REPORT

on discrimination against LGBT people in healthcare system of Armenia

About Society Without Violence

Society Without Violence (SWV) was founded in 2001. Since its establishment, the organization has been implementing projects that focus on empowering women, increasing public awareness and participation on various issues impacting women, promoting social activism, increasing female leadership skills and contributing to the formation of women human rights defenders' institutional building.

SWV mission is to educate and empower girls and women, promote gender equality, advocate for women's representation and participation in all levels of decision making and peace building processes. SWV also strives to contribute to the elimination of gender –based stereotypes, discrimination and violence by increasing the responsibility and accountability of duty bearers to protect and fulfil women's rights.

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The opinions expressed in this research are solely reflection of research findings and do not necessarily represent the opinions or policies of the donor.

Content

Main terminology

Bisexual – person is emotionally and/or sexually attracted to persons of more than one gender.

Gay – (homosexual man) a man who is sexually and/or emotionally attracted to men.

Gender – refers to people's internal perception and experience of maleness and femaleness, and the social construction that allocates certain behaviors into male and female roles.

Gender identity – refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex they were assigned at birth.

Gender expression – the way in which a person expresses their gender identity, typically through their appearance, dress, and behavior.

Heterosexual – a person, who has romantic, emotional, erotic and sexual attraction towards a person of another sex.

Homophobia – a phobia, fear, hatred and repulsion towards a homosexual person or individuals perceived as homosexual and homosexuality in general.

Homosexual (lesbian and gay men) – a person, who has romantic, emotional, erotic and sexual attraction towards a person of same sex.

Intersex – people, who are born with physical, hormonal or genetic features that are neither wholly female nor wholly male; or a combination of female and male; or neither female nor male.

Lesbian – (homosexual woman) a woman who is sexually and/or emotionally attracted to women.

LGBT community – a community of lesbian, gay, bisexual, transgender people and people with other identities united by common interests, problems and goals. It is also composed of various sub – communities, groups and communities.

Sexual orientation – refers to each person's capacity for profound affection, emotional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender.

Sexuality – a complex of each person's biological, mental, behavioral, and social characteristics, which defines a person's identity, behavior, image and role as an individual and a member of society.

Transgender – is an inclusive umbrella term referring to those people whose gender identity and/or a gender expression differs from the sex they were assigned at birth.

Transphobia – refers to negative cultural and personal beliefs, opinions, attitudes and behaviors based on prejudice, disgust, fear and/or hatred of transgender people or against variations of gender identity and gender expression[1].

1. From Prejudice to Equality Study of Societal Attitudes Towards LGBTI People in Armenia, PINK NGO, Yerevan, 2016, pp 8

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
LGBTIQ	Lesbian, Gay, Bisexual, Trans, Intersex, Queer
NGO	Non –governmental organization
SOGI	sexual orientation and gender identity
SWV	Society Without Violence

Introduction

Sexual orientation and gender identity, as protected grounds from discrimination, received universally comprehensive interpretation in 2006 with the "Yogyakarta principles on the application of international human rights law regarding sexual orientation and gender identity" or the "Yogyakarta principles"[2]. This reaffirmed the unconditional and inalienable application of fundamental human rights in regard to violations motivated by sexual orientation and gender identity of a person. However, in Armenia LGBT people continue facing different kinds of challenges and discrimination while interacting with other members of the society, as well as receiving various essential services (healthcare, education, social services, etc.).

Number of surveys and monitoring reports [3]have been conducted and produced in recent years in Armenia to reveal the main challenges that LGBT people face in receiving different services, including healthcare services. Many studies point to the persistence of overt discriminatory and intolerant attitude against LGBT people in the sphere of healthcare[4].

In general, the main challenges and discrimination that LGBT people may face in the healthcare system can be described as systemic and societal discrimination and exclusion. Those may include but not limited to (a) feeling unwelcome in healthcare settings; (b) low rates of health insurance coverage; (c) physical and psychological violence. The mentioned forms of discrimination can become reasons for suicide among LGBT individuals.

To understand the reasons and roots of the discrimination against LGBT people in the healthcare system the current research was implemented based on interviews conducted among medical specialists of state and private hospitals, clinics and polyclinics.

The current report explores the nature, roots, causes of the discriminative attitude and actions against LGBT people in the

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2. Study on "Hate Crimes and Other Hate Motivated Incidents against LGBT People in Armenia", (2016) PINK NGO, Yerevan, pp 21

3.- Report on"Monitoring of Human Rights Violations of LGBT People in Armenia", (2013) PINK NGO, Yerevan

- Study on"Hate Crimes and Other Hate Motivated Incidents against LGBT People in Armenia", (2016) PINK NGO, Yerevan

- Guideline on"Understanding the professional situation of work with LGBT people within mental health and related fields", (2016) PINK Armenia, Yerevan

4.Guideline on"Understanding the professional situation of work with LGBT people within mental health and related fields", (2016) PINK Armenia, Yerevan 2016, pp 7 healthcare, the gaps in the education and lack of information on the LGBT issues, and provides recommendations in this regards that can positively change the level of attitude in healthcare against LGBT people.

Sexual Orientation and Gender Identity

Numerous debates have taken place throughout the history of psychopathology and mainly on classification systems, with regard to sexual orientation and gender identity.

Sexual orientation is about who you are attracted to and who you feel drawn to romantically, emotionally, and sexually. It is different from gender identity. Gender identity is not about who you are attracted to, but about who you are — male, female, gender queer, etc. This means that being transgender (feeling like your assigned sex is different from the gender you identify with) is not the same thing as being gay, lesbian, or bisexual. Sexual orientation is about who you want to be with. Gender identity is about who you are [5].

As it is known sexual orientation and gender identity of a person has been perceived differently in the medical sphere throughout its history. In not far past it was used to be described as a mental illness, deviation or pathology, and was treated respectively. Particularly, at the early 20th century, psychiatrists and the medical system in general mostly regarded homosexuality as pathological per se, and psychiatrists, psychologists and other physicians were trying to "cure" and change a person's homosexual orientation [6].

Back in 1948 when the sixth International Classification of Diseases (ICD) of World Health Organization (WHO) was released, it included the classification of mental disorder, and homosexuality was classified there as a sexual deviation [7]. In 1952 homosexuality was considered as a "sociopathic personality disturbance" by the American Psychiatric Association in its first edition of the Diagnostic and Statistical Manual

5. Gender and Gender Identity retired from https://www.plannedparenthood.org/learn/sexual-orientation-gender/gender-gender-identity
6. Drescher, J, (2009), Queer diagnoses: parallels and contrasts in the history of homosexuality, published in Gender Variance, and the Diagnostic and Statistical Manual. Arch. Sex. Behav. 39, 427–460.
7. Discussion on"Proposed declassification of disease categories related to sexual orientation in the International Statistical Classification of Diseases and Related Health Problems (ICD-11)", retrieved from http://www.who.int/bulletin/volumes/92/9/14-135541/en/

(DSM). In late 1973, the American Psychiatric Association's Board of Trustees voted to remove homosexuality from the DSM. The same situation was observed with classification of transgender identity, which was also considered as "mental disorder". In DSM-5 the diagnosis of "gender identity disorder" was revised into one of "gender dysphoria"[8]. Although DSM is mainly used in the USA it is often referred to by Armenian specialists as well.

In 2018, the WHO ICD-11 was published where sexual orientation and gender identity were removed from the list of mental disorders and were no longer reviewed as mental deviations to be treated for change [9]. The only classification related to LGBTQ included in ICD-11 was Gender incongruence which was characterized by a marked and persistent incongruence between an individual's experienced gender and the assigned sex[10].

Nowadays it is not completely known why someone might be lesbian, gay, straight, or bisexual. However, sexual orientation and gender expression is no longer viewed as mental illness or disorder. Generally, the medical specialists agree and accept that sexual orientation is not a choice and cannot be changed. People do not decide who they are attracted to, and therapy, treatment, or persuasion will not change a person's sexual orientation. It is also known that one cannot "turn" a person gay, for example, through exposing a boy to toys traditionally made for girls, such as dolls.

In the Armenian context, the knowledge and experience of the specialists (or mostly the lack of the latter) often bound the societal norms and stereotypes causing non-professional and incorrect perception and understanding of the situation by the medical specialists. This is to say that even though the sexual orientation, gender identity, and gender expression are not considered as mental disorders, in Armenia there are still practicing specialists (for example psychiatrists, psychologists) who see the issue under the mental disorder prism and suggest medical treatments for changing the patient's sexual orientation, gender identity or gender expression.

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8. Discussion on "Sexual orientation and gender identity: review of concepts, controversies and their relation to psychopathology classification systems" retrieved from https://www.frontiersin.org/articles/10.3389/fpsyg.2015.01511/full
9. Discussion on "Sexual orientation and gender identity: review of concepts, controversies and their relation to psychopathology classification systems" retrieved from https://www.frontiersin.org/articles/10.3389/fpsyg.2015.01511/full
10. International description on "Gender incongruence" retrieved from https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2ficd%2fentity%2f411470068

Theoretical overview

In order to have a better understanding of the nature and causes of discrimination against LGBT people, it is worth reviewing several theories that can give an overview.

Queer Theory: The Queer theory is derived largely from post-structuralism theory and deconstruction in particular. Since Queer Theory deals with gender and sexuality, a debate arises as to whether sexual orientation is natural or essential to the person, or if sexuality is a social construction and subject to change [11]. In the light of **queer theorists,** the main problem is the classification of individuals as either male or female. The use of a binary approach is criticized by queer theorist saying that even under the strict biological bases the sex chromosomes may also appear in atypical combinations, like with the Klinefelter syndrome. And this is where the main medical problem with intersex individuals appears when the dominant medical discourse regards their biological difference as a disorder and treats respectively.

Queer activism and Identity politics: The term **queer** is defined as relating to a person who does not conform to a normative sexual orientation or gender identity [12]. In the past it used to be an abusive term for LGBT people. Currently, the understanding of the term queer has become more positive and it is no longer referred as an insult against LGBT individuals. **Queer theory** as mentioned above is a collection of intellectual engagements with the relations between sex, gender, and sexual desire. In its turn the **identity politics** is defined as a political movement that is based on cultural, ethnic, gender, racial, religious, and/or social interest that make up the group's identity.

