Social Perceptions: Their Impacts on LGBTQ Refugees and Immigrants Regarding Health Services in Montreal

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Abstract
Our findings suggest that LGBTQ immigrants and refugees in Montreal suffer from heavy negative perceptions in combination with undesirable social stereotypes. This has led to decreased self-esteem and confidence, along with feelings of loneliness and isolation. As a result, LGBTQ immigrants and refugees shy away from seeking health services, as they fear to be judged and stigmatized, not only by the health service providers, but also by their own families and friends. This is critically painful for underage LGBTQ immigrants and refugees and for those who have not come out officially amidst the fear of being rejected. This outcome is due to the important factor of many LGBTQ related health programs not taking into account that LGBTQ immigrants and refugees endure unique experiences, which ultimately mean unique and/or different solutions need to be provided.

Executive Summary
Our findings suggest that LGBTQ immigrants and refugees experience tremendous social isolation as a result of negative social perceptions. If they migrated to Canada on the basis of sexual persecution, it is understood that they have gone through difficult periods in which they have been exposed to mental health issues such as trauma. In some cases, individuals were not encouraged to seek health services, resulting in deterioration of their mental health further. We also found that LGBTQ immigrants and refugees with physical disabilities suffer extensively from negative perceptions due to their reduced mobility and inaccessible public spaces for people in wheelchairs. Moreover, LGBTQ immigrants and refugees of color undergo and experience an extra layer of racism. This does not only reduce their effort and access to health services, but it also affects their confidence and increases dangers of alienation and vulnerability.
Furthermore, our outreach findings indicated that if LGBTQ immigrants and
refugees cultures in their countries of origin are not accepting of homosexuality, these
individuals are forced to hide their sexual identity in fear of being isolated and
discriminated against by their families and friends. Thus, individuals are further faced
with the risks of internalizing pain, which is often associated with mental health issues,
loneliness and loss of social network.

Here are the following working recommendations to tackle said issues:

• To engage newcomers about the importance of accepting differences in
  individuals’ sexual orientations. This should be added to integration curriculum
  and different information sessions by immigration services.

• To increase funding for community run LGBTQ organizations that provide social
  and peer support to LGBTQ immigrants and refugees and help them to come out
  and seek appropriate health services.

Introduction

In this report, I will analytically address research conducted with LGBTQ
immigrant and refugees in Montreal. Participants were asked about their social
experiences in regard to how they are perceived and how they feel about it. They were
also asked whether or not these perceptions have, in anyway, influenced their efforts in
seeking health services. It is important to understand that all LGBTQ immigrants and
refugees are negatively affected by unattractive social perceptions by members of our
communities. In addition, LGBTQ refugees and immigrants who have not officially come
out, suffer expansively. From the outreach results, most of the interviewees voiced that
before going public about their sexual orientation, they had internalized all the pain,
trauma and struggles, due to not feeling like they could discuss their sexual feelings with
anyone. This resulted in them living with the feelings of not only lacking the freedom of
expressing their sexuality, but also with the sense of not accepting themselves for who
they are.

One of the most significant results of this study pertained to the lack of cultural
competence and an overall deficiency in terms of cultural awareness when it comes to the
specific needs of LGBTQ migrants. For quite some time, as seen in the news and overheard in general discussions, lesbian, gays, trans and queer individuals of all ages and background are being faced with considerable discrimination within society. Homophobic and heterosexist behaviors have contributed to the way in which none-LGBTQ individuals see, think and interact with this community on a daily basis. They are still being categorized as “others” and continually struggle to gain legitimacy and entitlement for a standpoint of their own identity making.

The members of LGBTQ groups and their supporters have regularly carried out advocacy and demonstrations including, but not limited to Montreal’s Gay Pride Parade; a display of the community's solidarity, strength, and demand for the same respect, dignity and basic rights as those granted to heterosexuals. This has played an important role in challenging public narrative against the LGBTQ community, and it has further strengthened the level of support and solidarity within the LGBTQ community. However, regardless of this solid effort, members of this community continue to suffer hate crimes, threat of exposure, rejection, loss of employment, expressions of disgust, intolerance and social exclusion.

