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# “It’s different for heterosexuals”: exploring cis-heteronormativity in COVID-19 public health directives and its impacts on Canadian gay, bisexual, and queer men

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## ABSTRACT

Critical scholarship has illustrated how COVID-19 public health policies can enact racism, classism, and cis-heteronormativity, perpetuating harms among vulnerable communities. We sought to examine the accounts of gay, bisexual, and queer men (GBQM) in Canada on how normative ideologies played out in COVID-19 directives and what impacts these orders had on their lives. Two rounds of semi-structured interviews with GBQM in Montreal ( $n = 30$ ), Toronto ( $n = 33$ ), and Vancouver ( $n = 30$ ) were conducted between November 2020–February 2021 and June–October 2021 ( $N = 93$ ). Our reflexive thematic analysis drew on the frameworks of cis-heteronormativity and intersectionality to examine how normative assumptions about kinship, sociality, and privilege in COVID-19 public health directives were understood and experienced by GBQM. Our participants explicated how cis-heteronormativity was pervasive in COVID-19 public health messaging, noting that stay-at-home orders and limits on social gatherings reinforced heterosexual forms of kinship. The privileging of cis-heteronormative sociality had detrimental effects on the sense of belonging and identity formation of many participants due to restricted access to queer spaces during the pandemic. Others indicated that stay-at-home orders failed to account for the heterogeneity of queer people’s experiences of homelessness and structural racism. These findings provide valuable insights into how public health efforts to control COVID-19 infections have overlooked the complex forms of kinship among GBQM, the importance of queer spaces and community organizations, and the varying vulnerabilities of diverse lesbian, gay, bisexual, trans, and queer (LGBTQ+) groups.

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## Introduction

Public health measures against COVID-19, such as stay-at-home orders, physical distancing, lockdowns, and curfews in many countries, including Canada, have brought issues of privilege and normative familial relations to light (Gibb et al., 2020). Discourses surrounding these directives regarded private homes as a safe refuge, neglecting many people facing domestic violence, especially non-white women and lesbian, gay, bisexual, trans, and queer (LGBTQ+) youth (Bowleg, 2020). Embedded within these directives were cis-heteronormative assumptions (Kay, 2020; Pienaar et al., 2021). The creation of 'social bubbles' in Canada and the United States, where two or more households form one isolated unit, imagined that people have nuclear families (i.e. monogamous couples with children). These directives presumed that people could shelter inside, a privilege conferred upon individuals with particular socio-economic levels (Morrissey, 2022). The unintended harms caused by these directives to those who may not access these privileges or conform to cis-heterosexuality were overlooked, contributing to greater vulnerabilities (Bowleg, 2020).

COVID-19 public health measures have likely increased adverse health outcomes for many LGBTQ+ people (Gibb et al., 2020; Grey et al., 2023). Gay, bisexual, and queer men (GBQM) experience higher rates of poor mental health, such as depression and mood/anxiety disorders, which the COVID-19 pandemic has exacerbated (Holloway et al., 2021). The shutdown of queer activities and spaces, such as Pride events and queer sports, bars, and clubs, has negatively impacted GBQM's community connections, identity formation, and mental well-being (Philpot et al., 2021). Furthermore, compared to their white counterparts in the US, racialized LGBTQ+ people were twice as likely to test positive for COVID-19 and be laid off or furloughed from their employment, leaving these individuals struggling to meet basic needs (Sears et al., 2021). This paper uses the term 'racialized people' following the Ontario Human Rights Commission's (2005) terminology. According to the Commission, using the term 'racialized person/group/people' is preferred over other terms (e.g. 'racial minority' or 'non-White') as it recognizes that race is a social construct instead of a perceived biological trait. While we acknowledge that white people are racialized, whiteness as a racial category is often rendered invisible and serves as the norm through which racialized 'others' are defined (Lewis, 2004).

So far, research utilizing cis-heteronormativity as an analytical lens has focused on assumptions of heterosexual and cisgender norms in COVID-19 health policies (e.g. Kay, 2020; Morrissey, 2022; Pienaar et al., 2021). Further, intersectionality, as defined by Crenshaw (1991) and Collins (2019), has been used to examine the economic, health, and social impacts of COVID-19 on GBQM (e.g. Santos et al., 2021). Intersectionality, conceived by Crenshaw, is an analytic framework that 'account[s] for the multiple grounds of identity when considering how the social world is constructed' (1991, p. 1245). Intersectionality has been expanded to analyze how '[r]ace, class, gender, and similar systems of power are interdependent and mutually construct one another' (Collins, 2019, p. 44).

The perspectives of GBQM on how cis-heteronormativity is embedded in COVID-19 public health directives have been explored previously (Gaspar et al., 2022; Quathamier & Joy, 2021). However, scant attention has been given to how intersecting identities based on ethnicity, race, class, sexuality, and gender shape GBQM's experiences and understandings of COVID-19 health policies. To this end, we conducted two rounds of semi-structured interviews with GBQM during the COVID-19 pandemic in Canada (November 2020-February 2021 and June-October 2021). A theoretically driven and critical approach (Beres & Farvid, 2010) to reflexive thematic analysis (Braun & Clarke, 2006, 2019) was used to analyze the data. Through the lens of cis-heteronormativity and intersectionality, we examined how cis-heteronormative assumptions entail other axes of privilege (particularly class and race) that disadvantage diverse LGBTQ+ people.

