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## **The impact of discrimination towards persons of another sexual orientation on their lives.**

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**Abstract.** Sexual orientation is still a difficult topic to tackle today, and discrimination based on sexual orientation is one of the main problems faced by people in this spectrum. Although the view on approaching sexuality has become more open lately, things are still not fully resolved, and people still face discrimination because of sexual orientation. Different sexual orientation entails discrimination, inequality and many effects that are projected on the lives of these people. So, through this paper, I wanted to study the impact that discrimination has on the lives of people with a different sexual orientation, exploring theoretical perspectives involving people with a different sexual orientation, dimensions of the impact of discrimination on people with a different sexual orientation, and directions for the reduction of discriminatory acts.

**Keywords.** discrimination, sexual orientation, effects of discrimination, impact, reducing discrimination

### **1. Conceptual framework and theoretical perspectives on discrimination of persons with other sexual orientation**

#### **1.1. Conceptual framework**

In order to study the impact of discrimination on people with other sexual orientation on their lives, I think it is important to start with this first section, which considers defining concepts. I will first take the notion of "impact." In the literature, the authors offered this word various synonyms and meanings that would provide a clearer view of the subject. For example, Gertler et al. (2011: 7), they tell us that the impact is represented by "causal effects", or more explicitly, the "effects" that a phenomenon causes, Wright and De Hert (2012: 3-31) refer in their work on impact as a "result" of some phenomena or actions, and Popescu (1998: 285) defines impact as "the sum of the effects and consequences caused by a social phenomenon on the ecological and social environment".



The next concept is “discrimination.” First, Giddens (2009:324) explains discrimination as defined as a differential treatment of a person, or group of people, based on belonging to a particular class or category. Badgett and Jefferson (2007:2) also support this definition, saying that in the social sciences the approach to discrimination is made as “a differential treatment based solely on belonging to a particular group”. Morar (2015:26) defines discrimination as “the action by which some persons are treated differently or deprived of certain rights unjustifiably on the basis of unfounded criteria”. A very explicit approach to discrimination is found in the Official Gazette of Romania, where we find the following definition: Discrimination is defined as differentiation, exclusion, restriction or preference based on race, nationality, ethnicity, language, religion, social category, beliefs, sex, sexual orientation, age, Disability, chronic non-contagious disease, HIV infection, membership of a disadvantaged category, and any other criterion having the effect or purpose of restricting, removing the recognition, use or exercise, on an equal basis, of human rights and fundamental freedoms, or of rights recognized by law in the political, economic field, Social and cultural or in any other area of public life” ( O.G. 137/2000, art.2).

The definition of sexual orientation has undergone various changes over time. Sexual orientation originated in debates about the significance of sexual instincts within nineteenth-century sexual theories, which came into widespread use of discussion of sexuality in the 1960s, largely as a synonym for homosexual desire and less commonly for heterosexual patterns, although in theory it encompasses all sexual tendencies. Sexual orientation, as a concept, suggests an essential sexual nature deeply rooted in human personality, shaping sexual desire, behaviour, and identity (Weeks 2015: 785). Then there is a psychological approach to sexual orientation. Varella and Varella Valentova (2016: 1) suggest that sexual orientation refers to “a psychological mechanism that directs sexuality to other people according to their gender”. The authors also say that sexual orientation refers to desire and attraction rather than identity or behaviour, because sexual orientation does not necessarily manifest itself through obvious sexual behaviour and is not necessarily related to self-identification or actual bonding. However, Liljestrang, Gerling and Saliba (1978:361) say that sexual orientation refers to “physical and emotional attraction for individuals of the same or opposite sex.” A pertinent definition of sexual orientation is made by Drescher (2007: 348), who states that “sexual orientation is the attraction of a person to another person, either from the same sex(homosexual), or from another sex (heterosexual), or from both sexes(bisexual)”.