The above social experiences indicate a level of discrimination against the wider LGBTQ community within social institutions. Furthermore, we must take into consideration LGBTQ immigrant or refugees status as new comers and the added challenges this brings. The remainder of this report will explore all factors of being part of this community and what it means for accessing and using health services within the City of Montreal

**LGBTQ Immigrants and Refugees in Context**

Approximately 73 countries and states worldwide outlaw same-sex relationships, in which 13 of them with enforce the death penalty. This suggests that LGBTQ refugees and immigrants who come to Canada are fleeing repressive regimes, fearing being beaten, jailed and tortured; coming to Canada in effort to escape sexual persecution and criminalization in their countries of origin. The Canadian constitution grants full rights and protection to all individuals, however, LGBTQ men and women in Canada continue
to be mentally and physically discriminated against due to their sexual orientations. Verbal and psychological abuses have repetitively been experienced by lesbian, gay, bisexual, trans and queer people. This community also experiences expressions of disgust, intolerance and exclusion by social institutions that challenge their social wellbeing at visible extent.

I believe the decision makers around perceptions are us; every individual plays their part. I feel it is not LGBTQ refugees and immigrants' responsibility to teach the rest of Montreal’s communities how to perceive them; non-LGBTQ individuals have a responsibility around educating themselves about the matter. It is when non-LGBTQ refugees and immigrants reject the possibility that they are homophobic towards LGBTQ refugees and immigrants that they become completely unaware of the wrongs they are perpetrating.

Additionally, local community, municipal, provincial and federal leaders need to move beyond the narrative of diversity and focus on actions for social justice, encouraging social programs and initiatives that sustain safety and prosperity for all LGBTQ individuals. Institutions and social organizations at all levels should revise their behaviors.

The results from my outreach propose that LGBTQ immigrants and refugees who are also religious, for instance, face a clear prejudice by their fellow congregants. Though, most of religions have come to accept and accommodate LGBTQ individuals, some are not openly supporting them. Islam in particular has for long affirmed its disagreement with the existence of LGBTQ individuals, as per the Quran, same-sex sexual intercourse is a crime and unspeakable practice in the eyes of God. Therefore, anyone who engages with same-sex romance should face God’s punishment without a question.

**Methodology**

The following findings are drawn from outreach conducted during the 2018 winter cohort of the Samuel Center for Social Connectedness Fellowship. The purpose of this study was to identify and analyze the manners in which social perceptions of LGBTQ
immigrants and refugees by the rest of Montreal communities influences their effort in seeking needed and necessary health services. This research aimed at highlighting whether or not social perceptions factor in LGBTQ’s social experiences, and whether or not the way they are perceived affects their: self-esteem, confidence, proudness, and most importantly their efforts to pursue health services.

We conducted multiple semi-structured interviews, focusing on lesbians, gays, bisexual, trans and queer individuals who also identify themselves as immigrants and/or refugees in Montreal. The focus group comprised of male and female, from all races and ages, with diverse experiences and professions. Some of the LGBTQ immigrants and refugees and their associates were interviewed for 30 minutes each and the transcriptions were recorded on the scene. Recruitment was executed using different methods such as sending emails to potential participants, individuals and organizations, word of mouth through friends, as well as in-person recruitment at community gatherings, including festivals and parties. Some of the interviews were conducted over the phone, while others were done in-person at accessible places. The participants received no remunerations and their participation was entirely voluntary.

Seventeen interviews were conducted and transcribed, of which fourteen were LGBTQ immigrants and refugees, while three were experts working for and with LGBTQ immigrants and refugees. Nine of the total seventeen interviewees were blacks of African or Caribbean descents, while the remaining five identified as non-blacks. Furthermore, three of the participants decided to withdraw their participation in the study a few hours after the interviews for personal reasons. It is also important to mention that among participants, one of them identified as living with physical and visible disabilities.