## 'Public' health and cis-heteronormativity

In the history and practice of public health, the 'public' is frequently associated with the concept of 'population' (Peterson & Lupton, 1997). Though public health policies should attempt to meet

everyone's health interests, it has been suggested that COVID-19 public health interventions presume some degree of privilege (Gibb et al., 2020; Pienaar et al., 2021). For example, stay-at-home orders presuppose access to quality and affordable housing (Tsai & Wilson, 2020). Further, these orders are based on heteronormative assumptions on what constitutes a 'home'—being monogamous and living with a spouse or a nuclear family (Pienaar et al., 2021). Therefore, the 'public' of public health is co-constituted through specific discourses and practices that enact an imagined dominant public by excluding, often implicitly, those who do not fit these framings (Warner, 2002).

While public health policymakers may not intend to be heterosexist, certain directives have unintentionally reinforced cis-heteronormativity. Derived from Warner (1991), the idea of heteronormativity references the legitimizing and privileging of heterosexuality, including its assumed naturalness, in everyday practices and social institutions. Heteronormativity stems from Rich's (1980) idea of 'compulsory heterosexuality', focusing on how heterosexual privilege is embedded in gender, and from Rubin's (1984) 'sex/gender system', which views sexuality and sex as simultaneously repressed by the patriarchal system. These conceptions have inspired the more recent colloquialism 'cisnormative-heteronormativity' (which we refer to as 'cis-heteronormativity') to acknowledge that sex, gender, and sexuality are simultaneously regulated norms (Marchia & Sommer, 2019). Cis-heteronormativity reinforces the belief that attraction between individuals of the opposite sex and gender is natural, normal, and desirable (Schilt & Westbrook, 2009). Additionally, cis-heteronormativity upholds a particular type of heterosexuality that requires individuals to conform to specific standards, such as being white, married, monogamous, and belonging to the upper or middle class (Brandzel, 2005). This perspective inextricably links sexuality, gender, race/ethnicity, and class together.

The inseparability and co-constitutive nature of multiple identities and social locations, such as sexuality, gender, race/ethnicity, or class, have been theorized by Black feminist writers and activists as intersectional (Collins, 2019; Crenshaw, 1991). Theorists using intersectionality argue that all forms of oppression and privilege, including cis-heteronormativity, sexism, classism, and racism, overlap and intersect (Kelly et al., 2021). Intersectionality has been gaining traction in public health research to argue that multiple social locations and power structures influence health outcomes (e.g. Grace, 2013; Lee-Foon et al., 2022).

Similarly, COVID-19 restrictions have reinforced cis-heteronormative assumptions about relationships, kinship structures, and economic privileges in Canada. At the beginning of the second wave of COVID-19 infections (September 2020-January 2021), British Columbia's Chief Public Health Officer advised residents to spend Thanksgiving (October 2020) only with their immediate nuclear family. Quebec's government prohibited people from visiting other people's homes, except for people living alone, who were permitted to visit another person living alone. In Ontario, indoor gatherings were capped at ten people, and a person living alone was permitted contact with another household (Chung & Brown, 2020). By January 2021, Ontario entered a province-wide lockdown, with only essential businesses allowed to open and indoor gatherings banned except for members of the same household. The provincial government enforced curfews in Quebec, while British Columbia continued its ban on gatherings outside immediate households (Dangerfield, 2021).

These policies largely assumed that people had nuclear families or 'bubbles' to retreat to and avoid COVID-19 infection. Some of these policies did not consider individuals living alone, many of whom are LGBTQ+ (Lee & Miller, 2020). Furthermore, these measures assumed people had quality and safe housing, ignoring racialized communities who are more likely to reside in low-quality housing, and LGBTQ+ people who experience homelessness due to familial rejection, job loss, and reduced income because of COVID-19 (Prokopenko & Kevins, 2020). These examples illustrate how official responses to COVID-19 excluded the realities of underprivileged groups in favor of white, economically advantaged, and cis-heteronormative citizens (Kay, 2020).

Although we recognize the importance of public health measures in limiting COVID-19 spread, we follow the lead of critical scholars (e.g. Kay, 2020; Morrissey, 2022; Pienaar et al., 2021) emphasizing

the normative assumptions underlying pandemic control policies. Using cis-heteronormative and intersectional frameworks, we explored GBQM's views on how normative ideologies were embedded into COVID-19 directives and how they impacted GBQM's lives during the pandemic.

## Materials and methods

Our analysis draws on data from Engage COVID-19, a mixed-methods study conducted in Canada's largest cities: Montreal, Toronto, and Vancouver. Engage COVID-19 is embedded within the ongoing Engage Cohort Study (Hart et al., 2021), which examined the impacts of COVID-19 on the physical, sexual, and mental health of urban GBQM in Canada (Daroya et al., 2022; Grey et al., 2023). Data collection for Engage COVID-19 started in September 2020. Participants were already enrolled in our cohort study. Ninety-three in-depth qualitative interviews were conducted in two rounds. The first round (November 2020-February 2021) involved 42 individuals, and 51 new participants were interviewed for the second round (June-October 2021). Participants were purposively recruited along ethno-racial backgrounds, age, gender identity, and HIV status. Demographic characteristics are presented in Table 1.