The identity politics within the queer activism were first demonstrated in the process of pride activities and coming outs to the family members, friends and colleagues, in order to live life as an openly LGBT person. From the 2000s onward, the idea of "identity politics" started emphasizing choice and performance rather than claiming lived experience [13]. In the light of this, the perception of the identities started

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11. Barry, P, (2002) Lesbian/gay criticism, in P Barry (eds), Beginning theory: an introduction to literary and cultural theory, Manchester University Press, Manchester, pp 139-155.
12. Russell, S. T., Kosciw, J. G., Horn S., & Saewyc E. M, (2010) Safe Schools Policy for LGBTQ Students, Social policy Report, Volume 24, Number 4, pp. 3 (footnote)
13. Description on "Queer Theory and the Social Construction of Sexuality" in Stanford Encyclopedia of Philosophy. Retrieved from https://plato.stanford.edu/entries/homosexuality/

focusing the performance of a person rather than the assumption of the already exiting identity. As a result, many of scholars in the field of Queer theory argue that "queer" no longer needs to refer to any specific sexual orientation at all.

Social constructivism is a concept which proposes that the produced realities and created meanings are a result of social interaction that exists in a cultural context that conveys meaning to us.[14] During the time the theorists of social constructivism argued that there is no essential self at all, meaning that people are not just subjects but also objects of the social world. By this, the queer theory claimed that an identity is not born but rather constructed through repeated performative actions based on the common social constructions of gender. Thus, according to the social constructivism theory, the concept of gender should not be viewed under the socially constructed binary approach, which states that heterosexuality is the main construct and any other approach contradicting to the binary perceptions is invalid. This comes to say that gender should be perceived beyond the binary construct.

Social Norms Theory: Social norms theory describes situations in which individuals incorrectly perceive the attitudes and/or behaviors of peers and other community members to be different from their own when in fact they are not [15]. It states that often the individual behavior is being influenced by the incorrect assumptions of what and how other members of the society think and act posits that individual behavior is influenced by oftentimes incorrect perceptions of how other members of our social groups think and act [16]. It refers to the situations when the community members refrain from confronting the discriminative, problem and wrong behaviors of other members against a certain group of social community because they incorrectly believe the demonstrated behavior is accepted by their peer group. As a result, people underestimating the extent to which their peers feel discomfort against the problem behavior are mostly tending to become "bystanders"[17], since they avoid demonstration of their own discomfort with this behavior. However, when the peers' real

14. Biever, Joan L.; et al. (1998). "The Social Construction of Gender: A Comparison of Feminist and Postmodern Approaches". Counselling Psychology Quarterly. 11 (2): 163
15. Berkowitz, AD (2004). An Overview of the Social Norms Approach, Hampton Press
16. Berkowitz, AD (2004). An Overview of the Social Norms Approach, Hampton Press.
17. Bowen, AM & Bourgeois, MJ (2001). Attitudes Towards Lesbian, Gay and Bisexual College Students: The Contribution of Pluralistic Ignorance, Dynamic Social Impact, and Contact Theories. Journal of American College Health, 50(2) pp. 91-96.

discomfort level is understood, the "bystanders" stop acting so and become more willing in expressing their own discomfort as well. For example, there is a research on homophobia conducted in one of the colleges of the United States, which suggests that most college students underestimate the extent to which their peers are acceptant and supportive of gay, lesbian and bisexual students, and thus, they themselves are becoming bystanders [18]. The main idea of social norms theory is to reduce bystander behavior in order to avoid a situation when people are not acting on personal beliefs but rather blindly following the accepted social norms.

Social Learning Theory: This is a theory of learning and social behavior which states that people acquire new behaviors through observing and imitating others[19]. It proposes that learning is a cognitive process taking place in a social context and is mainly based on observation or direct instruction, even if there is no reinforcement[20]. Moreover, the theorists believe that learning can also occur through rewards and punishments (vicarious reinforcement). This is to say, that if the behavior of an individual is rewarded regularly, it will most likely persist; conversely, it is constantly punished, it will most likely resist. The theory expands on traditional behavioral theories, in which behavior is governed solely by reinforcements, by placing emphasis on the important roles of various internal processes in the learning individual [21].

Interpretation of the Theories in the Light of Discrimination Against the LGBT Community

The link of the suggested theories to the development and existence of discriminative approaches against LGBT individuals among society members can be obviously explored.

The Queer theories came to reject the binary perception and interpretation of gender identity as well as the incorrect opinion on the sexual orientation and gender identity is a social rather than a natural construct. Sexual orientation was no more considered as taught or duplicated behavior, whereas gender identity and gender expression

18. Bowen, AM & Bourgeois, MJ (2001). Attitudes Towards Lesbian, Gay and Bisexual College Students: The Contribution of Pluralistic Ignorance, Dynamic Social Impact, and Contact Theories. Journal of American College Health, 50(2) pp. 91-96.
19. Bandura, A. (1971). "Social Learning Theory" pp. 123-127
20. Bandura, A. (1963). Social learning and personality development. New York: Holt, Rinehart, and Winston pp. 53-55
21. Bandura, A. (1971). "Social Learning Theory" pp. 123-127

end up not being perceived as psychological illness or pathology.

For the Social Norms' theory, even though this approach is mainly used when examining deviant behavior and bad habits (e.g. alcoholism), in some aspects it also applies to the interpretation of discriminative attitudes against LGBT community. Several researches conducted in the USA show that people tend to treat LGBT people not based on self-beliefs, but rather the social norms commonly shared by the community. Thus, people in the society tend to act the way they perceive they will be more accepted by the majority and the common social norms, even if the behavior dictated by the social norm is incorrect and violent. Therefore, the common social norms create a socially desired behavior that is replicated by the members of the society, in turn creating discrimination against other than majority members. If the social norms adopted by the society reject the existence of LGBT people and do not accept their belonging to the current society, the society members tend to follow the commonly accepted social norms and act upon this.

Principles of social learning theory have been applied extensively to the study of media violence. The theory says that if the media shares violence and hatred against a particular group of community members, others are possibly influenced by those messages and act upon the suggested patterns. This is how the modern media works, it is a powerful mechanism for the majority to dictate their views and insights to other members of the society. Thus, the media can play a twofold role in discrimination against LGBT people. It can be negative as it is seen currently, with all the hate speeches, discriminative and violent articles, and interviews. Whereas if the media direction is changed in a more positive flow, the media can change the societal attitudes and change the attitude against LGBT people in the society.

Research Description

Aim and Objectives

During September-October 2018, within the frameworks of "Combating Human Rights Violations against LGBT people in the South Caucasus and Russia" project "Society without Violence" NGO conducted a research on "Discrimination against LGBT People in Healthcare Sector in Armenia".

The overall aim of the research is to reveal the discrimination issues in the healthcare system that LGBT community members face.

In particular, the research has the following objectives:

1. To outline the attitudes doctors, dealing with sexuality and sexual health, have against LGBT patients.
2. To reveal the types and ways of discrimination against the LGBT community in healthcare.
3. To understand the root causes (education, society, common norms, and traditions, etc.) of the discriminative attitude and behavior against the LGBT community observed in the healthcare system.

Methodology

In order to reach the aim and objectives of the research, qualitative methods are applied with the use of in-depth interviews and a Focus Group Discussion (FGD). The FGDs aimed at understanding the perspectives of the ones affected by the problem, whereas the in-depth interviews provided the perspectives of those healthcare representatives that mostly deal with the person's identity, sexuality, and sexual health. This gave the overall picture and perspectives of both sides of the issue.

An introductory Focus Group Discussion was conducted with LGBT community, at the very beginning of the research which allowed revealing the issues that the LGBT patients face in healthcare, as well as to understand their perspectives regarding the issue of discrimination in healthcare settings.

The in-depth interviews were conducted with six groups of medical specialists (Psychologist, Psychotherapist, Sexologist, Endocrinologist, Proctologists, and Gynecologist). The main proportion (70%) of the interviews were held in state and private hospitals, polyclinics and clinics of Yerevan, with another 30% of interviews were implemented in Gyumri and Vanadzor. Given that there is a lack of requested specialists in Gyumri and Vanadzor, the respondents were reached upon their availability. Prior to this research quite similar interviews were implemented with several medical specialists in Syunik region. The gathered data will be used to its best in the current report as a supporting information.

Sampling

The number of in-depth interviews was 18 to ensure that three respondents per each specialization were interviewed, ensuring at least one marz-level representation. The respondents were categorized into two main groups: specialists responsible for (1) physical and (2) psychological wellbeing of the patients.

Initial sampling

In-depth interviews	Respondents	Yerevan	Gyumri/Vanadzor
Group I	LBGT community	2	1
	LBGT community	2	1
	LBGT community	2	1
Group II	LBGT community	2	1
	LBGT community	2	1
	LBGT community	2	1
Total		LBGT community	6
Focus Group Discussions (FGD)	LBGT community	1	0

Due to the unavailability of respective specialists in regions and other challenges described in the section below, some changes were required to do in the sampling to reach the number of planned interviews. Please see the actual number and distribution of the respondents in the table below.

Real Respondent Reach Out

In-depth interviews	Respondents	Yerevan	Gyumri/Vanadzor
Group I	Psychologist	2	1
	Psychotherapist/psychiatrist	2	0
	Sexologist	3	0
Group II	Proctologist	1	1
	Endocrinologist	2	1
	Gynecologist	3	2
Total		13	5
Focus Group Discussions (FGD)	LBGT community	1	0

Challenges faced during the research

The main challenge faced during the research was unavailability of the specialists, both due to their busy schedule, as well as their unwillingness to participate in the research because of the sensitivity of the issue. There have been more than 10 cases when the specialists have rejected the interviews after they realized the area of the research.

The most extraordinary case was reported with one of the leading medical clinics where the research team was rejected to do the interviews due to the clinic's policy and the direct link to the Mother See of Holy Echmiatsin church. The administration explained that they appreciated the initiative and the research, however, they were not allowed to give any kind of interviews on the LGBT issues because the church is not encouraging such kind of life styles and the clinic's policy was driven by religious considerations.

In fact, the homophobic attitudes and spirit is widespread in the Armenian society and is even propagated by the church on the highest level. The Armenian Apostolic Church has an openly negative attitude against non-heteronormative sexuality which is successfully preached and reproduced using the resources of the education media, family and other institutions [22]. The main argument justifying the discriminative attitudes and behavior against LGBT people by perpetrating community members are the dogmatic ideologies about the traditional family and marriage, the "natural" sexual roles of men and women in relations, saying that people with non-heterosexual sexualities conflict with the God-given "natural" order and break the cycle of reproduction of humankind [23]. Thus, the observed phenomenon of so many refusals has an obvious explanation: living and working in the Armenian society where discriminative, homophobic, and transphobic spirit is widespread, moreover, propagated by high level institutions such as Church, the specialists are afraid to be stigmatized or blamed if they give any interview or talk on the issues of LGBT individuals, especially when it comes to the healthcare system.

Given the created situation and the ethical considerations, the specialists who initially refused to participate in the research were not forced to take the interviews. The solution was given through reaching

22. Study on "Hate Crimes and Other Hate Motivated Incidents against LGBT People in Armenia", (2016) PINK NGO, Yerevan
23. Study on "Hate Crimes and Other Hate Motivated Incidents against LGBT People in Armenia", (2016) PINK NGO, Yerevan

out other specialists more eager to participate.