Issue, Evidence and Key Findings

Participant Demographics

The participants ranged in age from 18 to 36 years, with an average age of 24. Their places of origins were diverse: the Caribbean (29.4 %), Africa (41%) and North America and Europe (29.4%). Among all participants 52.9% were black of African and Caribbean decent and 47.05% were non-black, including Caucasian, Asians and Arabs.
28.5% of all LGBTQ participants migrated to Canada through parental sponsorship or 35.71% as international students, while 35.71% came as refugees and/or asylum seekers. In addition to 13 other diverse native languages spoken by interviewees, 58.8% and 17.64% of all interviewees only spoke English and French respectively, while 23.5% spoke both French and English fluently.

Regarding their LGBTQ identity, 71.4% started to identify themselves as LGBTQ in their adolescence, while 28.57% adopted this identity later on in life (after 25 years of age). It is also important to note that only 21.4% came out when they were teenagers and living with their families, whereas 78.5% came out after they had moved out of their parents’ houses. 28.5% of all LGBTQ interviewees still receive some sort of financial support from their families, while 71.4% are fully independent. About 64.2% identify themselves as men, and 35.7% as women. Furthermore, in regard to gender identity, participants identified as: lesbian (28.5%), gay (35.71%), transgender (7.14%), queer (21.4%) and bisexual (7.14%). Lastly, 7.14% of all participants identified as living with a physical disability.

Please Note: The total of the above-mentioned percentages might not add up to 100% given that one participant might have participated in more than one category.

Barriers to Accessing Health Services for LGBTQ Immigrants and Refugees

A number of participants shared that at some point in their lives as members of the LGBTQ community, they felt scared and embarrassed to ask where to find appropriate health services and that they did not know who to ask or where to go; they had to figure it out by themselves. Secondly, 78% argued that it is not easy to find a health care provider to whom they could connect with, and this has been an issue for the ones who are seeking health support in healing from past experiences. Furthermore, more than half of the respondents reported a lack of culturally competent health care. For instance, it was reported by many that sometimes the heath care providers don’t
understand the contextual background of the patients they are trying to help and this has been frustrating for LGBTQ immigrants and refugees.

**Key Findings**

LGBTQ immigrants and refugees endure unique experiences that might not be similar to those experienced by other members of the LGBTQ community in Montreal. First of all, if they migrated to Canada on the basis of sexual persecution, LGBTQ immigrants and refugees underwent a difficult spell of discrimination, avoidance and public humiliation. Consequently, they accumulated and internalized pain for a long time, not to mention are most likely suffering from trauma, anxiety, depression and other mental health illnesses. Therefore, they require special health and psychological services to help heal their wounds and restore their hopes for a better life. Secondly, from the analysis of our outreach program, we understood that, LGBTQ immigrants and refugees whose parents are first generation immigrants face cultural dilemma. Their parents want them to live and practice traditional values of their countries of origin, which might often conflict with their sexuality choices, especially if homosexuality is not accepted in their home countries. Through the outreach programs we found the following:

1. **LGBTQ immigrants and refugees face considerable negative perception, social isolation and struggle to access health services.**

   Our findings suggest that LGBTQ immigrants and refugees in Montreal suffer greatly from negative perceptions coupled with undesirable social stereotypes that results in a drop in their self-esteem and confidence. Consequently, this may lead to feelings of loneliness and isolation. As a result, LGBTQ immigrants and refugees shy away from seeking health services, as they fear they will be judged and stigmatized, not only by the health service providers, but also by their own families.

   Although, given the nature and purpose of this research, it is not easy to know if some of these negative perceptions aren’t also experienced by non-immigrant/refugee LGBTQ members in Montreal. However, those interviewed stated that they experience excessive curiosity by other Canadian LGBTQ and non-LGBTQ individuals in Montreal. This curiosity manifests itself with questions such as: Do homosexuals in your country of
origin understand health-related risks of engaging in same-sex intercourse? How come you didn’t catch HIV if you started to engage in same-sex romance, while living in a poor country?

