

**Fragmentation and Resilience: Changing Social Spaces for Lesbian and Bisexual Women,
Transgender and Gender Non-Binary Individuals in Romania**

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December 2nd, 2019

Introduction

Significance

Globally, gay, lesbian, bisexual, transgender, queer and questioning (LGBTQ+) individuals experience disproportionate burdens of mental illness and substance abuse disorders as compared to the general population; they are at an elevated risk for experiencing anxiety, depression, and other psychiatric disorders due to experiences of minority stress and marginalization (Fredriksen-Goldsen et al., 2014; Heck, 2015; Israel, Willging, & Ley, 2016). These outcomes are associated with stigma, marginalization, and discrimination, and are exacerbated by a lack of sensitive mental health support for LGBTQ+ people. A recent country-wide survey found that 43.4% of the LGBTQ+ population in Romania has contemplated suicide and 44.7% has attempted suicide at least once (Quinn, 2006). Romania is a nation characterized by its largely religious Christian population, whose Eastern Orthodox Church traditionally held a conservative and negative attitude towards LGBT+ identities (Turcescu & Stan, 2005). Isolation and victimization experiences are commonly cited by the Romanian LGBT+ community and are associated with minority stress and poor mental health (Barnes & Meyer, 2012; Lyons, 2016; Meyer, 1995, 2003; Turcescu & Stan, 2005). There is scant research that examines the context in which LGBTQ+ individuals in Romania lead their lives, and this paper is an effort to contribute towards that gap in order to inform policy and the efforts of local entities that aim support LGBTQ+ individuals.

Background and Setting

In recent years, Romania, along with other Eastern European countries, has begun experiencing several shifts in their cultural values. The policies affecting and attitudes toward the LGBT+ population have become more positive, largely due to pressure from international bodies and organizations such as the United Nations Free and Equal Campaign, and the International Lesbian, Gay, Bisexual, Trans, and Intersex Association (ILGA Europe) (Scott Long, 1998; Woodcock, 2016). However, topics of homosexuality, abortion, and prostitution divide Romanian society, with attitudes varying across different geographical regions, including an urban/rural divide (Turcescu & Stan, 2005).

Transgender and gender non-binary individuals, specifically, face systematic oppression and devaluation as a result of the social stigma attached to their gender nonconformity (Bockting, Miner, Romine, Hamilton, & Coleman, 2013). Manifestations of gender inequality and sexism, which exist in Romania in the form of wage and employment gaps, may contribute to this phenomenon (Andren & Andren, 2015; Popescu, Stanila, & Cristescu, 2015; Vlase & Preoteasa, 2018; Zamfir, 2015). LGBT+ Romanians exist in a highly stigmatizing environment, and yet have shown resilience through the organizing of LGBTQ+ rights activism over the past two decades (Woodcock, 2016). Non-governmental organizations including ACCEPT, MozaiQ, and the Romanian Anti-AIDS Association (ARAS) in

Bucharest, Romania have all contributed to this cause through research, harm-reduction initiatives, event planning, and community building. Research in the United States and Western Europe supports that participation in LGBT+ affirmative social networks and community contributes to positive mental health outcomes (Colpitts & Gahagan, 2016; Lyons, 2016).

Gap in the Literature

Cultural shifts have opened doors for a more visible LGBTQ+ community. Publications exist that observe and describe these groups' contexts, but few actually give voice to individuals from these communities (Andren et al., 2015; Popescu et al., 2015; Vlase et al., 2018). This is a major discrepancy considering that LGBT+ populations are known to experience distress and interact with health services differently due to historical discrimination and heterosexism (Das, 2012; Dworkin, 2003; Fredriksen-Goldsen et al., 2014; Kelleher, 2009). Existing scholarship often focuses on poor mental health outcomes and their correlates in men who have sex with men (MSM) (Bockting et al., 2013; Fredriksen-Goldsen et al., 2014; Heck, 2015; Israel et al., 2016). Significant funding and public health interventions are focused on populations with high HIV prevalence, which is one reason that more research attention has been given to MSM in Romania. However, the role of gender power relations may also contribute to women occupying less of the dominant discourse (Rooman, 2001). In particular, burdens faced by queer women and transgender individuals in Romania are especially not well understood (Andren et al., 2015; Dworkin, 2003; Kelleher, 2009; Meyer, 2003; Popescu et al., 2015; Vlase et al., 2018; Zamfir et al., 2015).

Using the lens of equity, it is clear that research regarding LGBTQ+ experiences is crucial for advocacy, research, and the development of appropriate public spaces for individuals who face homophobia, gender inequality, sexism, and transphobia (Branstrom, 2016; Roman, 2001; Ryan & Rivers, 2003). While this research attempts to encompass the experiences of transgender and non-binary individuals, and of lesbian, queer, and bisexual women in Romania, it should be noted that each of these sub-groups will have had unique experiences which deserve significant further scholarship and documentation outside of this project's scope.

