negative Sociological Influences, in the Voices of Two-Spirited Men*.

| Sociological Factors | Frequency | Percentage |
|---|---|---|
| Unemployment | (141) | 76% |
| Poor housing | (83) | 45% |
| Racism | (82) | 44% |
| Poverty | (75) | 40% |
| Homophobia | (71) | 38% |
| Suicide | (60) | 32% |

These statistics are reflective of how Two Spirit men are deprived of their determinants of health and basic human rights despite living in one of the wealthiest countries in the world. The consequences of coming out or being outed are so negative they remove any possibility of advocating for Two Spirit rights and their allies are not interested in engaging the Aboriginal community. Joshua Goldberg's interview with Gary Bowen, an indigenous FTM gay activist, about why organized queer communities are not involved in fighting for Two Spirit rights reveals one of the issues:

> Most indigenous communities here are focussed on survival, whereas much of mainstream gay/lesbian/queer activism, with the exception of issues around HIV/AIDS, is seen to be focussed on less survival-oriented issues (e.g. ability to marry, ability to be in the military); also indigenous movements and communities tend to be totally broke whereas queer movements tend to be relatively affluent, esp. gay male movements (not so true of dyke communities), but I think that there is a perception & reality around class that creates division.

The violation of Two Spirit human rights presents a challenge to Aboriginal political groups who are negotiating self-government and fighting for Aboriginal rights. The First Nations Governance Act proposed by the Minister of Indian Affairs will amend the Indian Act. When the *Canadian Human Rights Act* was enacted in 1977, section 67, the last section of the Act was added as a temporary measure. Section 67 reads as follows: *"Nothing in this Act affects any provision of the Indian Act or any provision made under or pursuant to that Act"*. (CHRC, 2003).

> Fortunately, section 67 did not completely close the door to the Commission dealing with complaints from First Nations' citizens. As a result of various judicial decisions, the scope of section 67 has been circumscribed and the Commission does proceed with about 50 complaints a year involving First Nations' governments. However, the Commission is forced to advise most potential indigenous complainants that the Commission is barred from accepting their complaints because they relate to actions arising under the Indian Act. Many more potential complainants do not even bother contacting the Commission because they know of the limits placed on Commission jurisdiction under section 67 or because they believe that First Nations' people are completely excluded from filing complaints.
>
> Members of First Nations' communities, like other people in Canada, encounter situations in which they believe their rights have been breached. Arguably denying the right to complain to the CHRC is contrary to the equal protection provision of section 15 of the *Charter* [*Canadian Charter of Rights and Freedoms*] as well as international human rights standards such as the United Nations International Covenant on Civil and Political Rights.

### 1.4.2 The African-Canadian and Caribbean-Canadian Experience[4]

It may seem hard for some people to understand why minority groups such as the African and Caribbean communities in Canada may be discriminatory towards another minority group, in this case the one formed of gays, lesbians and bisexuals. Much of this homophobia lies in the

4 This section is written by Wendy Maxwell of BlackCAP, The Black Coalition for AIDS Prevention, Toronto.

Western influences that these cultures have had forced upon them throughout the centuries, as well as the influence of the moral teachings of organized religions. Their natural ways of life were indelibly altered by the imposition of what the western world thought was civilized and righteous.

*Their women exchanged natural relations for unnatural and the men likewise gave up natural relations with women and were consumed with passion for one another, men committing shameless acts with men and receiving in their own persons the due penalty for their error.*

*Romans 1:22-2*

Throughout Latin America and the Caribbean, Judeo-Christian religious belief is the very structural basis of society, with the Catholic Church as the most predominant. Many Christian denominations teach intolerance to homosexuality based on Biblical scriptures. In many of the African cultures both Islam and Catholicism play an important role in society. Immigrant communities in Canada often maintain strong links to their religious roots as a way to maintain links to their cultures.

Fundamentalist interpretations of Islam condemn homosexuality: The idea of stoning is derived from the Koran's account of the destruction of Sodom by a "rain of stones," apparently due to Mohammed's misunderstanding of the Hebrew legend of "fire and brimstone" (sulfur), and from a supposed hadith ("saying") of Mohammed's urging stoning of both partners found engaging in homosexual sex.

Mohammed's successor, his father-in-law Abu Bakr (reigned 632-34 C.E.), reportedly ordered a homosexual burned at the stake. The fourth caliph, Mohammed's son-in-law Ali ibn Abi Talib (reigned 656-61 C.E.) ordered a sodomite thrown from the minaret of a mosque. Others he ordered to be stoned.

One of the earliest and most authoritative commentators on the Koran, Ibn Abbas (died 687 C.E.) stipulated a two-step execution in which "the sodomite should be thrown from the highest building in the town and then stoned." Later it was decided that if no building were tall enough, the sodomite could be shoved off a cliff.

Subsequent commentators on the Koran denounced homosexuality in what ethnologist Jim Wafer calls "extravagant" terms: "Whenever a male mounts another male, the throne of God trembles; the angels look on in loathing and say, Lord, why do you not command the earth to punish them and the heavens to rain stones on them." (as quoted in Varnell, 2001).

For many, homosexuals are an abomination. Generally they are treated with a lack of respect, experience police brutality and suffer from labour discrimination amongst other things. In the West Indies, it is a commonly held belief that homosexuality is seriously sinful.

Costa Rica, known worldwide for its many achievements in environmental awareness and human rights, visits police brutality, discrimination at school and work and even assaults on gays, lesbians and bisexual citizens.

*The story of "Mario" is not uncommon for many Latin gay men. When Mario decided he could no longer live the lie, hiding his "real identity" amongst his family, relatives and peers. He decided on "coming out" by telling his family about his sexual orientation. This proved to be a very hard move. He was forced to leave his home and became an itinerant. Later to survive he began selling his body on the street and at times was compelled to exchange sexual favors for a place to sleep and something to eat. He achieved some progress by putting himself through a technical school, but later found it hard to keep or even attain employment. Until one day he gathered the money and the courage to come to the land of opportunity and acceptance: Canada.*

The history of the conquest and colonization throughout North, South, Central America and the Caribbean, includes the institutionalized raping of Black and Aboriginal women by White men during the period of slavery. Routine sexual abuse was an established and documented tool of slavery. After slavery ended, during the Reconstruction period, white mobs raped Black and Aboriginal women as part of a culture of intimidation. Lynch mobs, angry at the growing prosperity of some African American males, accused Black men of rape in order to justify their lynching (Rice, 1975). As a result racist stereotypes persist and have been made popular across the world. Generally these stereotypes rely on over sexualized images of Black and Latino men. As with all stereotypes, these place a heavy burden on all Black men in our culture (Gutmann, 1996).

In the case of African and Caribbean women, the myth of their "exotic and erotic sensuality" creates a much more constricted and conservative environment for them to live in, since the reputation of families rests on their behaviour. Women of colour and of African or Caribbean descent, and women from indigenous cultures--have been exoticized and sexually objectified by the dominant culture. The dominant culture has stereotyped African American women as both "promiscuous" and "strong" (Rodriguez, 1997; Hooks, 1997; Anzaldua, 1997; Bennett & Dickerson, 2000).

*In any dance club in Toronto songs like "Bun di Chi Chi" ("Burn the queer") and others, are heard every day. Beenie Man, in CDs released in the Caribbean and sold in North America and Europe, is blunt about his hatred of gays. In songs like "Damn" he sings: "I'm dreaming of a new Jamaica, come to execute all the gays". In other songs, like his recent hit "Bad Man Chi Chi [queer] Man" he instructs his listeners – if they see a gay DJ – to chase them off stage and kill them. Beenie Man won a Grammy for an album that included lyrics in which he boasted that he'd shoot and kill homosexuals for free.*

*In his song "Bun di Chi Chi ("Burn the queer")", Elephant Man sings: "Log on and step pon chi chi man," run the lyrics to Log On. "Dance wi a dance and a bun [burn] out a freaky [gay] man ... Step pon him like a old cloth. A dance wi a dance and a crush out dem ... Do di walk mi see the light and di torch dem fass". This clearly describes stamping and setting a gay man on fire.*

*One of dancehall's hottest groups, TOK, sums it up in its hit single, Chi Chi Man: "From dem a par in a chi chi man car, blaze a fire mek we burn dem. From dem a drink in a battyman bar, blaze a fire mek we done dem… Rat tat tat every chi chi man dem haffi get flat… Chi chi man fi dead and dat's a fact". (If they are riding in a gay man's car, blaze them in fire let us burn them. If they are drinking in a gay men's bar, blaze them in fire let us burn them / Shoot every gay man they must lay flat / gay men must die and that's a fact) On 1st October 2002, human rights activist Peter Tatchell and gay rights group OutRage! were brutalized by a homophobic crowd summoned to witness the MOBO (Music of Black Origin) Awards Ceremony at the London Arena (Branigan, 2002).*

Within the Black community there is an element in music and culture that promotes homophobia and in some cases violence against gays, lesbians and bisexuals. In the case of the Caribbean some of the music, especially *Dance Hall Reggae*, contain anti-gay lyrics, lyrics that many people believe should be banned from record stores, and from distribution to the public. These lyrics profess as much hatred as the neo-Nazis and the Klu Klux Klan. Unlike the censorship that these extremist groups experience, nobody questions artists such as "Beenie Man", "Shaba Ranks", "Buju Banton" or others who are often the most popular in the Dance Hall Reggae culture.

These lyrics are so unconscionable, that they were believed to be a bearing factor on the gay/lesbian bashing and murder rampage witnessed in the Caribbean in the early 1990's, in which many gay Jamaicans where obliged to seek refuge in other countries. In the West Indies homophobia is at an all time high. More than 38 gays have been murdered since 1980 and hundreds of reports of gays viciously beaten, driven from their homes and jobs (Neufville, 2001).

Even in gospel music there is homophobia. Needless to say that Judeo-Christian beliefs are strongly opposed to homosexuality, there are songs like "It's Not Natural" by the Winans gospel family, that speaks disparagingly of gay and lesbian youth. This particular song hit the

No. 1 position on Billboard's gospel music chart in 1997. This song states that homosexuality is not God's intention.

In Africa there is a common belief that homosexuality is "unAfrican", that sodomy is a modern perversion imported by Western colonialists. Ironically, according to records of the late XI and early XII centuries, Crusaders denounced homosexuality as a "foreign vice" introduced by Muslim infidels (Constantine-Simms, 2001).

A far more compelling explanation of the historical inter-relationship between race and sexuality in Europe can be found in the letters and diaries of XIX century European explorers, missionaries and ethnographers. They suggest that Western anxieties concerning ethnic "otherness" were fuelled by revulsion at the homosexual practices of indigenous peoples in Africa, Asia and Latin America. Blackness became equated with perversion and perversion with barbarism (Constantine-Simms, 2001).

Since the abolition of apartheid the new South African government has overseen the extension of full civil rights to gays, lesbians and bisexuals. Unfortunately this is not indicative of what the rest of the African experience has been for gays, lesbians and bisexuals. South Africa stands as an example for the entire world, and not just Africa. Sadly, many other African countries stand in contradiction to this example. Cases in point:

- In 2001:The International Lesbian and Gay Human Rights Commission (ILGHRC) reported that two women in Somalia were sentenced to death for "unnatural behaviour";
- In Zimbabwe, where President Robert Mugabe has compared homosexuality to bestiality in a constant manner beginning in 1997, police raided the offices of Gays and Lesbians of Zimbabwe (GALZ);
- In Uganda, church leaders of the Uganda House of Bishops called on the government not to register a gay and lesbian group called Integrity Uganda. The church group reportedly described the gay organization as unbiblical and inhuman, and a church statement accused the gay organization of serving as a front for U.S. gays and lesbians to set up a base in Uganda;
- In Namibia, President Sam Nujoma announced in March 2001 and again on April 1 that "the Republic of Namibia does not allow homosexuality or lesbianism. Police are ordered to arrest you, deport you and imprison you." Nujoma described homosexuality as "against God's will" and called it "the devil at work." His statements follow those of Jerry Ekandjo, Namibia's home affairs minister, who last year urged newly graduated police officers to "eliminate gays and lesbians from the face of Namibia."

These recent examples of African homophobia can be compared to homophobia in Canada, in that they spring from the same ignorance, but what makes them notable is the assertion that homosexuality belongs solely to other cultures and involves the infiltration of a sort of contaminant. The leaders of these anti-gay campaigns seem to share a common belief that homosexuality is somehow a vestige of European colonialism. There is evidence that gays and lesbians existed in Africa long time before the Europeans. Much of the modern anti-gay rhetoric, however, is based on Christianity, which white Europeans introduced to Africa. If African homosexuality existed freely before the Europeans, then it seems that homophobia, not homosexuality, is what the Europeans actually brought to the continent (Boykin, 1998; Boykin, 1999).

All this makes it even more difficult for Black gays, lesbians and bisexuals to battle homophobia. But this is not only within their communities but also in their interaction with other Canadians where to the burden of racism, homophobia is added.

*"When ethnic groups "orient" us, we often feel like the only non-heterosexual in the community… When queer groups "orient" us, we often feel like the only non-white person in the community"*

*Chester Day in "Queers of Color" for the Student for Environmental Action at Stanford*

As previously discussed, African and Carribean communities are generally not tolerant of men that love other men, who "don't act like men", or of women that emanate less femininity than they should. A man that is gay or bisexual is considered to be weak and to lack virility. A lesbian or bisexual woman is invariably seen as a nymphomaniac. *"Freak"* is the word most used to describe gays and lesbians. But when it comes to the interaction with the mainstream culture the silence of the closet and the history of racial oppression both bear heavily on the shoulders of queer people of colour. Their very existence forces the dominant culture to reconsider how community is defined.

In Canada, while racism is a burden that must be endured by gays, lesbians and bisexuals of colour, homophobia can be avoided by remaining "in the closet". It is not until recently, with the growing tolerance of society, that many are gathering the courage to live their lives the way they wish. The recent growth in numbers of gays, lesbians and bisexuals who are "coming-out" in these communities, give rise to a set of new cultures with new identities, new values; in other words, a new identity is emerging within this society. The mainstream society is adamant in seeing homophobia and racism as two different and separate issues. The very fact that race and homosexuality come together in the oppression that Caribbean and Afro-Canadian gays, lesbians and bisexuals face on a day to day basis, should be enough to prove that old stereotypes do not apply and that the way these issues are handled is no longer appropriate.

This creates a new challenge and opportunity for organizations that work with racism in our society. There is an evident need to work collaboratively with each other so that both racism and homophobia are addressed in these communities conjointly. There are some organizations that deal with racial issues in Canada. Unfortunately, organizations dedicated to the Afro Canadians gays, lesbians and bisexual people of colour are absent. The Canadian Government allocates very limited funding to ethnic focus organizations such as the Black Coalition for AIDS Prevention (BlackCAP), Jamaican Canadian Organisation (JCA), and The Center for Spanish Speaking Peoples. The creation of programs that tackle issues of homophobia is a crucial need. The need for support systems to be implemented is desperate. The lack of funding and orientation will make it a very hard task to achieve.

*There are some social clubs in these emerging communities that aim to create a supportive environment for Latin and Black gays, lesbians and bisexuals such as:*

*COLOURS: Organization of Caribbean and Latin American activities working to create unity in society.*

*HOLA! – Latino/Latina Gay Group: Information, support, social & cultural activities.*

*Latina Writing Group: Empowers queer Latinas through written expression in a safe space with the possibility of writing for publications and/or performances in the larger Latino/a and queer communities.*

*Multicultural Women in Concert: Supports the cultural advancement of women with a focus on women of colour, lesbians, working-class women and disabled women.*

Organizations that deal with HIV in the African-Canadian community often deal with African-Canadian men who live with a great deal of fear. As mentioned by Myers, et al (2002):

> In many African communities, shame and stigma are attached to homosexuality. African gay men are seen as failing their African culture if they come out as gay. One African MSM participant told of a gay African friend who feared being identified as gay if he went to an African AIDS Service Organization (ASO). African MSM also fear rejection and ostracization from family and friends. Consequently, they fear associating with other MSM.

Most often, African communities in Toronto are thought to be as homophobic as their countries of origin. Ignorance and lack of information about homosexuality are believed to be the roots of homophobia. One service provider explained that lack of awareness and education results in inaccurate stereotyping. Shame and internalized homophobia are the resulting experiences for some African MSM who have difficulty admitting their same-sex desires or activities to themselves and to others.

### 1.4.3 The Experience Of Asian and South-Asian Canadians[5]

#### *Asian and South Asian Communities In Canada*

According to the 2001 Community Profiles produced by Statistics Canada 1,029,395 Canadians identified as Chinese, 917,075 as South Asian, 308,575 as Filipino, 198,880 as Southeast Asian, 100,660 as Korean and 73,315 as Japanese. The South Asian Community includes people from India, Pakistan, Bangladesh, Nepal, Bhutan, Sri Lanka and the Maldives. As well, many who originally migrated from East, Central and South Africa, Mauritius, Fiji, the Caribbean, Guyana, Britain and Europe trace their origins and identify themselves as South Asian. The Southeast Asian communities would include peoples from Myanmar (Burma), Laos, Vietnam, Cambodia, Thailand, Malaysia, Singapore and Indonesia. Collectively, these Asian communities represent a diverse background of ethnic origins, culture, languages, and religious beliefs. Religious beliefs (Buddhism, Christianity, ancestral worship, Hinduism, Islam, Jainism, Sikhism, Zoroastrianism etc.) play a significant role in how lesbians, gay men and non-gay identified men who have sex with men face homophobia both in their countries of origin as well as in Canada. The homogeneous grouping of all Asian communities by society at large has complicated and compounded the effects of homophobia and heterosexism.

#### *The Origins of Asian and South Asian Communities in Canada*

*Chinese Immigration*

The first Chinese settlers came to Canada around 1850. They were drawn to British Columbia by the Fraser Valley Gold Rush. In the 1880's, about 15,000 Chinese workers were hired to complete the Canadian Pacific Railway. When the railway was completed, the labourers were laid off and because of a hostile climate to the Chinese, many returned to China. Some settled in British Columbia while others moved to other parts of Canada. Many became itinerant vendors of vegetables; others worked as domestic servants and hired hands. In the next half-century, Chinese settlers experienced increasing racial discrimination. To restrict their immigration, a "head tax" of $50 was imposed on every Chinese immigrant in 1885. It was increased to $500 in 1903. Then in 1923, Parliament passed the Chinese Exclusion Act which remained in effect for 24 years, putting a complete halt to Chinese immigration. Since the Chinese men could not bring their wives and children into Canada, the community was predominantly a bachelor society. Many lived a lifetime of loneliness, separated from their families.

5 This section is written by Rajendra Maharaj of ASAP, The Alliance for South Asian AIDS Prevention, Toronto.

During the Second World War hundreds of young Chinese men and women joined the Canadian armed forces, even though they were not entitled to vote. In 1947, two years after the war, the Chinese Exclusion Act was repealed. It opened the door for separated families to be re-united. At the same time, Chinese Canadians finally won the right to vote. The Chinese community slowly began to grow since 1967, when a fairer immigration system – the Point System – was adopted. Chinese immigrants came from many parts of the world, including Taiwan, Malaysia, and the Caribbean islands. The largest group came from Hong Kong, primarily to escape the political uncertainty following the Cultural Revolution in China. During the late 1970's and early 1980's, Canada hosted a large group of "boat people", many of whom were Chinese and who settled in Vietnam many generations ago. Soon after the events in Tiananmen Square of June 4, 1989, Canada granted refugee status to a few thousand students and scholars from China who were in Canada at the time. A second wave of immigrants came from Hong Kong starting in the mid-1980's. Most of them were anxious about their future after the British return of the Crown Colony to China in 1997.

*Indian Immigration*

South Asian immigration to Canada took place in three distinct phases starting in the period 1900-1960 with the arrival of Sikhs from the Punjab who worked in the sawmill industry in British Columbia. By 1908, there were around 5,000 South Asians in Canada. In 1908, the Canadian government limited immigration to people who came by continuous voyage from their native country. It was not possible at that time to come from South Asia directly to Canada and so the regulation effectively stopped South Asian immigration. Between 1909 and 1943 only 878 South Asians were allowed to enter Canada. South Asian men were allowed to return to their native countries for extended periods, for instance to get married, and were also allowed to return with their wives and any children under age 18. Before 1962 most immigrants from South Asia were men from the Punjab. After 1962 the influx was more balanced between men and women with immigration from India, Pakistan, Bangladesh and Sri Lanka increasing substantially. With the liberalization of immigration from non-European countries, skilled and semi-skilled workers from East Africa, Britain and the Caribbean arrived in the 1960s to late 1970s. In the 1980s Canada saw an influx of Tamil and other South Asian refugees who were escaping civil unrest in their homelands. Today, most arrive as part of the Family Class Sponsorship category under the Immigration Act.

### *Homosexuality in Asian and South-Asian Culture*

*Homosexuality in China*

Historical references to male homosexuality in China can be dated back to the Shang Dynasty (c. 16th century - 11th century BC), according to Li Yinhe in her book History of Chinese Homosexuality. The term "Luan Feng" was used to describe homosexuality in the "Shang Dynasty Records". Historical traces of male homosexuality persist through dynasty to dynasty from ancient times and never disappear. Li claimed that during the powerful Han Dynasty (206 BC - 220 AD) the homosexual activities of emperors and ministers were frequently preserved in the historical records. After the Han Dynasty, the general attitude was tolerant, so long as homosexuals fulfilled their filial duties by getting married and continuing the family line. Ruan and Bullough (1992) assumed that lesbianism existed and was tolerated, at least in households where there were many wives, concubines, and slaves or servants. Unlike male masturbation, which was actively discouraged, female masturbation including mutual masturbation between females was tolerated. In the Chinese language, lesbian behaviour is described as *mojingzi* (rubbing mirrors or mirror grinding).