Due to COVID-19 public health restrictions, one-on-one interviews were conducted virtually using MS Teams. The research team developed a semi-structured interview guide in collaboration with GBQM community engagement committees from Montreal, Toronto, and Vancouver. Participants provided written consent before the interviews, which lasted between 30 and 169 minutes. Interviews were digitally audio-recorded and conducted in English or French, depending on participants' preferences. Participants received a \$50 CAD honorarium.

The interview guide had six domains: (1) experiences and risk factors for COVID-19; (2) effects of the COVID-19 pandemic on finances and work; (3) access to health services; (4)

**Table 1.** Sociodemographic characteristics of study participants (N = 93).

	Montreal (n = 30) n, (%)	Toronto (n = 33) n, (%)	Vancouver (n = 30) n, (%)	N = 93%
<b>Age in years</b>				
20s	10 (33.3)	8 (24.2)	7 (23.3)	25 (26.9)
30s	10 (33.3)	15 (45.5)	14 (46.7)	39 (41.9)
40s	5 (16.7)	4 (12.1)	3 (10.0)	12 (12.9)
50s	2 (6.7)	3 (9.1)	4 (13.3)	9 (9.7)
60s	3 (10.0)	3 (9.1)	2 (6.7)	8 (8.6)
<b>Ethno-Racial Background</b>				
Black	3 (10.0)	4 (12.1)	1 (3.3)	8 (8.6)
East Asian/Southeast Asian	2 (6.7)	6 (18.2)	7 (23.3)	15 (16.1)
Indigenous	1 (3.3)	0 (0.0)	1 (3.3)	2 (2.2)
Latin American	2 (6.7)	3 (9.1)	1 (3.3)	6 (6.4)
Middle Eastern	1 (3.3)	1 (3.0)	1 (3.3)	3 (3.2)
Mixed Race/Ethnicity	8 (26.7)	6 (18.2)	8 (26.7)	22 (23.7)
South Asian	0 (0.0)	1 (3.0)	2 (6.7)	3 (3.2)
White	13 (43.3)	12 (36.4)	9 (30.0)	34 (36.6)
<b>Gender Identity</b>				
Cisgender	25 (83.3)	28 (84.8)	23 (76.7)	76 (81.7)
Non-binary	2 (6.7)	1 (3.0)	3 (10.0)	6 (6.5)
Trans	2 (6.7)	2 (6.1)	3 (10.0)	7 (7.5)
Genderqueer	1 (3.3)	2 (6.1)	1 (3.3)	4 (4.3)
<b>Sexual Identity</b>				
Bisexual	4 (13.3)	5 (15.2)	3 (10.0)	12 (12.9)
Gay	23 (76.7)	22 (66.6)	20 (66.7)	65 (69.9)
Pansexual	0 (0.0)	0 (0.0)	1 (3.3)	1 (1.1)
Queer	3 (10.0)	6 (18.2)	6 (20.0)	15 (16.1)
<b>HIV Status</b>				
HIV-Negative	23 (76.7)	25 (75.8)	25 (83.3)	73 (78.5)
Living with HIV	7 (23.3)	8 (24.2)	5 (16.7)	20 (21.5)

sexual health and sexual decision-making; (5) other psychological impacts, mental health, and substance use patterns; and (6) additional issues of concern and closing reflections. The interviews were transcribed, reviewed for accuracy, and de-identified. Transcripts were entered into NVivo 12 software and coded following reflexive thematic analysis (Braun & Clarke, 2006).

Our reflexive thematic analysis was theoretically driven and critical, involving inductive and deductive approaches (Beres & Farvid, 2010; Braun & Clarke, 2019). First, a sub-group of authors gained familiarity with the interviews by reading transcripts and discussing the interviewers' reflections after each interview was completed. Second, inspired by cis-heteronormative and intersectional theoretical frameworks, broader codes were applied to the transcripts to organize key components of the interviews into manageable sections (e.g. criticisms of public health; specific needs of LGBTQ+ communities). Third, this sub-group of authors reviewed key themes and refined, named, and explained trends in the data. In case of disagreements over codes, a consensus was reached through discussions among this sub-group of authors.

## Results

Across the three cities, our participants indicated that cis-heteronormativity was pervasive in COVID-19 public health messaging, noting that stay-at-home orders and limits on social gatherings reinforced notions of privilege and cis-heteronormative ideas about kinship and sociality. Several participants reported that privileging cis-heteronormative sociality had detrimental effects on their sense of belonging and identity formation due to the shutdown of LGBTQ+ spaces during the pandemic. Other participants noted that COVID-19 public health guidelines failed to account for the needs of key queer communities experiencing homelessness and racism.

### ***COVID-19 public health directives reinforced cis-heteronormativity***

During the pandemic, a fundamental assumption in stay-at-home orders was that monogamous couples and nuclear families were the primary social units (Pienaar et al., 2021). Kay (2020) argued that these orders enshrined heteronormative private households as the preeminent sites for safety. Likewise, some participants noted that stay-at-home directives and limits on social gatherings in Canada invoked cis-heteronormative framing, failing to account for different forms of queer kinship often based on 'chosen families' with numerous partners and friendships (Weeks et al., 2001).