### **1.2. Theories of discrimination against people with other sexual orientation**

Since I have previously tried to bring to the forefront the most precise definitions of the presented concepts, I will continue with the theories involved in the impact of discrimination of persons with other sexual orientation on their lives. The theories identified in this topic are stigmatization theory, social role theory and stress theory, respectively minority stress theory.

In the stigmatization theory, Erving Goffman points out in his book the origin of the word “stigmatization” which was first encountered in the Greeks, known for their power, and which was used as a means of bringing the word “stigmatization” to life. they create the term stigmatization to refer to bodily signs designed to expose something unusual and bad about the moral status of the person who did something wrong. The signs that were made by cutting or burning on the body, informed the others that the one marked was a slave, a criminal or a traitor, and should be avoided especially in public places. Later, in Christian times, the term was assigned two layers of metaphor:



the first referred to the bodily signs of holy grace which took the form of eruptive flowers on the skin, and the second, as a medical allusion to religion, referred to body signs as being caused by a physical disorder. Today, the term is widely used in something like the original literal meaning, but it is applied more to the shame itself than to the bodily evidence of it. The Society shall determine the means of classifying persons and the completion of the attributes deemed to be ordinary and natural for the members of each of these categories. Goffman also points out that stigma relates to social identity rather than social status (Goffman 1963: 11-12). Goffman (1963: 33-34) also talks about the existence of three categories of stigma: the stigma caused by physical deformations, the stigma caused by the character of the individual (the individual has a weak character and has desires, behaviors and passions outside the normal sphere, for example, people with other sexual orientation, drug addicts, alcohol). and a stigma he calls "tribal", which is caused by hereditary factors such as ethnicity, race, religion. Bos et al. (2013:1) maintain that stigma is not merely a physical mark, but rather an attribute that results in widespread social disapproval—a social disparity of discredit that produces a “spoiled social identity” (using exactly Goffman’s terms). Presented as a conclusion to the analysis of stigma theory, Surdu (195: 56) quotes lower as saying that “the stigma of an individual is a deviation from the social standards accepted by a society.” In other words, an individual has certain peculiarities that do not fit within the society in which he lives.

The question now remains: Why did I choose this theory? I think that is very much in line with my theme, because one of the problems with people who have a different sexual orientation is stigma. Camp, Vitoratou and Rime (2020: 2353) argue that many people who identify as lesbian, gay, bisexual, and other non-heterosexual orientations face stigma, prejudice and discrimination because of sexual orientation, and these experiences can contribute to difficulties in self-acceptance and acceptance of their own sexuality.

The next theory identified is the social role theory, which helped explain how sex differences in social behavior and gender stereotypes develop (Lippa apud Eagly 1987 and Eagly, Wood and Diekmann 2000). In short, it proposes that traditional gender roles allocate different family roles to men and women, different professional roles and different status levels as a result, these traditional roles have fostered common gender stereotypes “men are more assertive”, “women are more caring” and have generated differences in gender behaviour in many areas. Lippa (2005:131) states that gender roles are stronger than sexual orientation roles because one’s biological sex is more obvious than one’s sexual orientation. But when a person’s sexual orientation is known, relevant roles and stereotypes can be applied (for example, the assumption that a gay-looking boy is more likely to become a hairdresser than an army officer). Stereotypes about people with a different sexual orientation can lead to a loss of status due to social prejudice and stigmatization associated with homosexuality. I chose this theory because I believe it is closely related to the theory of stigmatization and complements the topic of the impact of discrimination on people with a different sexual orientation.

First of all, stress theory requires a good understanding of the term “stress”. The notion of stress was used by Hans Selye in 1935, who, following experiments on animals, was attracted by the unusual states of adaptation of the body to the disease state (Alexiu 2011: 332). Today, the word stress has many connotations and definitions based on various perspectives of the human condition. Some examples of stress perspectives would be: In Eastern philosophies, stress is considered to be an absence of inner peace, in Western culture stress can be described as a loss of



emotional control, from a psychological point of view. Richard Lazarus defined stress as a state of anxiety produced when events and responsibilities exceed the ability to cope. The holistic view, which is consistent with a medical approach, recognizes stress as a series of responses and adaptations resulting from the inability to cope with a perceived threat to a person's mental, physical, emotional, or spiritual well-being (Seaward 2006: 5-6).