Remarkably, a calm and dispassionate attitude regarding homosexuality was always prevalent in ancient China. The years 1573-1620 marked the most flourishing period of the Ming Dynasty (1368 - 1644) and prostitution was a common practice at that time with male prostitutes (gigolos) being widely available. This was due to the moral concept that advocated the acceptance of natural sexual needs, an approach promoted by the neo-Confucian philosopher Wang Yangming.

In 1740, the first anti-homosexual decree in Chinese history was promulgated, defining voluntarily homosexual intercourse between adults as illegal. During the Cultural Revolution (1966-76), homosexuals faced their worst period of persecution in Chinese history. The government considered homosexuality to be a social disgrace, or a form of mental illness, and the police regularly rounded up gays and lesbians. Since there was no law against homosexuality, gays and lesbians were charged with hooliganism or disturbing public order. Since that time, homosexuality has remained in the closet. With the replacement of a 1989 edict – which defined homosexuality as a "psychiatric disorder of sexuality" – in the new "Chinese Classification and Diagnostic Criteria of Mental Disorders", in 1999, China took a step closer to World Health Organization policies, with gays and lesbians also benefiting from a general loosening of social restrictions.

*Homosexuality in India*

Homosexuality has a long history in ancient India with numerous references in ancient texts like Rig-Veda which dates back around 1500 BC, and sculptures and vestiges depict sexual acts between women as revelations of a feminine world where sexuality was based on pleasure and fertility. Other historical evidences of same-sex relationships include description of homosexual acts in the Kamasutra, the Harems of young boys kept by Muslim Nawabs and Hindu Aristocrats, male homosexuality in Medieval Muslim history, and evidences of anal intercourse in the Tantric rituals. With the advent of Vedic Brahmanism and the Aryan invasion around 1500 BC, homosexuality was suppressed by the emerging dominance of patriarchy. In the Manusmriti there are references to punishments like loss of caste, heavy monetary fines and strokes of the whip for same-sex behaviour. Lesbian relationships, especially those involving married women were severely punished by shaving the women bald, cutting off two fingers and then parading them on a donkey.

Both sexual systems coexisted, despite fluctuations in relative repression and freedom, until British Colonialism when the destruction of images of homosexual expression and sexual expression in general became more systematic and blatant. The homophobic and Victorian puritanical values regarded the display of explicit sexual images as "pornographic and evil". The Western view of sexuality, brought on by Colonial expansion, reinforced puritanical values and attitudes. The Indian psyche accepted the Western "moral and psychological" idea of sexuality being "pathological" rather than the natural expression of desire, which once used to be part of Indian culture. A specific law against homosexual behaviour was brought into the Indian Penal code by the British in 1857.

The last century witnessed major changes in the conception of homosexuality. Since 1973, homosexuality ceased to be considered an abnormal behaviour and was removed from the classification of mental disorder in the DSM-III. It was also de-criminalized in many countries. In India, so far, no such progressive changes have taken place and gays and lesbians remain victims of violence in different forms supported by the state and society.

## *Religious Beliefs*

*Islam*

Religious beliefs, customs, traditions and culture are all woven into a complex tapestry of everyday life. Historically, from a religious perspective, there seems to be some tolerance towards sexual activity between men. According to Dossani (1994):

> "Overall there does not seem to be as much fear and hatred of homosexuality in the Koran as gay Muslims and others generally tend to think there is. The roots of gay intolerance seem to be more sociological and cultural than religious."

Sikand (1996) concluded that:

> "Muslim societies, it would conclusively appear, have had a rich and long tradition of homosexuality and homoeroticism, among the Ulema, the Sufi mystics, and common people. Much of this history has, however, been hidden away, pushed into dark corners, and deliberately concealed."

He also observed that:

> "Nowadays right-wing religious revivalism has emerged as a global phenomenon, threatening groups whose lifestyles and cultures differ from those the religious orthodoxy views as "proper", "normative," "natural" and "divinely-ordained." Among the many such greatly vulnerable groups – victims of religious terrorism – are sexual minorities."

*Buddhism*

Many bisexuals, gays and lesbians have been attracted to Buddhism because of its relative lack of misogyny and homophobia when compared to most monotheistic religions. Buddhist texts contain many examples of deeply affectionate relationships between members of the same sex. One of the most popular of all Buddhist texts, the Jatakas, comprises a large collection of stories of the lives of the Buddha before his final life on this earth and it repeatedly extols love and devotion between men, although this is never of an overtly sexual nature. From the Theravada Buddhist standpoint, all relationships: gay, lesbian or heterosexual, are often considered personal matters of mutual consent. If a relationship promotes the happiness and well-being of both parties, then it is positive and acceptable. Many Buddhists feel that gays and lesbians should have the same civil rights and benefits as all other persons. Kerry Trembath wrote that Buddhists base ethical decisions on the consequences of one's actions, how we would feel if the action was done to us, and whether the action is helpful to our goal of Nirvana. He commented that Buddhist leaders have generally interpreted coercive sex, sexual harassment, child molestation and adultery to be sexual misconduct. But heterosexual or homosexual consensual sex within a relationship is acceptable.

*Hinduism*

Hinduism is the traditional religion of India, having existed in many forms for about three thousand years. It is a polytheistic religion, though this can be a misleading description; there is scope for much variation within Hinduism and a Hindu may believe in one god, many gods, or one who is many. There is no condemnation of homosexuality in Hindu scripture. Specific mention is made in the Kama Sutra (4$^{th}$ century AD), which presents sexual expression as a form of divine worship: gay men (*tritiya prakriti*, the "third sex") have a whole chapter devoted to them. Lesbians are referred to as *svarini*, women known for their independence, who refuse husbands and have relations in their own homes.

Sharma (1993) states, in Sanskrit, there are certain terms which describe sexual modes but do not specify whether those practices are homosexual or heterosexual. For example, terms for anal intercourse and for oral-genital contact do not differentiate as to whether they apply to same-sex encounters or to those between a man and a woman. Although there is no direct condemnation of homosexuality, the ancient texts give us an idea of which sexual behaviors or practices were deemed inappropriate, as well as some insight into the consequences associated with violating the norms. The safeguarding of virginity and women's morality figures prominently among Hindu values, and any sexual act that represents a threat to those ideals is subject to punishment. Clearly caste and gender are determining factors for what is and is not allowable, and for the type and severity of punishment inflicted upon violators.

*Sexuality in Asian Communities*

The degree of openness of discussions around sex and sexuality vary greatly among Asian communities. Sexuality is not openly discussed in most Asian communities and many prefer that sexual issues remain in the private discussions of close friends rather than between family members. Stigma associated with homosexuality in most Asian communities is stronger than in those found in Euro-Canadian communities. In many cases there exists a perception that being gay means having multiple sex partners, and is stigmatized, as it is associated with promiscuity. Thus, gay men are not only stigmatized for their sexual orientation but also for the perceived promiscuous behaviour. The impact can be alienation and loss of respect for

the individual. Furthermore, most Asian communities still view HIV and homosexuality as being white men's issues. By not acknowledging the existence of HIV or of homosexuality, Asian communities also have not taken "community ownership" of HIV. This impacts on many Asian men who do not identify as gay, but have sex with men, and who believe HIV is not a concern for them since they are not gay identified, and since AIDS is perceived as a gay disease.

The concept of a gay community does not exist among South Asians and men who have sex with men are viewed as merely engaging in recreational activity. Khan (2001) observed that among men who have sex with men in India, you may hear the phrase, "he is gay" or "he has gay sex" or "he likes 'homosex'," but these refer to sexual acts more than to an identity category. The concept of sexual identity equally does not exist: homosexuality, bisexuality and heterosexuality are perceived as western concepts, to which some South Asians (usually those born or raised in the West) adhere. For many men, sexuality often becomes a matter of combining duty, opportunity, access, cost, and a self-absorbed need for sexual discharge. Sex is either defined as penetrative and gendered, or, in order to maintain male power, it is defined as play or discharge. Opportunities for same-sex sexual contact are not seen as real sex. This is *maasti* [mischief], invisible and denied since the recognized object of desire is still a woman, but because she is unobtainable, another male will do. A common belief in South India about masturbation is that each drop of semen is equivalent to 40 drops of blood. To masturbate is to weaken the body. It is better to penetrate than masturbate.

Culturally, sexual activity is restricted to married men and women and is regarded solely as a necessity for the purpose of procreation. Other forms of sex are forced underground and the social invisibility of alternative sexualities perpetuates heterosexual dominance. With only this prevailing norm to adhere to, the development of a personal sexual identity is impossible. Many South Asians women view oral sex as degrading and many believe only prostitutes perform oral sex. Fearing it may be disrespectful to ask their wives to perform oral sex, some husbands turn to other men. Sexual abstinence until marriage is a strong norm in countries of origin and even dating is often culturally prohibited. These values may encourage same-sex sexual activity.

Rafiq (1999) did a cross-sectional survey with 105 South Asian newcomers in 3 LINC (Language Instruction for Newcomers) classes in Scarborough, Ontario. He found 84% of respondents believed that married persons cannot get infected with HIV, 81% believed that South Asian girls do not have sex before marriage while about 50% believed that South Asian boys do have premarital sex. About 35% believed that South Asian married men do have extramarital sexual relationships; 37% believed that some South Asian men have sex with men; 46% believed that a wife is protected from AIDS through being faithful to her husband and 42% believed that South Asian women are always faithful to their husbands. In Pakistan and India, many heterosexual men have sex with men until marriage since dating women is not allowed. However, this is not viewed as a gay/bisexual activity or lifestyle because there is no concept of sexual identity. For many, it merely is regarded as a recreational activity. In Khan (2001), married men who frequently have same-sex sexual encounters in public places describe the experience as:

> "Look, inside the park I am a gay. Once I leave the park and go onto the street that changes. Outside the park, I am a good Hindu, a married man with a good family". Identities shift, change, and shape themselves according to context, place, social situation, need, and desire. There is little sense of continuity, but one of fluidity.

Much same-sex sexual activity involves non-penetrative varieties, mutually indulged in frameworks of friendship and sexual play, while in other situations urgent sexual discharge and sexual "need" is the significant factor. The same-sex sexual behaviour may play a relatively insignificant role in the construction of an identity. Being a husband, a father or mother often carries greater weight.

*Identity Issues*

Gay Asian and South Asian men often face identity conflicts either because they must deal with multiple identities or because the notion of identity from their countries of origin is very different than in Canada. There are additional pressures from racism in the gay, lesbian and mainstream communities, homophobia within their own communities and pressures to adhere to their cultural and/or sexual identities.

In Canadian society, identity tends to be more defined by one's individual characteristics such as sexual orientation. For those who do not self-identify as gay, they must deal with a gay identity imposed upon them by mainstream and gay communities that tend to define sexual orientations according to sexual behaviours. This imposed sexual identity may consequently contribute to identity conflict among Asian men who have sex with other men. Adherence to an Asian identity by some recent immigrant Asian men who have sex with men is related to the exclusion and racism they experience in the mainstream and gay communities. In order to cope with rejection, discrimination and prejudice, many turn to their own communities for support and security. By connecting with their own communities they hold onto traditions, values, customs and religions because they give a sense of being and a sense of solidarity. Most ethnic communities are not large enough to maintain a formal and distinct lesbian community within the culture. Some lesbians have reported being discriminated against when interacting with the mainstream lesbian community.

Many lesbians of colour feel a fractured sense of identity, isolation, and feelings of estrangement: this increases vulnerability to psychological distress. Psychological vulnerability is likely to be increased due to devaluation of gender, ethnic identity, and sexual orientation resulting in an increased possibility of internalizing society's racism. However, lesbians of colour may develop certain strengths and resilience due to their status in multiple oppressed groups. There is continued pressure from their communities to assume an Asian identity, to be model citizens and achievers. The acculturation of Western values and beliefs usually leads to a clash between Eastern and Western values.

Many Asian MSM who do not self-identify as gay (including many married men) tend to use anonymous spaces (bathhouses, adult video stores, parks, etc.) when seeking sex with men. According to Myers (2001):

> "Some Asian MSM, who do not self-identify as gay, nor express the need to seek gay-identified spaces to socialize and meet men, might engage in higher-risk sexual behaviours because their sexual needs and desires are often suppressed due to social stigma and discriminations. When these MSM do not see themselves as gay or bisexual, they do not acknowledge their potential risks in contracting HIV and therefore do not see any need for HIV/AIDS information or HIV testing. As a result, most HIV educational materials, whether they are gay-oriented or not, may be irrelevant because in their minds, HIV is a white gay disease."

Some feel they must step outside of their Asian communities to have sex with men since acknowledging and acting upon same-sex attraction is difficult for them to do within their own communities. However, when these men "step out" of their communities to have sex with men, they are confronted with racism, stereotypes (usually they are portrayed as subservient and helpless) and a lack of cultural specific men who have sex with men role models in both the mainstream and gay communities. Internalization of these stereotypes prevent these men who have sex with men from asking for what they need when negotiating safer sex with their partners.

Identity also plays an important role in accessing services. Depending on their identity affiliation, some Asian and South Asian men who have sex with men may choose to use Asian and South Asian agencies which offer a safer and culturally/linguistically more appropriate space and services while some will use mainstream agencies for services. Due to the fear of being recognized and identified by members of their own communities many Asian and South Asian men who have sex with men use mainstream services despite their encountering cultural/linguistic barriers or having unmet needs.

*Identity: Family / Marriage / Gender roles*

Asian and South Asian men and women must deal with multiple identities – sexual, ethno-cultural, class related, immigrant/citizenship status, position in family, and society. Individuals tend to be defined in relation to different societal institutions such as family, religion, and profession. The family unit and its values, rather than the individual are paramount in Asian cultures based on collectivism above individualism. This emphasis on family often creates a double standard where families will tolerate domestic violence, but shun homosexuality. Individuals are expected to rely on the extended family for support, which is viewed as more appropriate than other more "western" support including formalized social services or gay and lesbian organizations. The traditional family unit includes husband, wife and children, which means that men and women are expected to marry. Same-sex relationships are seen as a direct attack on the concept of marriage and would bring shame to the family. There is intense pressure for women to participate in arranged marriages, and raise a family. Indian culture emphasizes public propriety and long-standing monogamy-this can make it difficult for Indian lesbians in Canada to relate to public displays of affection and short term relationships.

Culturally prescribed gender roles view men as providers and the head of the family household, and women as homemakers and nurturers. Men who come out as gay are considered effeminate and are marginalized because they challenge these gender roles. Women are required to first be the dutiful daughter, and then wife and mother, at all points deferring to men, compared to whom they are considered to be inferior. A mother is responsible for raising children to conform to appropriate social roles. If a daughter is a lesbian or a son is gay, then the mother will likely face blame. Reproductive sexuality within the context of a marital relationship is considered to be between two families for the good of the families, rather than as a voluntary relationship between two people. Lesbians put their own relational attraction above what is considered best for the family and are viewed as selfish.

Also family/gender roles-may inhibit lesbian women of other cultures from connecting with the larger lesbian community or revealing their status due to fears of being separated or alienated from family and ethnic community. Many find that their individual ethnic communities are more "homophobic" than the dominant culture. In some cultures, same gender sexual relations between women may be tolerated, but openly adopting a lesbian identity or stating the same gender preference will meet with disapproval. Female homosexuality may be tolerated if it is viewed as a cultural aberration and a conscious choice and this may leave many lesbians of colour feeling that they are rejecting their ethnic heritage.

*Family Honour / Shame / Secrecy*

The cultural concept of "saving face", or honouring one's family, plays a significant role in how one deals with coming out. To honour one's family means to avoid causing their families pain or suffering, and this is often achieved at considerable cost to one's self. Because of this, many immigrant and first generation gays and lesbians marry to maintain family honour. Furthermore, parents are seen as "investing" in their children's future through education and marriage. Children in return are expected to respect their parents' traditions and attend to their needs in their old age. Many first generation Canadians and recent immigrants perceive their parents' expectations as a challenge to their autonomy, especially their sexual autonomy. Social acceptance, concern over how one is perceived by others and how this reflects upon one's family, are equally as important as family honour. Retina (1995), reflects that:

> "The sense of responsibility of being a good Indian daughter is so strong that she often represses her lesbian feelings and emotions and chooses a straight lifestyle for ease. So strong is the obligation to family and society than an individual "preference", she tells herself, is not enough to break her vow to the culture."

Family honour is inextricably linked to an individual's social status in the community. Many who have come out to their families make excuses to their parents' friends about why they are not married so their parents can avoid the embarrassment of their sexual orientation. This

preserves respect from others in their community by avoiding shame. Khan (1992), notes that it is often public shame rather than personal guilt that governs the actions of most Asians and thus also of most Asian lesbians and gay men who hide their sexual orientation to sustain their lives in Asian communities.

*Fear of Recognition*

The fear of family rejection, and being recognized by other community members, causes many to live a life of secrecy about their sexual orientation. Many consequences arise from this secrecy, including fear of having one's sexual orientation discovered or disclosed by a third party, fear of being discovered with HIV education materials (which would imply one's homosexuality) by family and friends, a sense of isolation, the suppression of sexual needs to fit in with family expectations, the desire to seek out anonymous sex, the fear of being recognized by members of their own ethno-cultural community in venues where they seek anonymous sex (gay bars/clubs and bathhouses). Myers (2002) reports that it has also been observed that those who worry about being recognized, or who have internalized racist and homophobic attitudes are reluctant to approach cultural-specific agencies, preferring the anonymity of mainstream service organizations. Likewise, many who are HIV positive feel shame because they have let their parents down and are forced into a life of secrecy about their health and their sexual orientation.

*Sense of Attractiveness*

Many men in the Asian gay community struggle with the consequences of perceived unattractiveness. Mainstream and gay communities promote a concept of beauty (the "Caucasian" nose, chiseled jaw, large blue eyes, blond hair, light complexion and muscular build) that rarely fits into the realities of Asian gay men. Some gay Asian men internalize and look up to Western standards of beauty resorting to cosmetic surgery, changing their physical appearance to fit this standard of beauty. Many feel that these unrealistic standards of beauty derive from embedded racist and homophobic values in mainstream and gay communities and they in turn perpetuate discriminatory actions, practices and behaviours towards Asian gay men.

There is a prevalence of inaccurate stereotypes (subservient, effeminate, passive, quiet, smooth, small penis, asexual, exotic, etc.) of Asian men in mainstream gay communities. Because of these stereotypes Asian men are perceived as being more feminine, whereas Caucasian men as being more masculine. Magnifying this problem is the lack of positive Asian male images in mainstream and gay media, thus compounding the sense of alienation. Many Asian gay men internalize these inaccurate pervasive stereotypes. The perception of being unattractive impacts negatively on the self-concept and self-acceptance; this leads many Asian gay men, to have poor self-concept (low self-esteem).

Many lesbians may have to deal with racist stereotypes in which they are portrayed as "exotically sexy or totally asexual" and these assumptions may extend into the mainstream lesbian community. Asian exoticism and eroticism or the so-called "rice queen" or "curry queen" results from discriminating against a person based on the colour of skin; exoticism sees only colour and culture instead of individuality. Exoticism perpetuates racial stereotypes and isolates a person, and since stereotyping is a tool for social control, exoticism also reflects and reinforces a hierarchy of power and internalized racism. Many Asian lesbians feel grateful when someone white displays an interest in them and feel guilty of wanting white so that they could become white. Media images in North American film most often depict lesbians as white women, which may result in Asian parents viewing lesbian sexual orientation as an aspect of white culture, and a "western concept". The South Asian community is characterized by heterogeneity, and many South Asian lesbians may not identify with other women of colour or consider themselves women of colour.

*Self Esteem*

In addition to feelings of being unattractive and the lack of positive images in the media, the many struggles of new immigrants contribute to their feeling of low self-esteem. Living a double or sometimes a triple life trying to meet expectations of parents, community and self also has a detrimental effect on ones self esteem as described by Riyad Wadia:

> "I was living a heterosexual façade when I socialized, a gay fantasy in the privacy of my room, and a homosexual reality in the anonymity of my cars as I cruised the dingy backstreets of Bombay in the early hours of the morning. This almost schizophrenic existence fostered in me a low self-esteem."

The new immigrant must cope with his/her limited understanding of English or French, often lowered socio-economic status, difficulty finding employment, limited support networks, conflict between religious beliefs and sexuality, and cultural expectations and family norms related to marriage. Many first-generation gays and lesbians may also suffer from low self-esteem associated with the pressures of trying to fit into mainstream North American culture and gay and lesbian culture.

As a result, some Asian gay men and lesbians may be at higher risk of contracting HIV/STIs because when an individual does not feel good about himself, he may feel alienated and disempowered in negotiating safer sex or refusing to participate in unsafe sex, resulting in high-risk sexual practices. The need to be accepted, to feel desired by a potential partner, and the preoccupation with more basic settlement needs such as employment, housing and learning a new language may take priority over one's own health.