Jessie, a non-binary person from Montreal, said that limiting social gatherings to one's immediate household was viewed as 'very cis-heteronormative [...] around what constitutes a family'. Furthermore, they felt that restrictions envisioned families as nuclear, limited to a 'mother, father, two kids, and dog', and not 'inclusive of the realities of queer people' (20s, White, Nonbinary, Gay, Montreal). Zane, another non-binary participant, mentioned that 'the idea of isolating at home came from that very heteronormative framework'. For Zane, stay-at-home orders also 'came [with] the understanding of monogamy', which did not reflect how 'queer kinship looks like': 'We might live by ourselves or have multiple partners. We might have [...] chosen family that lives elsewhere' (30s, South Asian, Nonbinary, Queer, Vancouver).

Participants further commented that public health directives appeared to exclude those who were single and/or living alone. About 46% of our qualitative participants reported living alone, with 65% of GBQM over 50 years old describing living by themselves. For these men, stay-at-home orders failed to consider their specific situations:

I'm a single gay man, which comes with the challenges of always finding companionship [...]. COVID has impacted me a lot. (Adam, 50s, Mixed Race, Cisgender, Gay, Vancouver)

I live alone [...]. I'm a loner, and public health hasn't approached me and said, "Are you okay?" Most of us don't have kids and family and spouses or whatever. (Rio, 50s, Latin American, Cisgender, Gay, Toronto)

These comments highlight the intersecting dynamics of age and sexuality on participants' experiences of COVID-19 public health guidelines.

### ***Loss of community connections***

Gay villages became important spaces for forming and maintaining LGBTQ+ identities and communities. Due to the cis-heteronormative nature of many places, queer individuals relied on their communities for identity negotiation and support (Nash, 2006). However, since the late 2000s, there has been a steady decline in gay villages due to alternate means of socializing with other queer people (internet and social media) (Miles, 2021), and the loss of businesses and gentrification (Gorman-Murray & Nash, 2021). The closure of 'non-essential' businesses (including bars, clubs, and bathhouses) during the COVID-19 pandemic has exacerbated this decline. Businesses in Canada's three largest gay neighborhoods (i.e. Montreal, Toronto, and Vancouver) experienced more closures due to the pandemic than other businesses led by LGBTQ+ people outside these areas (Patterson, 2021).

For some participants, the shutdown of social and sexual spaces impacted queer communities because they 'lost those safe spaces' where they could openly gather without fear of discrimination or harassment (Vince, 30s, Black, Cisgender, Pansexual, Vancouver). For others, policies enacted around 'essential' businesses did not consider how 'queer people need to be social' (Andrew, 20s, Mixed Race, Cisgender, Gay, Toronto). They also noted that the closure of queer spaces has differentially impacted GBQM compared to their heterosexual counterparts: 'It's different for heterosexuals [because they] don't need to socialize specifically in a gay bar' (Ben, 20s, East Asian, Cisgender, Gay, Vancouver).

Other participants described that 'the connection between identity and community has been severed' by the shutdown of queer spaces (River, 20s, Mixed Race, Genderqueer, Queer, Montreal). Another person added: 'being a queer trans person in an all cis and straight family is really difficult [. . .], so I've always survived by surrounding myself with the community and chosen family' (Jackie, 20s, East Asian, Trans, Queer, Montreal). Many participants felt policymakers failed to acknowledge the importance of queer venues in providing a sense of community belonging and identity validation that cis-heteronormative people can potentially acquire anywhere but may be exclusively available to GBQM in 'safe' spaces: '[Public health policymakers] may need to better understand gay men and their socialization' (Leo, 50s, Mixed Race, Cisgender, Gay, Vancouver). Although frequenting bars and clubs is a classed phenomenon, implying disposable income and residence in highly urban areas (Doderer, 2011), the experiences of racialized, transgender, and non-binary GBQM convey the importance of gathering spaces where they feel protected and supported.

While our participants expressed a loss of community connections, they cited the use of smartphone applications ('apps') and videoconferencing to socialize in the absence of physical spaces:

Since [the] conventional meeting places weren't open [. . .], [apps have] been one of the few ways to meet new people. (Lucas, 40s, White, Cisgender, Gay, Montreal)

Participants also acknowledged the role of online platforms, sponsored by community organizations, in providing COVID-19 information targeted explicitly toward LGBTQ+ people:

I think there's been a missing conversation on a national level. I've only been able to access information [. . .] through platforms that are LGBTQI+. (Sean, 30s, Black, Cisgender, Gay, Toronto)

### ***Key queer communities faced greater vulnerabilities***

Stay-at-home orders and limits on social gatherings assume that people can access safe and affordable housing (Tsai & Wilson, 2020). LGBTQ+ Canadians are reported to experience homelessness twice as likely than their heterosexual counterparts (Prokopenko & Kevins, 2020). During the

early months of the pandemic, some unhoused individuals, including many LGBTQ+ people, were compelled to seek refuge elsewhere since communal settings, like shelters, were deemed unsafe. This led to increased encampments in local parks, which were eventually cleared by local officials (Shingler, 2022).

Though they did not have direct experience of homelessness, many of our participants demonstrated knowledge of housing issues and argued that public health policymakers ignored the needs of homeless queer people:

I think the big one for me [...] was housing. And a lot of my friends have been in very precarious housing situations [...]. For me, housing is part of public health. (River, 20s, Mixed Race, Genderqueer, Queer, Montreal)

Some participants also mentioned that the pandemic made access to housing even more difficult, especially for queer people:

I don't know if you've seen [...] the mayor removing many temporary homeless shelters and tents from the city [...]. A lot of people who are queer are part of these tents [...]. There are no queer-centric homeless shelters, and I know a lot of people who are queer and homeless because of the pandemic. (Shad, 20s, Middle Eastern, Cisgender, Queer, Toronto)

Due to their proximity to people experiencing homelessness, some participants expressed general concerns about the exacerbated housing crisis in Canada during the COVID-19 pandemic. Our participants' vantage point as members of LGBTQ+ (and sometimes racialized) communities allowed them to critically evaluate the cis-heteronormative assumptions and socio-economic privileges embedded within COVID-19 public health guidelines.