In the case of persons with a different sexual orientation, several authors come up with the phrase "minority stress theory". The minority stress theory (Phillips et al. 2020: 1) argues that stigma and discrimination contribute to individual inadaptation and chronic stress, affecting the long-term health of people facing discrimination. Meyer (2003: 674) also argues that stigma, prejudice, and discrimination create for people with other sexual orientations a hostile and stressful social environment that causes health problems.

Mink, Lindley and Winstein (2014:510) refer to coping strategies, thus referring to two types of strategies: Positive and negative. Positive coping strategies include those that promote positive self-identity and positive psychological adjustment, such as searching for accurate information and asserting information about sexual minorities, seeking social support, understanding from family members, friends, and other LGBTQ people, as well as through spiritual activities. Negative coping strategies, on the other hand, do not lead to peaceful resolution and can perpetuate stress perceptions, which increase the likelihood of harmful effects/outcomes. As for LGBTQ people, negative coping strategies can foster self-hatred and despair and amplify the association between stress and subsequent negative health outcomes. Examples of negative coping strategies among LGBTQ people include avoiding other individuals with a different sexual orientation, trying to change sexual orientation, hiding, or suppressing emotions (both general and sexual), having sex with multiple partners, and attempting suicide.

## **2. Dimensions of the impact of discrimination against persons with other sexual orientation**

### **2.2. Homonegativity, homophobia and impact on people with other sexual orientation**

In order to support the idea that discrimination has a strong impact on people with a different sexual orientation, I am going to bring to the forefront the dimensions of this problem. An important role in highlighting discrimination and the way discrimination is manifested is homonegativity and homophobia.

MC Dermott and Blair (2012:278) define homonegativity, based on several definitions provided by other authors, as a negative behavioural response (including discriminatory behaviours) directed at an individual who is perceived to have a different sexual orientation. Homophobia, on the other hand, is used as a reference to anti-homosexual practices and ideologies and represents irrational fear or preconceived ideas directed at people with a different sexual orientation (Adam 1998:388). Homophobic behaviours can be found in examples such as verbal and physical aggression, including sexual assault, threats, and harassment (Espeage, Aragon and Birkett 2008: 203. Another way to manifest homophobic behaviour is hate speech. Angi et al. (2014: 19) points out that persons with a different sexual orientation are victims of such behaviours and emphasizes their seriousness by classifications in three categories: hate speech driven by a political personality, those driven by a religious personality, and anonymous discourses often present in the media.



Victims of homophobia are disseminated by gender. In a study by Rampullo et al. (2013: 312), it was found that men with a different sexual orientation were more subject to prejudice than women. Another particularly important thing, highlighted by the authors, is that heterosexual men discriminate to a greater extent than heterosexual women, and the direction in which their homophobic attitudes are directed are found, in particular, male persons.

Roberts (2016: 114-115) brings to the forefront, based on literature, the fact that in recent decades, people's attitudes toward homosexuality have become much more positive in Western countries of the world, but there are still countries where homonegativity still prevails. For example, Muslims, South Africa, and the former European Communist bloc (which includes countries including Romania) promote negative attitudes toward homosexuals, despite pro-gay speeches being held globally.

Which are the factors that determine the homonegativity? To answer this question Stulhofer and Rimac (2009: 24-31) come up with the explanation that political stability, effective law systems, democracy and people's trust in the political system are important factors in diminishing homonegativity. Adamczyk and Cassady (2009: 339-341) emphasize the role of religion, saying that it is often seen as an important predictor of attitudes about homosexuality. However, differences between nations in cultural orientations suggest that the role religion plays in explaining homosexual attitudes may also depend on a nation's cultural context. Many religions tend to label homosexuality as unnatural, impure, and unrighteous (religiously).