In terms of the gathered data, it should also be noted that given this avoidance it was hard to ensure that all the respondent specialists have ever worked with LGBT patients. The latter was also caused by the fact that not all LGBT patients are open to talk about their sexual orientation or gender identity with the doctors if there is no need of special assistance or attention on this circumstance.

The reach out of the doctors in the marzes (regions) was much more difficult as there were no representatives of certain specializations, like sexologists and psychiatrists. As seen from the actual sampling table, the most easy-to-reach specialists were gynecologists. In order to have enough representation of all groups of specialists, the specialists not available in marzes were found in Yerevan.

Findings of Focus Group Discussion with LGBT Community Members

In general, along with the common problems that general population face in the current healthcare system (high prices, not sufficient professionalism among service providers, insufficient medical equipment for provision of high-quality medical services, long queues, etc.), LGBT community members undergo additional types of discriminations, which makes obtainment of quality healthcare services even more difficult and not affordable for LGBT people. Below are examples of several types of discrimination most commonly faced by the LGBT community in the field of healthcare in Armenia.

Cases of Discrimination in Healthcare

<u>Case # 1: Inappropriate Treatment and Reaction to the LGBT Victim of Violence</u>

One of the participants mentioned that when he approached the medical center with the obvious signs of physical violence (was beaten on the face and genitals) the medical personnel bullied him because of his non-traditional appearance, clothing, and behavior. When he mentioned the issues for which he had approached, he was referred to undergo a head/brain check instead for "identification of his illness that is causing homosexuality". He reported this to the respective departments of the Ministry of Health to get support, as well as financial and moral compensation for such a discriminative attitude and has won the case.

Case # 2: Lack of Information and Education on LGBT Issues

Another participant mentioned that the doctors seriously lack information on LGBT-issues and problems as well as HIV/AIDs. As he remembered, he was participating in a research, where he had to approach the doctor with HIV-positive diagnosis. Thus, when he explicitly informed the doctor he was a Gay and was HIV positive in need of respective support and treatment, the doctor did not pay a certain attention to the problem and obviously avoided the topic. The doctor seemed even not being aware of the abbreviation "HIV" (not in Armenian, not in Russian) and identified the issue only when the patient used the term AIDS in Russian. The participant mentioned that as a result the doctor referred him to another colleague, in order to avoid dealing with the certain issue and him particularly. According to the participant, many doctors act the same way.

Case # 3: Traumatic experience from the childhood

The same participant told also another case which happened with him in his childhood since similar discriminative situation was observed also at the Children's Policlinics. He recalled telling the doctor about his sexual orientation, after which the doctor commented that "all the problems that he has are due to his appearance (long hair, earring) and behavior". Another issue observed by the participant in the Children's Policlinics was the lack of privacy of the information that he shared with the doctor. In fact, the same doctor used to tell his parents all the private information he shared with him.

Case # 4: Offering to Conceal Sexual Orientation

The other participant stated that when he was sent for a pre-paid medical check-up by his employer, the doctors at the policlinic suggested paying extra money in order to avoid passing all check-up cabinets. Moreover, after the patient mentioned his sexual orientation, the doctor asked for additional remuneration to conceal the patient's sexual orientation (the "problem" as the doctor said) from the employer.

Case # 5: Bullying at the Medical Check-Up for Military Service

Another case of discrimination was faced during the medical check-up for the military service. During the check-up the doctor used inappropriate language and bullied the person at the presence of other doctors and other patients due to his non-traditional appearance and acts.

Case # 6: Intended Refusal of Support to a Trans Individual

One more case was recalled by a transvestite sex worker when the calls to emergency were not taken seriously due to the gender expression of the caller.

The Root Causes of Discrimination Against LGBT Patients

The participants of the focus group discussion mentioned several causes of discriminative attitude against LGBT people by the doctors. The participants mentioned fundamental and derivative causes of the discrimination.

Thus, among fundamental causes the followings were noted:

1. Impunity caused by lack of legal regulations

Currently, there is no law protecting the LGBT people from violence and discrimination. According to the participants, if there was a respective law and the doctors knew that they would be punished if one reported to their supervisors for discriminative behavior, they would be more acceptant and would never again behave that way. However, the participants mentioned that given the existing impunity, discrimination and intolerance can continue deepening.

2. Education

The majority of the doctors who are experienced and have a reputation as good doctors are those who were educated back in the Soviet Union. This educational system and the literature used at that period has rooted negative attitudes against the LGBT community, among the doctors which has been dominant for a long period. Therefore, it is very hard to expect the doctors to change their crystalized attitudes so easily and quickly.

3. Need of generation change

Another cause somehow linked to the education problem is the alerting need of the generation change. According to the respondents, among the young professionals there are some heterosexual medical students, having no connection with the LGBT community, but willing to become endocrinologists to provide expertise and support on the issues transgender people face when willing to go gender transition. This comes to prove that the new generation that has access to more acceptant and verified information on LGBT community and issues and is more informed on the topic, is the one to come and change the existing discriminative environment in the healthcare system.

Among derivative causes the followings were mentioned by the participants:

4. Lack of updated information

The information flow accessible and available for the most of the doctors is very narrow, mainly retrieved from Russian literature and Armenian media which are known for their discriminative and violent character. This is especially true for those doctors (the elderlies) who do not possess sufficient English language skills and are at the same time the heads of departments or the experienced professors. Thus, those doctors having an influence on other specialists, happen to remain under Russian and Armenian outdated information flows.

5. Homophobia and transphobia widespread in society

The doctors are the members of the society; therefore, they are also influenced by the common stereotypes spread in the society. There is a misleading stereotypical thinking that if LGBT people are provided with equal rights, they will start propaganda that everyone should become homosexual or transgender. As a result, the doctors demonstrate obvious homophobic and transphobic, stereotypical thinking - for example, not even knowing how to refer to the transgender person, thus using the wrong pronouns. Therefore, this is a common societal problem, preventing doctors from rendering professional medical services.

It should also be noted that some participants mentioned that within the community there are people who intentionally provoke the doctors for propagation. One example was that sometimes LGBT people are being too emotional and concentrated on the nuances, that may, in reality, have no relation to their sexual orientation or gender identity. Therefore, their focused perception makes them think that everything the other person does is driven by their sexual orientation/gender identity. Thus, they interpret the situation under the wrong prism. The other example was that LGBT people may behave offensive against others, assuming that they can do anything they want since they are free in their actions. As a result, due to one, two, three LGBT patients behaving that way, a common negative picture/opinion starts to be reinforced and associated with the whole LGBT community.

Most Challenging Sectors in Helthcare System

When asked about the most challenging and problematic sectors of the healthcare system where the services are less accessible and affordable, the participants mentioned that the most challenges are obviously based on gender identity and sexual orientation. The main problem reported was for trans individuals when it comes to the necessity of somatic changes. On the practice, the transgender people still need an official document from a doctor for their gender identity. In case of gay, lesbian or bisexual individuals one does not necessarily need to voice their sexual orientation, but transgender people are approaching psychiatrists for their gender identity and cannot keep it secret. However, there is still a lack of qualified professionals among psychologists and psychiatrists that may happen to possess more information on transgender issues than the transgender people themselves. This comes to say that transgender people explore the issue during self-identification and self-acceptance phases and they explore much more than the working professionals of the sector can offer them. On the other hand, the services of qualified psychiatrists and psychologists are too pricy and often not affordable for the people who need their support. In general gay, bisexual and trans people also experience discrimination when they reach their age for participating in the military services and need to pass the respective medical check-ups at the commissions.

When rating the professions for their accessibility, the sexologists were mentioned as the most open-minded specialists, whereas, the proctologists were seen as the most narrow-minded professionals. The psychiatrists and psychologists were in the middle because many psychiatrists and psychologists still disagree with the international classification which states that LGBT is no longer a psychological disease.

When coming to the professionalism of the doctors the participants reported following concern. Those doctors considered to be good professionals have been educated during the Soviet Union period when homosexuality was considered a crime or a very bad habit and was not properly explored. These doctors do not have the appropriate source of information and they cannot change their perceptions and understandings which have rigid roots from their university education and further practice in the homophobic and intolerant environment.

Hate Speech by Medical Specialists Spread Through the Media

The focus group discussion participants were also asked to mention the real influence and impact that the discriminative opinions and hate speech expressed by the doctors have, when it is spread through media. They expressed an opinion that since the media is a very powerful platform especially the average members of the society with an average information level, they become the perfect target for the media. This is why the value of validity and scientific approach to the information shared via media becomes very important and vital. According to the participants, this kind of media content has a very negative influence on the LGBT community members. There are a lot of LGBT people who have not yet totally identified and accepted their identity, therefore they are highly vulnerable towards the disinformation and the hatred spread through the media against LGBT people and community in general.

Findings of In-depth Interviews with Physicians

While contacting the specialists it appeared that either there were few specialists who had worked with LGBT individuals, or they were not aware of the sexual orientation and gender identity of their patients. The overall perception of the situation outlined, among others, two main groups of specialists: those who were implicitly and explicitly acceptant and non-discriminative against LGBT patients, and those who were explicitly showing acceptance, but indeed were implicitly non-acceptant. Hypothetically there might be also a third group representing specialists both implicitly and explicitly discriminative. Such group of specialists, however, can be identified mostly through a private, anonymous survey among the doctors, since people tend to react positively and socially desirable when their information is not fully anonymous, like in case of in-depth interviews when the respondents assume that at least the interviewer can identify them. Whereas with the anonymous questionnaires there is no way to identify the respondents and their responses. Realization of the latter makes the respondents more open and freer to express more of their real rather than desirable and socially accepted attitudes.

The physical health specialists that were interviewed during this research, expressed much stricter views and explicitly negative or partially negative attitude against LGBT people. It is quite interesting that the body language of the latent homophobe specialists obviously betrayed their real attitudes. When expressing views and attitudes towards certain issues, they were showing some confusion like they were not believing in what they were saying.

Another interesting note was that these latent homophobe specialists were obliviously rejecting the existence of any kind of discrimination in the healthcare against LGBT people. This pattern was even more obvious in contrary to those who were both explicitly and implicitly non-discriminative. Additionally, another more or less expected peculiarity was observed showing that the younger specialists were much more open-minded, rather than the elder ones.

The further analysis of gathered data is done in two main dimensions: perceptions, opinion, and attitudes of specialists (1) working with mental and psychological health, and those (2) working with physical health of the patients. The analysis is also cross-cut with the abovementioned categorization of acceptant and latent homophobe perceptions and views.