Research Scope and Focus

To contribute towards closing existing gaps in the literature, this research focuses on the experiences of queer cis-women and transgender or gender non-binary individuals, who have been historically excluded from advocacy and research in Romania (Dworkin, 2003; Friedman, 2009; Hatzenbuehler, 2009; Hatzenbuehler & Pachankis, 2016; Hatzenbuehler et al., 2013; Kelleher, 2009; Lelutiu-Weinberger & Pachankis, 2017; Meyer, 2003). For brevity, this paper will refer to this target population with the acronym LBT+. This project investigates how LBT+ Romanians interact with social

spaces and institutions in their environment, and how individual experiences in these spaces vary by demographic factors including gender identity, sexuality, age, and socioeconomic status. Ethnographic notes informed a focus on the influences of social spaces or institutions that are traditionally thought to be helpful in the development of resilience and well-being for LGBT+ individuals (Colpitts & Gahagan, 2016; Lyons, 2016). As dictated by themes that arose in qualitative analysis, the results of this research focus on activist organizations (Rhodes-Kubiak, 2018), LGBT+ friendly clubs and bars (Croff, Hubach, Currin, & Frederick, 2017; Valentine & Skelton, 2003), mental health counseling and psychotherapy resources (Pepping, Lyons, & Morris, 2018; Russell & Bohan, 2007), and social media (Craig, McInroy, McCready, & Alaggia, 2015; Singh, 2013).

Research Question and Central Argument

This study aims to elucidate how the social environment that these LBT+ individuals inhabit in Bucharest, Romania affect their daily lives, wellbeing, and mental health. Previous research has indicated that social support and participation in queer community and networks are important factors in cultivating resilience (Colpitts, 2016; Bockting, 2013), but the LBT+ Romanians who participated in this study described obstacles in this process that are intrinsic to the communities and social networks they occupy. Given that these spaces have been traditionally found to be supportive of resilience, this inquiry was conducted to establish what these spaces represent for LBT+ Romanians.

Methods

Procedures

Qualitative research is very effective for understanding mental health on a community level (Crowe, Inder, & Porter, 2015; Peters, 2010). Over twelve weeks in Summer 2019, I shadowed the community of LGBTQ+ individuals that extended from two non-governmental organizations residing in Bucharest, Romania that are engaged in LGBTQ+ community building and activism, MozaiQ and ACCEPT. I befriended and shadowed queer activists in their work, and also briefly followed them as they traveled around Romania to the cities of Cluj-Napoca, Iasi, and Brasov. Supplemental data was collected in the form of informal qualitative interviews and ethnographic notes. 18 informal interviews were conducted with LGBT+ activists, 10 in Bucharest, 1 in Brasov, 4 in Cluj-Napoca, and 3 in Iasi. These interviews, alongside ethnographic notes, further supplemented conclusions presented later in this paper, but are not used as primary evidence. This immersion helped to guide questionnaire formation and translation, which was done in collaboration with three LGBTQ+ affirmative psychotherapists, Georgiana Nicolae, Monica Manu, and Florentina Lascut, as well as with the guidance of my advisors Dr. John

Pachankis and Dr. Corina Lelutiu-Weinberger, and with the non-governmental organization Romanian Anti-AIDS Association (ARAS).

The primary data collected for this study was transcripts from 8 confidential 2-hour focus groups, each with 6-10 participants. The focus groups were facilitated by myself and one LGBT+ affirmative psychotherapist, who was available to provide individual crisis counseling during or after each focus group as necessary. The strength of the focus group method is that it allows represented group's members to identify what problems affect them the most, discuss shared events, and to co-contrast them with other's experiences. Focus groups have proven to effectively highlight the participating group's concerns, concerns that otherwise tend to be neglected (Powell, Single, & Lloyd, 1996).

While a wide range of themes surfaced during the focus groups, the themes that arose most commonly informed further conversations because the facilitators were trained to encourage deeper discussion in the focus groups. One goal of the focus groups was to have the participants interact with one another as much as possible, with minimal interjection by the facilitators except to keep the conversation focused on topics of interest.

Participants

The participants recruited for focus groups were lesbian-, bisexual-, or queer-identifying cisgender women and transgender or gender non-binary individuals, 18 years of age or older. They resided in Bucharest and were willing to participate in one confidential, but not anonymous, two-hour focus group. It should be noted that though all of the focus groups were conducted in Bucharest, some participants had previously resided elsewhere in Romania, or resided both in Bucharest and elsewhere.