In Romania, a country where I highlighted the fact that it is one of those who promote and support homonegativity, we also encounter cultural and religious barriers, but also education. In the study conducted by Zamfir (2008: 60-61) we find that the strongest belief about homosexuality is that it is harmful to society and is found in over 60% of the Romanian population. Here we also find the element "education", the level of education influencing the perception of Romanians on homosexuality, because people with a higher degree of education are more receptive to diversity. Traditional values also influence people's perception, with rural people accounting for 70% who consider homosexuality a danger to society, and urban people accounting for 52%. In the study conducted by Moraru Adela (2010: 5729), based on the differences between gender, education, contact with other homosexuals, age and religion, the following things were discovered: the most tolerant people on the topic of "homosexuality" are those who are between 20 and 30 years old, subjects who have had contact with other homosexuals are much more tolerant toward them, compared to those who have not had contact, students who have completed their years of study are much more perceptive on this subject, the orthodox group was much more intolerant of the Catholics present at the study, or of other religions.

## **2.2 The social and psychological impact of discrimination against people with other sexual orientation**

In terms of the impact that discrimination has on people with other sexual orientation, numerous studies talk about consequences such as social marginalization, addiction to drugs, tobacco and alcohol, the development of anxiety, and even suicide - these are just a few of the sides of the impact.

In a study by Harrison (2003: 108), the subjects of which were young people with a different sexual orientation were outlined a number of stressors to which they are subjected, including: Social stigma, social isolation, school avoidance, running away from home, possible prostitution



(economic survival), hypervigilance, self-hatred, low self-esteem, increased alcohol/drug abuse, family rejection, harassment and domestic violence, possible limited police protection, risk of violence and abuse, lack of adequate social network, depression and risk of suicide, possible job loss, etc. Morrow (2004: 94-96) continues the list with several stress factors, such as emotional stress, internalized homophobia/transphobia, suicide, violence/bullying, family conflict, school performance and sexually transmitted diseases. Between the two patterns of series of impediments that a person with a different sexual orientation encounter, we can find many similarities. In the model of "the discovery of homosexuality" presented by Alves et al. (2016:73) the following problems that people with a different sexual orientation may face are discovered: lack of family support, fear of family exposure, lack of a family member to discuss doubts and fears, lack of a permissive society/heterosexual culture, media ridicule, barriers to experiencing sexual orientation, psychological and behavioural problems.

Research has shown that sexual minorities behave more precarious when it comes to health than heterosexuals, which generate a higher risk of tobacco addiction as well as alcohol and drug abuse (Nystedt, Rosvall and Lindström 2019: 359). Hatzenbuehler et al. (2015: 17) showed that the disparity in sexual orientation in drug use was higher in countries with higher stigma than those with low stigma.

Another worrying element is alcohol consumption and alcohol dependence among people with other sexual orientation. Phillips et al. (2020: 401) they showed in their study that alcohol can contribute to depression and suicide risk, and that poor mental health can precede alcohol consumption (for example, individuals who have suicidal thoughts use alcohol to cope with stress). Kima and Seo (2020:34) tell us that people with a different sexual orientation who experienced bullying were more likely to consume alcohol than heterosexual teenagers. As in the previous study conducted by Phillips et al. (2020) young people with a different sexual orientation are more likely to consume alcohol than heterosexual young people.

Reitzet et al. (2017: 22-26) raise the question that people with a different sexual orientation are at higher risk of anxiety disorders in relation to heterosexuals, and stress factors of sexual minorities, such as experiences of discrimination, may play a causal role in the development of anxiety, and the results of the study confirm these assumptions.