Some participants also criticized public health's neglect of queer racialized people's intersectional needs. Oliver, a participant who identified as mixed-race of Black and Indian heritage, articulated that public health did not 'focus on racialized LGBTQ women enough' (20s, Mixed Race, Cisgender, Gay, Toronto). Another person who identified as mixed-race of Black and Italian heritage noted that authorities enforcing public health mandates targeted racialized queer people:

When I think about the increased surveilling of people [...] for not wearing masks and not obeying public health guidelines. When it comes to policing, the number one target is racialized people, particularly black or brown people, and then [...] black or brown LGBTQ people. (Liam, 20s, Mixed Race, Cisgender, Gay/Queer, Toronto)

Despite these criticisms, some participants noted that public health authorities responded well to the needs of queer people. Khai commended Toronto Public Health's targeted vaccination strategies: 'I think the local public health units have done a fairly good job by creating a queer-safe or queer-friendly vaccination strategy. I know that the downtown hospitals were [also] running vaccine clinics [for] all sort of specifically targeted options' (30s, East Asian, Cisgender, Gay, Toronto). A participant from Vancouver also complimented the Provincial Health Officer for British Columbia for proposing the use of glory holes as a COVID-19 'safer sex' strategy: 'Well, they recommended using glory holes [...]. I don't know how much more specific you can get for a particular community' (James, 30s, White, Cisgender, Gay, Vancouver).

## Discussion

To our knowledge, this study is among the first to investigate how cis-heteronormative assumptions in COVID-19 public health directives were experienced by GBQM in Canada. Using cis-heteronormative and intersectional frameworks provided a critical resource for analyzing how public health acted as 'a form of normative power' during the COVID-19 crisis (Mykhalovskiy et al., 2019, p. 526; Stewart et al., 2022). While we recognize the importance of viral containment measures, we sought to highlight how the conception of the 'public' in COVID-19 directives inadvertently excluded LGBTQ+ people and their intersectional experiences with being single, old, poor, and racialized.

Despite differences in the duration of public health measures across Canada, participants equally identified local governmental stay-at-home orders and social gathering limits enacted in

their respective cities as cis-heteronormative. For many GBQM, public health organizations failed to consider the concept of 'families' beyond heteronormative definitions. Some participants mentioned chosen families, comprised of members who did not live in the same dwelling or had sexual partners outside their household. They further emphasized that COVID-19 public health orders did not account for the needs of some GBQM, who were single, living alone, and/or older. Although older adults, in general, have reported feeling lonely during the COVID-19 pandemic (Savage et al., 2021), homophobia might have made social isolation worse among older LGBTQ+ people, leading to a greater risk of poverty and discrimination (Lee & Miller, 2020). Public health policies must recognize the diversity of experiences among older adults and address age- and sexual/gender identity-based inequities to enhance the health of older LGBTQ+ people.

Study participants reported that COVID-19 public health interventions based on cis-heteronormative sociality negatively impacted their sense of belonging and identity formation. This was attributed to the closure of many queer venues during the pandemic. Philpot et al. (2021) reported a similar sense of loss in their study of the effects of COVID-19 restrictions on Australian GBQM. These findings suggest that queer spaces and communities are vital in creating queer identities and validation (Valentine & Skelton, 2003). In the absence of physical venues, some GBQM noted the importance of the internet and social media apps in creating and maintaining relations and communities.

These results have several implications. While the rise of the internet and social media has limited the necessity for gay villages, spaces for physical gatherings remain crucial for some GBQM. As a pandemic control measure, public health officials were justified in limiting social venues, for socializing increased the risk of contracting COVID-19. However, it would have been sound for public health officials to acknowledge that abstaining from social interactions was not feasible for everyone. A framework for safer socializing should have been in place by providing a 'harm reduction approach' to guide personal behaviors, such as encouraging people to go to places with ample space and air circulation, stay six feet apart, wear masks, wash hands often, and get vaccinated (Kutscher & Greene, 2020).

Our findings also suggest that community-based organizations were essential in addressing some specific needs of GBQM during the COVID-19 pandemic. Therefore, local policymakers should continue investing in gay villages and community organizations to meet the needs of these communities. Policymakers should ensure that community organizations providing services to LGBTQ+ individuals remain funded and open, as the COVID-19 pandemic worsened health disparities among LGBTQ+ people who already experience health, socio-economic, and structural vulnerabilities (Gibb et al., 2020). Recently, the threat of mpox (formerly monkeypox) among GBQM has also spurred some community organizations to provide information and vaccination, underscoring the importance of continued financial support for these organizations.