Recruitment

The stigma associated with identifying as LBT+ did make gaining initial access to targeted population difficult. It was most feasible to recruit members of this population through existing social and personal networks by snowball sampling (Valerio et al., 2016), which was used to recruit qualified participants over the course of ten weeks. Key seed community members were identified through their affiliation with one of the non-governmental organizations, and asked to help initially recruit participants. Recruitment was done in four waves, each separated by at least a week, in order to minimize sampling bias. Participants were also recruited through paper advertisements distributed at LGBT+ Pride events and through social media. Individuals were compensated 120 RON for participation and received further compensation of 80 RON per additional participant they recruited; these amounts were deemed by collaborators at MozaiQ and ARAS to not be coercive. Participants signed up through an online survey

that asked for demographic information presented in Table 1, and where they selected a pseudonym that they used for the duration of their participation in the focus groups.

Data and Analysis

The primary data collected for this research consist of transcripts and supplemental notes from eight audio-recorded focus groups. Two focus groups were hosted at the secure office of MozaiQ, and six focus groups were hosted after-hours at secure clinics of the Romanian Anti-AIDS Association (ARAS). The groups were led in both English and Romanian, but all discussion among the participants was in Romanian. The psychotherapists were trained on the questionnaire and on how to guide the focus groups, but also contributed their own biases to the transcripts, which were accounted for in analysis. The transcripts were transcribed and translated from Romanian to English by the LGBT+ affirmative psychotherapists who helped to facilitate their respective focus groups.

Qualitative methods were appropriate to use in this study given their potential for hypothesis generation and exploration of a wide array of themes through an iterative process based on the Grounded Theory methodology (Gubrium, Holstein, Marvasti, & McKinney, 2012; Rubin & Rubin, 2012). Grounded Theory involves the systematic iterative analysis of qualitative data, and the development of a theoretical outline of concepts that is used to draw broader conclusions. I read through each transcript and extracted what seemed to be the most prominent themes. This was done interactively until main thematic categories and their respective sub-themes were created. As new themes arose, they were sorted into broader categories and then added to the general coding scheme.

Results

52 individuals participated in the focus groups, with 38 of them being queer cis-gender women, 18 of whom identified as lesbians and 20 of whom identified as being queer, pansexual, or bisexual. A majority, 35 of the 52 participants, were 18-25 years of age. Only 3 participants identified as Roma, an ethnic group that has been historically marginalized in Romania (Van Baar, 2011). A majority, 30 of the 52 participants, had a high-school education, and 47 of the 52 participants had full- or part-time employment. There was an optional question regarding field of employment, to which 6 participants responded that they do sex work or escort services. General demographic information about each participant is presented in Table 1.

Qualitative analysis yielded major themes and corresponding sub-themes as shown in Table 2, organized from most frequently to least frequently mentioned. Though nine major themes arose in qualitative analysis, four of these themes had the most salient discussion, and are the focus of this project's findings. These four themes were: 1) social media (Craig, McInroy, McCreedy, & Alaggia,

2015; Singh, 2013), 2) participation in activism (Rhodes-Kubiak, 2018), 3) LGBT+ friendly clubs and bars (Croff, Hubach, Currin, & Frederick, 2017; Valentine & Skelton, 2003), and 4) therapy or mental health counseling resources (Pepping, Lyons, & Morris, 2018; Russell & Bohan, 2007).

Findings

Fragmentation: “Inside the Community is a Double Experience” or Instability Within the Community as an Obstacle to Resilience

Drawing from frameworks relating social support and resilience in LGBT+ individuals, I hypothesized that participation in queer social spaces would contribute to the participants’ resilience and psychosocial wellbeing (Kwon, 2013). Social support and LGBT+ resilience framework proponents argue that social support is effective when it supports individuals’ sexual orientation or gender identity. Such support helps individuals to maintain psychological health when faced with prejudice. However, based on my empirical data, participation in social spaces actually had varying degrees of effectiveness for promoting resilience.

Virginia is a bisexual-identifying cisgender woman, 32-45 years old and feminine presenting at the time of the focus group. In the following quote, Virginia explains how she feels unwelcome at LGBT+ friendly bars and clubs because she is perceived as straight, or not accepted as part of the community due to her bisexual identity. This demonstrates the within-group discrimination and exclusion that I observed among those who were perceived as straight. I chose this quote specifically because of the metaphor Virginia uses, comparing her experience in the community to an unsteady romantic relationship. This metaphor is a useful way of describing the way in which participating in the LGBT+ social spaces and institutions around her felt neither like an entirely positive nor negative experience, but a fragmented one that was simultaneously important and dissatisfying:

“Virginia: This is a very good question, which are the safe spaces and which are not. I realize I don’t have a place where I can feel totally safe. At the same time, some of the most painful and complete meltdowns I had were generated by the [LGBT+] community. Because, I’m not at all comfortable when I get yelled at – in Macaz [an LGBT+ friendly bar] for example, “you are so fucking hetero”. Not at all. Not at all comfortable. And receiving those kinds of rejections, those kinds of invalidations, at some point they hit you hard. It’s like in my relationship... That’s why I think inside the community is a double experience: it’s a great place, with great people, and at the same time I know that at any moment something bad could happen... but I think this is a pattern in my life, my relationship is, at once, the place where I’m the most secure and the most

insecure... From my relationship can come the best and the worst. So... when I'm vulnerable, it's extremely bad." (Focus group 1, Bucharest, June 6th, 2018).

Virginia is frustrated by the instability that exists in her relationship with the LGBT+ community, where she feels both the "most secure and the most insecure." This is an interesting dichotomy – to at once feel secure, safe from external prejudice and affirmed in one's identity, and yet insecure, feeling strongly affected by the "invalidations" she faced, by intra-group exclusion. Frustration with LGBT+ spaces was a shared experience among participants from all eight focus groups. Especially with a lack of bisexually-identifying Romanian public figures or celebrities, bisexual subjects often felt overlooked or seen as being neither straight nor part of the queer community, unable to belong. Biphobia and bisexual erasure are not unique to my participants or to the context of Bucharest, but point to a broader trend of frustration within the LGBT+ community. Within the LGBTQ+ umbrella, certain groups have less power and are less included. Other identities that intersect, such as race and class, can further exacerbate these experiences of fragmentation. Virginia's story is emblematic of trends of distrust which permeate her experiences within the LGBT+ community. It is this lack of belonging that I refer to as fragmentation; drawing from psychological frameworks, fragmentation is a state in which community is unable to form due to social obstacles – the antonym of community integration (Balsam, Molina, Beadnell, Simoni, & Walters, 2011).

I will discuss in more detail such findings with a focus on the following social spaces or institutions: participation in online activism and community through social media, participation in offline activism or community organized by non-governmental organizations (NGOs), and at LGBT+ friendly clubs and bars. I will also discuss varying experiences with mental health or counseling resources, which are meant to promote positive mental health outcomes but did not always do so.

Social Media: Gaps Between Online and Offline Participation in LGBTQ+ Community

Experiences with social media varied widely. Previous research on social media and resilience suggests that participation in online LGBTQ+ platforms builds community, provides temporary escape from difficult realities, and serves as a site for activism and "fighting back" in order to feel stronger (Craig et al., 2015). Almost unanimously, focus group participants used social media to interact with other LGBT+ individuals. There was a clear divide in experiences between participants below 32 years old and those above 32 years old, which is consistent with those of age 32 having been at least 13 years old when high speed internet became accessible in Romania in 1999. Younger participants spoke of social media more often, and had more diverse experiences to share about social media than their older counterparts.

Across 7 of the 8 focus groups, participants described how social media helped them connect with other LGBT+ individuals. Multiple participants were not “out”¹ to their friends or family, but were “out” on social media. Participants under 32 seemed to have more positive views towards social media overall than older individuals. In the same way that time spent in the community was a “double experience”, so was time spent engaging with the community through social media. Participants spoke of feelings of isolation that they associated with their time spent communicating with online LGBT+ community, which did not connect to participation in offline LGBT+ community.

Participants described social media as being a very helpful tool in learning about LGBT+ identities and getting in touch with others in the community. Some described this process as having helped them build confidence. However, multiple participants expressed feeling isolated when speaking on the topic of social media. Older participants described more experiences with dating apps like Planet Romeo and Grindr, while younger participants had more diverse definitions of social media were not geared towards dating. Fiona, a queer-identifying cisgender woman in the 18-25 years old group, describes her experience of identity formation through social media during high school at a time when it was not safe for her to come out offline:

“Fiona: For me, honestly, it was the internet. It was the time when Tumblr was on fire, it helped me contact a lot of LGBT+ people... She [my friend] was the first person I came out to. After this I heard some rumors and whispers, so my high-school period was a little uncomfortable. I have found my real safe space when I arrived here [in Bucharest], out of my very religious natal city. Here I have made a lot of friends, either straight or LGBT, and I feel safe whether I’m around them or not, because they gave me that confidence.” (Focus Group 7, Bucharest, July 7th, 2018).