The worst effect that discrimination against people with other sexual orientation can have is suicide. The risk of suicide is higher among young people, especially those who are around 20 years old. Another vulnerable category is that of adults over 65, as they have faced stigmatization for a lifetime, and at an advanced age they can reach the limits of suffering. Suicide rates are higher in older adults with a different sexual orientation than in heterosexuals (National LGBT Health Education Center 2018). Nystedt, Rosvall, and Lindström (2019:359) also raise the issue of suicide, saying that studies over the past decade have indicated that sexual minorities have much poorer physical and mental health than the general population. It has also been found that sexual minorities have a higher risk of mortality from all causes. In terms of psychological health, sexual minorities have been shown to be more likely to suffer from mental disorders, including anxiety and depression. The results of the research conducted by Guz et al. (2020: 5) reinforce the idea that sexual and gender minorities are at increased risk of depression and suicide.

In addition to these psychological aspects, there are also some social aspects. Another key factor in the study of discrimination against people with a different sexual orientation is discrimination in the workplace. Nystedt, Rosvall and Lindström (2019: 359-360) say that in



addition to poor attitudes toward health, sexual minorities have been found to be exposed to an unequal distribution of health protection resources as well as material resources, and in the United States, sexual minorities have been found to have higher rates of poverty and unemployment. Badgett (2007: 19-44) mentions that people with a different sexual orientation face discrimination in the workplace, and besides this, men with a different sexual orientation earn less than heterosexuals and women with a different sexual orientation earn the same, or even better, than heterosexual women.

Takács (2006:31) speaks of another social aspect: The family. It also surprises that if people in the environment do not accept the true nature of a person with a different sexual orientation, it can become invisible in their eyes, which is critical especially for developing adolescents, who are in great need of socialization, recognition, equality and respect. Often people with a different sexual orientation prefer to hide, to become invisible themselves, in order to avoid everything related to discrimination. For people with a different sexual orientation, the most problematic social contexts are school and family. In a 2006 study by ILGA Europe and IGLYO (Takacs 2006: 35-37), it was found that 61% of respondents experienced discrimination in school and 51% in the family. On the other hand, 38% experienced discrimination in their community and 30% in their circle of friends, and 75% encountered discriminatory content in the media. In the same study, the family rejected him. This rejection reflects a fear of social stigma that could affect parents. When they are not prepared to face stigma, they try to convince their family member who has a different sexual orientation to hide their true sexual identity, in order to avoid the shame that the family might be subjected to. This leads to the isolation of that member from his own family. Many respondents do not want to reveal their identity to the family because there may be a homophobic environment there, because of the very severe parents and because they might end up in the street.

People with a different sexual orientation are fighting discrimination in many sectors of social life, and another very important and worth mentioning sector is the school. Espelage et al. (2008: 213) tell us that all adolescents experience negative consequences, especially when parents and school do not support them, and adolescents belonging to sexual minorities need special support, social and institutional support being essential components in maintaining their well-being. The same authors point out that the most affected adolescents are those who are not sure about their sexual orientation. A study by GLEN (Gay, Lesbian, straight Education Network) in 2013 found that 55.5% of students surveyed did not feel safe at school because of sexual orientation, and 37.8% because of gender expression. Another part of the study is related to school absenteeism, also due to lack of safety and fears about their own sexual orientation, with 30%, 3% reporting that they missed school at least one day in the last month. and over a tenth of the students with a different sexual orientation interviewed missed four or more days in the past month. The experiences of teenagers with a different sexual orientation are quite difficult, for them school often means a hostile, risky place, full of physical and verbal violence. (Berry 2018: 506-510).

In addition to moral support, the family can also offer one thing that is extremely important for their children: a home. One study reported that 30%-40% of homeless young people identified themselves as LGBT people. Researchers at children Hospital Boston and Harvard Medical School suggest that this may be explained by the fact that LGBT youth are more likely to be expelled from the family than heterosexual young people, or if this does not happen, they may feel tight and choose to leave on their own initiative (McBride 2012:177).