Furthermore, 35.7% of participants uttered that they felt that they weren’t satisfied with the health services given to them at some point in the last five years. They felt that they were simply ignored or not given enough attention by health service providers or simply denied a treatment and/or asked to come in another day. However, they seemed unsure of whether the refusal of treatment was due to the fact that they are immigrants/refugees, or due to the fact that they are LGBTQ. Additionally, 14.2% claimed that they experienced avoidance of physical contact. This includes shaking hands, playing games together or simply sitting next to one another in a classroom. Most of the participants mentioned that this incident was common when they were young and studying in high school; at some point they were bullied and called abusive names by their classmates.

As many as 57.1% admitted that they have been victims of secrete breaching by either friends, families and/or by health service providers. While some participants feel that some health service providers have disclosed some of their information to a third party, most of the participants admitted that families and friends are the most disappointing, as they reveal their confidential information to other friends and relatives in the family. Consequently, this raises trusting issues between LGBTQ refugees and immigrants and social networks including their families. Participants expressed that this is particularly painful when the concerned person is not yet ready to come out publicly, as this may force them to concentrate more on safety rather than personal development, which for many resulted in temporary disappearance and dropping out of school.

All these adverse perceptions often lead to feelings of embarrassment, anxiety, shame, and discomfort among LGBTQ immigrants and refugees, not to mention anger and resentment towards their friends and family. Moreover, 78.5% stated that the negative perception does not only disrupt their level of social comfort and effort to seek health services, but it also leads to lower satisfaction in life. Thus, increasing risks of being depressed, addicted to alcoholic and other substance uses, and suicidal ideation at some point in their lives.
Lastly, regarding family context, 50% expressed that they often had to seek out friends with whom they could be themselves, go out with and be affirmed, with no fear of being judged or exposed. One of our interviewees who moved to Canada from DRC at 10 years of age voiced his long journey to freedom of expressing his sexuality. Once he came out, his family resisted and kicked him out of the house when he was just 17. For the next three years he had no home, and was living from shelter to shelter. At some point he settled in a home for young people, and while there, he realized that he was not getting the social support he needed; the social workers did not know how to help him recover. They basically did not have awareness or the tools to help someone from a different background; some advised him to call his mom, but he could not do so as she was the one who had rejected him in the first place. Others advised him to cut ties with his family, but for his culture, family is probably the most important thing in life and he couldn’t simple abandon them. The shelter he was in did not want to talk about homophobia, and couldn’t even refer him to other organizations that could have helped him. Therefore, having no support from his family and receiving unsatisfying assistance from the social workers at his current housing resulted in further isolation.

2. Impacts of negative perception are not of the same magnitudes for young and adult LGBTQ immigrants and refugees.

The results from the outreach also imply that the impact of social perception is not the same across ages. Young and dependent LGBTQ in refugee and immigrant families suffer a lot more compared to independent and adult LGBTQ refugees and immigrants. This is mainly due to young LGBTQ individuals being under full supervision and are often less trusted by their parents and relatives about their sexual feelings. 85.7% expressed that when they were underage, they had little private spaces and their freedoms were very limited, not forgetting that in many cases they were obliged to respect and bid by traditional customs of their countries of origin. Thus, if their parents are not accepting of different sexualities, young LGBTQ refugees and immigrants are denied the rights to be themselves and to practice the sexuality of their choice. 21.42% responded that when they first told their parents about their sexual feelings at a young age, they were taken to a psychologist, not for the purpose of helping them in the process of coming out, but for
mental illness treatment. In fact, their parents thought that they were not normal or that they were out of their minds and therefore needed treatments to rectify the situation. Furthermore, 50% of participants shared that when they were young, they wouldn’t tell their parents when they had a health-related issue nor go to the nearby healthcare providers in fear of being seen/ having the healthcare provider disclose information to their parents. Therefore, they preferred to seek medical attention in clinics located far from their neighborhoods.