¹ Being “out”, or being open about one’s LGBT+ identity, is a widely discussed aspect of queer life in Western societies. The language surrounding it often dichotomizes between being “out” and public about ones’ identity or “in the closet” and thus completely withholding this information. The reality of coming out is very specific to each person and their given situation, and so my classification of individuals as “out” or not “out” is an attempt at communicating my arguments on a difficult topic with as much simplicity as possible. I place emphasis on the practice of revealing stigmatized sexual desire in a heteronormative cultural context as it may be an indicator of courage and stability, which I believe are connected to resilience and good mental health outcomes. Despite the abundance of work on coming out as gay or lesbian, it should be noted that “coming out” as transgender, non-binary, genderqueer, and bisexual remains understudied, especially in the Romanian context. Multiple public LGBT+ activists who I encountered in Romania, all of whom were gay or bisexual men working on harm reduction and community building, treated sexual orientation and gender identity as analogous, and could not differentiate between them. Due to the lack of research on coming out, readers and scholars should be wary of treating it as though it is a necessary or equal practice that exists homogenously across queer communities (Zimman, 2009).

Fiona describes her engagement with the LGBT+ community first online, during high school, and then offline upon moving to Bucharest after high school. Fiona's quote also reflects the divide in experiences between Bucharest and rural parts of Romania – 15 individuals across seven focus groups spoke of feeling unsafe and facing marginalization in rural spaces prior to moving to Bucharest. For Fiona, it was only her engagement with the offline community that she said “gave me that confidence” to “feel safe whether I’m around them or not.” This suggests a discrepancy between online and offline participation in LGBT+ community, activism, and support. Even among younger participants, comfort levels and the desire to engage with social media varied.

Individuals described social media as being helpful for discovering their identities early in their lives and connecting with other LGBT+ friends, but as being unfulfilling when compared to offline support and social connection. This experience was further exacerbated among those like Fiona who live or lived in rural areas, who were physically isolated from other LGBT+ individuals outside social media. Social media provides a tool for LGBT+ individuals to anonymously explore their identities and connect with others, but it does not translate into offline systems of support that people desire.

Organization-based Community: The Limits of Offline Activist Spaces in Fostering a Sense of Community or Safety for All

In Bucharest, there are multiple LGBT+ affiliated non-governmental organizations that own physical spaces. The two that were most commonly named by participants were MozaiQ and ACCEPT. These groups function as social hubs where LGBT+ individuals can gather and ostensibly feel safe. These groups also organize demonstrations, political actions, and plan social events for the greater community including an annual LGBT+ Pride Parade. Community based organizing has been a staple of LGBT+ civil rights movement of the West (Lev, 2007). Community based organizing has historically been used to mobilize an existing community to participate in activism, utilizing social media and activist support structures to organize actions and push for changes in culture and policy (Lev, 2007). I refer to this subsection by the title *organization-based community* to signal a departure from the priorities and functions that NGOs engaged in community-based organizing have traditionally served. In community-based organizing, NGOs mobilize existing community to activism, and then support the individuals engaged in that activism. An inversion of priorities occurs because Romania's NGOs are faced with the additional burden of transforming a network of LGBTQ+ people into a community. These NGOs serve dual functions, both attempting to foster a sense of community among LGBTQ+ people, and then attempting to mobilize and support those people in advocating for LGBT+ rights in Romania.

Multiple individuals described feeling uncomfortable in these spaces, citing numerous grievances. One common deterrent was the mission of advocacy and these organizations' politically public role.

Participants worried that affiliating with these NGOs, and the community surrounding them, might pressure them to become “activists”. When asked about activism, participants commonly said that it was important but not something that they partook in or had any desire to do. Some participants identified reasons such as wanting to avoid expending the emotional energy that activism would require or wanting to avoid having a public presence. In this quote Lucia, an 18-25-year-old lesbian cisgender woman, responds to a question about attitudes regarding activism:

“Lucia: I've also been to ACCEPT and MozaiQ but I'm not attracted... activism has to be done with rational mind, understanding what you're doing, not going to the street like a crazy person with a banner and scream... Many people in the community say, "How can you have hetero friends? Homophobes!" and they alienate themselves. People in the NGOs are more aggressive, they are those with loud voices and those who are not afraid of discrimination and want to be in the group and go after those with loud voices. And it creates a false perception that the majority hates us. When in fact most people are uncertain, are indifferent, do not know what to believe. This is where we have to work on activism.” (Group 6, Bucharest, June 30th, 2018).

Lucia has negative notions about activism, describing organized protest as “going to the street like a crazy person with a banner and scream[ing].” Lucia associates the members of these NGOs with aggression and blames them for further alienating their community from the rest of society. Lucia’s insights are emblematic of why many participants avoided activism: fear. In this way, negative preconceived notions about activism were an obstacle against participation in LGBT+ community. These NGOs organize some of the only official LGBT+ friendly physical spaces, events, and services available in Bucharest, and yet their activist mission deters individuals from partaking in activities that have the potential to build community.