Attitude Against LGBT People

When reviewing the attitudes of respondents against LGBT people, the research approach was twofold: the personal attitude of the respondents as individuals and the professional attitude as doctors. This is very important since in many cases the individual perceptions of the person can also influence their professional standpoints and beliefs. It is worth mentioning that the interest in these two dimensions is that the medical professionals are taught to distinguish the personal and professional understandings and approaches towards a certain circumstance or situation.

Mental and psychological health

The explicit attitude of the specialists against LGBT patients was mainly accepting or at least neutral both as a person and as a doctor. These two perceptions and attitudes were closely related and dependent on each other, however, the professional attitude was more dominant than the personal one.

"My perception as a person against LGBT people positively changed after series of trainings on this topic, which gave me the so-called missing information in the formation of overall attitude against LGBT people. Now I even have LGBT friends in my surroundings and I treat them as equals and rule out any form of discrimination against them."

Psychologist, Yerevan

At the same time, the personal attitudes and perceptions, especially those rooted back in childhood and adolescence, were the main driving forces of the latent homophobia. Such expressions like "I am very compassionate", "sometimes I feel pity for them", etc. showed the implicit prejudiced attitude and lack of knowledge on the issue among the doctors.

"I admit that prior to becoming a doctor, I used to be an obvious homophobe and I even used to fight and beat LGBT individuals at school and at our yard. Now I have a quite neutral attitude against LGBT individuals and treat them as equal to the heterosexual patients."

Sexologist, Yerevan

In some cases, the explicit homophobic aspects were also observed in the attitudes of the respondents as individuals, which in their turn tended to affect the professional approaches towards the concept.

> I admit that prior to becoming a doctor, I used to be an obvious homophobe and I even used to fight and beat LGBT individuals at school and at our yard. Now I have a quite neutral attitude against LGBT individuals and treat them as equal to the heterosexual patients.
>
> Sexologist, Yerevan

The widespread idea that the sexual orientation of the patient is not the doctor's or anyone else's business was the main argument for the indifference showed by the respondents. The idea was that the doctors should not be worried about their patient's intimate life when they are counseling them or providing therapy. From the research perspectives, the problem with this kind of attitude is that the respondents of the study were those who have direct link and relationship with the sexual health and intimate life of the patients and should be the ones to provide very professional and knowledgeable services. Whereas if these specialists are indifferent against the patients' sexual orientation (which is maybe the main concern with which they have approached the certain specialist), this means that they are far from the provision of the overarching and full assistance to the LGBT patients. In terms of research validity, it should be noted that there can be another explanation for the indifference, that is - not all of the LGBT patients are eager to openly speak with doctors about their sexual orientation and/ or gender identity, which as a result makes the latter unknown for the doctor. Therefore, the specialists may become indifferent and ignorant by chance and not on purpose.

"Being well-familiar with the issue, I have a very indifferent attitude. However, my personal attitude doesn't influence my professional views. Everyone has the right to receive medical assistance from the doctors.

Physiatrist, Yerevan"

"I think that the human being is an absolute value regardless of their sexual orientation, gender identity, and gender expression, so you need to treat everyone equally both on the personal and professional level. I think as a doctor I'm very compassionate one.

Sexologist, Yerevan"

It is obvious that within the group of doctors responsible for mental and psychological well-being of a patient, the attitude differences between capital city and marz-based specialists were observed. In fact, due to various subjective (i.e. societal attitudes and beliefs) and objective (i.e. lack of information) reasons the latter showed more socially acceptable, so-called "traditional", standpoint. Nevertheless, all of the respondents claimed that they have a strict distinguishing line between personal and professional perceptions, resulting in the provision of equal conduct against everybody.

Physical Health

The physical health specialists were much stricter in their points of view and explicitly expressed their negative or partially negative attitude as individuals against LGBT people. It is worth mentioning that regardless their personal perceptions, all of the respondents were mentioning that their personal attitudes were not affecting the professional approaches and that they were and tended to continue providing services to everyone regardless their sexual orientation or gender identity.

> “My attitude against them is not negative; however, for me there are only two sexes – male and female.”
>
> Gynecologist, Vendor

> “I treat LGBT people neutrally, however, I can't show any sympathy or support to them, since I will be stigmatized by my colleagues and relatives.”
>
> Gynecologist, Yerevan

In fact, the concerns of being stigmatized and blamed by the surroundings for expressing positive perceptions against LGBT individuals is one of the causes of indifference. Another apprehension for at least explicit indifference or neutralism is that any positive expression by the medical specialists can be viewed as LGBT propaganda by the society.

As we have already discussed in the theoretical overview of this report, the abovementioned behavior of the specialists can be explained by the idea of being a "bystander" offered by the social norms' theory[24]. According to the theory reasons for indifference of the specialists can be explained by the fact that people tend to believe that they should demonstrate commonly desirable behavior to be accepted by their peer group. At the same time, they assume that confrontation of socially acceptable behavior can cause refusal by the society.

> “I have a negative attitude as an individual against LGBT people. However, as a doctor, there is no difference for me what is my patient's sexual orientation. The doctor is obliged to provide assistance to each patient.”
>
> Proctologist, Yerevan

> “As a person I have neither positive nor negative attitude against LGBT people. As a doctor I anyway think that they have some disorders and deviations which are laying the bases of their problem.”
>
> Endocrinologist, Gyumri

24. The theory explained in the Theoretical Review section above.

> I have more traditional views, including in regard to homosexuality.
>
> Proctologist, Gyumri

> To me it is a pathology. Even though some physicians have conducted studies stating that it is not a pathology but a choice, I still think it is a pathology. As a doctor, I treat them as ill people. Frankly speaking, I am unable to accept them as normal people. We just need to ignore them and do not pay much attention to them.
>
> Endocrinologist, Yerevan

Even though the respondents expressing explicit negativism as individuals against LGBT people ensured that their professional approaches were no way influenced by their personal insights, however, their manners, mimics and the context of the later speeches could somehow disprove the suggested hypothesis.

The main challenge here is that even if the doctors are showing high level of professionalism and never mix personal and professional attitudes, they cannot ensure that in any instances and circumstances their personal indifference or discriminative stance will not play a crucial role in their conduct against an LGBT patient.

The explicit indifference or negativism was expressed during the discussions held after the formal interviews when the recorders were turned off. Many of the respondents were questioning the need of accepting attitude against LGBT people, trying to understand their "motive" of being LGBT. Some of them were asking questions regarding the trans individuals and the gender identity concept. The most significant thought expressed after interview discussion related to trans individuals. The respondent believed that trans individuals are changing their gender, when they understand they can no longer realize themselves in their biological sex, thus, deciding to change and become again interesting for the society as a person of the opposite gender.

All abovementioned may lead us to conclude that the representatives of the specializations, conditionally grouped under the mental and psychological healthcare were much more accepting than the specializations dealing with physical health of a person. Moreover, the doctors working in the marzes happened to be more influenced by the societal attitudes and public opinion than the specialists based in the capital.

Discrimination Against LGBT Patients

Cases and Types of Discrimination

As already mentioned above, the opinion on cases of discrimination in the healthcare system was twofold. On one hand those respondents with latent homophobic perceptions were claiming that they have never witnessed or heard about any cases of discrimination against LGBT patients neither in their clinics nor in others. On the other hand, those respondents obviously acceptant of LGBT people have mentioned that they have either witnessed or heard about cases when the doctors (of different specializations) have refused to provide medical assistance to LGBT patients.

> Once my office was busy and I decided to ask my colleague to allow me to do my examination in his office. However, my colleague refused saying that he does not want a transsexual individual to be in his office since he will need to make some disinfections there afterwards.
>
> Sexologist, Yerevan

I have heard of many cases when the doctors aware of the patient's sexual orientation are refusing in assistance. I have also witnessed cases when the lawyer avoided provision of legal assistance to LGBT patients, just because their sexual orientation was different.

Psychologist, Yereva

Another type of discrimination mentioned by the respondents was bullying and ignorance of the LGBT patients by the mid-level medical or administrative personnel not the doctors themselves. These were the cases when the manners of LGBT patients were explicitly expressed and in fact variated from the expected standard manners. This was, however, reported by very few respondents.

Thus, the two most common cases of discrimination are rejection and avoidance to providing medical services to, and bullying, ironic manner or ignorance against LGBT patients, demonstrated respectively by doctors and mid-level medical or administrative personnel.

I have never witnessed cases of discrimination but have heard of many cases when doctors are refusing to provide assistance just because of the patient's sexual orientation.

Endocrinologist, Yerevan

When describing things, which seemed directly not linked to the topic, such as the need of having posters on request for provision of equal treatment to all patients regardless their sexual orientation, gender identity, and gender expression, the implicit homophobe specialists were expressing their disagreement with the need of such posters in the clinics. The main argument was that such posters would add more tension and aggression against LGBT patients by other patients and doctors. On the contrary, those specialists demonstrating both explicit and implicit acceptance of LGBT patients were highly emphasizing the need of such posters in the medical clinics.

This obvious difference can be explained by the fact that the implicit homophobe specialists tried to control themselves during the whole interview and whenever they thought the questions are not "tricky" they were demonstrating their real attitude and perception of the situation. A link to the theory of social norms can be seen here, which stands for the performance of the socially desirable behavior by the actors of the community to be accepted by the majority. In this case the idea of social desirability refers to the context and topic of the research, which assumes that the specialists should demonstrate acceptance of LGBT patients when answering the questions; but in fact, they stumble when thinking that the question does not contain any sensitive aspect. More elaborately, when participating in the discussions or interviews on any sensitive topic, the respondents tend to be concentrated on the obviously sensitive questions, and they develop a predisposition on how to react to those questions. During the discussion, however, when the topic is already well elaborated and the ice is broken between the interviewer and the respondents, the latter become less concentrated on the need of being sensitive and positive and start to respond to the questions with their real attitudes, ideas and opinions, even if those are not the desirable ones. At that moment, they do not identify the sensitivity in the question and usually their answers and even opinion cardinally differs from the ones expressed in the beginning.

In this case there is also another explanation of the intention to be viewed under the prism of the socially desirable and acceptable behavior. It is mostly driven by the lack of information, knowledge on LGBT-related topics and practice with LGBT patients. Lack of information makes them more vulnerable towards understanding the sensitive aspects of the discussed topic, and they fail to hide their real attitudes and opinions.

> I think that there should not be such posters since the doctor is the one to decide how to treat the patients. Besides, the other patients are not obliged to know the purpose of the visit of a certain patient, whereas that kind of posters will attract more attention and cause additional tension.
>
> Gynecologist, Yerevan

Not surprisingly, the importance of the above-mentioned posters was more emphasized by the doctors categorized in the first group providing psychological and mental support, and on the contrary, their existence was viewed as a facilitator of more tension by the doctors of the second group dealing with physical health of the patients.