Additionally, one of the interviewees described how his family sent him back to their country of origin, and forced him to go through a rigorous, traditional healing process for a few months. Here, it is particularly important to understand that some immigrant/ refugee families still believe in their traditions and cultural practices. The family couldn’t comprehend his sexual orientation; they thought that the sorceries and witchdoctors could chase the evil spirit from their child. This ignorance by his parents victimized and traumatized him extensively, resulting in feelings of loneliness and regrets.

On the contrary, 98.6% of all adult LGBTQ immigrants and refugees interviewed enjoy some degree of autonomy; they can choose their friends and partners without having to seek an approval from their biological families, and in most cases this is because they have financial freedom. 71.42% believe that it is because they do not rely very much on their traditional families; and 57.1% think that it is because their parents trust them as grown individuals who can make well-informed decisions about their lives. Therefore, we can argue that young LGBTQ immigrants and refugees are much more distressed by negative social perceptions as they are less trusted and constantly monitored by their parents. This results in further isolation for this age category, while adults have full freedom to compromise with their families’ decisions and strive for the social wellbeing and connectedness.

3. LGBTQ immigrants and refugees who live with disabilities suffer more compared to other LGBTQ immigrants and refugees.
We must take into account the difficulty for people living with physical disabilities to move, to do activities and connect with other people, regardless of whether they are immigrants, refugees or natives. Consequently, people with disability face discrimination within the general population because they are often looked at as weak, powerless and unproductive individuals. And with limited mobility, their access to physical and health facilities is greatly reduced; they need to be transported every time they need to go to hospitals, not to mention that some of the physical facilities such as houses and cars are not accessible to people in wheelchairs. Very few public spaces are available for them, which means that it is hard for them to go out and make meaningful social connections. Therefore, they are often forced to stay at home when they know there are a lot of interesting and fun activities happening outside. In the words of one of the participants:

“Life with physical disabilities is not easy, you wake up and you feel like you want to do something, but you can’t simply do it because maybe your caregiver is not available that day and you get stuck. You end up staying in the house for many hours alone, and when you are an LGBTQ member and an immigrant or refugee, like myself, it is even more unfortunate. As LGBTQ immigrants and refugees, I feel neglected by LGBTQ organizations and social service providers. No one reaches out to us to teach us about our rights as LGBTQ, to support and give us morale; they don’t invite us to gatherings. We have to struggle in order to acquire that information and this is never easy when your mobility is limited.”

But on the other hand, this participant stated he feels connected to his family. His family has finally come to understand and support him; it is his family that he turns to for any support whatsoever. In his words, “family is the most precious thing to me, though it is only a few members of my family living in Montreal, I am forever indebted and so grateful for their moral support”.

Secondly, there is a tremendous lack of recognition for sexuality of LGBTQ with disabilities. From an interviewee’s experience, people don’t often believe it when he tells them that he is gay; they think that one cannot be both at the same time, disabled and LGBTQ. They feel not accepted by both non-LGBTQ and LGBTQ individuals and feel oppressed as a result of inappropriate languages used by some of the healthcare
providers. They have also shared that curiosity by members of other communities forces them not only to doubt their capabilities and social contributions, but it also disregards their pride and own identities. And now, being an immigrant on top of that, makes their lives even more complicated. As any other immigrants or refugees, they have or will go through some rough spells to settle in a new country; struggling to find housing, employment and other social services. They feel like people might think that they came here to take advantage of Canada’s economic and health care system, as they are often in need of medical treatments. And this may lead to having sentiments of shame and internalized stigma.

4. LGBTQ immigrants and refugees who have not come out yet suffer internally, and are more likely to shy away from seeking health services compared to the ones who are out and proud of their sexual identity.