Not all participants who affiliated with these NGOs identified as activists. Many participants engaged with these NGOs in an informal capacity, attending social and community-building events. However, even among these participants, there was gender-based and appearance-based stigma from within the community. Transgender or non-binary participants felt that their identities were not understood, and that they did not feel welcome at these groups due to a lack of representation among affiliates, staff, and visible activists. Cisgender and transgender women both testified that men dominated these groups. Some individuals who were perceived as straight-acting or looking by their peers felt unwelcome. In this quote, two queer cisgender women participants, Emma who identifies as lesbian and Catalina who identifies as bisexual, discuss their experience when participating in events put on by these NGOs leading up to the LGBT+ Pride parade:

Catalina: Does anyone else have a problem with the fact that they are not perceived (acknowledged) as they identify themselves?

Emma: Yes, for me it's a problem. I would like to be more visible in this aspect, but when people look at me they assume I am straight. This happens inside the community and outside of it. People don't believe me, or take me seriously.

Catalina: Ah, so even inside the [LGBT+] community...

Emma: Yes, even inside the community, and it's a little strange for me, because I identify very strongly. I mean it's a very important part of my existence, the fact that I'm gay." (Group 3, Bucharest, June 16th, 2018).

Catalina and Emma echo an experience that was common among the participants – feeling as though because their appearance was normative to expected gender roles, they were not accepted as members of the LGBT+ community surrounding these activist NGOs. These experiences contrast the assumption that LGBT+ identified spaces are necessarily LGBT+ affirmative spaces that support all subgroups of the queer community. This was a conundrum for people seeking community, in which some individuals who did participate in NGO-centric community felt uncomfortable or alienated, but those who did participate not felt unable to otherwise interact with their community.

LGBT+ Friendly Clubs and Bars: Discomfort in Offline LGBT+ Social Spaces

Experiences regarding LGBT+ friendly clubs and bars were generally positive among younger individuals, and among queer cisgender women. Clubs and bars were the most common safe spaces cited by participants. Some bars – Control, Thor's Hammer, and Macaz were all named – catered to a mixed crowd of queer friendly foreigners and locals. Control was a club that specifically catered to gay men though it also had one "lesbian night" a week. Experiences differed among axes of age and socioeconomic status. Participants who made less money or were unemployed shared that were not able to afford these spaces.

Transgender individuals unanimously expressed that they did not feel comfortable in these spaces. Transgender women participants testified feeling uncomfortable when in groups with other transgender women. In the following quote, three transgender women Alexandra, Ariana, and Pamela speak with the psychotherapist Flori facilitating the focus group. They describe their friendships with other transgender women and their decision not to socialize with them in public spaces:

Alexandra: I choose my entourage carefully. I'm super sensitive... I do not like to feel discriminated.

Flori: What are you avoiding?

Alexandra: Discrimination. People who look strangely at me. I avoid standing out. Avoid certain people.

Pamela: Clubs

Ariana: Clubs with cocks.

Alexa: Areas identified as dangerous.

Flori: What are these areas?

Alexa: Public spaces in general.

Alexandra: Not dangerous, because nobody hits you. If I go alone with girls, I do not have any problems. If I go out with all of my transsexual [sic] friends, we already ...

Ariana: We stand out.

Alexandra: And also, by myself, alone, I do not have problems.

Ariana: If we're in a group, we draw attention." (Group 2, Bucharest, June 10th, 2018).

Transgender women described feeling comfortable only among cisgender friends, likely because they felt as though they could pass as cisgender when in their company. Though they may have had confidence in their identities, they still feared the repercussions of being out in public spaces and recognized as transgender. Alcohol and drinking were cited frequently in conjunction with time spent in clubs or with friends in general, sometimes outside of clubs. This is especially important in relation to coping strategies, which are otherwise deleterious to health if excessive.

Encountering Homophobia and Transmisogyny in Mental Health Counseling Resources

With fragmentation in both offline and online LGBT+ social spaces as an obstacle against community engagement and social support network formation, one alternative for resilience development may be psychotherapy. While professional mental health counseling is expected to help mental health outcomes and resilience, this is not always the case for LBT+ individuals. Participants frequently reported homophobic and transmisogynistic experiences with mental health professionals in Bucharest. Other participants reported never feeling comfortable enough to share their LGBT+ identity with their therapist. Experiences with mental health counseling resources were openly spoken about, but few described them as useful or fulfilling. The few positive instances shared were with counselors from ACCEPT, but multiple participants also described being unable to access these counselors for an extended period of time due to the overwhelming numbers of individuals who sought their capacity-limited counseling

services. A majority of the experiences described fall into one of three categories: (1) individuals did not disclose their sexual preferences or gender identity to their counselor; (2) individuals who had disclosed their sexual preference or gender identity to their counselor and then faced negative consequences; (3) individuals who did not seek or find a therapist or could not afford one.