*Systemic Racism*

Systemic racism refers to policies and practices, entrenched in established institutions, which result in the exclusion or advancement of different groups of individuals based on race. In the mainstream communities, including gay and lesbian communities, there is a tendency to lump all Asian and South Asian communities and peoples into one homogeneous category. There is a tendency to overlook the cultural differences within these communities, where individuals have different languages, beliefs, values, immigration experiences, social class, economic position and family organization.

Within populations of the same ethnic backgrounds one must also examine and acknowledge the similarities and differences between the cultures of those living in their native homelands and those living in Canada. Immigrant communities might not be similar to the communities from their country of origin. Communities, and indeed individuals, adapt differently and to varying degrees to Canadian values and way of life. Recent immigrants might find it difficult to associate with their own Asian communities in Canada, creating personal conflict. This grouping of many cultures into a broad category results in many people not being able to access culturally sensitive services, creates isolation and distrust among those who have not integrated into the Canadian value system and way of life. In South Asia where conflicts tend to revolve more around control of territorial boundaries, religion, ethnic background, class and/or gender, racial conflict is uncommon and therefore people are generally unaware of racism. Arrival into a multiracial environment makes them vulnerable to racist attitudes and behaviours because they are unable to identify racism when it occurs.

*Internalized Racism*

Internalized racism may manifest in the preference that some Asian gay men and lesbians have for Euro-Canadian men and women in their sexual and intimate relationships. This issue may be more prevalent in the new immigrant rather than first-generation gays and lesbians. An imbalance in power may exist in these relationships, most often to the disadvantage of Asian gays and lesbians. Internalized racism can be traced to a history of imperialism in Asia and a conscious/unconscious re-creation of the power imbalance between Asians and

Euro-Canadians. The appreciation of lighter skin colour in most Asian cultures could be seen as proof of this. Whiter skin is desirable and regarded as powerful, whereas darker skin is devalued. Asians may collectively internalize these unequal power dynamics, and their underlying racism. The value of lighter skin colour is thought to be historically linked to colonization, and is continually reinforced in contemporary South Asian culture through the present-day influx of western culture and media. Many recent immigrant gays and lesbians also attributed this preference to the excitement and novelty of being with Euro-Canadian men and women. Similar interest for Black or other Asian partners is not evident, thus reinforcing a cultural preference for lighter skin. This preference for Euro-Canadian men and women could have an impact on STI prevention efforts among Asian gays and lesbians who may take undue sexual risks if requested by their white partners. If they perceive white partners as better educated about HIV/STIs, they may perceive them as more trustworthy, making them less likely to question the risk of certain sexual behaviours.

*Integration & Acculturation*

The length of settlement in Canada may influence the sexual values and level of acceptance of one's homosexuality. As gays and lesbians in the Asian communities become more acculturated in Canada, recent immigrant and new-comer Asian gays and lesbians might find it harder to fit in their own ethnic communities because of the different levels of acculturation. Language factors affect values, so those coming from a culture that have no positive terms to describe same-sex sexual orientation have to use a second language to verbalize culturally forbidden feelings or impulses. This element of diversity is of great importance when creating prevention messages around HIV/AIDS, and other health issues.

Among both new immigrant and first-generation South Asian gays and lesbians, the passive sexual role is considered degrading, akin to being "womanly", whereas the active sexual role is considered "manly", reflecting the view of men's superiority over women. This view of the active role is not affected by the sex of one's partner since the sexual act is merely understood as an act. Some Asian men who are same sex oriented and who do not identify as gay or bisexual often engage in talk about being the active sexual partner with other men as if it were an accepted experience. However, being the passive partner is not acceptable and rarely discussed openly. Some Asian men who have sex with men who frequent bathhouses say they do not actively seek out sex, but wait to be approached. This is acceptable as long as these men are in the active sexual role.

Many recent immigrant Asian gays and lesbians have a desire to connect with others from their own ethno-cultural communities in order to maintain a sense of cultural identity and belonging. Connecting with others who speak the same language may be of great importance because they can better express themselves in their own language and develop a greater bond with others who share their language and culture. Some might do so because of their sexual attraction for other men or women in their culture. Recent immigrants who wish to connect with gays and lesbians from their own ethnic communities may find it challenging since those who are more acculturated may seek partners exclusively in the mainstream gay and lesbian community. Those less acculturated may remain invisible and limit any involvement between members within their community because of the fear of being recognized and the wish to keep their sexuality a secret.

New immigrant gay and bisexual men hold a number of misperceptions about HIV and STI's, including the commonly held belief that HIV is a "white gay man's disease". A dangerous consequence of this belief is that HIV risk is heightened for those who believe it is unnecessary to practice safer sex with non-white men. Ratti et. al. (2000) analyzed a sample of 98 Canadian gay and bisexual men (46 of South Asian and 52 of European origin) and queried about internalized homophobia, acculturation to the gay community, and for South Asians acculturation to the majority culture. Those who reported more internalized homophobia were more likely to engage in both high-risk anal and oral sex. South Asian men

exhibited significantly greater levels of homophobia and those who were less acculturated to the majority culture were more likely to engage in both types of high-risk sex. Many non-gay-identified men who have sex with men may believe that only self-identifying gay men need practice safer sex. Contradicting this is the belief that white men are more knowledgeable about HIV, and are therefore assumed to be HIV-negative or "clean".

*Sexual Freedom*

Many Asian gays, lesbians and bisexuals who immigrate without their families feel liberated from certain family pressures and see living in Canada as an opportunity for greater sexual freedom. Some tend to seek out more sex than in their countries of origin, seeking out anonymous venues like bathhouses for men or one-night stands for men and women. They are more able to explore their sexuality and to engage in sexual activities with other men and women without the fear of being discovered by their families. Discussion is more likely to occur around issues of sexuality with same-sex peers since sex is not openly discussed in the family setting. For many, visibility and relative openness associated with being gay, lesbian or bisexual is now a possibility in Canada due to their newfound privacy and freedom. This coupled with the lack of knowledge or miss-information of STI's, might put these men and women at greater risk since they do not know about safer sex. Sexual freedom may come at a price according to Reddy and Syed (1999):

> "While coming (. . . ) might provide us the opportunities to come out, that coming out is always compromised by the fact that we are negotiating our queerness in a larger social world which, due to racism and imperialism, does not recognize or speak to our ways of being queer."

*Sense of Belonging*

Many non gay or lesbian identifying men and women who are same-sex oriented have no desire to connect with either gay, lesbian or Asian communities. The reverse is also true that many who self-identify as gay or lesbian experience difficulty fitting into the gay and lesbian communities because they perceive them to be exclusively white. This difficulty results from the clash of values, languages, beliefs, and lifestyle, as well as from racism and unequal power dynamics. The concept of a gay man or lesbian woman being out and publicly announcing his sexual orientation is a Western concept for many, foreign in most Asian societies. In many Asian cultures there is no clearly defined concept of coming out or of being gay, lesbian or bisexual. There is always pressure from mainstream gay and lesbian communities to come out publicly as being out is perceived to be the healthier way of living one's sexual orientation. The desire to come out and to affirm one's self as gay, lesbian or bisexual can be difficult to actualize since many Asians cannot identify with what they see in the mainstream gay and lesbian media or what they experience in the gay and lesbian community, further reinforcing identity conflicts. Many Asian gays, lesbians and bisexuals are excluded or experience unequal treatment by various gay establishments (i.e. bars, bathhouses, phone lines, dating services, restaurants, etc.) which reduces the amount of suitable and accessible venues for Asian men and women. Ironically, they are often criticized for seemingly congregating and socializing among themselves. The lack of Asian representation and positive images in the gay, lesbian and mainstream media, and the unequal power dynamics make it hard for Asian gays, lesbian and bisexuals to develop a sense of belonging to the gay, lesbian or bisexual community.

*Power Dynamics In Relationships*

Power dynamics are understood as the imbalances created by factors such as sexual orientation, social class, economic position, race, age, language, immigration status, poverty, and health status. For many gays and lesbians of Asian origin, power imbalances exist due to a marginalized status in mainstream society. This may be especially true for many Asians involved in inter-racial and inter-generational interactions and relationships, especially with older Euro-Canadian men and women, who often assume power over their Asian partners.

The power imbalance is commonly manifested tangibly in terms of financial and/or sexual control. Many whites perceive Asians to be subservient and lesser persons. Consequently, many Asian men who have sex with men are left in positions where they do not have the power to negotiate equal relationships, including safer sex. Many younger Asian men and women in such relationships with Euro-Canadians may suffer from low self-esteem and a sense of powerlessness.

The perception of not being attractive due to the lack of positive Asian images in the media, coupled with the different standards of beauty promoted by mainstream, gay, lesbian and Asian communities result in members of the mainstream and gay communities viewing Asians as less desirable. This has a significant impact on Asian gay and lesbian youth. Many are faced with a limited choice of men and women with whom they can have intimate and sexual relationships. Many Asians have voiced concerns that some Euro-Canadian men who are exclusively interested in Asian men (commonly referred to as "Rice Queens") take advantage of younger Asian men's inexperience, perceived limited choices in sexual partners and exclusively target them. Gay identified Asians, who feel the pressure of exclusion and rejection, sometimes are more likely to engage in unsafe sexual behaviours because of their lack of negotiation power in the current power dynamics in the mainstream and gay community.

The relationships of lesbian women of colour are usually not supported outside the lesbian community. Because there are larger numbers of white lesbians, interracial relationships occur more frequently in the lesbian community. This may expose partners to racism as well as homophobia, which may be a new and difficult experience for the white partner. Interpersonal difficulties for the interracial lesbian couple may be created by society. There may be internal conflicts present if a lesbian women of colour devalues other lesbians of colour as partners, or who presumes that relationships with other lesbian women of colour ensure similar world views and identity. The term "Ethnic chaser" is used to describe white women who seek out lesbians of colour as partners for reasons based on guilt about being white, who lack a strong cultural identity, or to prove they have liberal attitudes. This pursuit may also be related to stereotypes they hold about women of colour being more sexually expressive.

*Conclusion*

In both Asian and South Asian cultures and religions there is a significant recorded history of same sex relationships and behaviours. With colonization and the introduction of Western values and beliefs (including religious) we see a change in attitudes towards same sex relationships especially when one initiates the act to make it visible by "coming out". For the most part, homosexuality remains a taboo subject in Asian and South Asian communities. Same-sex relationship is perceived as a threat to the traditional family unit and, by extension, to the culture as a whole. Feeling marginalized within mainstream gay and lesbian culture, yet invisible within their own communities, minority gays and lesbians find themselves trapped between two worlds that have traditionally excluded them. Many minority gays, lesbians and bisexuals encounter myriad forms of discrimination as they try to integrate into the mainstream gay and lesbian culture, which on the surface is liberal, but still can be racist and exclusionary.

## 1.5 AGING IN THE GAY AND LESBIAN COMMUNITY

It is germane to a discussion on homophobia to note that there are as many elder gays and lesbians as there are youth. If as a society, Canadians have begun to be sensitized to the experiences and needs of youth, the same cannot be said about elders, who are consistently invisible and marginalized. Both youth and elders deal with isolation and homophobia. Gay and lesbian seniors are a group that has been, and continues to be, particularly vulnerable to discrimination. This is so for several reasons. First, legal and policy changes are relatively new in Canada. The vast majority of gay and lesbian people who are 65 years old or over, have lived most of their lives in environments of overt discrimination and hostility, at a time when it was commonly believed that homosexuality was a sin, a crime or a mental illness and when

there was no protection for gay and lesbian people under the law (Brotman, Ryan & Cormier, 2001). In fact, most gays and lesbians who are seniors today were already adults prior to the advent of the gay liberation movement in the 1970's. This meant that it was almost impossible to be openly gay or lesbian and be safe from violent attacks, loss of jobs, rejection by family, police arrest, and in many cases, imposed medical treatment. Many developed, over years and decades, their survival and coping strategies based on camouflage, subterfuge and hiding. These adaptive coping mechanisms have been maintained by many, even in a time when they are less necessary, because they are the result of years of conditioning.

*We've certainly received calls through our peer support phone line from seniors particularly around housing issues. Calls of being harassed in the building and being forced out or feeling like they're being forced out [because of their homosexuality].*

*Focus Group on Aging, British Columbia, 2000*

Second, while the law and government policy have and are changing, institutions, and the professionals that work in them, have been much slower to adapt. For aging gays and lesbians, who will become increasingly reliant on the good will of health and social service professionals, they are right in presuming that there may be a significant price to pay if they are out (Brotman, Ryan, Jalbert & Rowe, 2002). The little research that has been done on this issue is unanimous that elder care agencies are not always ready to provide appropriate care (Berger & Kelly, 1996; Slusher, Mayer & Dunkle, 1996). In fact, in many situations these agencies and the professionals that work in them advertently or inadvertently reproduce oppression. At best, gay and lesbian elders and their needs are simply ignored, at worst they are forced in subtle or overt ways, back in to the closets that they fought so hard to take down.

*There were two women in one of the hospitals here and someone was telling me about it. They lived together and they were both hospitalized at the same time ... I believe they were like 89 or 90… and the daughter of one of them came from Ontario and took her mother back to Ontario ... the other woman went into a profound depression and no one could figure it out. One day, a social work student was in the room, and the woman managed to look at her and say… something like, I don't think she said "We were together 50 years…" but I think she got out something like, a euphemism, like "She was with me 50 years" or something like that… Anyway,she managed to get out this one piece of information, and all of a sudden this social work student realized that "Oh my God, they were partners"… She was 90 years old and she's being taken from her hospital, she's going to be sent to a nursing home, and her partner is… gone... (Nova Scotia 368-376).*

*Focus Group on Aging, Nova Scotia 2000*

Finally, there is little knowledge about the experiences and needs of gay and lesbian seniors, making change more difficult to address. This is true both within the mainstream elder care sector and within gay and lesbian community organizations as well. To date, most of the research on the impact of discrimination on gay and lesbian people has been focused on youth and young adults. There has been almost no recognition of the specific realities of gay and lesbian elders and their families in practice, policy or research (Berger, 1984; Cook-Daniels, 1997; Humphreys & Quam, 1998). This contributes to their invisibility (Auger, 1992; Cruikshank, 1991; Kochman, 1997; Hamburger, 1997).

The health and mental health consequences of discrimination and stigma are far-reaching. Gay and lesbian elders today, who have faced a high degree of marginalization and oppression throughout their lives, have learned to cope and survive in many different ways, but these can exact a high toll over time (Chamberland, 1996; Kaufman & Raphael, 1996). Health and mental health consequences of oppression are only now beginning to be documented and understood. It is for all these reasons that, despite positive change in law and social policy, we must continue to be concerned about gay and lesbian elders.

# THE EVOLUTION OF CANADIAN LAW[6]

## 2.1 INTRODUCTION

From a time when homosexuality was criminalized to the modern day, when courts are affirming the right of same-sex couples to marry, recent decades have seen tremendous changes in the rights of the lesbian, gay, bisexual and transgendered communities in Canada.

This section charts some of the progress we have seen, and some of the obstacles which still remain. It begins with a historical overview of the legal and social evolution that has taken place, and then examines more specifically a number of the key phases in this evolution, including:

- Beyond criminalization? (1969 – the present);
- Protection from discrimination (1977 – the present);
- The era of the *Charter of Rights* (1985 – the present);
- Same-sex relationship recognition (1995 – the present);
- Parenting and families (1995 – the present); and
- Equal marriage rights and future challenges (2003 and beyond).

## 2.2 HISTORICAL OVERVIEW: THAT WAS THEN

In the early history of our country, the law was not a tool for equality, but a source of repression of lesbian, gay, bisexual and transgendered sexualities. From 1892 to 1969, for example, certain forms of gay male sexual expression were criminalized and gay men were vulnerable to indefinite incarceration as "dangerous sexual offenders". Between 1952 and 1977, "homosexualism" was a ground on which prospective immigrants could be denied entry into Canada and lesbian, gay and bisexual immigrants were subject to the threat of deportation.

In previous decades, lesbians, gays and bisexuals were treated as mentally ill and were subjected to conversion "therapies", including electroshock treatment. In 1973, the American Psychiatric Association concluded that homosexuality was no longer a mental illness, and homosexuality was removed from the Diagnostic and Statistical Manual of Mental Disorders. Even today, however, transgendered people are subject to psychiatric diagnosis under the Diagnostic and Statistical Manual.

Lesbians, gays, bisexuals and transgendered people have been excluded from a number of aspects of public life. For example, in the 1960s more than 8,000 gays and lesbians were investigated by the R.C.M.P. The federal government paid a Carleton University researcher to design what became known as the "fruit machine", to help identify Canadians who were gay or lesbian. During this period, approximately 150 lesbian and gay federal civil servants resigned or were dismissed from their employment. Lesbians, gays, bisexuals and transgendered people were not permitted, until the early 1990s, to participate openly in the Armed Forces.

Lesbians, gays, bisexuals and transgendered people have suffered similar discrimination in the private sector, in areas such as employment and housing, and in many jurisdictions were not afforded the protection of human rights laws until comparatively recently. Lesbians, gays,

6 This section was written by John Fisher of EGALE Canada.

bisexuals, and transgendered people have been the targets of hate-motivated crimes and have frequently been deprived of adequate police protection. They have been subjected to verbal harassment and have been victimized by anti-lesbian, anti-gay and anti-trans violence, including murderous assaults.

Lesbians, gays, bisexuals and transgendered people have also endured numerous damaging stereotypes, such as the myths that we are sexual predators, child molesters and unfit parents. They have been stereotyped as unloving and incapable of personal commitment. Same-sex relationships have consequently been devalued and treated as unworthy of recognition and respect.

In the past, same-sex partners were systematically excluded from numerous federal, provincial and territorial statutes in areas such as family, immigration, tax, pension and inheritance laws. The exclusion from these statutes has marginalized the individual partners in same-sex relationships and stigmatized their children. The absence of legal protection has had consequences far beyond the immediate denial of a benefit: the denial of equality can undermine self-confidence and self-esteem, and inhibit the ability of lesbians, gays, bisexuals and transgendered people to live full lives and be open with those dear to them:

> "As young people we are told that gays are to be avoided and gayness hidden because homosexuals are perverted, unhappy, disgusting and likely to molest heterosexuals. Sometimes it was said directly through queer jokes, verbal attacks and threats or reports of violence. Others of us heard more subtle comments ... bit by bit we began to accept what we were told. We absorbed anti-gay beliefs even before we knew that we were gay. It was often only with great difficulty that we could acknowledge our own gayness, for then these beliefs would apply to us."[7]

An additional difficulty is the invisibility imposed upon lesbians, gays, bisexuals and transgendered people. Their contributions to history and Canadian society have been obscured through the erasure of historical references to lesbianism, homosexuality and transgenderism. Lesbian, gay, bisexual and transgendered invisibility is maintained by the pressures which force many to conceal their sexual identities, pressures such as the threat of discrimination, harassment and violence. The enforced invisibility of these sexualities fuels the popular misconception that heterosexuality is natural and normal, whereas lesbianism, homosexuality and transgenderism are deviant and perverse. This contributes to the oppression of lesbians, gays, bisexuals and transgendered people, not only because it fuels social prejudice, but also because many, particularly youth, internalize the message that they are not normal and consequently suffer insecurity, anxiety and shame.

The most tragic consequence of this marginalisation is the disproportionately high rates of suicide for lesbian, gay, bisexual and transgendered youth.

## 2.3 HISTORICAL OVERVIEW... THIS IS NOW

In the past 30 years, many steps have been taken in Canada toward the legal and social recognition and acceptance of lesbians, gays, bisexuals and transgendered people.

The legal process of reform began at the end of the 1960s when the *Criminal Code* was amended so that homosexuality was decriminalized. In 1977, Quebec became the first province to adopt human rights legislation prohibiting discrimination on the ground of sexual orientation. Ontario followed suit in 1986, and today sexual orientation discrimination is prohibited in virtually every jurisdiction in Canada.

7 Goodman, Lakey, Lashof & Thorne, No Turning Back: Lesbian and Gay Liberation for the Eighties (Philadelphia: New Society Publishers, 1983), 23-24.

Lesbians, gays, bisexuals and transgendered people began to develop a growing sense of community, and an awareness of the importance of equality and liberation. The first lesbian and gay protest in Canada took place on Parliament Hill in 1971. Just as the birth of the American lesbian, gay, bisexual and transgendered rights movement is often traced to the Stonewall riots in New York City in 1969,[8] so too a turning-point in Canada came when members of the community joined together to protest police raids of gay bathhouses in 1981.

In 1982, Canada adopted the *Canadian Charter of Rights and Freedoms* as part of the Constitution. The equality guarantees of the *Charter* came into effect in 1985, and would provide lesbians, gays, bisexuals and transgendered people with the tools to challenge any discriminatory law.

In 1985, a Parliamentary Committee travelled Canada, hearing public submissions on how Canada's laws should be changed to comply with the equality guarantees of the *Charter of Rights*. In its landmark report, "Equality for All", the Committee recommended in 1985 that the *Canadian Human Rights Act* be amended to include "sexual orientation" as a prohibited ground of discrimination.[9] In 1986, the Government of Canada published its response to the Committee's report, pledging to take "whatever measures are necessary" to prohibit sexual orientation discrimination.[10] Nonetheless, it was not until 1996 that "sexual orientation" was finally added as a protected ground in the *Canadian Human Rights Act.*

A sequence of rulings by the Supreme Court of Canada paved the way for human rights protection and same-sex relationship recognition, culminating in the 1999 judgment in *M* v. *H*[11] that it is unconstitutional to deny same-sex couples equality.