The most interesting fact indeed is that those two specialists in the group representing mental and psychological services disagreeing with the importance of such posters were sexologists. Whereas those in the group representing physical health services emphasizing the importance of the posters were gynecologists and endocrinologist. Only here the fact of having more gynecologists interviewed was with equal distribution of positive and negative attitudes of gynecologists in this regard.

Root Causes of Discrimination

Outlining the main reasons for discrimination against LGBT people, those respondents conditionally defined as latent homophobes and refusing the existence of discrimination, failed to identify any reason except for the total intolerance existing in the society and affecting the healthcare system as well. Yet those respondents reporting on the existence of discrimination in healthcare has identified several reasons and causes. What is the most interesting in this regard is that all the identified causes are closely interlinked and mutually dependent. One reason for discrimination causes another one.

For the research purposes the causes were separated and are presented below per the frequency of reporting. The two most frequently mentioned reasons were lack of information and stereotypical thinking.

Lack of information and non-appropriate education

The majority of respondents from both groups have mentioned that the main cause and reason that the doctors are demonstrating discriminative, intolerant and sometimes violent behavior and attitude against LGBT patients is that they lack appropriate information and education on LGBT issues and LGBT concept in general. The incomplete and incorrect information that the doctors possess, mainly gained through societal perceptions and rumors makes them vulnerable against acceptance of LGBT concept and rejection of the possibility of equality for all including LGBT patients. This also reinforces the idea that these professionals are not willing to get more real, updated and appropriate information, but rather easily adopt the common beliefs and perceptions.

Social stereotypes influencing all sectors

The second common reason identified by the respondents was the overall stereotypical and intolerant attitudes against LGBT community existing in the society and by such influencing also all possible sectors, including healthcare. The respondents believed that this is especially true for those doctors to whom the LGBT patients are not approaching on this specific issue, but rather for general concerns. They assumed that the specialists directly dealing with human sexuality are per se more ignorant towards the stereotypes related to the topic.

The abovementioned reason was also linked to the already stated lack of information and poor education on this topic. This linkage can be explained by the fact that a doctor well-informed and knowledgeable on the topic, cannot and should not be influenced and directed by any stereotypes, even if they are very much rooted in the general population. However, stereotypes are deeply rooted in the Armenian society, and the doctors not having a direct relation to the LGBT issues, are by default more likely to adopt the stereotypical thinking and behavior.

Fear of being stigmatized by other colleagues

Fewer respondents also mentioned the fear of being stigmatized by other colleagues or relatives in case if they provide any services or assistance to LGBT patients. Some of the respondents even agreed that they had actually avoided any contact with LGBT patients since they are really not willing to be accused by their surroundings because it may be viewed as acceptance and even propaganda of LGBT. The mentioned reason for discrimination includes also a latent anxiety that working with LGBT patients may raise interest against them, resulting in a willingness among the doctors to change their sexual orientation.

All the below-listed stereotypes were unique in terms of being reported once with no replications.

Lack of professional ethics

One of the respondents mentioned the lack of professional ethics as another reason for discrimination against LGBT patients. According to this respondent, a doctor with high level and full perception of professional ethics cannot treat the LGBT patient in any of discriminative ways.

Inability to accept situations and beyond common standards

This reason can be viewed as the overarching one which per se includes all the above-mentioned reasons in one general category. The circumstances and actions such as lack of knowledge and information; persistence of stereotypes; negative advocacy and propaganda against LGBT community; the proclivity of being easily influenced by others; are creating a situation when the average member of a society (including a doctor) becomes unable to accept people or conditions beyond the standards developed by them or for them by the powerful majority.

Aggressive predisposition and manners demonstrated by LGBT patients

LGBT patient's aggressive predisposition and manners were reported by one of the respondents as a reason for discriminative treatment from doctors against LGBT patients. In fact, this reason was highlighted by a respondent who implicitly showed homophobic behavior. It is important to note, that during the FGDs with LGBT respondents, similar idea was also discussed, stating that sometimes LGBT patients are themselves provoking the doctors to intolerance and discrimination by their aggressive and preliminary negative behavior.

Medical Ethics

For the research purposes the following ethical responsibilities of the doctors providing medical services to the population, including vulnerable groups (e.g. LGBT community) were outlined:

1. Accuracy and confidentiality,
2. Impartiality,
3. Awareness and knowledge,
4. Professionalism and
5. Professional Development.

<u>Accuracy and Confidentiality</u>

The accuracy of records and documentation of the patients' data is the most important aspect in the work of the doctors, especially within such a sensitive topic. In this regard, all the respondents mentioned that they were keeping an accurate track of the data of the patients ensuring that no flow of sensitive data happens. In most sensitive cases, especially with sexologists and psychiatrists, the names of the patients were changed or no names were mentioned in their history.

> “We have the highest level of confidentiality. Our clinic is the only one where no passport data is requested, which means that a person can come and register with a different name. This is the common principle adopted all over the world.”
>
> Sexologist, Yerevan

> The data register is done with high confidentiality. There is some information which is not inserted into the computer to ensure the confidentiality.
>
> Psychiatrist, Yerevan

Data confidentiality and information privacy are also ensured in cases when there is a need for a consultation or a consortium-level decision from the multi-functional group of specialists. In such situations, no private data, name or other identification information is provided to the consortium and the cases are discussed under strict anonymity. The interviewed specialists, however, reported that during their practice they have very rare cases when a need for larger group discussions arise.

> In case if I need to discuss the problems of the LGBT patient with a larger group of specialists, I'll report them as a usual patient, avoiding any mentioning of their sexual orientation.
>
> Endocrinologist, Yerevan

Some of the specialists noted that sometimes the mid-level medical personnel are discussing the LGBT patients with each other, however, they are not aware of the patient's medical history and therefore, their discussions are held on stereotypical and attitudinal level and no personal data is being discussed.

It is worth mentioning that the assurance of privacy and confidentiality of the patient's data was emphasized and highlighted by all the respondents regardless of the sphere of work. Some of them even mentioned that they were using the coding mechanism to ensure that no matches or identification with a certain person and their data could be done.

It is worth mentioning that the LGBT respondents themselves mentioned that they doubt the privacy of their data is properly ensured by the doctors. They have often heard the doctors discuss their cases right after they leave the doctor's office. On the other hand, as mentioned even by the interviewed doctors, the mid-level medical and administrative staff violates the privacy of the data quite often.

Thus, we face a contradicting reality with the doctors stating that they ensure the privacy, but the patients themselves doubting this. Current situation is also one example of replacement of unpleasant reality with a social desirability. This is to say that the interviewed respondents were rejecting any kind of data privacy violation and noting high level of confidentiality on self-reporting level, whereas the practice usually proved the opposite.

Impartiality

Doctors must practice medicine impartially, without regard for factors such as a patient's gender, nationality, class, ethnicity, religion, sexual orientation or gender identity.

When speaking about the impartiality, almost all the doctors mentioned that they are treating all patients equally regardless of any differences or belonging to a certain vulnerable group. However, those respondents ever worked with LGBT patients, mentioned that there do exist some peculiarities in the provision of medical services to LGBT individuals. The peculiarities can be observed both during the communication and within certain medical interventions. Particularly this referred to the need of being more sensitive and attentive towards the terms, the attitude and non-verbal gestures used during the consultancy. On the medical interventions level, the difference can be noticed in the ways how the interventions are done and for what purpose.

> Depending on a person's sexual behavior or alternative sexual approaches, the treatment of the problem with which a person has approached you may differ. The medical examination approach applied to a heterosexual person is not the same as that applied to a homosexual person.
>
> Sexologist, Yerevan

One more peculiarity in working with LGBT patients was mentioned referring to psychological aspect. In fact, the LGBT patents are psychologically vulnerable. On the one hand they are not always ready to come out at the doctor's. On the other hand, feeling a kind of refusal and abandonment from the society, sometimes even from family and relatives, LGBT patients need a privacy and safety guarantee from the doctors to let them fully explore the issues they have concerns of. This drives the service provision to a higher level of sensitivity resulting in insignificant differences in the approaches. Not surprisingly, the group of doctors dealing with mental and psychological health mainly reported these psychological specifics.

Some respondents expressed an idea which was both discriminative and thought-provoking, saying that doctors should have a right to choose whether they want to work with LGBT patients or not. As mentioned by one of the psychologists interviewed in psychology the specialists are allowed to decide the sphere of work they feel more conformable, confident and competent to work in, for instance, one can easily work with children, others - not, one can work with people with disabilities, others - not. According to some of respondents, the same logic should be applied to provision of services to LGBT patients. They believed that if the doctor's personal persuasion is negative and antagonistic he/she should not work with LGBT patient since in this case he/she will cause negative and unwanted, rather than positive consequences for the patient. This choice should be based on the "Do No Harm" principle ideally followed by all practitioners. This is, however, a very problematic statement since there are LGBT people in every societal group and they can be visiting a specialist dealing with children, marriage and family issues, school issues, career, and personal development, etc. If all the doctors are allowed to choose with whom they want and are able to work, there can happen a situation, when everyone decides not to work with the LGBT community because they are afraid of harming them. Thus, this opinion which is perceived as positive for the LGBT patients in terms of ensuring no harm by providing no services is indeed rather discriminative than caring.

> “The earning of money should not be a driving force for provision of medical support, the doctor should have high moral ethics and principles to provide qualified, equal and non-discriminative services to everyone.”
>
> Phycologist, Gyumri

Some of the respondents told that often the parents of LGBT youth are approaching the sexologists or psychologists, thinking that their children are ill and expect from the doctors some medical interventions to cure their children. In other cases, LGBT, especially bisexual individuals having partners or being married and experiencing difficulties in sexual relationships with their partners, approach sexologists to get a solution, mostly medical rather than psychological. These people usually either do not fully perceive their real sexual orientation or do not want to accept the truth. As a result, they approach certain specialists and expect from them solutions to their problems (mainly related to their sexual health and intimate life), not realizing that they have approached the wrong specialist who cannot provide full assistance. At the same time if patients are not accepting their homosexual orientation and hence are not informing the doctors on this, whatever actions the doctors undertake may be useless and ineffective.

> "The earning of money should not be a driving force for provision of medical support, the doctor should have high moral ethics and principles to provide qualified, equal and non-discriminative services to everyone."
>
> Phycologist, Gyumri

Based on the observations and interpretation of the subtext of the respondents' expressions, quite subjective conclusion could be done that the explicit and implicit perceptions of impartiality did not fully match in some cases. Those respondents, who were identified as latent homophobes, seemed to be uncertain in ensuring full impartiality. Their impartiality was closer to a feeling of compassion, rather than equality.