In the second category, these consequences included the burden of educating clinicians with no experience or training in LGBT+ affirming therapies. Multiple participants described having to explain their identities to therapists and attempting to change their therapists' negative and pathologizing beliefs or opinions about LGBT+ persons during the counseling process. One set of experiences were like those shared by Emma and Fiona, who shared experiences in which therapists had been homophobic:

“Emma: I got this feeling that the therapist thought I like girls because I was depressed, and when I did specify this is how I feel, she wanted to leave room for me being with a boy in the future.” (Group 1, Bucharest, June 6th, 2018).

“Fiona: I too went to a psychotherapist in the 12th grade, and I told her [I am gay] and she had a mixed reaction. I don't think I explained to her very clearly, and she didn't know too much about what it meant to be queer and stuff either. She felt like she had to call my mother and talk to her privately. She wasn't negative towards me, though, she just asked some questions. My mother was in denial at the time, she didn't want to accept it, even though it was the second time I had come out to her. And the psychotherapist asked me whether I wanted to go to a psychiatrist.” (Group 7, Bucharest, July 7th, 2018).

These examples represent a common experience, where homophobia infiltrated interactions between patient and therapist. Emma speaks about her queer identity being invalidated, and her sexuality assumed to be a symptom or negative byproduct of her depression. Fiona speaks about the frustration of having a therapist unknowledgeable on LGBT+ identities. Multiple participants who had problems with substance abuse disorders and addiction also described having difficulty finding or accessing qualified counselors, and a burden of having to explain their treatment among those who did find counselors. Others had more traumatic experiences with their therapists. Some cisgender female participants shared difficult stories of discrimination and gendered verbal or physical assault, describing how sexism permeated their involvement with therapists. In this quote, Virginia shares an emotional example of this:

“Virginia: For me, the worst experience was not with a therapist, but with a psychiatrist. I was really depressed, I felt really lonely and everything, and when I visited him in his office, he sent my mother out and he tried to fix me by feeling me up, so I could emotionally unblock myself.

This happened in the late '90s. On the other hand, one can't have any guarantees this doesn't still happen anymore. That was the worst. Another experience was the therapist that had a crush on me.” (Group 1, Bucharest, June 6th, 2018).

Virginia describes multiple situations where her therapists violated professionalism and acted in inappropriate ways. These experiences are especially poignant among transgender individuals, who rely on their relationship with a psychiatrist to gain approval for gender-affirming treatment and documentation. Transgender participants described difficulty in obtaining hormone treatment in Romania, and sometimes shared experiences of individuals obtaining hormones through illegal means without first consulting with a healthcare provider.

Some individuals, who participated in the groups, were psychology students. They brought a unique insight into their experiences at school. In this quote, Georgiana, Raul, and Pinky, three psychology students who attended a focus group together, share their experience:

“Georgiana: The notion that homosexuality is a sexual disorder was removed from the psychology manuals a long time ago, so by now all the psychotherapists, even the older ones, should have been informed and adapted their practice.

Raul: Yes, but many of them have kept their old beliefs and views.

Pinky: It was even removed from DSM, the psychiatric manual, but studying psychology at college I noticed many courses are not updated. For example, the psychopathology course listed homosexuality among other sexual deviancies, like pedophilia. Another example: the definition of a transgender person [we were taught] was wrong. ‘A person who is attracted to other persons of the same gender but acts as though of the opposite gender,’ that was the definition the psychology students were learning. So what expectations can we have, when this is what is happening in the present, at the University psychology department?” (Group 7, Bucharest, July 7th, 2018).

Though psychotherapists can be educated about LGBT+ identities and affirmative therapy, cultural attitudes towards LGBT+ persons are slow to change. The experiences of these students reflect how the psychology education system in Romania is acting as a site of structural stigma by perpetuating homophobic narratives that serve to further marginalize the LGBT+ community. LGBT+ individuals are unable to access psychiatric and mental health counseling resources they need due to a lack of LGBT+ affirmative mental health counseling resources. The burden of providing such resources cannot be placed solely on NGOs like ACCEPT, which are run by and for the LGBT+ community. The burden of

sustainably providing such resources must be placed on institutions that can monitor patient feedback regarding therapists and ensure that therapy and counseling resources are LGBT+ affirmative, accessible, and available.

Conclusion

Implications and Recommendations

Previous frameworks have argued that LGBT+ individuals thrive despite marginalization when they have supportive social networks (Colpitts, 2016). This project's participants shared intra-group exclusion, discrimination, and stigma experiences that can be attributed to fragmentation in the community. This challenges previous research and conventional wisdom, which dictate that participation in LGBT+ community and social networks serve as an automatic, necessary, or sufficient conduit for social support and resilience (Colpitts & Gahagan, 2016).