Since that time, many governments across Canada have embarked on programs of wholesale legislative reform. Adoption rights, inheritance, spousal support – these and many other areas previously reserved for heterosexuals are gradually being extended to same-sex couples. Some jurisdictions have introduced registered partnership or civil union regimes, providing same-sex couples with additional choices about how to recognize their relationships.

As laws have gradually changed, and more and more lesbians, gays, bisexuals and transgendered people have felt able to be out and open about their sexual orientation and gender identity, there has been a deepening public awareness that the myths and stereotypes often perpetrated against lesbians, gays, bisexuals and transgendered people are inaccurate. Today, portrayals of lesbian and gay characters in popular entertainment are increasingly common, many schools are developing gay-straight alliances, and the internet has provided a means for many young people to access resource information about lesbian, gay, bisexual and transgendered issues.[12]

## 2.4 BEYOND CRIMINALIZATION?

Until 1969, it was illegal to have sex with someone of the same gender. The *Criminal Code* outlawed "buggery," and "acts of gross indecency," crimes that had been held to apply to homosexual activity. Gross indecency carried a maximum penalty of five years in prison.

In 1965, during a police investigation into a case of arson, a witness named Everett Klippert told the police he was homosexual and acknowledged having had sex with other men over a 24-year period. He was sentenced to three years in prison. While in jail he was interviewed by

8 The Stonewall riots began at the Stonewall Tavern in New York City in response to police harassment of transgendered, gay, bisexual and lesbian patrons.

9 Parliamentary Committee on Equality Rights, Equality for All, (Queen's Printer for Canada, 1985).

10 Department of Justice Canada, Toward Equality: The Response to the Report of the Parliamentary Committee on Equality Rights (Minister of Supply and Services Canada, 1986), 13.

11 [1999] 2 S.C.R. 3.

12 Although some internet screening software will block access to sites dealing with homosexuality.

two psychiatrists who concluded that Klippert was likely to continue having sex with men, and therefore fell within the definition of a "dangerous sexual offender". As a result, Klippert was incarcerated for life, a sentence confirmed by the Supreme Court of Canada in 1967.[13]

In response to the decision, Pierre Elliott Trudeau, then Justice Minister made his famous comment that "there is no place for the State in the bedrooms of the nation", and two years later, Bill C-150 was passed on May 14, 1969. Although the Bill did not fully legalize lesbianism and male homosexuality, it did decriminalize most sexual acts between consenting adults of the same sex when performed in private.

### 2.4.1 Anal intercourse and age of consent provisions

Notwithstanding a number of amendments over the years, inequalities in the criminal law remain even today.

Currently, s. 159 of the *Criminal Code* sets the age of consent for anal sex at 18, four years higher than that for other forms of sexual activity. The higher age of consent for anal sex was recognized as unconstitutional by the Ontario Court of Appeal in *Re Carmen M.* Madam Justice Abella held there was discrimination on the basis of sexual orientation and concluded:[14]

> "Section 159 arbitrarily disadvantages gays by denying to them until they are eighteen a choice available at the age of fourteen to those who are not gay, namely, their choice of sexual expression with a consenting partner to whom they are not married. Anal intercourse is a basic form of sexual expression for gays... Unmarried, heterosexual adolescents fourteen or over can participate in consensual intercourse without criminal penalties; gay adolescents cannot. It perpetuates rather than narrows the gap for an historically disadvantaged group – gay men."

The implications of sexual orientation discrimination upon HIV/AIDS prevention was also considered by the Court. The Crown argued that a higher age of consent was necessary to protect young people from the risks associated with unprotected anal sex. Abella J.A. dismissed these arguments, commenting that it is "decidedly inappropriate to deal with minimizing health risks at any age by using the punitive force of the *Criminal Code*, but especially so for young people."[15] She continued by saying that "[h]ealth risks ought to be dealt with by the health care system," and emphasized:[16]

> "... [i]ronically, one of the bizarre effects of a provision criminalizing consensual anal intercourse for adolescents is that the health education they should be receiving to protect them from avoidable harm may be curtailed, since it may be interpreted as counselling young people about a form of sexual conduct the law prohibits them from participating in."

Abella J.A. concluded that there was no evidence that adolescents are more at risk of HIV transmission than others or that criminalizing their sexual behaviour would protect them, and that the real intent of s. 159 was an attempt on the government's part to define moral behaviour in a way that had no objective or rational justification. A similar conclusion was reached by the Quebec Court of Appeal in *R* v. *Roy*.[17]

13 [1967] S.C.R. 822.

14 *The Queen* v. *Carmen M* (1995), 23 O.R. (3d) 629, at 636. The other two members of the Court reached a similar conclusion, but based their opinion on a finding of age, rather than sexual orientation, discrimination.

15 Ibid., at 638.

16 Ibid., at 638.

17 *R* v. *Roy* (1998),161 D.L.R. (4th) 148 (Que. C.A.).

These judgments, while persuasive, are not binding upon Courts in other jurisdictions, however. Until the matter is resolved by the federal government or the Supreme Court of Canada, s. 159 will continue to create inequality and confusion, and hamper the work of HIV and AIDS educators by making it difficult to provide information to young people about safe sexual practices.

### 2.4.2 Policing sexuality

Although there have been many changes in other areas of the law, the policing of lesbian, gay, bisexual and transgendered sexualities remains an arbitrary area, often subject to the attitudes of particular police departments.

In March of 1996, for example, Toronto police launched a surprise raid on the gay strip club Remington's, arresting 19 men on public indecency and bawdy-house charges.[18] Similar provisions have been used to force gay bars to close "back rooms" where consensual sexual activity was taking place in a secluded, semi-private setting.

In February, 2002, Ontario judge Peter Hryn excluded evidence obtained by police during a raid on a lesbian bathhouse night, saying that the intrusion into an intimate women's space of uniformed male police officers violated the women's right to privacy. The judge likened the raid to a strip search, denouncing the police actions as humiliating and degrading, and calling the violation of the women's *Charter* rights flagrant and outrageous. With the evidence excluded, the charges against the organizers were withdrawn by the Crown.

The Calgary Police raided a gay bathhouse on December 12, 2002. They arrested thirteen patrons, charging them with being "found in a common bawdy house". Also arrested were two employees who were charged with "keeping a common bawdy house". In 2003, Montreal police used the bawdy-house provisions to charge dancers and patrons in a gay strip club.

Discriminatory laws and attitudes continue to serve as a barrier to measures to promote safer sex. Premier Okalik of Nunavut, for example, recently said that condoms are not distributed in prisons because "I believe our inmates that I know of are all heterosexual people and I haven't heard of any same-sex relations to date."

### 2.4.3 Hate crimes legislation

Criminal law has, however, also been used to protect lesbians, gays, bisexuals and transgendered people. In 1995, the federal government amended the *Criminal Code* to provide increased penalties for crimes motivated by hatred on certain grounds, including sexual orientation. As a result, hate crimes such as lesbian and gay-bashings will now receive more severe penalties. Transgendered people are not explicitly covered by these provisions, although they probably have protection on the ground of "sex". These amendments applied only to sentencing, and did not affect the substantive "hate propaganda" provisions in the *Criminal Code*, which prohibit promoting hatred or genocide against certain groups. Bill C-250, a Private Member's Bill introduced by MP Svend Robinson, adds "sexual orientation" to the list of grounds protected under the hate propaganda provisions. This Bill passed final reading in the House of Commons on September 17, 2003, and is now before the Senate.

### 2.4.4 Protection from discrimination

After decriminalization occurred in 1969, the next phase in the evolution of Canadian law saw the gradual recognition that lesbians, gays and bisexuals should be protected from discrimination in the workplace, in accommodation and in access to goods and services.

18 Jill Bora, "Remember Remington's?" Xtra! No 319 p.13, January 16, 1997.

Quebec was the first province to prohibit sexual orientation discrimination in 1977, followed by Ontario in 1986. "Sexual orientation" was added to federal human rights legislation in 1996.

In a number of jurisdictions, it remained legal to discriminate on the ground of sexual orientation, however, and some governments such as Alberta had made clear that their decision not to prohibit discrimination against lesbians, gays and bisexuals was a deliberate one.

The *Charter of Rights*, examined in more detail in the next section, became the means for challenging such deliberate denials of equality.

In 1991, Delwin Vriend had been fired from his job at a Christian college in Edmonton because he was gay. He was unable to bring a human rights complaint, because "sexual orientation" was not included in Alberta's human rights legislation. He therefore brought a *Charter* challenge, claiming that his equality rights were violated by the government of Alberta's decision to deliberately exclude lesbians, gays and bisexuals from the scope of its human rights law.

In 1998, the Supreme Court of Canada unanimously agreed that it is discrimination for a government to deny lesbians, gays and bisexuals the human rights protection that it accords to other disadvantaged groups. The Court ordered that "sexual orientation" be read into Alberta's human rights legislation. As Justice Cory wrote in his judgment:[19]

> "It is easy to say that everyone who is just like 'us' is entitled to equality. Everyone finds it more difficult to say that those who are 'different' from us in some way should have the same equality rights that we enjoy. Yet so soon as we say any enumerated or analogous group is less deserving and unworthy of equal protection and benefit of the law all minorities and all of Canadian society are demeaned. … If equality rights for minorities had been recognized, the all too frequent tragedies of history might have been avoided."

Following the *Vriend* decision, the remaining provinces and territories took steps to include "sexual orientation" in their human rights legislation. Discrimination on the ground of sexual orientation is now prohibited in every jurisdiction of Canada, except Nunavut. Nunavut is, however, currently in the process of adopting human rights legislation that would include sexual orientation. With the likely enactment soon of the Nunavut legislation, discrimination against lesbians, gays and bisexuals will be prohibited consistently in every jurisdiction of Canada.

### 2.4.5 Some examples of discrimination

Examples of discrimination which have given rise to actual human rights complaints include:

- A printer in Toronto denied service to the Canadian Lesbian and Gay Archives, refusing to print their business cards and letterhead because they were an organisation that advanced equality for gays and lesbians;[20]
- A gay man who had six years service with the Canadian Armed Forces was dismissed when military police discovered he was HIV-positive. The Canadian Human Rights Tribunal rejected submissions that being HIV-negative was a reasonable condition of employment in the Canadian Armed Forces;[21]

19 *Vriend* v. *Alberta*, [1998] 1 S.C.R. 493, at para. 69.

20 *Brillinger & Canadian Lesbian and Gay Archives v. Brockie & Imaging Excellence*, (2002-12-11) O.N.S.C. 1792000 (June 17, 2002, Ont. S.C.J.).

21 *Canada (Attorney General)* v. *Thwaites* (1994), 94 C.L.L.C. 17040; [1994] 2 F.C. 38 (F.C.T.D.).

- A bed-and-breakfast owner in Prince Edward Island refused to rent a room to a gay couple vacationing from Montreal because of their sexual orientation;
- The federal government refused to provide same-sex couples with the equal benefits available to opposite-sex employees (in one case, the government was willing to pay relocation expenses for a gay employee's cat, but not for his same-sex partner!);[22]
- An employer maintained a workplace where "fag" was a common put-down. Although not targeted at any specific employee, the comments created a discriminatory environment in which lesbian, gay, and bisexual employees did not feel equally respected.

### 2.4.6 Multiple grounds of discrimination

Although human rights protection is based on grounds such as sex, race, disability, sexual orientation etc, these grounds do not exist in isolation and are often inextricably linked. It may be impossible for a lesbian of colour to know, for example, whether the discrimination she experiences is based on her race, her gender or her sexual orientation. In reality, it will be the combined effect of these grounds that gives rise to discrimination. No-one's identity is separable, and everyone is entitled to protection from discrimination as a whole person.

Some human rights laws explicitly recognize that discrimination is often experienced on multiple grounds. Section 3.1 of the *Canadian Human Rights Act* [23] provides:

> "3.1 For greater certainty, a discriminatory practice includes a practice based on one or more prohibited grounds or on the effect of a combination of prohibited grounds."

Other human rights laws don't say so explicitly, but it has nonetheless been recognized by courts and tribunals that the prohibited grounds of discrimination often intersect. [24]

### 2.4.7 Perceived grounds

Discrimination is often experienced by those who are *perceived* to be members of a disadvantaged group, whether or not this is actually the case. For example, a woman who is assertive or works in a "traditionally male" environment may face discrimination because she is perceived to be lesbian; a man who works in a "non-traditional" profession or displays effeminate characteristics may face discrimination because he is perceived to be gay. Similarly, someone assumed to be HIV-positive may face discrimination on the ground of perceived disability, even if the person is actually HIV-negative. Such discrimination is based on intolerance and stereotyping, whether or not the complainant is a member of the group targeted.

Many human rights statutes explicitly provide that discrimination includes discrimination on perceived grounds. This helps make clear that everyone is protected from homophobic, transphobic or other discrimination and harassment, regardless of their actual sexual orientation, HIV status or gender identity.

### 2.4.8 Discrimination based on association

People sometimes experience discrimination or harassment based on their relation to or association with members of a protected group. For example, in one case a woman was fired from her job because her partner was transgendered. Many human rights laws explicitly protect people from discrimination because of their association or relationship with members of a disadvantaged group.

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22 *Moore & Akerstrom* v. *Canada*, [1996] C.H.R.D. No. 8 (C.H.R.T.).

23 R.S. 1985, c. H-6

24 See discussion in Ontario Human Rights Commission, Policy and Education Branch, An Intersectional Approach to Discrimination: addressing multiple grounds in human rights claims, (October 9, 2001); available on-line at http://www.ohrc.on.ca/english/consultations/intersectionality-discussion-paper.shtml.

On October 31, 2002, the Northwest Territories adopted Bill 1, adding "sexual orientation" to its human rights legislation, and becoming the first jurisdiction in Canada to explicitly prohibit discrimination based on gender identity. This ground-breaking amendment helps ensure that transgendered people have clear protection from discrimination.

### 2.4.9 Discrimination based on disability

Employers, landlords and service-providers have an obligation not to discriminate on the ground of disability, and to accommodate the needs of those with disabilities (unless doing so would cause undue hardship).

Courts and tribunals have held that someone who is HIV-positive, but has no physical symptoms or impairment, is nonetheless protected from discrimination on the ground of disability.[25]

## 2.5 *THE ERA OF THE* CHARTER OF RIGHTS

The *Canadian Charter of Rights and Freedoms* is a statement of our basic human rights and freedoms. It became part of Canada's Constitution in 1982, although the equality provisions did not come into effect until 1985. The *Charter* has proved a powerful tool in enabling the lesbian, gay, bisexual and transgendered communities to challenge discriminatory laws.

Section 15 of the *Charter* guarantees equality, and states that Canadian governments cannot discriminate based on certain grounds. Although s. 15 of the *Charter* does not specifically mention sexual orientation, the list of prohibited grounds is open-ended, and the Supreme Court of Canada has held that it includes sexual orientation.

The *Charter* also contains a provision called the "notwithstanding" clause. This section provides that a government may enact a law that expressly says that the law will operate "notwithstanding" key provisions of the *Charter*, such as the right to equality.

The "notwithstanding" clause was intended to be used only in the rarest of cases. Only once in Canadian history has the clause ever been used to restrict the equality rights of lesbians, gays, bisexuals and transgendered people – namely, in a law passed by Alberta in 2000, purporting to restrict marriage to opposite-sex couples.[26] Although the use of the "notwithstanding" clause prevents that law being challenged using the equality guarantees of the *Charter*, the Alberta law is probably unconstitutional for other reasons, since the question of who can marry is a matter of exclusive federal jurisdiction. The "notwithstanding" clause does not empower a province to pass laws on matters outside its jurisdiction.

### 2.5.1 Same-sex relationship recognition

A number of cases have established the principles that lesbians, gays, and bisexuals are protected by the *Charter* guarantee of equality, and that this protection also requires that our relationships be treated equally.

In May 1995, the Supreme Court of Canada delivered its decision in a case involving Jim Egan and Jack Nesbit, two gay men who sued the federal government for the right to claim a spousal pension under the *Old Age Security Act*.[27] All nine judges agreed that sexual orientation is a ground of discrimination protected under the s. 15 equality guarantees of the *Canadian Charter of Rights and Freedoms*. A majority of the Court (five judges out of nine) also ruled that

25 One of the first cases was *Hamel* v. *Malaxos*, 25 November 1993, no. 730-32-000370 929, Small Claims Court, Joliette, unreported.

26 *Marriage Act*, R.S.A. 2000, c. M-5.

27 *Egan* v. *Canada*, [1995] 2 S.C.R. 513.

it is discriminatory and a breach of the equality guarantees to deny same-sex couples a benefit available to opposite-sex couples. However, the Court ultimately ruled against Egan and Nesbit by a narrow majority, since four judges held that the discrimination was justifiable and a fifth felt that the discrimination was justified for the time being, and that Parliament should be given some time to gradually bring its laws into conformity with the *Charter*.

In *Moore & Akerstrom* v. *Canada*,[28] a Canadian Human Rights Tribunal held that the federal government was required to extend same-sex benefits to federal employees. The three-person Tribunal unanimously ruled:

> "It is now crystal clear that the law is that denial of the extension of employment benefits to a same-sex partner which would otherwise be extended to opposite-sex common-law partners is discrimination on the prohibited ground of sexual orientation.
>
> It is equally clear from the reading of these cases that the inclusion of a definition of 'spouse' which excludes same-sex partners in legislation or collective agreements or regulations by the government so as to deny such benefits offends the *Charter* and the *Canadian Human Rights Act* and constitutes discrimination prohibited by both."

This decision was upheld on appeal.

A further landmark was achieved with the 1999 Supreme Court of Canada decision in *M* v. *H*. The case was brought by a lesbian woman who was challenging the opposite-sex definition of spouse in the support provisions of Ontario's *Family Law Act*. By an 8-1 majority, the Court ruled that it was unjustifiable discrimination to exclude same-sex partners from a regime available to opposite-sex partners:

> "The exclusion of same-sex partners from the benefits of s. 29 of the FLA [*Family Law Act*] promotes the view that M., and individuals in same-sex relationships generally, are less worthy of recognition and protection. It implies that they are judged to be incapable of forming intimate relationships of economic interdependence as compared to opposite-sex couples, without regard to their actual circumstances. As the intervener EGALE submitted, such exclusion perpetuates the disadvantages suffered by individuals in same-sex relationships and contributes to the erasure of their existence."[29]

This was the first time that the Supreme Court of Canada has found a law to be unconstitutional for failing to recognize same-sex couples equally. The *M* v. *H* decision sent a clear message to governments across Canada that any laws which were restricted to opposite-sex couples were likely to be declared unconstitutional.

### 2.5.2 Political Responses: Omnibus Legislation

In response to the *M* v. *H* decision, governments across Canada began to introduce omnibus legislation to recognize same-sex relationships.

In November 1999, the Ontario Government enacted Bill 5, *An Act to amend certain statutes* because of the Supreme Court of Canada decision in *M.* v. *H.*, 1999. Bill 5 amended a number of provincial statutes to give same-sex couples the rights and obligations of opposite-sex common-law couples, including spousal support, dependents' relief, medical decision-making, workers' compensation benefits, equal protection under fatal injury laws, insurance rights, pension benefits and recognition under conflict of interest laws.

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28 [1996] C.H.R.D. No. 8 (C.H.R.T.), at pp. 27-28.

29 *M.* v. *H.*, [1999] 2 S.C.R. 3, at para. 73.

Similar initiatives were soon to follow at the federal level. On June 29, 2000, Bill C-23, *the Modernization of Benefits and Obligations Act*, received Royal Assent. This omnibus legislation amended sixty-eight federal statutes to provide common-law relationships – both opposite-sex and same-sex – with nearly all the rights and responsibilities of heterosexual married couples under federal law.

The same-sex partner of a lesbian, gay, bisexual or transgendered Canadian is now eligible to immigrate to Canada. Until recently, same-sex couples were not recognized under the family class, which provided heterosexuals with an automatic right to sponsor an opposite-sex spouse or fiancé(e) to immigrate to Canada. A new *Immigration and Refugee Protection Act*, Bill C-11, was introduced in February 2001, and received Royal Assent on November 1, 2001. Section 12(1) of the Act recognizes "common law partners", including same-sex partners, as members of the family class for the first time.

Lesbians, gays and bisexuals with a well-founded fear of persecution based on sexual orientation have been recognized as eligible to immigrate to Canada as refugees. Measures requiring mandatory HIV testing of prospective immigrants were implemented by the Canadian government in early 2002.

In Statistics Canada's 2001 Census, distributed on May 15, Canadians were asked for the first time whether they were "living with a common-law partner", which was defined to include both opposite and same-sex partners. The Census further provided that "children of a common-law partner should be considered sons and daughters". No question was asked about Canadians' sexual orientation. On October 22, 2002, Statistics Canada released the results, which showed a total of 34,200 same-sex common-law couples reporting their relationships, representing 0.5% of couples who reported. About 15% of lesbian couples and 3% of gay male couples reported raising children. Statistics Canada acknowledged that this represented an under-reporting of same-sex relationships and that the accuracy of the results was likely to increase in future years as lesbians, gays and bisexuals become more comfortable with the question.

Omnibus measures to advance same-sex relationship recognition have now been adopted by the federal government, as well as the governments of British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec and Nova Scotia, with similar but less far-reaching measures adopted in most of the remaining jurisdictions.

Some provinces have enacted alternative models of relationship recognition, such as registered partnerships or civil unions.