Another problem highlighted by McBride (2012: 178) is that of health. Here the author points out that medical specializations do not place particular emphasis on sexual orientation. The study, conducted by researchers from Lesbian Gay and transgender Medical Education at Stanford University of Medicine, indicated how little medical training focused on sexual orientation and sexual behaviour of HIV-infected patients received by students, and as a result, the study found that HIV-infected patients received a lot of medical attention. They ignore the complex health problems faced by these patients. The same author points out that because of the discrimination they face or fear, many people with a different sexual orientation have difficulty accessing medical and care services, and therefore face more and more often problems such as the higher risk of suicide, substance abuse and domestic violence.

The health problem is further raised by Bonvicini (2017: 2358) who reports that from the LGBT sphere, transgender people often find themselves in situations of discrimination in accessing medical services, but also in school, work, and many other aspects of everyday life. A 2011 study that surveyed 6450 transgender respondents concluded that 19% of subjects were denied medical care. The same study also indicates that medical universities in the United States do not give even one hour dedicated to LGBT issues.

To conclude this chapter, I will mention a study by the FRA that concluded in a comparative report on equality of persons with a different sexual orientation. Among the important results of the research, discrimination in public places is a priority: 26% of respondents say they have experienced discrimination in places such as cafes, restaurants, and bars, compared to 18% in 2012. The same study also shows us the higher number of LGBT people who are open about their sexual orientation: 52% in 2019 compared to 32% in 2012 (FRA 2020: 12).

### **3. Directions for action on reducing discrimination of persons with other sexual orientation**

#### **3.1 Social policies aimed at discrimination with other sexual orientation**

The approach of a part that includes the protection of persons with a different sexual orientation is important, so I will focus on the policies that exist in Europe, also referring to Romania.

When it comes to welfare issues, people with a different sexual orientation are less visible than other minorities. However, LGBT people are organized, vocal and seeking recognition of rights, which causes some impact on the construction of social policies (Monro 2005: 70).

In 1957 the Wolfenden Report in the United Kingdom disapproved of the equivalence of sin (then called "sodomization") with crime. The recommendations of the treaty were followed by the British government in 1967 with amendments to the sex crimes law and inspired the proposal to amend the American penal code, which removes homosexuality from the list of crimes. However, many states have kept their laws prohibiting homosexuality. Other governments have removed homosexuality from the list of crimes and banned discrimination based on sexual orientation. For example, the South African Constitution of 1996 prohibited discrimination based on sexual orientation, and the European Charter of Fundamental Rights of 2000 includes provisions against discrimination based on sexual orientation. Countries such as Ecuador, Canada and Brazil have protections against discrimination related to sexual orientation embedded in their constitutions, while in the Netherlands and Romania there are laws against discrimination based on sexual orientation (Marvel and Ertman 2015: 770).



Over time, the voices of people with a different sexual orientation begin to be heard, and these things begin with the establishment of associations that represent them. This may be possible thanks to the establishment of the International Lesbian and Gay Association (ILGA) in 1978, and then the establishment of the International Gay and Lesbian Human Rights Commission in 1990 (Roberts 2018: 9).

However, the first mention of homosexuality in human rights representative parts of the United Nations appeared in a 1995 sub-Commission resolution condemning discrimination based on HIV/AIDS status. The resolution initially included nine examples of such groups at risk of becoming infected with HIV, who were socially, economically or legally disadvantaged. It should be noted, however, that until 1993 there was no legal instrument referring to sexuality, when it first appeared in human rights language, in the form of "sexual violence" on women, but without referring to a sexual minority (Kukura 2006: 182).