From the perspective of several participants, queer homelessness and racism were not considered when designing stay-at-home orders and policy enforcement. Some GBQM in our study perceived housing as a public health issue, which was not meaningfully addressed. Several participants recognized the harmful effects of COVID-19 criminalization on queer people experiencing homelessness and racialized LGBTQ+ people. Previously, we reported that racialized GBQM experienced increased racist discrimination during the COVID-19 pandemic (Grey et al., 2022). We expanded on these findings by highlighting that queer and racialized participants' intersecting identities brought a unique perspective on how the convergence of multiple power systems disproportionately affected marginalized LGBTQ+ people. Our participants discussed how COVID-19 public health guidelines neglected the needs of queer racialized women and how the surveillance of the pandemic mainly targeted racialized queer people (Luscombe & McClelland, 2020). Despite these criticisms, some GBQM acknowledged that public health authorities did engage with the realities of queer people and designed programs that met their needs. Public health policymakers should further support and build upon such strengths to address existing and historical mistreatment of LGBTQ+ people.

Some limitations should be considered when interpreting our results. Due to physical distancing measures, our data are limited to people with access to the internet, computers, or smartphones. Most participants acknowledged housing as a critical determinant for COVID-19 policy compliance, but none had direct experience of homelessness. Future research should seek to capture the experiences and needs of LGBTQ+ people facing homelessness. Social desirability may have further influenced some participants to underreport critiques of public health measures due to their desire to appear as 'good' public health citizens. Moreover, because most of our participants live in urban areas, a more comprehensive study is necessary to understand the views of LGBTQ+ people living in suburban and rural locations.

Despite these limitations, this study provides important insights into how cis-heteronormative assumptions in COVID-19 public health directives were experienced by GBQM in Canada. Findings point to the need for additional efforts to support LGBTQ+ community organizations, which took the lead in providing appropriate information about COVID-19 and accessing health services to individuals and communities who felt neglected by public health. The diverse needs of various LGBTQ+ communities must also be considered. Together, public health institutions and government policies must work to address the overlooked needs of LGBTQ+ populations to further health equity and inform an intersectional approach to pandemic preparedness.

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## References

- Beres, M. A., & Farvid, P. (2010). Sexual ethics and young women's accounts of heterosexual casual sex. *Sexualities, 13*(3), 377–393. <https://doi.org/10.1177/1363460709363136>
- Bowleg, L. (2020). We're not all in this together: On COVID-19, intersectionality, and structural inequality. *American Journal of Public Health, 110*(7), 917–917. <https://doi.org/10.2105/AJPH.2020.305766>
- Brandzel, A. L. (2005). Queering citizenship? *GLQ: A Journal of Lesbian & Gay Studies, 11*(2), 171–204. <https://doi.org/10.1215/10642684-11-2-171>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise & Health, 11*(4), 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Chung, E., & Brown, C. (2020, October 6). *Thanksgiving and other gatherings: Your COVID-19 questions answered*. CBC. <https://www.cbc.ca/news/health/ask-covid-gatherings-1.5744545>
- Collins, P. H. (2019). *Intersectionality as critical social theory*. Duke University Press.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review, 43*(6), 1241–1299. <https://doi.org/10.2307/1229039>
- Dangerfield, K. (2021, January 13). *Lockdowns, curfew, stay-at-home order: What's next in Canada's COVID-19 fight?* Global News. <https://globalnews.ca/news/7567857/coronavirus-travel-restrictions-canada-lockdown/>