Awareness and knowledge

Another important aspect of professional ethics of the doctors is the high level of awareness and knowledge about the main field they are operating within. In terms of the current research topic, the sampled respondents are also supposed to be aware of the LGBT topic and specifics.

Among the respondents from the group represented by mental and psychological health providers, sexologists and psychiatrists reported their knowledge and skills in provision of services to LGBT patients to be on the mid and high level, especially in comparison to other specialists in Armenia. They also noted that they are aware of the international standards, such as the international standard SOC-7 for provision of medical services to Trans individuals. The interviewed psychologists mentioned that they do not possess much knowledge on the topic but are eager to learn more.

Among the group represented by the doctors dealing with physical health of patients, the half of respondents assessed their knowledge and skills as sufficient for provision of medical services to LGBT patients, whereas the others reported having insufficient knowledge and skills. This opinion was expressed by those doctors who had never worked with LGBT patients. In fact, none of them mentioned being aware of any international standards applicable to LGBT patients.

None of the respondents, in general, mentioned existence of any special guidance or guidelines on how to treat and proceed with LGBT patients. However, all of them also noted that in case if such guidance appears, it will lead to obvious discriminative conduct against LGBT patients.

Professionalism

Professionalism is a characteristic which on one hand stands on top of all other requirements for medical ethics, on the other hand in some perspective includes all the above-mentioned features in it.

Within this sensitive topic the most important aspect of the professionalism is seen the ability to ensure an environment within which the patients will feel safe to speak about their concerns, as well as easily communicate about their sexual orientation and gender identity. In fact, when asked about the creation of such environment all respondents confirmed that they are providing the feeling of safety and confidentiality to their patients. They noted that no pressure is done against the patients from any vulnerable group to speak up their concerns, however, everything is undertaken to encourage and dispose the patients for openness and sincerity. This was especially highlighted by sexologists, psychologists and psychiatrists. They mentioned that the effectiveness of their work with LGBT patients mainly depends on mutual trust and confidence regarding the privacy of information they provide.

“I often hear my colleagues' discussions expressing opinions that "not standard" sexual orientation and gender identity can be changed, as those are psychosexual disorders or results of unreconciled psychosocial crisis. I, however, doubt this idea, since both the medicine and science have proved that those can't be changed.”

Psychologist, Yerevan

Given that the new approaches and tendency in international health developments are not categorizing LGBT as illness or disease, another important aspect of doctors' professionalism arises on whether they are referring LGBT patients to other specialists to cure homosexuality and transgender identity, or not. In fact, there were respondents especially representing the group of doctors providing physical health services, who were mentioning that in case if the patients ask for a reference or they see that they can help them by making them remain heterosexual or not changing their gender, they will for sure intervene.

> "Once I tried to explain to one of my transgender patients what negative consequences and hormonal disorder may occur after the gender transformation. He, however, persisted that he preferred being a boy for a month and die, rather than living as a girl and suffering for whole life."
>
> Endocrinologist, Yerevan

> "In case if the patient asks me for reference or consultation in this regard I will definitely do, otherwise I will not intervene."
>
> Gynecologist, Vanadzor

Some of the respondents mentioned that any kind of reference or counseling in this regard is not within their scope of intervention; therefore, they avoid provision of any kind of counseling related to treatment. Such approach latently means that they are confronting their personal and professional perceptions and attitudes to avoid any accountability by just admitting that reference is beyond their responsibilities.

"The doctor, especially gynecologist cannot provide such consultation because it is patient's personal life and personal choice. Gynecologist can only refer them to psychologists, in case if the patients are feeling depressed or in need of psychological assistance."

Gynecologist, Yerevan

Others (mainly representing doctors who provide mental and psychological assistance) stated that they do not have that right to persuade LGBT patients to change their sexual orientation or gender identity, since this is something beyond control and there is no sense for making someone counter their real self, to please the majority.

"I think that any attempt in making the LGBT patients become heterosexual or accept their biological sex, is at least an alarm about lack of knowledge, information and experience. It means taking responsibility against something beyond your abilities."

Psychiatrist, Yerevan

Another important aspect of professionalism is compliance with the Hippocratic Oath taken by physicians, with its main principle "Do No Harm". Not surprisingly, all of the respondents reported following this principle and not violating it during their medical practice. In fact, we could not expect anyone mentioning incompliance with the Oath, however, it is worth mentioning that the range of the answers to this question varied from "fully complying" to "doing my best to comply and do no harm".

Professional Development

When asked about professional development in terms of LGBT-related topics, almost the majority of the respondents (mainly representing doctors providing physical health services) mentioned they have never participated in any training or are self-educated on this topic. Among them only one gynecologist mentioned taking part in similar training, however, the interview showed that her perception of the LGBT concept has not changed after the training and she continued perceiving homosexuality as an abnormal phenomenon.

Among the specialists providing mental and psychological assistance most of the respondents had at least once been trained on this topic. One of psychologists mentioned that the trainings have positively changed her attitude against LGBT people since she got acquainted with the topic and gained a lot of information which enriched her understanding and perception of the situation. Later she made friends with LGBT individuals after these trainings. Sexologists also mentioned that they continuously review and study respective literature for self-education.

The main point here was that none of the respondents, except for sexologists, have learned the appropriate information on the topic during their university education. Those having information were mainly studying the existing materials on their own.

This comes to say that in fact there is a significant need in providing a room and opportunity for the practitioners to enrich own mind-set, point of view and understanding of the topic. More details on educational gaps and needs are discussed in the next section.

Education: Gaps and Needs

The appropriate education is, as already mentioned above, one of the most important components of professional work and ground for equal treatment of all patients. It is assumed that if doctors are educated and aware of the topic, the cases of discrimination and avoidance will be reduced.

As in the whole world, in Soviet Union as well, homosexuality and transgender identity were viewed as illness and mental disorder, therefore, the medical education was mainly based on information, if any, considering LGBT people as mentally ill. Moreover, homosexuality was criminally sanctioned under Soviet law Article 121 assuming up to five years in prison[25]. Given that at least the 30% of currently practicing doctors in Armenia are those educated during Soviet or early Post-Soviet period, one can understand how inappropriate and misperceived their LGBT related information and knowledge is.

Formal education

The main issue in the current formal educational system reported by the majority of the respondents is related to the provision of insufficient and inappropriate information regarding the LGBT concept to the medical students. This is caused by several interlinked reasons.

First, the lecturers themselves are usually not acceptant against LGBT, not eager to get relevant information, therefore they either do not provide any kind of information or give non-applicable one to the students. Sometimes the professors even demonstrate obvious discriminative attitudes when such topics are discussed within the lectures.

> “Me, personally have not received any information on LGBT topic during my university years. All the information I have gained was from the different trainings and volunteer activates I have participated in.”
>
> Psychologist, Yerevan

Secondly, in many cases the outdated literature is used as the main source of information and educational material, which does not represent the modern theories and views regarding the topic. This comes to say that, either the majority of the educational materials do not provide any single information on LGBT, or the provided information is contradicting the existing modern theories. One of such examples was presented by interviewed psychologists and psychiatrists that

25. Osakwe, C., (1976) Contemporary Soviet Criminal Law, Ga. J. Int'l & Comp. L, Vol. 6:437, pp. 478

there are still some professional handbooks and guidance used as main and mandatory literature, where homosexual orientation and transgender identity are viewed as mental illness.

Third, exclusion of courses of sexology from the university education. In fact, as reported by interviewed sexologists, until the past few years, sexology was a mandatory course within all medical classes, where everything on LGBT concept and issues was presented more or less referring to modern theories and perceptions. Unfortunately, currently no special reference to the topic is assumed within the existing educational system.

Given the abovementioned situation, the respondents mentioned that in order to get some knowledge on LGBT-related topics students and doctors further need to relay on self-education or respective trainings provided by NGOs, in order to get knowledge on the LGBT issues. Those who are interested in the topic go deeper into the existing literature and theories to broaden their understanding and knowledge on the needs and problems the LGBT individuals may face, as well as on the specifics of provision of qualified and equal, non-discriminative medical services to LGBT people. The interviewed sexologists, for example, mentioned that they are trying to participate in all possible international conferences and trainings in order to have an experience and information exchange and enrich own skills in provision of qualified assistance to LGBT patients.

Some of the respondents also spoke about school level education, noting that the high school pupils, do lack academic information on sexuality in general, and all the information they gain is through internet, videos or anecdotal evidence. Quite often the topic of human sexuality is missed or avoided in school subjects since the teachers perceive discussions of sexuality immoral and forbidden. Therefore, the respondents saw a huge gap in this regard and agreed that LGBT-related topics are yet early to be discussed on the school level, since even the general sexual education is still perceived as abnormal by the teachers. Some of them, however, stressed that sexology as a topic really needs to be included in the high school education curricula.

Informal education

As for the informal education through trainings on LGBT-related topics for doctors, the gaps are not in the context of provided information, but rather in the practitioners. Most of the doctors avoid participation in such trainings in order not to be stigmatized or blamed afterwards by their acquaintances and colleagues. Therefore, always the same specialists attend such trainings, resulting in no significant improvements in the system as a whole. Meanwhile, some of the specialists participating in the trainings anyway remain with their initial intolerant perceptions and attitudes against LGBT individuals. They, in fact, gain a lot of new information on this sensitive topic, mainly on how to communicate and treat LGBT patients, as well as the overall LGBT concept, however, are not open for this information and mostly put the information on the back burner and do not accept the concept as it is. This does not necessarily mean that they discriminate LGBT patients and do not provide services, however, their impartiality remains questioned.

Need for additional trainings

As already mentioned above, the majority of the respondents have not participated in the trainings on LGBT-related topics. Indeed, among the reasons for not participating were avoidance of further stigmatization, being not open for such information, low level of interest, no need for such information in everyday practice, etc.

When asked about the need of LGBT related trainings for the professionals, the majority of the respondents mentioned that the trainings would be very beneficial. The marz-based specialists also mentioned that there is a significant need for information and experience exchange with the capital-based specialists, as well as the international practice. There was, however, an opinion that the trainings should not be very binding and obligatory, saying that the trainings should be purposeful and meaningful. This opinion was especially expressed by the identified latent homophobe respondents.

In addition, some of the respondents mentioned that Armenian medical sector in general lacks international guidelines and guidance on sexual health and specifics, thus, there is an essential need for more qualified and updated service provision.

Doctors and the Media

As per the social learning theory, media is one of the powerful tools in propaganda. People tend to believe the information spread via media, especially via social media during recent years. The significant part of the population, especially in regions, are believed not to doubt the information received through media, news, and articles. This means that any information or statistics provided by a popular person (celebrity, specialist, professor, teacher, doctor) will be easily adopted and followed by them per se. In fact, when the mentioned people express negative opinion regarding any issue, including about vulnerable groups, it causes double destructive consequences. On the one hand, the general population perceive the negative, discriminative and sometimes violent opinion and attitude as normal and replicates it as own behavior. On the other hand, the members of those vulnerable and marginalized groups experience unhealthy influence of the hate speeches spread via media. This cause an internal rejection among the LGBT people and they reject their sexual orientation rather than identify themselves with the target of the spread hater.