### 2.5.3 Registered partnerships and civil unions

There are currently four Canadian provinces which have enacted some form of registered partnership or civil union regime, each of which has its own unique features:

- **Nova Scotia** was the first Canadian jurisdiction to adopt a registered domestic partnership regime, on November 30, 2000. Couples have the choice to register in order to have access to a more complete set of rights and responsibilities than those accorded to common-law couples;
- **Quebec's** civil union regime is deliberately designed to match as closely as possible the ceremonial formalities of marriage. Couples who enter a civil union assume comprehensive rights and responsibilities; common-law couples have much more limited recognition;
- **Manitoba's** registered partnership regime added a new twist: all common-law couples are recognized after they have lived together for up to three years. By registering their relationship, however, couples can avoid the waiting period and have instant recognition regardless of how long they have been together. Unlike in Nova Scotia and Quebec, there is otherwise no difference between the rights and responsibilities of registered couples and those of common-law couples;

- **Alberta's** recently-enacted partnership regime is unique in Canada. Alberta has chosen to recognize all "adult interdependent partners", regardless of whether they are in a conjugal relationship or not. This means that siblings, caregivers and others can potentially have legal rights and responsibilities. Conjugal couples are automatically treated as "adult interdependent partners" after they have lived together for three years, or they can assume these rights and responsibilities sooner, by entering into a written agreement. This Bill received Royal Assent on December 4, 2002, and came into effect on June 1, 2003.

### 2.5.4 Parenting and Families

Increasing numbers of lesbians, gays and bisexuals are parenting children, whether from an opposite-sex relationship, through adoption or alternative insemination. Full step-parent and third party adoptions by same-sex couples are now permitted in British Columbia, Manitoba, the Northwest Territories, Nova Scotia, Ontario, Quebec, Saskatchewan and Newfoundland. In addition, Alberta now permits step-parent adoptions by same-sex couples.

Courts have also ruled that legislation which restricts adoption rights to heterosexuals violates the equality guarantees in the *Charter of Rights*. In *Re K*,[30] the Court held that same-sex couples should be treated equally with opposite-sex couples for adoption purposes, noting:

> "There is ... no evidence that families with heterosexual parents are better able to meet the physical, psychological, emotional or intellectual needs of children than families with homosexual parents. ... When one reflects on the seemingly limitless parade of neglected, abandoned and abused children who appear before our courts in protection cases daily, all of whom have been in the care of heterosexual parents in a 'traditional' family structure, the suggestion that it might not ever be in the best interests of these children to be raised by loving, caring and committed parents, who might happen to be lesbian or gay, is nothing short of ludicrous."

### 2.5.6 Parents with HIV/AIDS

There has been a similar evolution in attitudes when it comes to parents with HIV/AIDS.

In one case, a heterosexual custodial mother applied to vary an access order that allowed the gay father, who was her former husband, and his partner, to see their children regularly every two weeks, from Friday evening to Sunday evening. After the mother learned of the father's HIV-positive status, she sought to restrict the father's access to the child. The Court denied her application, saying:[31]

> "The medical testimony ... and the evidence ... make it quite clear that normal family contacts are not a mode of transmission of that seropositivity. ... There remains the possibility of an accident in which the children's blood might come into contact with the contaminated blood of Mr. X or his companion. This possibility is so remote in this context that it must be considered purely theoretical. One should perhaps compare it to a case where the parent with custody might object to the exercise of visitation rights by the other perfectly healthy parent on the grounds that some sort of accident could possibly occur. Such reasoning would certainly not be upheld. … The seropositive condition of Mr. X and his companion does not constitute an acceptable reason for denying the children visitation rights to their father and his companion 'in their own interest.'"

30 (1995), 23 O.R. (3d) 679 at p. 708.

31 *Droit de la famille 663* (1989), Quebec Superior Court, Melançon J.

### 2.5.7 Equal marriage rights

There has been much recent progress towards equal marriage rights. Currently, same-sex couples can legally marry in Ontario and British Columbia, and the federal Cabinet has committed to introducing legislation to ensure that same-sex couples have the equal right to marry across Canada.

In recent years, court cases seeking the equal right to marry have been brought in British Columbia, Ontario and Quebec. Initially, a lower court judge in British Columbia ruled that the prohibition on same-sex marriage was constitutional (in October 2001)[32]. Lower courts in Ontario (in July 2002)[33] and Quebec (in September 2002)[34] took a different view, however, and gave the federal government two years to change the law, failing which same-sex couples would have the right to marry.

All three lower court decisions were appealed to the respective provincial Courts of Appeal. On May 1, 2003, the B.C. Court of Appeal unanimously ruled that the opposite-sex definition of marriage is unconstitutional because it discriminates against same-sex couples. The Court endorsed the words of Justice Laforme in the Ontario decision:[35]

> "The restriction against same-sex marriage is an offence to the dignity of lesbians and gays because it limits the range of relationship options available to them. The result is they are denied the autonomy to choose whether they wish to marry. This is turn conveys the ominous message that they are unworthy of marriage. For those same-sex couples who do wish to marry, the impugned restriction represents a rejection of their personal aspirations and the denial of their dreams."

The B.C. Court of Appeal held that the law must change to allow same-sex couples to marry, and suspended the effect of its ruling until July 12, 2004.

On June 10, 2003, the Ontario Court of Appeal unanimously agreed[36] that the prohibition on same-sex marriage is unconstitutional. In a groundbreaking move, however, the Court went further, reformulating the definition of marriage to include same-sex couples and ruling that the new definition would have immediate effect. The same day, same-sex couples began to legally marry in Ontario.

Following the Ontario decision, the same-sex couples involved in the B.C. case, together with the national organization Egale Canada, petitioned the B.C. Court of Appeal to lift its suspension, arguing that it would be unfair to require same-sex couples in British Columbia to wait until July 12, 2004 to marry, when same-sex couples in Ontario were able to marry effective immediately. The B.C. Court of Appeal agreed, and on July 8, 2003 amended its order to give immediate effect to the inclusive definition of marriage.

Since these two Appeal Court decisions, hundreds of couples in Ontario and British Columbia have been married. As yet, no other province or territory has issued marriage licences to same-sex couples, although the Quebec case is expected to be heard by the Quebec Court of Appeal on January 26, 2004. In addition, same-sex couples from across Canada – and, indeed, across the world – have been married in Ontario and B.C., neither of which require that couples seeking to marry be residents of the province.

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32 *EGALE Canada Inc. et al.* v. *Attorney General of Canada,* [2001] B.C.S.C. 1365.

33 *Halpern v. Canada (A.G.),* File Numbers 684/00 and 39/2001, July 12, 2002 (Ontario Superior Court of Justice).

34 *Hendricks & Lebœuf v. Procureur général du Québec,* No. 500-05-059656-007, September 6, 2002 (Quebec Superior Court).

35 *Barbeau* v. *British Columbia & Canada*, 2003 BCCA 251, [2003] B.C.J. No. 994, at para. 130, citing *Halpern, supra*, at paras 261-264.

36 *Halpern* v. *Canada* (A.G.), [2003] O.J. No. 2268 (Ont. C.A.).

There have also been significant developments at the political level. After the first decision in favour of same-sex marriage by the lower Court in Ontario, federal Minister of Justice Martin Cauchon released a discussion paper, and referred the issue to the House of Commons Committee on Justice and Human Rights for public hearings, which took place across the country, concluding on April 30, 2003.

Following the landmark Ontario Court of Appeal decision on June 10, 2003, the federal Cabinet announced on June 17 that it would not appeal the Court ruling, and would introduce draft legislation to recognize same-sex marriage while also protecting the right of religions to refuse to perform marriages that do not conform to the tenets of their faith. The Cabinet also announced that the draft legislation would be referred to the Supreme Court of Canada, which would be asked for its opinion on whether the draft Bill was constitutional and adequately protected religious freedom, following which the Bill would be subject to a free vote in the House of Commons. The Supreme Court has indicated that it will hear the constitutional reference on April 16, 2004.

In the meantime, the Canadian Alliance introduced a motion in the House of Commons on September 16, 2003, calling upon the House to "take all necessary steps" to preserve marriage as the union of one man and one woman to the exclusion of all others. This motion was narrowly defeated by a vote of 137 to 132. Although a motion has no particular legal effect, its defeat reaffirms the government commitment to pressing ahead with same-sex marriage legislation, while the closeness of the vote also signals that the outcome of such legislation remains difficult to predict.

In the meantime, same-sex couples can continue to marry in British Columbia and Ontario. Extending this right to same-sex couples across the rest of Canada, however, will require either the enactment of federal legislation or further court decisions, and the issue continues to unfold.

## 2.6 FUTURE CHALLENGE REGARDING THE LAW

Although many challenges still lie ahead – notably in areas such as youth and education rights, censorship and policing of lesbian, gay, bisexual and transgendered sexualities, equal inclusion in marriage across Canada and full legal equality for transgendered people – governments, courts and the general public across Canada are recognizing the right of lesbians, gays bisexuals and transgendered people to be treated equally, both as individuals and in the context of their relationships.

# DISCUSSION AND IMPLICATIONS

**It is clear, from the above sections, that much has changed, at the very least in terms of human rights and laws. It is also clear that social discourse has, on one hand, evolved enormously and resituated homophobia as a socially undesirable phenomenon for most Canadians and in most parts of Canada. Homophobia, where it exists today, is increasingly perceived negatively, as unacceptable, and undesirable. Witness two incidents in recent history: The Canadian Reform Alliance Party was obliged to censure a Member of Parliament when homophobic comments were made by him; and major Canadian Aboriginal organizations were quick to disassociate themselves from comments made by an important former Grand Chief who suggested that the murder of Jews and gays by Hitler was a good thing. Heterosexism, however, is still omnipresent in the lives of gay, lesbian and bisexual Canadians, and the attitudinal shifts necessary for profound social change have only begun to be made in Canada.**

Certainly, if the first period of gay and lesbian liberation in Canada involved the organization of gay and lesbian communities, the second phase concentrated on challenging and changing oppressive and repressive laws, we are now beginning the third, and perhaps most complex phase, that of attitudinal change now that most of the legal battles have been won. This attitudinal change is not limited to the general public, but questions us about some of the values in our own community. Some of the challenges that lie before us involve, but are not necessarily limited to, the following:

## 3.1 INFLUENCING SOCIETAL ATTITUDES: ENLISTING AND STRENGTHENING ALLIES, CHALLENGING ATTITUDES

It appears clear that the dominant challenge in confronting homophobia in Canadian society in the years to come will not be in courts of law, but in the court of public opinion and attitude. As discrimination disappears in federal, provincial and territorial law the challenge of changing mentalities will remain. The literature reviewed in this discussion paper presents us with priorities and an agenda for what lays before us.

It seems a truism that the most important predictor of attitudinal change among ordinary people is to know that they know someone who is gay, lesbian or bisexual. As coming out is a seminal moment in the lives of gay, lesbian and bisexual people, so being out is a crucial moment in the lives of their families, friends and colleagues. Creating conditions that favour people's ability to come out must clearly be part of any effort to reduce homophobia.

The challenges are not the same in every environment. Certainly one's age, one's environment and one's location geographically determine to a great extent what one's possibilities are with regards to coming out. If we wish to have an impact on societal attitudes we must take this into consideration. The following need to be considered:

Women appear readier, and more quickly so, to be allies to gay, lesbian, biseuxal and Two-Spirit communities. They are impinged by less bias from early in their lives. They perpetuate less stereotyping and perpetrate less homophobic incidents than men. Part of a strategy to confront homophobic attitudes should recognize and affirm this as a strength to emulate in women. As well an initiative should aim at reinforcing this among women and increasing their resolve to challenge homophobia. Recently a community organization in Montreal began a campaign whose tool was a post card picturing various actors known to French-Canadians with the slogan: Our Children Will Not Be Homophobes! This is an excellent tool that has the capacity to reinforce allies and challenge others to join the cause.

It also appears clear that men are more problematic, and that if homophobia as a social problem is going to be tackled it must be through dealing with men's attitudes towards gays, lesbians and bisexuals.

Canadian families need resources to deal with issues related to the coming-out of youth. Parents are still inadequately prepared to respond to the needs of their children who are gay, lesbian or bisexual. Affiliations between anti-homophobia organizations and a spectrum of parent and family organizations would be a good starting-point to begin this needed evolution in families.

Workplace issues are as important in the lives of adult gay, lesbian and bisexual men and women as school issues are in the lives of youth. Apart from family environments, most adults live most of their lives at the workplace. Much work has been done in selected sectors, particularly those that are unionized, but until non-unionized work environments, as well as those that are unionized become less hostile to gay and lesbian employees, significant stresses will be experienced in the workplace. Many employees fear accessing benefits and couple recognition that the law allows out of fear of negative repercussions. Strategies, programs and advocacy must be developed to make these important sectors of society safe for gay, lesbian and bisexual employees.

Schools are a particularly challenging environment in which to effect change and reduce homophobia. This will be discussed in detail below.

## 3.2 CHALLENGING HOMOPHOBIA WITHIN RELIGIOUS ORGANIZATIONS

Many people who hold homophobic views do so because of their religious beliefs. The intervenors against same-sex marriage who have appeared before the Standing Committee of Justice and Human Rights of the House of Commons, which throughout the winter of 2003 canvassed the attitudes of Canadians toward same-sex marriage, very often based their arguments on religion and were themselves appearing on behalf of religious organizations.

Homophobia has been underwritten and legitimized for centuries through certain readings of religious books such as the Torah, the Christian scriptures and the Koran. Today, various schools and ideologies come into play in any discussion about homosexuality or bisexuality, ranging from solidarity to hatred. Rather than refraining from dialogues with the most rejectionist of religions, the gay, lesbian and bisexual community might benefit from opening dialogues, basing itself on the very positive interactions with the United Church of Canada, the Unitarian Universalist Church of Canada, several Jewish traditions and some success with the Baha'i Community of Canada. Unfortunately, religion has been used to justify homophobic attitudes for centuries. The argument was often constructed as follows: If popular opinion and custom are not enough to ground moral condemnation of homosexuality, perhaps religion can. This argument proceeds along two lines. One claims that the condemnation is a direct revelation from God, usually through the Bible; the other claims to be able to detect condemnation in God's plan as manifested in nature. One of the more remarkable discoveries of recent gay and lesbian research is that the Judeo-Christian bible may not be as unequivocal in its condemnation of homosexuality as has been usually believed (Boswell, 1980). Christ never mentioned homosexuality, he couldn't have. Neither did any of the writers of the Jewish or Christian scriptures – the word was not coined until 1885. Recent interpreters of the Old Testament have pointed out that the story of Lot at Sodom is probably intended to condemn inhospitality rather than homosexuality. Further, some of the Old Testament condemnations of homosexuality seem simply to be ways of tarring those of the Israelites' opponents who happen to accept homosexual practices when the Israelites themselves did not. If so, the condemnation is merely a quirk of history and rhetoric rather than a moral precept. What does seem clear is that those who regularly cite the Bible to condemn homosexuality do so by reading it selectively. Do ministers who cite what they take to be condemna-

tions of homosexuality in Leviticus maintain in their lives all the hygienic and dietary laws of Leviticus? If they cite the story of Lot at Sodom to condemn homosexuality, do they also cite the story of Lot in the cave to praise incestuous rape? It seems, then, not that the bible is being used to ground condemnations of homosexuality as much as society's dislike and fear of homosexuality is being used to interpret the bible.

## 3.3 THE CONTINUING HIV CRISIS AMONG GAY MEN

Far from being over, the HIV crisis continues to affect gay men and gay male communities, and there is evidence from various parts of Canada that gay men are tiring of the prevention message and are engaging increasingly in risk behaviours.

Both the epidemic and the social and legal context have evolved in Canada, but no one could legitimately claim that the HIV-era is drawing to a close for gay men. In many ways the epidemic, and its implications, are more complex than ever before. From the moment that a young man discovers his attractions towards other young men, he will be confronted by the fact that one of the aspects he must integrate, among all the other developmental challenges before him, is his need to protect himself from HIV, combined with his fear that those around him (his family, etc.) will constantly associate his homosexuality with increased danger.

As well, on a societal level, gay men quickly became aware that all their issues, health needs, and struggles were quickly reduced by their governments to HIV issues. Invariably, by 1985 in Canada, it became impossible to talk about any other health issue but HIV when addressing the health needs of gay men. Because lesbians were perceived to be at little risk of HIV infection, their health issues never became part of public discourse. Gay and lesbian communities are now enjoining the struggle to have policy makers see the broader health issues that affect their communities. And this is directly linked to HIV prevention, as increasingly, the links between general physical and mental health and sexual health appear clear.

One of the consequences of the reduction of gay men's health to the unique lens of HIV infection was to reduce gay men to an epidemiological category: Men who have Sex with Men (MSM). This category, designed to follow a vector of HIV infection, was used almost universally as the new term to identify gay men. Within the last two years gay men have expended substantial energy to resituate the MSM category within its original context – as an epidemiological category, and to advocate for the reappearance of gay men as an identity category to be used in all other circumstances notwithstanding the possibility that the MSM designation serves a need to describe all those men engaging same-sex behaviours but not, for myriad reasons, identifying as gay. At the same time, paradoxically, gay men have had to advocate with funders and policy makers, the HIV community and AIDS Service Organizations within Canada in order not to disappear as a priority population in HIV prevention and care initiatives.

Within the gay male community HIV-positive men have had to remind the broader gay male community not to forget them in prevention efforts, and to strive for a community that is more inclusive of positive gay men and their experiences. Reports from across Canada speak eloquently of the fact that most young gay men have never knowingly met any gay men with HIV. Clearly, this is problematic. Sadly still, positive gay men feel unauthorized to speak of their status in their own community. Compounded with the increasing, but now proven limited, efficacy of treatments, most gay and bisexual men do not even notice the presence of men with HIV in their midst. This has only exacerbated the misconception that HIV is a less serious problem right now for gay men. Added to this are the increasing numbers of gay men living in sero-discordant relationships.

## 3.4 THE LACK OF ATTENTION PAID TO WOMEN'S HEALTH ISSUES IN CANADIAN POLICY AND RESEARCH

One of the most negative consequences of the limiting of gay men's health to HIV issues is the almost complete exclusion of the discussion of lesbian women's health in Canada. It is truly scandalous that because lesbians are not at elevated levels of risk for HIV infection the physical and mental health needs of women are almost totally neglected. Gay men, who watched lesbian friends and allies attend to the health needs of sick and dying gay men, and who fill administrative and volunteer roles in the AIDS Service Organizations across Canada have not been articulate enough in their critique of this, and their solidarity with the lesbian community in decrying this. A generous reading of this neglect would see it exclusively in terms of the total distraction of the gay male community over the last 20 years as it confronted rabid homophobia, HIV phobia, the sickness, the dying, the death and the grieving over men lost. A more critical analysis would invite the gay male community to ask itself some serious questions about how allied it has been to its lesbian and bisexual sisters in their struggles against discrimination.

This has been exacerbated by the fact that as we have moved into more health promotion and population health oriented models of caring for gay men, we have not taken advantage of the possibilities that they contain in addressing women's needs more generally, as we strive to address men's needs more holistically. A prime example is the National Reference Group on Gay Men and HIV Infection that was struck several years ago in Canada. Although issuing two reports that were favourably received within the community (Ryan & Chervin, 2001a; Ryan & Chervin, 2001b) that may have some positive impact on developing a gay men's health discourse in Canada, as well as an HIV prevention strategy that may more adequately address the needs of gay men, the process itself was exclusionary, as lesbian and bisexual women have had no opportunity to address their needs, due to the (fortunate) fact that they are at much less risk of being infected with HIV. As we move to more Population Health and Population Health Promotion models in Canada, women must be given the opportunity to enter into the same discussions about their health that gay men have been permitted in the last few years. For governments to not allow this would be unethical. For gay men, situated in places of influence, to not facilitate this would be, at the very least, unfair, and at the worst a betrayal of the solidarity shown by lesbians to the gay male community in the last two decades.

## 3.5 MOVING TOWARDS GAY HEALTH, LESBIAN HEALTH AND GAY AND LESBIAN HEALTH AGENDAS, FEDERALLY AND PROVINCIALLY

Canada's health policy, both federally, provincially and territorially is squarely situated with a Population Health framework, and has been for several years. As the spectrum of health policy makers, programme planners and service providers make the shift to a Population Health perspective there is a tremendous opportunity for the gay, lesbian and bisexual community to get in on the ground floor, as it were, and lobby for inclusion. Scattered across all the policy documents produced by the various levels of government in Canada are increasing references to our community as a recipient of services. This, combined with the increasing amount of research being generated within academe and the community related to physical and mental health issues situates us well to begin to define, from a more population-based approach, those health needs.

Much literature and research points to the obvious fact that the most important health issues in our community – suicide, breast cancer, HIV, depression, to name a few, are much more efficiently addressed through a holistic broad-based health approach. In fact, our community organizations have been using a Population Health approach for years, trying to affect the conditions that put people at risk for mental and physical health problems, without using the term. Using the expertise that we have developed over the years, and articulating it more

clearly in a Population Health based model, will situate the community more strategically as policy makers and funders interact with us and make decisions about funding initiatives in the community.