- Daroya, E., Grey, C., Lessard, D., Klassen, B., Skakoon-Sparling, S., Gaspar, M., Perez-Brumer, A., Adam, B., Lachowsky, N. J., Moore, D., Sang, J. M., Lambert, G., Hart, T. A., Cox, J., Jollimore, J., Tan, D. H. S., & Grace, D. (2022). 'I did not have sex outside of our bubble': Changes in sexual practices and risk reduction strategies among sexual minority men in Canada during the COVID-19 pandemic. *Culture, Health & Sexuality*, 1–17. <https://doi.org/10.1080/13691058.2022.2139414>
- Doderer, Y. P. (2011). Lgbtqs in the city, queering urban space: Debates and developments. *International Journal of Urban and Regional Research*, 35(2), 431–436. <https://doi.org/10.1111/j.1468-2427.2010.01030.x>
- Gaspar, M., Grey, C., Wells, A., Hull, M., Tan, D. H. S., Lachowsky, N., & Grace, D. (2022). Public health morality, sex, and COVID-19: Sexual minority men's HIV pre-exposure prophylaxis (PrEP) decision-making during ontario's first COVID-19 lockdown. *Critical Public Health*, 32(1), 116–126. <https://doi.org/10.1080/09581596.2021.1970720>
- Gibb, J. K., DuBois, L. Z., Williams, S., McKerracher, L., Juster, R.-P., & Fields, J. (2020). Sexual and gender minority health vulnerabilities during the COVID-19 health crisis. *American Journal of Human Biology*, 32(5), e23499. <https://doi.org/10.1002/ajhb.23499>
- Gorman-Murray, A., & Nash, C. J. (2021). Recovering the gay village: A comparative historical geography of urban change and planning in toronto and sydney. In A. Bitterman & D. B. Hess (Eds.), *The life and afterlife of gay neighborhoods* (pp. 239–260). Springer International Publishing. [https://doi.org/10.1007/978-3-030-66073-4\\_11](https://doi.org/10.1007/978-3-030-66073-4_11)
- Grace, D. (2013). Intersectional analysis at the medico-legal borderland: HIV testing innovations and the criminalization of HIV non-disclosure. In A. R. Wilson (Ed.), *Situating intersectionality: Politics, policy, and power* (pp. 157–187). Palgrave Macmillan US.
- Grey, C., Sinno, J., Zhang, H., Daroya, E., Skakoon-Sparling, S., Klassen, B., Lessard, D., Hart, T. A., Cox, J., Stewart, M., Grace, D., & Diaz, D. (2023). Queering public health: A critical examination of healthcare access and gender expression among trans, nonbinary, and other gender nonconforming people during COVID-19. *Health & Social Care in the Community*, 2023, 1–12. <https://doi.org/10.1155/2023/6676318>
- Grey, C., Tian, I. L., & Grace, D. (2022, June 27). *Will you take on the challenge? Combatting racism in our communities will require all our efforts*. Engage. <https://www.engage-men.ca/will-you-take-on-the-challenge-combatting-racism-in-our-communities-will-require-all-our-efforts/>
- Hart, T. A., Moore, D. M., Noor, S. W., Lachowsky, N., Grace, D., Cox, J., Skakoon-Sparling, S., Jollimore, J., Parlette, A., Lal, A., Apelian, H., Sang, J. M., Tan, D. H. S., Lambert, G., & the Engage Study Team. (2021). Prevalence of HIV and sexually transmitted and blood-borne infections, and related preventive and risk behaviours, among gay, bisexual and other men who have sex with men in Montreal, Toronto and Vancouver: Results from the engage study. *Canadian Journal of Public Health*, 112(6), 1020–1029. <https://doi.org/10.17269/s41997-021-00546-z>
- Holloway, I. W., Garner, A., Tan, D., Ochoa, A., Santos, G., & Howell, S. (2021). Associations between physical distancing and mental health, sexual health and technology use among gay, bisexual and other men who have sex with men during the COVID-19 pandemic. *Journal of Homosexuality*, 68(4), 692–708. <https://doi.org/10.1080/00918369.2020.1868191>
- Kay, J. B. (2020). "Stay the fuck at home!": Feminism, family and the private home in a time of coronavirus. *Feminist Media Studies*, 20(6), 883–888. <https://doi.org/10.1080/14680777.2020.1765293>
- Kelly, C., Kasperavicius, D., Duncan, D., Etherington, C., Giangregorio, L., Proulx, J., Sibley, K. M., & Straus, S. (2021). 'Doing' or 'using' intersectionality? Opportunities and challenges in incorporating intersectionality into knowledge translation theory and practice. *International Journal for Equity in Health*, 20(1), 187. <https://doi.org/10.1186/s12939-021-01509-z>
- Kutscher, E., & Greene, R. E. (2020). A harm-reduction approach to coronavirus disease 2019 (COVID-19)—Safer socializing. *JAMA Health Forum*, 1(6), e200656. <https://doi.org/10.1001/jamahealthforum.2020.0656>
- Lee-Foon, N. K., Logie, C. H., Siddiqi, A., & Grace, D. (2022). Exploring young black gay, bisexual and other men who have sex with men's PrEP knowledge in Toronto, Ontario, Canada. *Culture, Health & Sexuality*, 24(3), 301–314. <https://doi.org/10.1080/13691058.2020.1837958>
- Lee, H., & Miller, V. J. (2020). The disproportionate impact of COVID-19 on minority groups: A social justice concern. *Journal of Gerontological Social Work*, 63(6–7), 580–584. <https://doi.org/10.1080/01634372.2020.1777241>
- Lewis, A. E. (2004). What group?" Studying whites and whiteness in the era of "color-blindness. *Sociological Theory*, 22(4), 623–646. <https://doi.org/10.1111/j.0735-2751.2004.00237.x>
- Luscombe, A., & McClelland, A. (2020). Policing the pandemic: Tracking the policing of covid-19 across Canada. SocArXiv. <https://doi.org/10.31235/osf.io/9pn27>
- Marchia, J., & Sommer, J. M. (2019). (Re)defining heteronormativity. *Sexualities*, 22(3), 267–295. <https://doi.org/10.1177/1363460717741801>
- Miles, S. (2021). Let's (not) go outside: Grindr, hybrid space, and digital queer neighborhoods. In A. Bitterman & D. B. Hess (Eds.), *The life and afterlife of gay neighborhoods* (pp. 203–220). Springer International Publishing.
- Morrissey, M. E. (2022). When everything changes, everything stays the same: The queer paradox of quarantine pods. *Women's Studies in Communication*, 45(1), 26–44. <https://doi.org/10.1080/07491409.2021.2021774>
- Mykhalovskiy, E., Frohlich, K. L., Poland, B., DiRuggiero, E., Rock, M. J., & Comer, L. (2019). Critical social science with public health: Agonism, critique and engagement. *Critical Public Health*, 29(5), 522–533. <https://doi.org/10.1080/09581596.2018.1474174>