An important step that Europe is taking in the fight against discrimination against persons with other sexual orientation is legislative in nature. The European Union's 2000-2005 plan included goals such as social inclusion and combating discrimination, both of which were amendments to Article 13 of the Amsterdam Treaty (Takaks 2006: 10). Thus, however, in 2008, recommendations appear in the Official Journal of the European Union which Member States should follow. This Journal recalls that the community shall contribute to supporting and complementing the activities of the Member States with a view to the integration of persons excluded from the labour market and that Article 34 of the Charter of Fundamental Rights of the European Union provides for the right to social assistance and housing assistance for insurance A life worthy of all those who lack sufficient resources (Official Journal of the European Union: 2008).

In 2006, the European Parliament adopted a resolution condemning homophobia, following "cultural wars" following the accession of new countries to the European Union, in 2004 (Stulhofer and Rimac 2009: 24). In particular, according to the Treaty, the European Parliament condemns discrimination on the basis of sexual orientation, Urges the Member States and the Commission to strongly condemn homophobic hate speech or incitement to hatred and violence and to ensure that freedom of demonstration - guaranteed by all human rights treaties - is respected in practice, Calls on the Commission to ensure that discrimination based on sexual orientation in all sectors is prohibited by supplementing the anti-discrimination package based on Article 13 of the Treaty, urges the Member States and the Commission to step up the fight against homophobia through education, such as campaigns against homophobia in schools, Universities and media and so on (European Parliament 2006).

In 2007, the European Council established the FRA (European Union Agency for Fundamental Rights). The objective of the Agency is to provide assistance and expertise to the relevant institutions, bodies, offices and agencies of the Community and its Member States in the implementation of Community legislation on fundamental rights (Andreescu 2011: 214).

Another aspect that provides for the equality of persons with a different sexual orientation is the legalization of marriage. In 2001, the Netherlands became the first country to allow same-sex marriage. Until 2014, this was allowed in 15 other countries: Argentina, Belgium, Brazil, United Kingdom, Canada, Denmark, France, Norway, Portugal, Iceland, New Zealand, South Africa, Spain, Sweden and Uruguay. In Mexico, only three locations allow marriages of people



with a different sexual orientation, but they are recognized throughout the country. The United States has 19 states that allow same-sex marriage (Marvel and Ertman 2015:770).

Andreescu (2011: 212-215) draws our attention to the situation of Romania. From the second half of the nineteenth century to 1930, homosexuals and heterosexuals were treated equally before the law, and in 1878 gay men would be punished only if they were involved in serious acts of violence (e.g., rape). The situation, however, was about to take another turn. In 1937, inspired by the fascist model, Romania decided that homosexuality was illegal. During communism, homosexuals received prison sentences (from 6 to 12 months), and this only happened if they were involved in public scandals. As time passed, the penalties increased, thus reaching the maximum limit of 5 years. With the start of negotiations for EU membership, Romania was forced to change the legislation. Thus, in January 2001, by emergency ordinance, Article 200 that criminalized homosexuality was removed. However, the fate of people with a different sexual orientation did not stop in writing. Romania does not recognize registered partnership or same-sex marriage, although currently laws that oppose people with other sexual orientation are fortunately non-existent. In 2008, at the request of the Great Romania Party, the Senate voted an amendment to change the legal definition of marriage, which since 1953 has been described as a legal union "between spouses". The law effectively banned same-sex marriage in 2009, when the government proposed a new Civil Code. The parliamentary subcommittee responsible for the Civil Code explicitly redefined marriage as a legal union "between a man and a woman."

### **3.2. The role of the social worker in reducing the impact of discrimination on people with other sexual orientation**

I mentioned in the previous subsection some legislative aspects aimed at giving persons with other sexual orientation equal rights. Among the protectors of people, we should also mention social workers, as they are promoters of equality, inclusion and anti-discrimination, which are, of course, only a few aspects.

Dessel and Rodenborg (2017) tell us that recognizing discrimination faced by LGBT people is a particularly important component of professional areas such as law, psychology and social work, and social work students and practitioners should support LGBT rights, because the professional code of social workers promotes social justice. Areas of social work practice such as adoption, mental and physical health care, the military (veterans for example) and other social services intersect with LGBT rights.