## 3.6 THE DIVERSE RANGE OF EXPERIENCES OF GAY, LESBIAN AND BISEXUAL PEOPLE IN CANADA: MAKING OUR COMMUNITIES MORE INCLUSIVE

Seen from the outside, the gay and lesbian community is admired for its cohesion and solidarity in its ability to confront and challenge homophobia and heterosexism. While it is true that the most significant battles have been won whenever this unity has been experienced and in place, it is also true that there are tremendous differences in the way that gay men, lesbians and bisexuals live. There is no single gay, lesbian or bisexual identity. In as much as we are urban and rural, Anglophone and Francophone, men and women, male and female, butch and femme, two spirit and Asian, African and Latino-Canadian, able-bodied and dis-abled, hearing and hearing-impaired, each of these identities intersect and affects our experience with the world and with our sexual orientation. There is an increasing urgency for recognition and respect of the diverse range of experiences of being gay, lesbian and bisexual in Canada in the year 2003. Apart from the obvious gay and lesbian, male and female divisions in the community, many gay men and lesbians experience enormous alienation due to their other minority identities which they do not feel are affirmed in the larger community.

Even in the multiple ways that we choose to identify ourselves (gay, Two-Spirit, queer, lesbian, dyke, etc.) there is much judgment made. Men are not always in solidarity with women, nor women with men. Francophones and anglophones experience being gay and lesbian in very different ways, both in their relationship with themselves and with the heterosexual majorities they live among. Urban gay and lesbian experiences and life are very different from that lived by those in rural areas, who often do not feel included in dominant gay and lesbian discourse. The young experience their coming-out and construct their communities in ways that are often judged negatively by those who came out in the 1960's and 1970's. They often call themselves queer – an all-inclusive word that provokes mixed feelings in many of their older peers. Seniors, who often fought the landmark battles that have significantly changed the dynamic of the gay and lesbian community's relationship with the majority of Canadians, feel abandoned by the community and compelled to go back into the closet when dealing with health and social services.

Gays and lesbians from immigrant communities or ethno-cultural communities with deep roots in Canada feel very marginalized in the organizations built to serve the needs of all gays and lesbians. Aboriginal men and women, who call themselves either Two-Spirit or gay and lesbian, often do not feel that the mainstream gay and lesbian community is inclusive of their voices or needs, or aware of their rich history of experience.

Most bisexual women and men feel deeply alienated in the gay and lesbian community, which still can harbour unfair and inaccurate depictions of what it means to be bisexual. Most gay and lesbian organizations lip sync about inclusiveness, but do a very bad job of being inclusive. What is often called bi-phobia is present, not only in the heterosexual community, but also in the gay and lesbian community.

We need to promote more inclusive images of what it is to be gay, lesbian and bisexual, have more inclusive outreach programs, and more inclusive boards of directors and advisory committees with representation that is a more accurate reflection of who Canadians are, and what we look like, in the twenty-first century. Most of all, we need to listen to the diverse experiences of what it means to be gay, lesbian and bisexual today and integrate this diversity into all the spheres of our representation and action.

## 3.7 SUPPORT FOR GAY, LESBIAN AND BISEXUAL YOUTH MAKING CHOICES ABOUT COMING-OUT

Coping strategies developed at one point in life often become maladaptive at another point. This is true of the closet that most, if not all gays, lesbians and bisexual people build around them. The closet is built to protect one from danger, from hatred, from derision. It is most often a necessity of adolescence and early adulthood. But for many, if not most, it eventually becomes a prison. And even if a person's relationship to a gay, lesbian or bisexual identity is precarious, or even negative, at some point it becomes necessary to position one's self in relationship to one's sexual orientation. This process, for many, is called coming out of the closet.

This is not an easy dynamic. The closet is constructed to be impenetrable. It must be for protection. But as one tries to de-construct the closet it becomes apparent, often, how well built it was. Coming out is often a process of years of work. It is the revision of one's identity, at first for the individual him or herself, and then eventually, if and when they feel the need, for one's family, friends and colleagues. Each step has inherent risks, and inherent benefits. The accumulation of positive responses leads one to make further progress. Negative experiences have the opposite effect.

"Being" out is linked with many health benefits. "Coming" out is often painful and frightening.

Resistance to paying the personal and political dues of "coming out" is exceedingly high. Resignation to a shadow life of deception and duplicity, the denial of one's self to one's self, or to others, is a betrayal of one's own existence, being, and truth, as well as a collusion in the denial of the very existence, being, and truth of gay and lesbian persons.

If gays, lesbians and bisexuals followed their own best genius, they could come to see the gay and lesbian community not as a ghetto, but as a kind of demonstration community of shared goals and discourses, debates and even conflicts, a self-generated example of the meaning, possibilities and public face of homosexuality and bisexuality. Coming out, even in the context of to one's self, becomes, therefore, a political act of defiance and rebellion against the dominant culture's imposition of what it is to be a human being. More and more gay and lesbian people have awakened, at various levels of analysis, to the truth of their own personal existence and experience, and refuse any more to be labeled as "liar" about life, openly defying and refusing their inferior status. In other words they are displacing the problem, no longer seeing their sexual orientation as the "problem", but seeing the homophobia and heterosexism around them as the "problem".

Even in the context of HIV, coming out seems to be an increasing imperative politically and socially for gay men and lesbians. HIV, and its perceived association with homosexuality, makes coming out more of an imperative, a more forceful act politically, and a potentially more dangerous thing to do. What is encouraging and enabling is that the crisis has not seemed to slow down the militancy of gay, lesbian and bisexual political activity in the Western world.

This process that gays, lesbians and bisexuals pass through is one that would be worthwhile for more members of society to experience. The "differentness", the "otherness" from the dominant culture implies a process of separating from what every person and every institution has taught you about yourself and what you can expect from life as a contributing member of society. Suddenly, if a person is honest with him or her self, he or she is thrust into the dialectical struggle between how others perceive life and how one's personal life experiences have contributed to a "different" view of life situation. This process of separating involves an analysis of the social construct, of the repression operative in the dominant culture, and of how social forces attempt to keep the truth from people about their own experience and what that experience, individually and collectively, means for them and for history.

But, coming out is a process in which risks have to be negotiated, renegotiated, and disarmed. How and when an individual chooses to come-out is extremely important, and subjective. All gay, lesbian and bisexual people need a gay and lesbian community that recognizes the inherent personal nature of deciding when, where and how (and even if) to embark in that process, and a broader society that supports at all levels (education, health, industry, etc) the right of people to be who they are.

## 3.8 THE CHALLENGE OF MAKING OUR SCHOOL SYSTEMS RESPECT OUR RIGHTS

Canadian schools are, without a doubt, among the environments that have changed the least since it has become illegal to discriminate on the basis of sexual orientation. Clearly the law guarantees gay, lesbian and bisexual students and teachers the right of equality with respect to their heterosexual peers. It would be next to impossible, however, to identify a school environment where this equality is lived. Gay, lesbian and bisexual youth consistently rate their school environments as harsh and often unbearable.

In the United States graduates of abusive school environments are resorting to class action suits and receiving punitive damages before the courts. It would be comforting to think that it would not be necessary to resort to the courts in Canada, but the case of Mark Hall in Oshawa, ON leads one to believe that court challenges might be increasingly necessary here as well.

It cannot be emphasized enough that significant damage is done to gay, lesbian and bisexual men and women in our school systems. This damage remains, often in the form of deep psychological scars and wounds that continue to exact a painful price long into adult life. If it is true that all gay, lesbian and bisexual people live in a closet for a significant number of their early years, it is certainly in school environments that survival strategies consist of fortifying and reinforcing these closets out of the fear of discovery. Later in life, these closets, built out of a desire for survival and protection, become prisons.

Confronting homophobia in Canada will never be more than a pipe dream, available to certain adults in certain environments, if we do not tackle school laws, policies and environments. Changing these environments will go a long way to reducing the negative effects of homophobia as youth realize that there are options open to them if they are gay, lesbian or bisexual. The simple fact of having inclusive sex education programs mandated in our schools is shown to reduce the amount of suicides, attempted suicides, depression, bullying and truancy (Blake, 2001). Innovative programs are being developed in several provinces, and community activists and allied educators and health professionals are working, sometimes against tremendous challenges, to positively influence school environments. They work against attitudes that see their efforts as promoting homosexuality, when in effect they should not need to apologize or justify reaching out to sexual minority youth and promoting possibilities for these youth. Promoting images of a future to gay, lesbian and bisexual youth may be the most efficient form of saving their lives, both literally and figuratively.

Presenting same-sex relationships, along with mixed-sex relationships, as valid relational models, beginning at the earliest grades, is an essential component of any academic content discussing family life or Canadian citizenship. Promoting cultural diversity, the respect of differences, the rights of minorities is breathing life into the *Canadian Charter of Rights and Freedoms.* At every level of a child's education it is entirely appropriate to discuss the lives, rights and families of gay, lesbian and bisexual Canadians, as was recently affirmed by the Supreme Court of Canada (The Surrey School Board Decision, December 2002) Creating alliances with those who do anti-racist and anti-sexist work renders anti-homophobia work even more powerful.

## 3.9 CHALLENGING OUR UNIVERSITIES, COLLEGES AND PROFESSIONAL SCHOOLS TO BE INCLUSIVE

We need to be especially critical of professional schools, colleges and universities in Canada with regards to homophobia. Twentieth century hatred and rejection of gay and lesbian people was situated and came forth in the teaching of medical, psychology, sexology and psychiatry schools. The abhorrent treatments imposed on gay and lesbian people were developed, tested and implemented by doctors, psychologists, sexologists and psychiatrists in universities in Canada and elsewhere. These institutions of higher learning were the seats and loci of the doctrines and tenets of homophobia for more than a century. Everything they proclaimed and taught regarding gay and lesbian people has been discredited, and how have they reacted? In certain schools they still teach the old theories. In the name of academic freedom they still promote beliefs that lead to the oppression of gay, lesbian and bisexual people. Worse still, perhaps, is that those faculties and universities that legitimized the pathologization of homosexuality now stand mostly silent on the issue. So, instead of correcting doctrines they once promulgated, they remain curiously silent on the issue, neither criticizing old beliefs nor teaching new ones.

How is it, that in 2003, most Canadian social workers, nurses, doctors, lawyers, psychologists, psychiatrists, educators and sexologists still learn, at worst, that homosexuality is a deviance, or at best, they learn nothing at all? Not only are academics contributing to the continued oppression of gay, lesbian and bisexual people in this way, they are also failing their students who will be going out into a world where gay, lesbian and bisexual people are increasingly taking their place. How will these professionals react to the same-sex couples who come for couple counseling, the youth who come for help in coming-out, the elderly man or woman who seeks placement in a nursing home with their same-sex partner, etc? How will they influence social policy when the only vision to which they have been exposed is, at best, heterosexist, and at worst, clearly homophobic.

## 3.10 SUSTAINABILITY AND FUNDING IN OUR COMMUNITIES

An absolute truth in any community organization in the gay, lesbian and bisexual community is the near impossibility of finding sustainable funding. Territorial, provincial and federal funding organizations generally have no gay, lesbian and bisexual health budget, outside of HIV, which of course excludes funding for women or other men's health issues. This needs to change. Initiatives need to be undertaken within Health Canada, Justice Canada, Heritage Canada, Immigration Canada, Industry Canada, Human Resources Development Canada and other federal and provincial ministries and departments that have mandates that certainly include specifics related to the lives of gays, lesbians and bisexuals. The unique lens of HIV infection that has dominated gay men's programming and funding for the last twenty years, important as it has been and still is, has reduced the many needs of the men and women of the gay, lesbian and bisexual community to one sole issue. That issue, HIV, remains a priority, but is not the sole issue in the lives of gays, lesbians and bisexuals in Canada. As well, the most effective HIV prevention campaign needs the essential components that only a broad based health strategy can maintain, and communities with the capacity to develop and sustain the supports and services that are essential to healthy communities.

## 3.11 A RESEARCH AGENDA THAT REFLECTS OUR NEEDS AND REALITIES

The gay, lesbian and bisexual community has an uncomfortable relationship with research and researchers. With the exception of a few pioneers from the 1950's to the 1970's, research methods and findings were, unscientific, anti-intellectual and repressive. They contributed a great deal to the legal, medical and social repression of gays and lesbians in Canada and throughout the world. Still today isolated research projects searching for the underlying causes of homosexuality receive funding in Western countries, while many researchers who wish

to move beyond this type of question, and look at the lives lived by gays, lesbians and bisexuals in terms of quality of life, workplace dynamics, suicide in youth and adults, etc., have difficulty getting funded. In the last decade we have funded projects to look at the length of gay men's fingers, penises, the size of their brains, the inner ears of lesbians, etc., all attempting to find the genesis of their homosexuality. Meanwhile, if one wanted to study why so many gay and lesbian adolescents and young adults kill themselves, one would be hard pressed to find funding. It is time that these types of research dynamics stop.

In the context of Canada's health policy, federally, provincially, and territorially, the Population Health approach is official public health policy. Gay, lesbian and bisexual communities, in equitable alliances with universities and academics, need to begin looking at the lives of their constituents, in all their complexity, in order to come up with an accurate picture of who gay, lesbian and bisexual men and women are in Canada today, what their lives look like, and what their needs and strengths are.

This has very practical implications on research policy. First, academics must prove themselves to be collaborators with the communities, not doing research on gays and lesbians, as has so often been the case, but with gay and lesbian communities, respecting all the methodological exigencies, as well as acknowledging the historically repressive relationship gays and lesbians have experienced. Secondly, funding agencies need to acknowledge the need for more information on how gays, lesbians and bisexuals live their lives across Canada, as Anglophones, Francophones and Allophones, in urban and rural centres, as men and women, young and old, from every ethnocultural community, and the inherent intersections between all these identities. Third, funding agencies need to fund researchers, who historically have been unable to access funds because of the homophobic tenets of many funding agencies, and build up the community of researchers within the gay, lesbian and bisexual communities and among their research allies. Fourth, research needs to break out of the monopolizing lens of HIV as the only focus of research interest. This research straightjacket has marginalized, and for all practical purposes, eliminated the possibility of research focusing on lesbians, and reduced men to a single issue, HIV.

## 3.12 GAY AND LESBIAN ELDERS

The pioneering generation of the gay, lesbian and bisexual community is aging and will not be pushed back in the closet, as it requires increasing and more complex health and social services. The development of parallel, private services is a short-term response to the perception in the community that public services are not willing to adapt to their presence and needs. Within the community very few organizations have begun to address the needs of elders. As well within the network of service providers to the elderly there is a reticence, to say the least, about the presence and needs of gay, lesbian and bisexual elders and their needs for adapted and welcoming services. This will be an increasingly important need in the future. Our elders deserve the same commitment from members of the community as do youth who are in the process of coming out.

## 3.13 HOMOPHOBIA'S IMPACT ON ALL OF SOCIETY

Homophobia does not just impact negatively on the lives of gays, lesbians and bisexuals and their families and friends. Homophobia imposes constraints and restraints on all men and women regardless of their sexual orientation. It is constructed to keep men and women in their defined places, and as such exacts a price from all men and women. Even though defined as a phobia, it is not a phobia in the way that arachnophobia or agoraphobia are, both clinical in their nature. Homophobia is a social phobia, a problem of social structures and norms, like racism and sexism as well as a disorder that inhabits individuals It affects all men and women, adults and youth, heterosexual men and women, gays, lesbians and bisexuals in differing and disabling ways.

If discrimination ceased, gay men and lesbians would enter the mainstream of the human community openly and with self-respect. The energies that the typical gay person wastes in leading a day-to-day existence of systematic disguise would be released. From this release would be generated the many spin-off benefits that accrue to a society when its individual members thrive.

The repression of homosexuality and bisexuality in our society impacts upon all men and women, regardless of their sexual orientation. Not only in the easily identifiable ways, in that all gays, lesbians and bisexuals have family, friends, loved ones who experience in myriad ways in their own lives the homophobia experienced by their loved one, but in larger and even more important ways. If homophobia is seen, as political analysis shows it to be, as a system allied with the protection of privilege, designed to keep all women in their place and prevent (heterosexual) men from losing theirs, then the eradication of homophobia will be a liberating experience for all men and all women.

# CANADIAN PROJECTS TO REDUCE THE EFFECTS OF HOMOPHOBIA

## 4.1 NATIONAL COMMUNITY BASED:

### ÉGALE

ÉGALE, or Equality for Gays and Lesbians Everywhere is the Canadian lobby organization for the gay, lesbian, bisexual, transgendered and transsexual community of Canada. Its mandate is to represent these communities at a federal level, to intervene in cases of discrimination and to collaborate in projects that aim to improve the quality of life of gay, lesbian, bisexual and transgendered people everywhere in Canada.

Web site: www.egale.ca

### Safe Spaces/Sain et Sauf

The Safe Spaces Project (Projet Sain et Sauf) is a Canadian demonstration project funded by Health Canada to develop a pan-Canadian model of outreach to gay, lesbian, bisexual and Two-Spirit youth, aged 14 to 25. Four cities (Halifax NS, Moncton NB, Montreal QC and Kamloops BC) were chosen to act as hosts for the project, local advisory committees were struck and the projects were implemented and studied in each site. The federal funding ended in 2002, but each site has found sustainability through the efforts of each community. The outreach model will be published and posted on the following sites, once fully developed. Information about this project can be found at:

Web site: www.cpha.ca

www.safespaces.org

www.alterheros.org

### The Canadian Rainbow Health Coalition / La Coalition canadienne de santé arc-en-ciel

The Canadian Rainbow Health Coalition is a community-based coalition dedicated to addressing the emotional, physical, spiritual and mental health needs and the well-being of people who have emotional and /or sexual relationships with people of the same gender. Recognizing that gay men, lesbians, bisexuals and Two-Spirit men and women constitute a population that continues to experience significant inequities the coalition aims to provide a national voice that: advocates nationally and regionally for resources to address our health and wellness issues; provides leadership on our health and wellness in a holistic way, and facilitates networking and sharing of resources and information.

Web site: www.glhs.ca

### The Canadian HIV/AIDS Legal Network/Le réseau juridique canadien vih/sida

The Canadian HIV/AIDS Legal Network is based in Montreal (Quebec), Canada. It is the only national, community-based, charitable organization in Canada working exclusively in the area of policy and legal issues raised by HIV/AIDS. It was formed in November 1992 and has over 200 members across Canada and internationally. The network has produced a number of publications about Aboriginal people and legal issues related to HIV/AIDS and human rights.

Web site: www.aidslaw.ca

## 4.2 GAY AND LESBIAN COMMUNITY SERVICES

In several Canadian cities, communities have come together to develop specific and adapted services to meet their political, health and social needs. These centres generally offer referral services, telephone counseling, support services, and shelter various other organizations from within the community. They function generally with little funding from governments and depend on the generosity of the community to augment their budgets. Volunteers play a primary role in their services. Examples of such centres exist in:

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| Toronto: | The 514 Community Centre. Web site: www.the519.org |
| Ottawa: | Pink Triangle Services-Services Triangle Rose. Web site: www.pinktriangle.org |
| Montréal: | Le centre communaitaire gai et lesbien. Web site: www.ccglm.qc.ca |
| Vancouver: | The Centre. Web site: www.lgtbcentrevancouver.com |
| Winnipeg: | The Rainbow Resource Centre. Web site: www.mts.net/~wglrc/ |
| Saskatoon: | Gay and Lesbian Health Services of Saskatchewan. www.glhs.ca |

## 4.3 EDUCATION

Educational environments, especially schools are often identified as very homophobic in Canada. The following is a sampling of Canadian projects aimed at making schools safer places:

### The Canadian Teachers Federation (CTF)

A national educational project is being developed by the CTF in order to help teachers challenge homophobia in the classroom.

Web site: www.ctf-fce.ca

### Gay-Straight Alliances, Youth Against Discrimination.

Various high schools across Canada have student organizations that are developing resources in which students can confront homophobia and other forms of discrimination in high school environments. The Lesbian, Gay, Bisexual Youth Project of Nova Scotia has developed web based resources for use in schools.

Web site: www.glsen.org

www.lgbypns.ca

### Breaking Barriers In Winnipeg.

Breaking Barriers in Education addresses homophobia in educational settings. A partnership with the Faculty of Education of the University of Manitoba it aims to educate pre-service teachers and faculty members about why homophobia and heterosexism create unsafe learning environments. The workshop also offers practical tools for teachers about how they can address homophobia and incorporate information about sexual and gender minorities into the curriculum.

Web site: www.mts.net/~wglrc/

### GRIS Chaudière-Appalache, Québec.

The Groupe regional d'intervention sociale (GRIS) in this very rural region south of Québec City has succeeded in creating services in schools and colleges throughout the Chaudière-Appalache region of Québec. They have organized training for health and social service workers, teachers, school administrators, parent committees, governing committees, etc. As well

they enticed fifteen high school theatre departments to enter into a competition in which they wrote and produced in each of the schools a play dealing with homophobia and for which a prize was given to the play judged best.

Web site: www.regie.francite.com

### *The Toronto District School Board Triangle Program.*

The Toronto School Board has developed policies and programs to reach out to glbt youth in its schools, develop services, promote rights and train staff. As well, it provides to glbt youth who have dropped out of school, or who can't survive in mainstream schools the possibility of attending a specialized Rainbow School in order to finish high school or work their way back into the mainstream school system.

Web-site for equity policy: www.tdsb.on.ca/instruction/areasofstudy/equitypages/equity_ed.html

Web-site for Triangle Alternate School: www.tdsb.on.ca/instruction/triangle.htm

### *Challenging Homophobia In Schools – The British Columbia Teachers Federation.*

The BCTF has produced a manual to be used in the classroom that aims to help teachers confront homophobia and educate students in classes at all levels. As well there is a well-organized and comprehensive bank of information on their web site.