- Nash, C. J. (2006). Toronto's gay village (1969-1982): Plotting the politics of gay identity. *The Canadian Geographer*, 50(1), 1–17. <https://doi.org/10.1111/j.0008-3658.2006.00123.x>
- Ontario Human Rights Commission. (2005). *Policy and guidelines on racism and racial discrimination*. [https://www3.ohrc.on.ca/sites/default/files/attachments/Policy\\_and\\_guidelines\\_on\\_racism\\_and\\_racial\\_discrimination.pdf](https://www3.ohrc.on.ca/sites/default/files/attachments/Policy_and_guidelines_on_racism_and_racial_discrimination.pdf)
- Patterson, C. (2021, July 13). *Retailers and businesses in gay villages in Canada struggle amid the pandemic: Study*. Retail Insider. <https://retail-insider.com/retail-insider/2021/07/retailers-and-businesses-in-gay-villages-in-canada-struggle-amid-the-pandemic-study/>
- Peterson, A., & Lupton, D. (1997). *The new public health: Discourses, knowledges, strategies*. Sage.
- Philpot, S. P., Holt, M., Murphy, D., Haire, B., Prestage, G., Maher, L., Bavinton, B. R., Hammoud, M. A., Jin, F., & Bourne, A. (2021). Qualitative findings on the impact of COVID-19 restrictions on Australian gay and bisexual men: Community belonging and mental well-being. *Qualitative Health Research*, 31(13), 2414–2425. <https://doi.org/10.1177/10497323211039204>
- Pienaar, K., Flore, J., Power, J., & Murphy, D. (2021). Making publics in a pandemic: Posthuman relationalities, 'viral' intimacies and COVID-19. *Health Sociology Review*, 30(3), 244–259. <https://doi.org/10.1080/14461242.2021.1961600>
- Prokopenko, E., & Kevins, C. (2020, December 15). *Vulnerabilities related to COVID-19 among LGBTQ2+ Canadians*. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00075-eng.htm>
- Quathamer, N., & Joy, P. (2021). Being in a queer time: Exploring the influence of the COVID-19 pandemic on LGBTQ+ body image. *Nutrition & Dietetics*. <https://doi.org/10.1111/1747-0080.12699>
- Rich, A. (1980). Compulsory heterosexuality and lesbian existence. *Signs: Journal of Women in Culture & Society*, 5(4), 631–660. <https://doi.org/10.1086/493756>
- Rubin, G. (1984). Thinking sex: Notes for a radical theory of the politics of sexuality. In C. Vance (Ed.), *Pleasure and danger: Exploring female sexuality* (pp. 267–319). Routledge.
- Santos, G.-M., Ackerman, B., Rao, A., Wallach, S., Ayala, G., Lamontage, E., Garner, A., Holloway, I. W., Arreola, S., Silenzio, V., Strömdahl, S., Yu, L., Strong, C., Adamson, T., Yakusik, A., Doan, T. T., Huang, P., Cerasuolo, D., Bishop, A., Noori, T. . . . Howell, S. (2021). Economic, mental health, HIV prevention and HIV treatment impacts of COVID-19 and the COVID-19 response on a global sample of cisgender gay men and other men who have sex with men. *AIDS and Behavior*, 25(2), 311–321. <https://doi.org/10.1007/s10461-020-02969-0>
- Savage, R. D., Wu, W., Li, J., Lawson, A., Bronskill, S. E., Chamberlain, S. A., Grieve, J., Gruneir, A., Reppas-Rindlisbacher, C., Stall, N. M., & Rochon, P. A. (2021). Loneliness among older adults in the community during COVID-19: A cross-sectional survey in Canada. *British Medical Journal Open*, 11(4), e044517. <https://doi.org/10.1136/bmjopen-2020-044517>
- Shilt, K., & Westbrook, L. (2009). Doing gender, doing heteronormativity. *Gender & Society*, 23(4), 440–464. <https://doi.org/10.1177/0891243209340034>
- Sears, B., Conron, K. J., & Flores, A. R. (2021). *The impact of the fall 2020 COVID-19 surge on LGBT adults in the US*. The Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/COVID-LGBT-Fall-Surge-Feb-2021.pdf>
- Shingler, B. (2022, August 11). *Across Canada, cities struggle to respond to growing homeless encampments*. CBC. <https://www.cbc.ca/news/canada/canada-homeless-tent-encampments-1.6548241>
- Stewart, M., Ryu, H., Blaque, E., Hassan, A., Anand, P., Gómez-Ramirez, O., MacKinnon, K. R., Worthington, C., Gilbert, M., Grace, D. (2022). Cisnormativity as a structural barrier to STI testing for trans masculine, two-spirit, and non-binary people who are gay, bisexual, or have sex with men. *PLOS ONE*, 17(11), e0277315. <https://doi.org/10.1371/journal.pone.0277315>
- Tsai, J., & Wilson, M. (2020). COVID-19: A potential public health problem for homeless populations. *The Lancet Public Health*, 5(4), e186–e187. [https://doi.org/10.1016/S2468-2667\(20\)30053-0](https://doi.org/10.1016/S2468-2667(20)30053-0)
- Valentine, G., & Skelton, T. (2003). Finding oneself, losing oneself: The lesbian and gay 'scene' as a paradoxical space. *International Journal of Urban and Regional Research*, 27(4), 849–866. <https://doi.org/10.1111/j.0309-1317.2003.00487.x>
- Warner, M. (1991). Introduction: Fear of a queer planet. *Social Text*, 29, 3–17. <https://www.jstor.org/stable/466295>
- Warner, M. (2002). Publics and counterpublics. *Public Culture*, 14(1), 49–90. <https://doi.org/10.1215/08992363-14-1-49>
- Weeks, J., Heaphy, B., & Donovan, C. (2001). *Same sex intimacies: Families of choice and other life experiments*. Routledge. <https://doi.org/10.4324/9780203167168>