Morrow (2004) brings to the forefront the work of social workers and mentions the things they should consider when working with LGBT people: Assessing the development of LGBT identity, assessing the level of "disclosure", evaluating safety, providing educational information about LGBT people, establishing a supportive working environment for LGBT people, campaigning for improved social services, campaigning for social change and campaigning for a much friendlier school environment.

Cole and Harris (2017) mention that sexuality is not the only area where the values of social workers may differ from those of customers. Professionals work day by day with beneficiaries whose values are totally different from their own, and this list could include alcohol and drug use, sex outside of marriage, and child discipline methods. Thus, the authors believe that while there are times when cultural values and norms are different, social workers must overcome these barriers and work equally with all beneficiaries.



Berger (1977: 282) takes a major step in connecting social workers with people with a different sexual orientation and proposes that social workers provide advocacy services to them. The author proposes a model of lawyers and gives examples of some suggestions that social workers can follow, from which I will mention some very important ones, which can be applied globally: the social worker must recognize the legitimacy of homosexual relationships and recognize that they are based on love, social workers can encourage the entities they work for to hire staff specialized in the homosexual work area, social workers should be aware that many homosexuals are adoptive parents (or may become), the social worker and the community can work together to form services for the benefit of homosexual communities (e.g. a counselling center), social workers can support the extension of laws that support homosexuals civil liberties, and the last step in this model is that social workers can participate in research and expand their knowledge in the field of people with a different sexual orientation.

Another aspect worth mentioning in the issue of social worker involvement in working with people with a different sexual orientation is adoption. In Romania, adoption by LGBT people is a controversial topic. On numerous occasions, the Romanian Orthodox Church, through its representatives, has expressed its disapproval on this subject, using even political and media means to reach the citizens (Stan and Turcescu 2007: 177-191). I mentioned in previous chapters that religion is a strong predictor of attitudes toward homosexuality, but another pillar supports the issue of adoption – the legislative one. As mentioned above, marriage between two persons is prohibited, so there is no possibility of adoption as a couple, especially since in Law 243/2004, Art. 6, it is specified that two persons cannot adopt simultaneously, if they are not married, but from the text of this law we can also draw the fact that it can adopt only one person (single parent family). Since discrimination is prohibited by law (Ordinance No 137/2000), some of the barriers to adoption should disappear. However, there are still problems that social pressure causes, problems related to stigmatization, problems created by lack of a supportive environment, barriers that are still huge and difficult to cross by people with other sexual orientation (personal assumption).

Social workers can be enormously powerful pillars in the fight against discrimination against people with other sexual orientation. The sides of social assistance are extremely varied, and LGBT people can easily enter under the umbrella of social assistance, whether it is about promoting rights, adoption, or other types of services. The lack of discrimination must have its roots from here, from within the social assistance, and then be instilled further into other professional branches.

### **Conclusions**

Discrimination against people with a different sexual orientation is a broad topic that can be viewed from a variety of perspectives. Looking at it from a social perspective, I began by referring to conceptual delimitations of the terms used, we have brought to the forefront theories that can be used in studying this issue and explored the area of discrimination based on sexual orientation in the light of the impact it causes and the directions of action to reduce the impact of discrimination. So, I found that homophobia is based on factors such as political stability, trust in the political system and the existence of democracy, education, religion and the existence of traditional values of people. Discrimination against people with other sexual orientation can be found in various contexts such as family, school, work, street, health care, etc. The effects of discrimination are very diverse starting from depression, anxiety, tobacco addiction, alcohol, living



on the street, until the suicide. Regarding social policies for people with other sexual orientation, I have been able to identify some organizations that have a protective role, for example ILGA, FRA, or even the European Council. We also highlighted the role a social worker can play in reducing discrimination, especially on the adoption side, which, at least in Romania, remains a controversial topic.

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