> "I think that media is the only mechanism easily spreading and influencing general population. Unfortunately, in most cases the media influence is negative."
>
> Psychologist, Yerevan

The respondents were asked to evaluate the consequences of the hate speeches and irrelevant information spread by doctors via media for LGBT people. In fact, absolutely all of the respondents mentioned that such things cause psychological problems, depression, feeling of discrimination and neglect among LGBT people. Such information results in additional stigmatization of LGBT people.

> "First of all, such articles create additional aggression and unhealthy environment. I agree that we cannot ban publication of those, but the specialists must be informed on possible negative consequences."
>
> Psychiatrist, Yerevan

Moreover, any news or information not proved or not based on evidence was reported as human rights violation.

Some of the interviewed doctors believed that the public opinion cannot be changed due to such articles since the public opinion is already crystalized, others stated that the discriminative opinion affects also the formation of public opinion, or at least its confirmation. Moreover, they stated that the propaganda style information is able to control and manage the general public.

Interestingly, the majority of the respondents representing the group providing physical health services mentioned that they have never met such articles or any doctor spreading hate speeches via media. The respondents also noted that if the doctors express such opinion it speaks of low professionalism of those specialists. This is especially important because these respondents were mostly those implicitly showing intolerant attitude and admitting that their personal perception against LGBT people was explicitly negative. It can be

"I think that doctors are acceptant and would not publish such discriminative articles, therefore the effect will also be insignificant both on LGBT individuals and general population."

Proctologist, Gyumri

"I don't think that any single doctor in Armenia would publish articles expressing discriminative opinion against LGBT people."

Gynecologist, Gyumri

explained by the fact that they mostly agree with similar ideas, but since they couldn't show their positive reaction to such articles during the discussion, they preferred to reject the latter's existence.

In fact, the discriminative and sometimes violent reaction and judgments expressed by doctors also causes additional tension and distrust towards those doctors and the healthcare system in general. It should also be mentioned that sometimes frequent discussion of LGBT people in media, even with a discriminative hue, can have an opposite effect and make people become interested in the topic and motivating them to get more information regarding the issue. As a result, they can find more relevant non-discriminative information and change own attitude against LGBT people from negative to positive.

To conclude all the above-mentioned, it is to say that the respondents qualified discriminative articles as non-professional conduct and stated that this always leaves destructive consequences on LGBT patients. However, the majority believed that such cases are not very frequent in Armenian reality.

Yet, through a quick online search one comes across numerous cases of hate speech and disinformation on LGBT-related topics by medical specialists through social and regular media. Below some of these discussions in the media are presented and analyzed.

During one of the talk shows[26] aired on public TV and devoted to discrimination against LGBT people in the field of employment, the issue was presented by a guest who identified as gay. The guest was from a rural community and stated that he is rejected for jobs due to his sexual orientation. When discussing the topic, the invited expert psychologist and sexologist were quite ironic against the talk show guest and explicitly showed intolerance, sometimes becoming even insulting. The psychologist was trying to understand the reasons of him becoming gay and was stressing on wrong socialization, lack of relationships and communication with male family members (father, grandfather, uncles, boys from the neighborhood), high interest in playing with so-called "feminine" toys, such as dolls, making friends mainly with girls not boys etc. At the same time the gay sexual orientation was referred to as a problem and disorder. Thus, the expert stated that the gay orientation is a social construct and it is constructed based on the social situation and demand, rather than a natural phenomenon per

26. Kisabac Lusamutner Talk Show, 19.02.16 https://www.youtube.com/w
There are no sources in the current document.atch?v=9NSDargoCaw

se. The experts also used the wrong terminology saying "homosexualism" with an intentional stressing on the suffix "ism" to state that it is a disorder and not an ordinary phenomenon. In the meanwhile, the psychologist was not able to distinguish between gender identity and sexual orientation, whereas psychologists are supposed to be specialists able to outline the differences between gender identity and sexual orientation.

Another example of spreading hate speech and discrimination through media was when the psychologists had even previously participated in trainings on LGBT-related topics provided by SWV and were supposed to be at least refreshed on the correct understanding of the topic, were expressing homophobic opinions, such as saying "homosexual orientation is a mental and sexual disorder". During the public "hysteria" over an LGBT forum planning to be held in Armenia, the societal negative and discriminative attitude was especially escalated and several media were interviewing experts and specialists on the topic. During one of such interviews [27], along with totally abusive and discriminative speeches expressed by politicians, the psychologist also stated that homosexuality is an illness and mental disorder. When asked if there is a curing possibility for the deviations observed among LGBT people, he noted that if an LGBT individual really wants to be cured and changed, he/she can eventually succeed.

The described situations are indeed the most problematic aspect in the LGBT discourse especially when expressed by the experts. This is an example of discriminative, incorrect and incomplete perception of the discourse. There are other cases and examples of discriminative comments or posts by the medical specialists which are mostly accepted and agreed with by the general public. In fact, the media audience learns the reaction and opinions of the experts (which indeed is mostly negative and in fact usually complying with the common social attitude against LGBT people), thus reaffirming their beliefs and perceptions.

In other words, the analysis of the media reaffirms the existence of inappropriate information and negative propaganda against LGBT related topics by the medical specialist. At the same time, these examples show that the opinion of the respondents on the absence of such situation in Armenia is very subjective and assumes implicit discrimination and intolerance against LGBT people.

27. "Lesbians and gays starting a movement in Armenia?", Shabat.am https://www.facebook.com/shabatarm/videos/495980004216125/

Stereotypes

In order to outline the stereotypical perceptions of the respondents they were asked to rate the suggested statements representing common LGBT related stereotypes, with the 1 to 4 scale (fully disagree – fully agree).

Stereotypes	Fully disagree	Somehow disagree	Somehow agree	Fully agree
1. Homosexuality is the result of wrong discipline, derived by mistakes made during the socialization	11	3	3	1
2. Sexual orientation is a result of "gay" propaganda	12	4	2	0
3. All gays are "feminine" and lesbians are "masculine"	13	3	1	1
4. The SOGI of a person can be identified by his/her clothing or manners	5	1	8	4
5. Gays are the main transmitters of HIV	4	3	10	1
6. LGBT community is identical and everybody has the same needs, including medical needs	7	4	5	2
7. Homosexuality is a mental illness	14	4	0	0
8. Homosexuality can be cured for instance with the electroshock	16	2	0	0
9. Homosexuality is immoral and degrading	14	3	1	0
10. Trans women are prostitutes	9	5	4	0
11. Sexual orientation is directly linked to gender identity	5	4	5	4
12. Homosexuality is linked to quantity of man's and women's hormoneu	11	1	3	3
13. Homosexuality is a personal choice and decision	5	2	2	9
14. Homosexuality is a result of a rape	12	4	2	0
15. Transgender individuals have mental disorders	7	5	6	0

As seen from the table above some statements received almost equal agreement and disagreement, which did not give any significance for further analysis. The other statements receiving the highest scores of agreement or disagreement are indeed quite interesting to examine and observe, and thus their possible explanations are presented below.

Homosexuality is a personal choice and decision

The most outstanding results were reported for the statement that homosexuality is a personal choice and decision, with 11 respondents expressing partial or full agreement. It is worth mentioning that current stereotype refers to someone's choice to changing own sexual orientation or gender identity, then changing it back again without initial disposition. This stereotype, however, doesn't refer to a situation when LGBT individuals, initially having some homosexual orientation and/or not feeling comfortable with their biological sex really make a personal decision and choice to accept themselves as they are and stop the confrontation. At least one representative of each specialization has expressed this perception that homosexuality being a personal choice. One of interviewed sexologists and psychologists also expressed the agreement with this statement. This means that even the specialists closely working with the issue and quite familiar with the concept have a perception that homosexuality is a choice rather than a natural status per se. Thus, the observed situation with stereotypical thinking means there is still a need of relevant knowledge and information on LGBT concept even among the specialists directly linked to the issue.

Sexual orientation is directly linked to gender identity

The relative majority of the respondents also believed that the social orientation and gender identity of a person can be identified by the latter's clothing and manners. It is interesting that those fully agreeing with this statement were specialists from marzes (Gyumri and Vanadzor). This is also not very surprising since the marz specialists lack information on LGBT individuals, their issues, and mainly identify as LGBT only those who obviously shows kind of discrepant manners or behavior. The other relative majority of the respondents based in Yerevan expressed fully disagreement with the statement. It is also worth mentioning that the majority of those agreeing with this statement were those grouped under physical health provision. Not surprisingly the sexologists have fully disagreed with this statement, indeed this stereotype was also discussed separately and claimed to be incorrect by them during the interview.

Gays are the main transmitters of HIV

Another stereotypical thinking was that gays are the main transmitters of HIV/AIDS with again 11 responses of somehow or fully agree. The important note here is that according to different researches and medical statistics the gays are the most vulnerable towards HIV/AIDS, however, it doesn't mean that they are the main transmitters. Interestingly those who expressed at least partial agreement with this statement were the specialists from marzes, although few Yerevan-based specialists also had the same opinion.

Homosexuality is a mental illness

It is notable to mention that one of the common stereotypes which is widespread among the society is that homosexuality is a mental illness. Indeed, as already mentioned in the introduction to this report until the 1980s the homosexuality and transgender identity were classified as mental illness within the international medical classifications. It is therefore very important that the majority of the respondents have disagreed with this statement, which means that there has been a generation change among the doctors resulting in changed perceptions of LGBT concept. None of the respondents agreed with this statement, and even those expressing partial disagreement were more inclined to full disagreement rather than partial agreement.

Homosexuality is the result of the wrong discipline, derived by mistakes made during the socialization and Sexual orientation is a result of "gay" propaganda

Encouragingly the understanding of the causes and roots of non-heteronormative sexual orientation are also non-stereotypical among the medical representatives. Thus, the majority of interviewed specialists mentioned that they do not perceive homosexuality derived from wrong discipline or any kind of propaganda.

Homosexuality can be cured for instance with the electroshock

As already mentioned in the sections above, the healthcare system can recall times when homosexuality was believed to be cured with electroshock or other medical interventions. In fact, there still can be found some specialists, who offer such services even nowadays, however, fortunately, the majority of those specialists interviewed within this research were against these methods and did not believe that sexual orientation can be changed through any medical interventions.