Web site: www.galebc.org

### *Project Interaction – McGill University, Montréal.*

Situated at the McGill University School of Social Work, this project brings together faculty, students and the glbt community. Its purpose is to provide a space for teaching, practicum, research and community activism related to sexual orientation and homophobia. Among its successes has been the development of a permanent course entitled Critical Issues in Practice with Gay, Lesbian, Bisexual and Two-Spirit People; the development of research projects on, among other things, youth, aging, and homophobia; support to the development of a Canadian network of researchers interested in gay, lesbian, bisexual and Two-Spirit research in Canada.

Web site: www.mcgill.ca/interaction/

### *The Ally Program – The Lesbian, Gay, Bisexual Youth Project Of Nova Scotia.*

Situated in Halifax NS and part of the Safe Spaces Project, youth and youth workers have developed an innovative program to accredit and recognize allies to gay, lesbian and bisexual youth in schools in Nova Scotia. Youth have drawn up criteria with which to accredit professionals in schools who wish to advertise themselves to student bodies. Once accredited by a youth committee they have the right to affix an ally card to their office doors. This card allows glbt youth to easily identify who in their school can be approached without risk of rejection.

Web site: www.youthproject.ns.ca/

### *Silence, SVP! La Centrale des Syndicats du Québec.*

The Québec Teacher's Federation has developed a 30 minute video and teaching guide on homophobia and schools. Interviews with glb students, teachers and parents provide much material to help in facilitating classroom discussion on the responsibilities schools have to reduce homophobia among students and teachers. These documents will be available in

French, English, Spanish, Portuguese and Dutch as of May 2003. Information can be found on the web site.

Web site: www.csq.qc.net

### *The Elementary Teachers' Federation of Ontario Resource List*

In 2002 the Elementary Teachers' Federation of Ontario produced a Lesbian, Gay, Bisexual; and Transgender Issues in Education Resource List. The document provides people, print, and video resources to Ontario educators.

Web site: www.efto.ca

## *4.4 CONFRONTING HOMOPHOBIA IN ABORIGINAL COMMUNITIES*

### *2-Spirited People of the 1st Nations*

2-Spirited People of the 1st Nations (TPFN) is a non-profit social services organization whose membership consists of Aboriginal gay, lesbian, and transgender people in Toronto. The organization's programs and services include HIV/AIDS education, outreach and prevention, support and counselling for Two-Spirited people and others living with and affected by HIV/AIDS.

Web site: www.2spirits.com

### *Canadian Aboriginal AIDS Network*

Canadian Aboriginal AIDS Network (CAAN) is a non-profit coalition of individuals and organizations which provides leadership, support, and advocacy for Aboriginal people living with and affected by HIV/AIDS, regardless of where they reside.

Web site: www.caan.ca

### *National Native American AIDS Prevention Center's*

National Native American AIDS Prevention Center's (NNAAPC) mission is to stop the spread of HIV and related diseases among American Indians, Alaskan Natives, Native Hawaiians, and to improve the quality of life for those infected and affected by HIV/AIDS. NNAAPC has developed various resources which address Two Spirit issues and homophobia.

Web site: www.nnaapc.org

## *4.5 CONFRONTING THE ISOLATION OF ELDERS: THE GENERATIONS PROJECT*

The Lesbian, Gay, Transgendered, Bisexual Generations Project recognizes that significant numbers of lesbian, gay, transgendered, bisexual people are ageing and older. Many have experienced invisibility within LGTB communities, senior serving agencies and care facilities. Barriers to accessing inclusive and culturally appropriate and sensitive services and resources have impacted on the heath and well-being of ageing and older LGTB people and communities.

The objectives of the project include: decreasing barriers and increasing access to culturally sensitive care, increasing awareness about the needs of ageing and older LGTB people; within the LGTB community and with care providers and seniors' facilities; decreasing isolation by developing a model of a culturally sensitive seniors centre; building community capacity through counselling, a mentoring program, intergenerational activities and peer support.

The LGTB Generations Project is a partnership between Family Services of Greater Vancouver, the 411 Seniors Centre and The Centre, a Community Centre Serving and Supporting LGTB People and their Allies.

Web Site: www.lgtbcentrevancouver.com

## 4.6 GOVERNMENT POLICY

### From Illegality To Equality

The Québec Human Rights Commission Report On Discrimination Against Gays And Lesbians In Health And Social Services. In 1993 the Québec Human Rights Commission held hearings concerning discrimination against gays and lesbians in Québec. Its interest was mainly related to health and social services, justice and education. It is the first example of such an undertaking in Canada, and its findings and recommendations were published in a report entitled From Illegality to Equality. It is available in English.

Web site: www.cdpdj.qc.ca/fr/publications/liste.asp?Sujet=71&noeud2=6&cle=0

### The Québec Ministry Of Health And Social Services Guidelines For Adapting Health And Social Services To Homosexuals.

In 1998, Québec became the first provincial government to issue guidelines through its Ministry of Health and Social Services related to making health and social services in Québec more adapted to the needs and realities of gay and lesbian citizens. This document, available in English, is the template in Canada for making services accessible.

Web site: www.msss.gouv.qc.ca/f/documentation/index/htm

### The Children's Aid Society of Ottawa Outreach to the Gay and Lesbian Community.

The Children's Aid Society of Ottawa has provided a stellar example of an agency wishing to show the age of overt discrimination is over. It has undertaken a campaign to reach out to the gay, lesbian and bisexual community explicitly in its campaign to recruit foster and adoptive parents.

Web site: www.casott.on.ca

## 4.7 PROFESSIONAL DEVELOPMENT

### For A New Understanding Of Homosexuality

A Training Program For The Québec Ministry Of Health And Social Services. In 1991 le Centre québecois de coordination sur le sida (the Québec AIDS Coordination Centre a division of the Québec Ministry of Health and Social Services) brought together an advisory committee to oversee the development of a continuing education programme to train health care workers to work more appropriately with gay men and lesbians. This was due primarily to two phenomena: 1) increasing numbers of health professionals were having to work with out gay men due to the HIV crisis, and they felt ill-prepared and still affected by the prejudices with which they were brought up; and, 2) the Québec Human Rights Commission decided to hold hearings into discrimination against gays and lesbians in Québec particularly with regard to health and social services, and legal institutions.

The programme Pour Une Nouvelle Vision de l'Homosexualité (For A New Understanding of Homosexuality) was first offered in 1992, and since then thousands of health and social service workers, educators, police officers, prison workers, youth care workers, etc., have taken the one day training which is credited by the Ministry of Education as a Continuing Education credit. It is also recognized as a credit for physicians in Continuing Medical Education.

The program proved to be very popular and the evaluations stressed the need for still more training. In 1995, a second level was added (Adapting Our Counselling to Gay and Lesbian Realities) in which participants could receive training for a day on counseling youth, or a day on counseling adults, or both. In 1999, due to demand within educational circles, the program was adapted so that it might be given to teachers, school administrators, school counselors, etc. It is available in English and French.

Web site: www.msss.qc.ca

## 4.8 BROCHURES

### Feeling Comfortable With Your Sexual Orientation

A pamphlet available to gays and lesbians in order to help them affirm themselves. These two excellent pamphlets, one for men and one for women, were written from a community perspective by the Ministry of Health and Social Services of Québec to be made available in waiting rooms and documentation areas of hospitals, health and social services clinics, schools and community organizations. They present in very clear language that being gay or lesbian is normal, healthy and acceptable, and give the reader the opportunity to feel better about themselves and identify the next steps in their self-affirmation.

Web site: www.msss.qc.ca

### The Journey Begins

Published by Health Canada and directed at youth who are questioning or affirming their sexual orientation. It is available to be downloaded the Health Canada website.

Web site: www.hc-sc.gc.ca/hppb/hiv_aids/youth/journey/index.html

## 4.8 RELIGIOUS ORGANIZATIONS

### United Church of Canada

The Affirming Congregation Programme was launched by Affirm and Friends of Affirm in the summer of 1992. It provides an opportunity for congregations, colleges, and other ministries to study the issues of inclusion and welcoming of diverse peoples, including gays, lesbians and bisexuals into the life and work of the congregation.

Web site: www.affirmunited.ca

# BIBLIOGRAPHY


Allen, D. J., & Oleson, T. (1999). Shame and internalized homophobia in gay men. Journal of Homosexuality, 37(3), 33-43.

Anastas, J. W. (1998). Working against discrimination: Gay, lesbian and bisexual people on the job. In L. M. Sloan, & N. S. Gustavsson (Eds), Violence and social injustice against lesbian, gay and bisexual people. New York: Haworth Press.

Anzaldua, Gloria (1997) La consiecia del la mestiza: Towards a New Consciousness.

Appleby, G. A., & Anastas, J. W. (1998). Not just a passing phase: social work with gay, lesbian, and bisexual people. New York: Columbia University Press.

Archibald, C., (2002), HIV/AIDS Epi Update, Centre for Infectious Disease Prevention and Control, Health Canada,

Auger, J. (1992). Living in the Margins: Lesbian Aging, in Canadian Woman Studies/Les Cahiers de la femme, 12(2), 80-84.

Baals, M., Charbonneau, K., & Martin, M. (2000) Étude exploratoire sur les attitudes, les sentiments et les connaissances d'élèves de secondaire IV et V envers l'homosexualité et la bisexualité, Regional Health Board of Lanaudière, Québec.

Banks, C. (2001) The Cost of Homophobia: Literature Review of the Economic Impact of Homophobia on Canada. Gay and Lesbian Health Services of Saskatoon.

Barr, V. & White, H. (2002) Expanding our Desires: Strategies and Approaches for Improving the Sexual Well-Being of Calgary MSM. Consultation report for AIDS Calgary Awareness Association.

Beaver, S. (1992) We Are Part of A Tradition, A Report To The Royal Commission on Aboriginal People, 2-Spirited People of the 1st Nations, Toronto.

Bennett, Michael; Dickerson, Vanessa D. (2000) Recovering the Black Female Body: Self-Representations by African American Women. Rutgers University Press.

Berger, R. (1984). Realities of Gay and Lesbian Aging. Social Work 29(1), 57-62.

Berger, R. & Kelly, J. (1996). Gay Men and Lesbians Grown Older. In R. Cabaj & T. Stein (eds.), Textbook of Homosexuality and Mental Health (pp. 305-316). Washington DC: American Psychiatric.

Blake, S. (2001) American Journal of Public Health.

Blumenfeld, W. (1995). "Gay/Straight" alliances: transforming pain to pride. In G. Unks (Ed), The gay teen: educational practice and theory for gay, lesbain, and bisexual adolescents (pp. 211-224). New York: Routledge.

Bora, J. (1997) "Remember Remington's?" Xtra! No 319 p.13, January 16.

Boswell, J. (1980) Christianity, Social Tolerance and Homosexuality, Chicago: The University of Chicago Press.

Boswell, J. (1995) Same-Sex Unions in Pre-Modern Europe, New York: Vintage Books.

Boykin, Keith (1998) One More River to Cross: Black and Gay in America. Doubleday.

Boykin, Keith (1999) Respecting the Soul: Daily Reflections for Black Lesbians and Gays. Avon Books

Bouchard, L. (1995). La réalité des gais, lesbiennes et bisexuel-les de l'Ontario. Ottawa: La Coopérative Convergence (pour le Projet affirmation).

Branigan, Tania Anti-gay reggae stars "should be charged" Tuesday December 24, 2002 The Guardian

Brotman, S. & Ryan, B. (2000). Critical Issues in Practice With Gay, Lesbian, Bisexual and Two-Spirit People and Communities. McGill School of Social Work. Montreal, QC. ISBN 077170590-5.

Brotman, S., Ryan, B., Jalbert, Y. & Rowe, B. (2002). The Impact of Coming Out on Health and Health Care Access: The Experiences of Gay, Lesbian, Bisexual and Two-Spirit People. Journal of Health and Social Policy, Volume 15, Number 1, pp. 1-29.

Brotman, S., Ryan, B. & Rowe, B. (2001). Equity in Health Service Delivery to Gay and Lesbian Patients in the Context of Family Medicine. McGill School of Social Work. Montreal, QC. ISBN 07717-0588-3 (english) 07717-0589-1 (french)

Brotman, S., Ryan, B., & Rowe, B. (2001). Equity in Health Service Delivery to Gay and Lesbian Elders. McGill School of Social Work, Montreal, QC

Brotman, S., Ryan, B. (2002) Reclaiming Space/Regaining Health: The Health Care Experience of Two-Spirit People in Canada. Gay and Lesbian Social Services, Volume 14, Number 1, pp. 67-87.

Brotman, S, Ryan, B. Cormier, R. (2002). The Health and Social Service Needs of Gay and lesbian Elders and Their Families: An Exploration in Four Canadian Cities. The Gerontologist.

Brotman, S., Ryan, B. & Cormier, R. (2002). Mental Health Issues of Particular Groups: Gay and Lesbian Seniors. Writings in Gerontology: Mental Health and Aging, Volume 2. Ottawa, ON: National Advisory Council on Aging.

Brotman, S.,Cormier, R. & Ryan, B. (2001). The Marginalization of Gay and Lesbian Seniors in Eldercare Services. Vital Aging 7(3), 2.

Brown, L. B. (1997). Two spirit people: American Indian lesbian women and gay men. Binghampton, NY: The Haworth Press.

Canada (Attorney General) v Thwaites (1994), 94 CLLC 17040; [1994] 2 F.C. 38 (FCTD).

Canadian AIDS Society. (1996). Poverty, discrimination and HIV/AIDS: A brief to the Parliamentary Sub-Committee on HIV/AIDS. Canadian AIDS Society.

Canadian AIDS Society. (1998). Bright red hair... and sliced bread: models of HIV/AIDS youth programs in Canada. Ottawa: Canadian AIDS society.

Canadian AIDS Society & Canadian HIV/AIDS Legal Network (1999). Gay and Lesbian Legal Issues and HIV/AIDS: Info Sheets, [1. A History of Discrimination; 2.The Links between HIV/AIDS and Homophobia; 3 & 4. Gay Men, Lesbians and the Law; 5, 6, 7 & 8. Impact of Stigma and Discrimination; 9. A Matter of Justice], Ottawa & Montreal. (http://www.aidslaw.ca/Maincontent/infosheets.htm#isogall)

Canadian Human Rights Commission (2003), Bill C-7: First Nations Governance Act, Submission of the Canadian Human Rights Commission to the Standing Committee on Aboriginal Affairs, Northern Development and Natural Resources, Ottawa

Canadian Labour Congress. (1994). Policy statement on sexual orientation. Ottawa: Canadian Labour Congress.

Canadian Labour Congress Lesbian and Gay Working Group. (1999). Recommendations and follow-up from the CLC on the Solidarity and Pride Conference, Ottawa, October 1997 and Solidarity & Pride Prairie Conference – Working Out! West, Edmonton, October 1998. Canadian Labour Congress.

Canadian Public Health Association. (1998). Safe spaces: HIV prevention for gay, lesbian and bisexual youth. Canadian Public Health Association.

CEHAT (1998) International Conference on Preventing Violence, Caring for Survivors: Role of Health Professionals and Services in Violence. Nov 28-30, 1998. YMCA, Mumbai.

Central Toronto Youth Services. (1999). Report for the Canadian Health Network network mapping project: lesbian, gay and bisexual health. Toronto: Canadian Health Network.

Challenging Homophobia in our Schools (?) Gay and Lesbian Educators Network, British Columbia Teachers Federation.

Chamberland, L. (1996). Mémoires lesbiennes. L'expérience du lesbianisme à Montréal entre 1950 et 1972. Montréal, QC : Éditions du Remue-Ménage.

Chandan R., and Syed, J. (1999). I left my country for this?! Trikone Magazine, October 1999. Vol. 14, No. 4, Page 9.

Cheng, A. On being Asian and Gay in Straight White America. The Texan Triangle. http://modelminority.com

Chervin, M., Brotman, S., Ryan, B., Mullin, H. (2003) Transforming Schools of Social Work into Spaces of Social Action: A Critical Exploration of Project Interaction, the Gay, Lesbian, Bisexual and Two-Spirit Initiative of McGill University's School of Social Work, The Canadian Journal of Community Mental Health

Clermont, M., & Sioui-Durand, G. (1997). Adapting health and social services to homosexuals: Department orientations. Québec: Gouvernement du Québec, Ministère de la Santé et des Services sociaux.

Coalition for Lesbian and Gay Rights in Ontario. (1997). Systems failure: a report on the experiences of sexual minorities in Ontario's health-care and social-services systems (Final report). Toronto: Coalition for Lesbian and Gay Rights in Ontario.

Constantine-Simms, D. (2001) The Greatest Taboo: *Homosexuality in the Black Communities, New York*: Alyson Publications.

Commission des droits de la personne et des droits de la jeunesse. (1996). Suivi des recommandations du rapport "De l'illégalité à l'égalité". Québec: Commission des droits de la personne et des droits de la jeunesse.

Cook-Daniels, L. (1997). Lesbian, Gay Male, Bisexual and Transgendered Elders: Elder Abuse and Neglect Issues. Journal of Elder Abuse and Neglect 9(2), 35-49.

Croall, H. (1999), Paradise Bent: Boys Will Be Girls in Samoa (film), Re Angle Pictures.

Cruikshank, M. (1991). Lavender and Gray: A Brief Survey of Lesbian and Gay Aging Studies. In J.A. Lee (ed.), Gay Midlife and Maturity (pp. 77-87). New York: The Hayworth Press.

Demczuk, I., & Remiggi, F. (1998) Sortir de l'ombre: Histoires des communautès lesbienne et gaie de Montréal, Montreal: VLB Éditeur.

Department of Justice Canada, Toward Equality: The Response to the Report of the Parliamentary Committee on Equality Rights (Minister of Supply and Services Canada, 1986), 13.

Deschamps, G. (1998), We Are Part of A Tradition, A Guide on Two-Spirited People for First Nations Communities, 2-Spirited People of the 1st Nations, Toronto.

Dorais, M. Éloge à la diversité sexuelle, Montréal: VLB Éditeur.

Dorais, M. avec la collaboration de Lajeunesse, S-L. (2000) Mort ou fif, Montréal: VLB Éditeur.

Dossani, Shahid (1994). Gay by the Grace of Allah. Trikone Magazine, July 1994, Vol 9 No. 3 Pgs. 1, 7 and 8.

Dumas, J., Lavoie, R., & Desjardins, Y. (2000). Étude de besoins en matière de santé des hommes gais de Montréal : Rapport de recherche (Projet national "Three Cities", volet montréalais). Montréal: Séro Zéro.

Dumont-Smith C. (2001), Indigenous Peoples' Gathering – Satellite Conference at the XIth International Conference on AIDS, Vancouver

Feraios, A. J. (1998). If only I were cute: Looksism and internalized homophobia in the gay male community. In D. Atkins (Ed), Looking queer: body image and identity in lesbian, bisexual, gay, and transgender communities. New York: Haworth Press.

Fisher, J., Jürgens, R., Vassal, A., Hughes, R., Gay and Lesbian Issues and HIV/AIDS: Final Report, Ottawa & Montreal, Canadian AIDS Society & Canadian HIV/AIDS Legal Network, 1998. (http://www.aidslaw.ca/Maincontent/issues/gayandlesbian.htm)

Fone, B. (2000) Homophobia: A History. Metropolitan Books, New York.

Flynn Saulnier, C. (1998). Prevalence of suicide attempts and suicidal ideation among lesbian and gay youth. In L. M. Sloan, & N. S. Gustavsson (Eds), Violence and social injustice against lesbian, gay and bisexual people. New York: Haworth Press.

Frappier, J-Y., Girard, M., Meilleur, D., Ryan, B.. (1997) Orientation sexuelle et homosexualité à l'adolescence. In La santé des 12 - 20 ans. Paris: Editions Payot, pp. 314-323.

Getty, G., Allen, R., Arnold, K., Ploeme, C., & Stevenson, J. (1999). Atlantic community-based study on the determinants of the sexual risk behavior of men who have sex with men. Final report. University of New Brunswick.

Goldberg J. (2001), CONNECTIONS between the queer and indigenous communities in Canada: a conversation, http://.members.tripod.com/reconciliation/canada1.htm

Goodman, Lakey, Lashof & Thorne (1983) No Turning Back: Lesbian and Gay Liberation for the Eighties. Philadelphia: New Society Publishers.

Gouvernement du Québec. (1999). Les hommes ayant des relations sexuelles avec d'autres hommes: Cadre de référence pour la prévention de la transmission de l'infection au VIH. Québec: Direction générale de la santé publique, Ministère de la Santé et des Services sociaux, Gouvernement du Québec.

Greene, B. (1994). Ethnic-minority lesbians and gay men : mental health and treatment issues, Journal of Counsulting & Clinical Psychology, Vol. 62(2), 243-251.

Greene, B. (1994). Lesbian women of color: Triple jeopardy. In L. Comaz-Diaz & B. Greene (Eds.), Women of color: Integrating ethnic and gender identities in psychotherapy (pp.389-427). New York: Gilford.

Grossman, A. H., & Kerner, M. S. (1998). Self-esteem and supportiveness as predictors of emotional distress in gay male and lesbian youth. Journal of Homosexuality, 35(2), 25-39.

Gutmann, Matthew (1996). The Meanings of Macho: Being a Man in Mexico City. Berkeley: University of California Press.

Hamburger, L. (1997). The Wisdom of Non-Heterosexually Based Senior Housing and Related Services. Journal of Gay and Lesbian Social Services 6(1), 11-25.