It is important to understand that for LGBTQ immigrants and refugees, it is not always easy to come out. It is even more difficult when your family is not accepting of different sexualities. 85.7% of all participants resisted coming out publically at a young age, because they didn’t want to shock their parents or ruin their families’ legacy as in some traditions, homosexuality is a taboo. The stigma, internalized pain and concern of being rejected by friends and family are some reasons to why most of LGBTQ immigrants and refugees don’t come out easily. And 92.8% thinks that the period before coming out is the most difficult period for all LGBTQ because they live in self-hiding, never mentally settled and they cannot have an open discussion with anyone about their sexual feelings. They don’t have the opportunity to express their feelings, to join different support groups or organizations. Therefore, they do not make use of health services directed at LGBTQ members. This confines them and reduces their self-confidence and self-affirmation, resulting in reduced interactions and connections with others. Furthermore, 85.71% believed that the fear of coming out did not only affect their efforts in pursuing health services, but it also forced them to focus more on safety other than school, employment and creating social networks.
5. In addition to social discrimination experienced by LGBTQ immigrants and refugees in general, LGBTQ immigrants and refugees of color experience an extra barrier due to racism.

LGBTQ immigrants and refugees face additional challenges related to social isolation due to intersecting oppression based on race, identity and sexuality, which contributes further to health and mental health disparities. More than 85% of all participants believe that LGBTQ immigrants and refugees who are not white face challenges for both being LGBTQ and persons of color at the same time. Questions such as “where are you from?”, often reminds them that don’t belong and/or fit in to the greater Montreal community; they are more and more associated by their places of origin. Participants were asked how they felt perceived by non-black LGBTQ members. 64.2% responded that before they see you as an LGBTQ, they see and categorize you as a black man, an immigrant, a foreigner and a poor man. And for many, this racist behavior has played a role in how they feel about themselves in relation to others.

One of the participants shared in their interview that when he came out for the first time, he was avoided by his family and friends. Due to this, he turned to different organizations in Montreal, including Project 10. However, though the organizations did their best to help all the members, he didn’t feel included, and was always under an impression that other members of the organization treated and often referred to him as the “other”. Furthermore, some LGBTQ members at these organizations, through informal conversations, claimed that homosexuality is not an African identity. For him and other members with similar backgrounds felt extremely offended and deprived of their right to the identity with their sexuality of choice. 78.57% of participants affirmed that intersectionality of race and sex is misunderstood. Thus, causing questions related to unequal treatment and enacting feelings of stigma whereby many of the interviewed participants had concerns of facing racism and homophobia at the same time.

LGBTQ People in the Province of Quebec and the City of Montreal

Quebec is among the other Canadian provinces that protect and offer advanced services to all sexual minorities without major systematic discriminations, with a focus
on the values of respect, openness and tolerance. In 1977, the province of Quebec took the first step in the process to ensure equality for sexual minority members by including sexual orientation as one of the grounds of discrimination prohibited by the Charter of Human Rights and Freedoms. To supplement this good political will, the government introduced the Quebec Policy Against Homophobia project in 2009, which was renewed and incorporated into the Government Action Plan against Homophobia for 2017-2022. This action plan is designed in a way that reflects the current realities faced by LGBTQ individuals in the province, with a specific focus on openness to sexual diversity, respect for the rights of and support for members of sexual minorities, the creation of safe and inclusive environments and the adaptation of public services.

In regards to LGBTQ immigrants and refugees however, the Province does not seem to take solid and direct approaches to support them with exceptions. Rather, the province helps them by supporting and funding projects that are run by community organizations and civil societies in an effort to raise awareness about the rights of sexual minority members as part of services provided to immigrants. Community organizations including, but not limited to Agir and Arc-en-Ciel d'Afrique have tremendously been supporting LGBTQ immigrants and refugees in different capacities. These grass root organizations have played an important role in breaking social isolation among LGBTQ immigrants and refugees as they not only help them on sexual-related matters, but they also develop and offers services, information, programs and resources in addition to offering legal services in an effort to protect and defend them when they face dangers of being deported.

Clearly, this is an important step and many Quebec residents are in accordance with this plan. However, a major effort is still necessary to fight ongoing prejudice and discrimination and to eliminate the hidden mechanisms for exclusion that rely on denial and depreciation. Discrimination, stereotypes and rigid social standards all contribute, in various ways, to injustice and distress as Quebec strategy for equality still disappoints LGBT rights groups.