<u>Homosexuality is a result of a rape</u>

Another widespread stereotype among the society is that homosexuality (especially man-to-man attraction) is a result of rape at a young age. Based on the research results, we can conclude that the doctors didn't share this kind of stereotypical opinion and the majority of the respondents expressed disagreement with this statement.

The general conclusion for the stereotypical perceptions is that the respondents participating in the current research mostly did not express any significant stereotypical thinking and indeed were quite sensitive towards the suggested stereotypical statements. Here again, however, we can refer to the theory of social norms with its concept of the bystanders and see that the explicit disagreement with the common stereotypes is an attempt to be identical with the commonly expected acceptant attitude to be shown by the medical workers by default.

Comparative Analysis

To have a more comprehensive analysis of the findings gained from the respondents of this research, i.e. doctors and the LGBT youth, their opinions were compared. The purpose of comparison was to outline the extent to which the understanding and comprehension of the issue differed from both perspectives. Some questions and topics discussed with doctors were irrelevant for the focus group discussion and vice versa. Therefore, the comparison was done only for the sections which were similar for both groups. The comparison is presented below under the common subtitles.

Cases of Discrimination

When comparing the understanding and perception of discrimination against LGBT individuals expressed by doctors and LGBT participants, at first sight it seems that there are big differences. Doctors are mentioning that either there are no cases of discrimination by doctors or there are two main types of discrimination: refusal of service provision by doctors and bullying by mid-level staff. In fact, the cases of discrimination told by LGBT individuals, which are presented in this report could also be categorized into the same groups, since the discussed cases (either on physical or psychological level). The cases voiced by LGBT respondents, however, are much more detailed and variated in their manifestation, and are not as general as the doctors described. This is the main reason the reader of the current report can have a feeling that the discrimination cases against LGBT people described by them very much differs from the perceptions expressed by medical representatives themselves.

Root Causes of Discrimination

Interestingly, the perception of root causes of discrimination against LGBT individuals in the healthcare system was quite similar among LGBT respondents and doctors. In fact, the main causes mentioned by both groups were inappropriate education, stereotypical thinking which creates homophobic and transphobic atmosphere everywhere, then comes the lack of updated information and the inappropriate conduct by the LGBT patients often observed during delivery of the services. Among the other causes for discrimination, the fear of being stigmatized by colleagues and relatives was mentioned by the respondent doctors as a reason for refusing services to LGBT patients. At the same time, the LGBT community members participating in the FGDs mentioned that impunity due to lack of legal regulations is another driving cause for discrimination.

Compared to the cases of discrimination, where most of the doctors tended to believe that no discrimination exists in the healthcare system against LGBT patients, the causes of discrimination were identified and discussed by all of the respondents. This, once again, comes to prove that the majority of specialists know about the discrimination against LGBT patients in healthcare system, however, not all of them are ready to accept and face the reality.

Medical Ethics

According to the FGD participants, the knowledge on LGBT issues was quite low among the doctors, especially those considered as high-level professionals due to their age and solid medical experience. In fact, some of the interviewed doctors also mentioned that they lack skills and practical knowledge on provision of services to LGBT patients.

Surprisingly, major differences in opinions regarding the privacy of patients' data was revealed. The doctors reported high level of privacy and data confidentiality at all levels, whereas some LGBT patients expressed doubts in this regard.

Hate speech by doctors on media

When comparing the responses regarding the hate speeches or negative propaganda by doctors on LGBT issues via media both groups agreed that the media is one of the most powerful tools for managing the general population and creation of a common understanding for a certain concept. In fact, they also had a similar opinion that hate speech has negative consequences and influence on LGBT people and society members in general. The doctors even stressed that the main negative consequence for LGBT people is psychological feeling of neglect and discrimination. The doctors, however, also noted that they rarely come across such articles or hate speech against LGBT people by doctors on media and believed that in Armenian reality the doctors do not usually express unprofessional opinion.

Conclusion

Attitude Against LGBT People

The research revealed two main categories of doctors hypothetically more frequently working with LGBT patients. Doctors who were both implicitly and explicitly acceptant and those who were implicitly acceptant but explicitly non-acceptant (latent homophobes) against LGBT patients. This categorization was done based on the opinions expressed and body language demonstrated by the respondent doctors. Despite their attempts to be perceived as acceptant, sometimes they were showing their true perceptions and attitudes by using inappropriate terms or expressing incompetent ideas regarding the LGBT issues. Interestingly, the respondents representing mental and psychological healthcare sector were much more acceptant than the specialists dealing with the physical health of a person. Moreover, marz-based doctors showed more dependence on societal attitudes and public opinion than Yerevan-based doctors. In fact, the cases evidenced by the LGBT youth, participating in the Focus Group Discussions, also reveal that doctors in the Armenian healthcare system are rather non-acceptant rather than acceptant.

Discrimination against LGBT patients

The cases of discrimination described by the LGBT youth, as well as two main types of discrimination mentioned by the LGBT-acceptant respondents came to state that there is indeed discriminative environment and culture against LGBT patients in the Armenian healthcare system. The dominant demonstrations of discrimination were refusal of services and bullying of the LGBT patients. Indeed, the latent homophobe respondents were mainly refusing existence of discrimination against LGBT people in the healthcare system, whereas the explicit and implicit acceptant doctors were outlining the most widespread forms of discrimination against LGBT patients they have ever witnessed or heard of. The understanding of root causes of discrimination was quite similar among the patients and doctors. Among the most frequent causes were lack of appropriate education and stereotypical thinking. These two causes were creating also some secondary reasons and grounds for discrimination. It is worth mentioning that even those respondents refusing existence of discriminative environment were, however, highlighting the possible causes of such situation.

Medical Ethics

The main problem with medical ethics was patients' data privacy. The doctors were stating that the data privacy is ensured on all levels, whereas based on the LGBT youth's responses not always the data privacy is ensured and sometimes this right is abused. Another issue was related to the impartiality of the doctors, even though they were reporting totally impartial and equal attitude and treatment against all patients, the latent homophobic thoughts and opinions expressed by them during the interview gave some ground to doubt on this. The LGBT participants have mentioned cases when their parents were informed on their issues by doctors, or when they were unfairly and baseless judged by the same doctors for their sexual orientation and/or gender identity.

Education Gaps

The respondent doctors were mostly evaluating their professionalism and awareness on the topic as satisfactory for provision of services to LGBT people. The FGD youth mentioned that the sexologists were the most competent and open-minded specialists, whereas, the proctologists were seen as less competent on LGBT topics and the most narrow-minded professionals. Majority of the interviewed doctors mentioned that they need more information and trainings to enrich their knowledge on the topic. Some of the respondents reported getting all the possible information from the international literature, as well as through participation in different educational programmes abroad. The need of experience and knowledge exchange was especially emphasized by marz-based doctors, with special attention to a better cooperation between marz-based and capital-based professionals.

The doctors and LGBT participants affirmed that the existing formal education doesn't provide enough and relevant information and knowledge on the LGBT topic to the future professionals that is why the graduates are not always well-aware of the issue. All of them mentioned about the outdated literature used as main information source in the universities, thus, the need of translating and adapting the international leading literature and guidelines for universities and medical institutions was highlighted by both doctors and LGBT participants.

Hate speech by doctors on media

The most interesting is that both the opinion expressed by LGBT participants and a quick media search shows that there is a widespread hate spread via media by the medical specialists. The doctors, especially the latent homophobes, however, refused the existence of any kind of articles or information by doctors spreading hate or violence. Nevertheless, both the LGBT youth and doctors stipulated that such articles are very distractive for LGBT people and have negative effects on their psychological and mental wellbeing.

Stereotypical thinking

The respondent doctors were suggested to agree or disagree with several LGBT-related statements (mostly stereotypical) to understand the extent to which they are dependent on the social stereotypes. Thus, the majority of them did not express any significant stereotypical thinking and indeed were quite sensitive towards the suggested stereotypical statements. The interviews on wider topics, however, revealed that some stereotypes are anyway influencing doctors as well. This was especially obvious during the post-interview talks which were off-records. This comes to state that when people assume they should demonstrate the most desirable behaviors at that moment (in this case acceptance and sensitivity regarding the statements) they are most likely to choose the most expected behavior.

Recommendations

Based on the results of the current research several recommendations were made which are categorized under the respective sectors and are presented below:

Legal sector

1. Advocate for the adoption of Anti-Discrimination Law with an explicit mention of "sexual orientation and gender identity" as a basis for protection from discrimination to ensure full protection for LGBT patients, including the privacy of LGBT patients' personal data and confidentiality of the medical information. The existence of respective legal regulations will also ensure that fewer cases of bullying or refusal in provision of necessary services to LGBT patients happen in the healthcare services.
2. Advocate for an improved regulation and supervision of the specialists' (especially psychologists') licensing requirements and procedures, to ensure that high-level professional approaches are applied against LGBT patients.
3. Advocate for the revision of the regulation on and the procedure of gender transition, including undergoing somatic changes to make the process is less bureaucratic and traumatic for the patients.

Social protection sector

4. Advocate for the establishment of a well-operational institute of professional social workers and psychologists, to whom the LGBT people can approach.

Education sector

5. Advocate for the inclusion of sexology as a mandatory course in the medical university to ensure that all future doctors have qualified, appropriate information and knowledge on LGBT-related topics, and are able to provide competent support to those patients.
6. Adapt and revise existing medical literature used in the universities, especially those on LGBT-related topics, to comply with the modern theories and international requirements.
7. Translate and adapt international leading guidelines on sexology to be used in all spheres of medicine that have any link to sexual health and sexual development of a person. This would be much beneficial especially for doctors working with adolescence to identify all the possible challenges that they face with their sexuality during the puberty period.
8. Organize knowledge and experience sharing events between

capital-based and marz-based doctors, especially on specifics of working with LGBT patients. Sexologists who are the most informed and well experienced in this sphere can mainly facilitate these events.

9. Advocate for the inclusion of LGBT-related topics in the mandatory trainings for periodical re-qualification of doctors, especially those directly working with issues faced by LGBT community.

Media sector

10. Advocate for the establishment or restructuring of the committee responsible for revision and approval of the media content ensuring no human rights violations exist and hate speech is encouraged.

Community level

11. Organize a reach out of the LGBT-friendly and non-discriminative medical specialists, to ensure qualified and equal render of the medical services for the LGBT community members. This can be done through development of a contact database to be shared with the LGBT community. The reach out, however, should be done in a way to avoid any stigmatizations of these doctors by other colleagues for their views on LGBT patients.

Awareness level

12. Development of PSAs on anti-discrimination topics in the healthcare system for changing attitudes against LGBT patients among both doctors and the general public.

13. Support in reforming the overall medical culture and environment through trainings, conferences, and forums, so that the doctors stop feeling the fear of possible stigmatization for provision of services to LGBT people.

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