Hasten, L. (2002), In Search of the "Berdache": Multiple Genders and Myths www.lauren-hasten.com/testbuild/academberdlh.htm

Hooks, Bell (1997) Selling Hot Pussy: Representations of Black Female Sexuality in the Cultural Marketplace.

Humphreys, N. & Quam, J. (1998). Middle-Aged and Old Gay, Lesbian, and Bisexual Adults. In Appleby, GA & Anastas, JW (eds.), Not Just a Passing Phase : Social Work with Gay, Lesbian, and Bisexual People, (pp.245-267). New York, NY: Columbia University Press.

Icard, L. D., Longres, J. F., Williams, J. H. (1996). An applied research agenda for homosexually active men of color, Journal of Gay & Lesbian Social Services, Vol. 5(2/3), 139-164.

International Gay and Lesbian Human Rights Commission (2001). The Intersection of Race and Sexuality: A Background Paper. Retrieved October 8th Web: http://www.iglhrc.org/issues/racism/race_sexuality.htm

Jackson, D, & Sullivan, T.R. (1994) Developmental Implications of homophobia for gay and lesbian adolescents: Issues in policy and practice, Journal of Gay and Lesbian Social Services, Volume 1 (3/4).

Jacobs S., Thomas W., Lang S. (1997), Two Spirit People, Native American Gender Identity, Sexuality, and Spirituality, Chicago: University of Illinois Press.

Jalbert, Y. (1998) Processus de sortie, perception du risqué face au sida et utilization des services de santé chez de jeunes homosexuals ages de 16 à 20 ans de Montréal. Thése de doctorat en santé communautaire, Université de Montréal.

Jalbert, Y. (1999). La santé gaie : Connaissances actuelles et actions futures (Recension des écrits). Coalition des organismes communautaires québécois de lutte contre le sida (Projet Three Cities).

Jalbert, Y. (2002) Sortir du placard les jeunes gais, leurs parents et le sida. Rapport de recherché enterprises pour Sida Vie Laval.

Jiwani, Y. (2000). Changing Institutional Agendas in Health Care. http://www.harbour.sfu.ca/freda/articles/barrier.htm

Joseph. S. (1998) The Law and Homosexuality in India. Location: SNDT Churchgate.

Katz J. (1976), Gay American History, Part IV: Native Americans/Gay Americans 1528-1976, New York: Avon Books.

Kaufman, G., & Raphael, L. (1996). Coming out of shame: transforming gay and lesbian lives. New York: Doubleday.

Kerry T. "Buddhism and homosexuality," at: http://www.geocities.com/WestHollywood/5738/impo-10.htm

Khan, S. (2001) Culture, Sexualities, and Identities: Men Who Have Sex with Men in India. Journal of Homosexuality, Vol. 40, No. 3 / 4, pp. 99-115.

KHUSH: A Shakti Report. An Investigation Into South Asian Lesbians And Gay Men And Their Lives, Shivananda Khan (In Consultation With Pratibha Parmar), South Asian Lesbian And Gay Network, 1992

Kinsmen, G. (1987) The Regulation of Desire: Sexuality in Canada. Montréal: Black Rose Books.

Kinsey, A., Pomeroy, W.B., Martin, C.E. (1948) Sexual Behavior in the Human Male, Bloomington: Indiana University Press.

Kinsey, A. (1953) Sexual Behavior in the Human Female, Bloomington: Indiana University Press.

Kishk Anaquot Health Research (2001), An Interim Evaluation Report of Aboriginal Healing Foundation Program Activity, Aboriginal Healing Foundation, Ottawa.

Klein, F., & Wolf, T., (Eds.) (1987) Two Lives to Lead: Bisexuality in Men and Women. New York: Harrington Press.

Kochman, A. (1997). Gay and Lesbian Elderly: Historical Overview and Implications for Social Work Practice. Journal of Gay and Lesbian Social Services 6(1), 1-10.

Lamping, D.L., Joseph, L., Ryan, B.., Gilmore, N. (1992). Mental health distress in persons with HIV infection in Montreal. Santé Mentale au Québec, 73-96.

Laramee, L., Personal communication, 2002.

Leonard, L. (1998). Social workers and HIV prevention: A neglected dyad. In B. Rowe, & B. Ryan (Eds), Social work and HIV: The Canadian experience (pp. 60-84). Don Mills: Oxford University Press.

Lesbian, Gay, and Bisexual Youth Project of Nova Scotia. (no date). Developing gay/straight alliances in high schools.

Levine, M. P. (1995). The status of gay men in the workplace. In M. S. Kimmel, & M. A. Messner (Eds), Men's Lives. Boston: Allyn and Bacon.

Macdonald, T., Ryan, B.., Blair, S., Bowmer, I., Bognar, C., Mills, B. (2000) National HIV/AIDS Environmental Treatment Scan, A Report Published For HIV/AIDS Division, Health Canada.

Manitoba Indian Brotherhood and Cultural Education Centre (1974), The Shocking Truth About Indians in Textbooks, Winnipeg.

Magnuson, C. (1992). Lesbian and gay youth in Ottawa: the importance of community. Ottawa: Pink Triangle Services / Les services du triangle rose.

Maviglia, M. (2002), Historical Trauma and PTSD: The "Existential" Versus the "Clinical" www.pol-it.org/ital/fromstate2e.htm

McClure, C., Grubb, I.. (1999), HIV Transmission – Guidelines for Assessing Risk, A Resource for Educators, Counsellors and Health Care Professionals, Third Edition, Canadian AIDS Society.

McLeod, A., Wilson A. (1998), 11th Annual International Two Spirit Gathering, Manitoba Aboriginal AIDS Task Force (unpublished)

McNaught, B. (1993). Gay issues in the workplace. New York: St. Martin's Press.

Medicine, B. (2002), Directions in gender research in American Indian societies: Two spirits and other categories. www.ac.wwuedu/~culture/medcine.htm

Monette, L., Albert, D., Waalen, J. (2001), Voices of Two-Spirited Men, A Survey of Aboriginal Two-Spirited Men Across Canada, 2-Spirited People of the 1st Nations, Toronto.

Monteiro, K. P., & Vincent Fuqua. (1995). African-American gay youth. In G. Unks (Ed), The gay teen: educational practice and theory for lesbian, gay, and bisexual adolescents. New York: Routledge.

Moore & Akerstrom v. Canada [1996] C.H.R.D. No. 8 (C.H.R.T.).

Mule, N. (2003) Equity vs. Invisibility: Sexual Orientation in Social Work Curricula, The Coalition for Gay and Lesbian Rights in Ontario.

Myers, T., Calzavara, L., Cockerill, R., Marshall, V., Bullock, S. (1993), Ontario First Nations AIDS and Healthy Lifestyle Survey, Canadian AIDS Clearinghouse House, Ottawa.

Myers, T., Godin, G., Calzavara, L. et al. (1993). The Canadian survey of gay and bisexual men and HIV infection: Men's survey. Ottawa: Canadian AIDS Society.

Myers, T., Travers, R., Allman, D., Lau, W., Maxwell, J., Calzavara, L. (2001) An HIV Research Needs Assesment of MSM in Ethno-Cultural Communities: Perspectives of Volunteers and Service Providers, Research Report.

Nanda, S. (1990), "Neither Man Nor Woman," Wadsworth Modern Anthropology Library, Belmont California: Wadsworth Publishing Company.

Nardi, P. M. (1992). That's what friends are for: Friends as family in the gay and lesbian community. In K. Plummer (Ed), Modern homosexualities: Fragments of lesbian and gay experience (pp. 108-120). New York: Routledge.

Nardi, P. M. (1995). The politics of men's friendships. In M. S. Kimmel, & M. A. Messner (Eds), Men's lives. Boston: Allyn and Bacon.

National Gay and Lesbian Task Force. (1972). Twenty questions about homosexuality. Washington, D.C.: N.G.LT.F.

National Gay and Lesbian Task Force (2002) Social Discrimination and Health: The Case of Latino Gay Men and HIV Risk, Washington, D.C.: N.G.LT.F.

Neufville, Zadie (2001) JAMAICA Taking a Stand Against Homophobic Violence. Inter Press Service.

Nixon v. Vancouver Rape Relief Society, [2002] B.C.H.R.T. 1.

Norton, R. (2002), A History of Homophobia, "The Medieval Basis of Modern Law," Part 5 http://www.infopt.demon.co.uk/homopho1.htm

Olivier, C., & Targett, L. (1993). Within reach: Meeting the needs of gay and lesbian New Bruswickers. Fredericton: The New Brunswick Coalition for Human Rights Reform Inc.

Otis, J., Ryan, B., Bourgon, M., Girard, M-E. (2003a) Facteurs associés aux tentatives de suicide chez les jeunes gais, lesbiennes et bisexuel-les, The Canadian Journal of Community Mental Health (submitted and accepted).

Otis, J., Ryan, B., Bourgon, M., Girard, M-E. (2003b) La santé des jeunes gais, lesbiennes et bisexuel(le)s: Efficacité du programme Sain et Sauf implanté dans quatre villes canadiennes (manuscript in progress)

Otis, J., Ryan, B., Bourgon, M., Girard, M-E. (2001) Être adolescent et gai ou . . . quand la vie fait trop mal, 69ième congrès de l'ACFAS, Sherbrooke QC.

Otis, J., Ryan, B.., Chouinard, N. (1999) Prévention du VIH. Impact du ´Projet 10ª sur le mieux- être sexuel de jeunes gais et bisexuels. Rapport exécutif présenté à la Régie Régionale de la Santé et des Services sociaux, Montréal.

Otis, J., Ryan, B., Chouinard, N., Fournia, K. (2002) Effets du Projet 10 sur le mieux-etre sexuel de jeunes gais, lesbiennes, bisexuelles et bisexuals. Rapport de recherche subventionnée par la Régie régionale de la santé et des services sociaux de Montréal Centre.

Parliamentary Committee on Equality Rights, Equality for All, (Queen's Printer for Canada, 1985).

Penaloza, L. (1996). We're here, we're queer, and we're going shopping! A critical perspective on the accommodation of gays and lesbians into the marketplace. In D. L. Wardlow (Ed), Gays, lesbians, and consumer behavior: Theory, practice, and research issues in marketing (pp. 9-41). Binghampton, NY: Harrington Park Press.

Penn, R. E. (1997). The gay men's wellness guide: the National Lesbian and Gay Health Association's complete book of physical, emotional and mental health and well-being for every gay man. New York: Henry Holt.

Pharr, S. (1997). Homophobia: A weapon of sexism (Expanded ed.). Berkeley, CA: Chardon Press.

Rafiq, M (1999) AIDS Awareness among South Asian newcomers, Published on the 10th Anniversary of the Alliance for South Asian AIDS Prevention.

Ratti, R., Bakeman, R., & Peterson, J. L. (2000). Correlates of high-risk sexual behaviour among Canadian men of South Asian and European origin who have sex with men. AIDS Care, Vol. 12, No. 2, pp. 193-202.

Riesch Toepell, A. (1997). Prisons and population health. Canadian AIDS News, Fall, X.

Remiggi, F. W. (1998). Le Village gai de Montréal: entre le ghetto et l'espace identitaire. In I. Demczuk, & F. W. Remiggi (Eds), Sortir de l'ombre: histoires des communautés lesbienne et gaie de Montréal (pp. 267-289). Montréal: VLB éditeur.

Retina, Nusrat (1995). The Good Indian Daughter. Trikone Magazine, July 1995. Vol. 10, No. 3. Pg. ii.

Rice, Duncan C. (1975) The Rise and Fall of Black Slavery. New Orleans: Harper & Row.

Riyad W. (1997) Trikone Magazine, July, Vol. 12, No. 3, Page 7.

Rodríguez, Clara E. (1997). Latino Images in the Media. Perseus Publishing.

Rodriguez, R. (1998). Clinical and practice considerations in private practice with lesbians and gay men of color, Journal of Gay & Lesbian Social Services, Vol. 8(4), 59-75.

Rofes, E. (1995). Making our schools safe for sissies. In G. Unks (Ed), The gay teen: educational practice and theory for lesbian, gay, and bisexual adolescents (pp. 79-84). New York: Routledge.

Rofes, E. (1996). Reviving the tribe: regenerating gay men's sexuality and culture in the ongoing epidemic. New York: Harrington Park Press.

Rofes, E. (1998). Dry bones breathe: gay men creating post-AIDS identities and cultures. New York: Harrington Park Press.

Rowe, W., and Ryan, B. (Eds) (1999) Social Work and HIV: The Canadian experience. Toronto: Oxford University Press.

Ruan, F F and Bullough, V, L. (1992) Lesbianism in China. Archives of Sexual Behavior, Vol. 21, No. 3, Pg. 217-26.

Ryan, B.. (1988) The homosexual and gay movements. In Richard, L. & Seguin, M. (Eds.), Homosexualités et tolérance sociale (pp. 101-115). Moncton: Editions d'Acadie.

Ryan, B.. (1998). S'accepter comme gai ou lesbienne: pour en finir avec la honte. In Famille et qualité de vie des gais et lesbiennes. Montréal: ACSM-Montréal, 47-59.

Ryan, B. (1999) Creating Safe Spaces for Gay, Lesbian and Bisexual Youth, in Canada's Children, Vol 9, pp. 47-63.

Ryan, B. (2000) La honte d'être, in Vis-à-Vie: La Revue de l'Association québecoise de suicidologie, Vol. 10, No 2. pp. 9-11.

Ryan, B. (2000b). A comparative analysis of prevention research in Canada, Report to the Canadian AIDS Society. Canadian AIDS Society.

Ryan, B. (2000c) English-speaking Focus Group. Analysis of English-speaking focus group on gay men's health. Montreal: Unpublished document.

Ryan, B. (2000d) French-speaking Focus Group. Analysis of French-speaking focus group on gay men's health. (Translation of the original French.) Montreal: Unpublished document.

Ryan, B., Brotman, S. & Rowe, B. (2001). Access to Care ll: Exploring the Health and Well-Being of Gay, Lesbian and Bisexual People From Ethno-Cultural Communities in Canada. McGill Centre for Applied Family Studies, Montreal, QC. ISBN 07717-0591-3

Ryan, B., Brotman, S. & Malowaniec, L. (2002). Outcomes Of The National Meeting Of Canadian Researchers In The Field Of Gay, Lesbian, Bisexual and Two-Spirit Peoples Health, Canadian Social Work (in press).

Ryan, B. & Chervin, M. (2001a) Valuing Gay Men's Lives: Reinvigorating HIV Prevention In The Context Of Our Health And Wellness, A Strategy Document Written For Health Canada and Gay and Lesbian Health Services of Saskatoon.

Ryan, B. & Chervin, M. (2001b) Framing Gay Men's Health In A Population Health Discourse: A Discussion Paper, A Discussion Paper Written For Health Canada and Gay and Lesbian Health Services of Saskatoon.

Ryan, B. English-speaking Focus Group. (2000). Analysis of English-speaking focus group on gay men's health, Montreal: Unpublished document.

Ryan, B. French-speaking Focus Group. (2000). Analysis of French-speaking focus group on gay men's health, (Translation of the original French.) Montreal: Unpublished document.

Ryan, B. (2000). A comparative analysis of prevention research in Canada, Report to the Canadian AIDS Society. Canadian AIDS Society.

Ryan, B. Frappier, J-Y. (1994). Quand l'autre en soi grandit: les difficultés à vivre l'homosexualité à l'adolescence. In Welzer-Lang, D., Dutey, P., & Dorais, M. (Eds.): La peur de l'autre en soi. Du sexisme à l'homophobie. Montréal: VLB Èditeur, pp 238-251.

Ryan, B., Hamel, M. A., & Cho, C. (1998). Multiple loss and mourning within the gay male community. In W. Rowe, & B. Ryan (Eds), Social work and HIV: the Canadian Experience. Don Mills: Oxford University Press.

Ryan, R., Longres, J. F., & Roffman, R. A. (1996). Sexual Identity, social support and social networks among African-, Latino-, and European-American men in an HIV prevention program. Journal of Gay & Lesbian Social Services, 5(2/3), 1-24.

Samis, S. M., & Whyte, K. (1998). "It's about a lifetime." Men's stories about sexuality, relationships and safer sex. Final results from the Men's Attitudes About Relationships and Sexuality (M.A.R.S.) Project. Victoria: AIDS Vancouver Island.

Shanghai Star (2002) "History of Homosexuality", October 4. http://www.china.org.cn/english/2002/Oct/44940.htm

Sharma, A (1993). Homosexuality and Hinduism. In Homosexuality and World Religion, edited by Arlene Swidler. Trinity Press International.

Sikand, Y (1996). Under the Shadow of the Ulema – Male homosexuality in medieval Muslim history: a brief outline. Trikone Magazine, January 1996. Pg. 59-60.

Slusher, M. Mayer, C. & Dunkle, R. (1996). Gays and Lesbians Older and Wiser: A Support Group for Older Gay People. The Gerontologist 36(1), 118-123.

Smith, R. B., & Brown, R. A. (1997). The impact of social support on gay male couples. Journal of Homosexuality, 33(2), 39-61.

Statistics Canada, (2003), 2001 Census: analysis series, Aboriginal peoples of Canada: A demographic profile.

Statistics Canada (2002). [www12.statcan.ca]

Sullivan, T.R. (1994) Obstacles to effective child welfare service with gay and lesbian youth, Child Welfare, Volume 73 (4).

Sullivan, R., and Jackson, D. (1994) Developmental Implications of Homophobia for Gay and Lesbian Adolescents: Issues in Policy and Practice, Journal of Gay and Lesbian Social Services, Vol. 1(34).

Sussel, C. M. (1994). Empowering gays and lesbians in the workplace. Journal of Gay and Lesbian Social Services, 1(1), 89-103.

Swigonski, M. E. (1995b). The social service needs of lesbians of color, Journal of Gay & Lesbian Social Services, Vol. 3(2), 67-83.

Sylvestre J.L, Otis, J., Chouinard, N., & Ryan, B.. (1998). Acceptation de son homosexualité et sexe sécuritaire chez les jeunes gais et bisexuels: y a-t-il un lien? Journal Canadien des Maladies Infectueuses, 9 (suppl. A), résumÈ 259 p., 44a.

Tafoya, T. (1989). Pulling coyote's tale: Native American sexuality and AIDS. In V. M. Mays, G. Albee, & S. Schneider (Eds), Primary prevention of AIDS (pp. 280-289). NewburyPark, CA: Sage.

Tafoya, T., & Roeder, K. R. (1995). Spiritual exiles in their own homelands: gays, lesbians, and Native Americans. Journal of Chemical Dependency Treatment, 5(2), 179-197.

Tafoya, T., & Wirth, D. A. (1996). Native American Two-Spirit Men. Journal of Gay and Lesbian Social Services, 5(2/3), 51-67.

Taghavi, H. (1999). LGBT Health care access project final research report: An overview and analysis of community consultations. Vancouver: LGBT Health Association.

Terry, P. (1992). Entitlement not privilege: The right of employment and advancement. In N. J. Woodman (Ed), Lesbian and gay lifestyles: A guide for counseling and education (pp. 133-143). New York: Irvington Publishers.

The American Heritage Dictionary of the English Language: (2000) Fourth Addition, Boston: Houghton Mifflin.

The Queen v Carmen M (1995), 23 OR (3d) 629, at 636.

Trembath, Kerry. "Buddhism and homosexuality," at: http://www.geocities.com/WestHollywood/5738/impo-10.htm

Trussler, T., & Marchand, R. (1997b). Taking care of each other: field guide, community HIV health promotion. Vancouver: AIDS Vancouver and Health Canada.

Trussler, T., Perchal, P., & Barker, A. (2000). "Between what is said and what is done": Cultural constructs of young gay men's HIV vulnerability. Psychology, Health, and Medicine, 5(3).

Two Eagles (1990), An International Native American Gay and Lesbian Quarterly, American Indian Gays and Lesbians, Volume I, 2nd Edition.

U.S. Department of Health and Human Services, Public Health Service (2000). Gay male adult/adolescent HIV infection/AIDS cases by race/ethnicity reported through June 2000, Web: http://www.avert.org/gaystata.htm

Vaid, U. (1995). Virtual equality: The mainstreaming of gay and lesbian liberation. New York: Anchor Books, Doubleday.

Varnell, Paul The Punishing Truth about Islam *The Washington Blade*, November 16, 2001.

Vriend v. Alberta, [1998] 1 S.C.R. 493, at para. 69

Welzer-Lang, D., Dutey, P., & Dorais, M. (Eds.): La peur de l'autre en soi. Du sexisme à l'homophobie. Montréal: VLB Èditeur.

Whitehawk, C., O'Brien, D. (2002), Two-Spirit Women, 2-Spirited People of the 1st Nations, Toronto.

Wilson, A. (1996), How We Find Ourselves: Identity Development and Two-Spirit People, Harvard Education Review, Volume 66(2).

Winnipeg Gay/Lesbian Resource Centre. (1998). Breaking barriers: An understanding homophobia workshop for health care and social service providers – A Training manual for workshop facilitators. Winnipeg: Winnipeg Gay/Lesbian Resource Centre.

Yellow Bird, M. (1999), Indian, American, and Native Americans: Counterfeit Identities. Winds of Change: A Magazine for American Indian Education and Opportunity

Zuckerman, A. J., & Simons, G. F. (1996). Sexual orientation in the workplace. Thousand Oaks, CA: Sage.

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