As of 2017, the province of Quebec has still not created a strategy of protecting and supporting trans people, as the measures affecting immigrant women did not include the specific realities of trans-migrant women. “Migrant trans women in Quebec,
specifically refugees, have come to Canada seeking protection, yet in many ways, that protection is denied by the Canadian state and the Quebec government.” And because Quebec still doesn’t allow transgender migrants to change their gender or name on identity documents, this could further isolate immigrant and refugee members of the transgender community.

Recommendations

The interviewees expressed their interests in social connectedness and would love to live in a community that does not judge them, yet rather supports their identity choices; they want to feel included and valued by their families, communities and institutions at all levels. LGBTQ immigrants and refugees in Montreal feel the need for change in programs and initiatives that are currently offered by the province of Quebec and the city of Montreal in particular. They wish for programs that take into account that all LGBTQ individuals are not the same, specifically understanding that LGBTQ immigrants and refugees endure unique experiences that need to be looked at in a particular and appropriate manner. For instance, many LGBTQ refugees usually have experienced a serious trauma, have scarce financial resources and are exposed to linguistic, racial and cultural oppressions. Therefore, for a higher quality of life, programs need to be designed to tailor to these individual’s needs. In order to do so, the City of Montreal and the province of Quebec needs:

• To conduct a deep research about unique challenges faced by LGBTQ immigrants and refugees that are not faced neither by other LGBTQ nor other immigrants or refugees.
• To train health and social service providers in accordance to the LGBTQ immigrants and refugees needs. In order to be able to be helpful to these very vulnerable populations, professionals in the mental health field need to understand the theoretical, socio-historical, and legal issues affecting them.
• To increase funding and support towards community based LGBTQ organizations as they would encourage discussions and provide social supports to those who are in need. This would be vital in breaking social isolation as they
would encourage discussions and help in expending safe environment for the LGBTQ immigrants and refugees in Montreal.
• To encourage the creation of programs that support underage LGBTQ immigrants and refugees and encourage them to seek health and social services, when needed. This group seems to be forgotten and there has to be a plan to include them in planning as they face quite unique challenges.
• To encourage the creation of peer support groups. The creation of social support for both young and adult LGBTQ immigrants and refugees could play an important role in reducing social isolation and boost feelings of belonging among participants.

Conclusion

After conducting interviews and analyzing all the transcripts, I came to the conclusion that despite considerable effort by the province of Quebec and the city of Montreal, in particular to protect and support LGBTQ members, LGBTQ immigrants and refugees still struggle from negative social perceptions. Ultimately these perceptions result in experiencing stigma and shame for who they are, negatively affecting their effort in seeking health services. Furthermore, LGBTQ immigrants and refugees face strong social isolation in general, deepening the issue at hand. However, the impact is not the same across ages as younger individuals suffer comparably more to adult LGBTQ immigrants and refugees. It is also critically important to note that LGBTQ immigrants and refugees who have not come out publicly experience a higher degree of isolation and internalized pain as they are forced to keep their sexuality a secret.

Moreover, LGBTQ immigrants and refugees living with physical disabilities are the most vulnerable members of this group as their reduced mobility makes it difficult for many to create meaningful connections. And lastly, from the interviews conducted, it’s understood that LGBTQ immigrants and refugees of color face additional layers of discrimination due to racism. Furthermore, LGBTQ immigrants and refugees experience racial and anti-immigrant discrimination both within and outside the LGBTQ community.
With all the barriers and challenges these individuals face on a daily basis, it is important to highlight that local organizations have been influential in breaking social isolation and encouraging social connectedness among LGBTQ immigrants and refugees in Montreal. Organizations like Arc-en-Ciel d’Afrique and Agir provide space for discussions and encourage all members to come together and unite in order to support each other and nurture a good sense of belonging. However, the work cannot stop here. This is just the beginning of what needs to be done to foster inclusion and a high quality of life for LGBTQ immigrants and refugees within the province of Quebec and the City of Montreal.