In addition, while professional mental health counseling may be assumed to be an alternative to informal or organization based social support, participants in this study also reported negative experiences with mental health professionals in Bucharest who espoused homophobic and transmisogynistic beliefs. For psychologists and researchers who aim to improve the well-being of LBT+ individuals in Romania, it is not enough to understand the factors that lead to suffering in this population. It is crucial to understand where these individuals find their social support and what obstacles exist that prevent them from doing so. With such a specific understanding established, future interventions and research may focus more on activism's role in this community, the LGBT+ affirmative mental health and counseling resources availabilities, and the maintenance of specific online and offline affinity groups and spaces for LGBT+ individuals of specific identities to connect. A more nuanced documentation of the social environment in which Romanian LBT+ individuals live and its effects on their daily lives may also inform effective interventions and future research.

The presence of fragmentation in the LGBT+ community undermines the potential for social spaces and institutions to promote resilience. Fragmentation in the LGBT+ community acts as an obstacle in forming healthy relationships between individuals and their communities, and this fragmentation permeates both online and offline spaces. The following are recommendations that draw from the findings of this project, and aim to create supportive spaces that promote resilience for LBT+ individuals:

Participation in LGBTQ+ community that is associated with NGOs can imply an activist requirement that those looking for only social engagement will shy away from. The community would benefit from spaces that are strictly for social purposes, including counseling and community building, but that have no activist agenda. Future interventions to train activist organizations in interpersonal support and inclusion methods would also be beneficial.

Transgender participants described a lack of public spaces that they felt comfortable inhabiting together. The inception of new group-specific community spaces and events, such as those focused on lesbian/queer women or transgender individuals, may help individuals form social networks without fear of intra-group exclusion. To be more accessible, these spaces and events should not be held at bars/clubs or institutions associated with alcohol or that have an implied cost of entry.

Individuals who attended the focus groups almost unanimously expressed gratitude for the chance to share their experiences in a safe and moderated setting, and gave positive reviews of the experience. One effective intervention could be establishing support groups moderated by an affirmative mental health counselor, focused on providing spaces for identity-specific individuals to develop unique community and interpersonal support. There is a major need for LGBT+ affirmative and accessible mental health and counseling resources in Romania. Social media may serve as a useful tool in connecting individuals to these resources, and making them more available.

Limitations

This study had a number of limitations. The first has to do with the social environment in which this research was being conducted. The data collection method required non-anonymous participation, which may have biased who chose to participate away from those whose voices may be needed the most. Participants had to have a threshold of comfort with their identities, and enough financial and social stability, to participate and risk being recognized by other participants.

Among lesbian women, bisexual/queer women, and transgender or gender-nonbinary individuals, the way the participants experienced their social environment varied greatly based both on their identities and the ways in which they were perceived by others. Factors including age, race, and socioeconomic status all played a major role in how participants interacted with social spaces and institutions, and there were marked divides when it came to age. Among the participants, there were certain groups that were not well represented. These included individuals who identified as gender non-binary or transgender men, participants who identified as ethnically Roma, participants who had lived in rural areas, participants older than 32 years of age, and participants who were unemployed.

It may not be appropriate to impose Western understandings of social and cultural categories that intersect with identities within the LGBT+ umbrella to Romania's unique context. The pronounced sexism that exists in Romania likely points to a different timeline for the Romanian LGBTQ+ rights movement than in the United States. It should be noted that cultural categories like the LGBT+ umbrella are constructs exported from the Western LGBT+ civil rights movement, and that they may take on different meanings in the context of Romanian society. For example, there are no commonly known words for "transgender" or "genderqueer" in the Romanian language, and so many participants, including

transgender individuals, referred to themselves or others as “transsexual,” a term that is considered a slur in America. Furthermore, many participants did not understand how sexuality and gender were defined, and used the terms interchangeably. While the facilitators worked to ensure that participants’ identities were clearly recognized, some information may have been literally and figuratively lost in translation. The process for creating new language requires an acknowledgement of a need for that language, and so it is a slow process to create and accept identity-based and social categories.

While I compare activism structures in Bucharest to that of community-based organizing used in the Western LGBT+ civil rights movement, this framework must be interpreted in the historical framework and timeline of this country’s movement toward LGBT+ rights. The Romanian LGBT+ rights movement began only after the end of socialism, and became legal after anti-discrimination policies were adopted by Romania during its entry to the European Union (EU) in 2007. The work of organizing-based community is thus twofold, both to create a community where there is not one, and to work towards LGBT+ affirmative policy and recognition. LGBT+ activists in Romania and those working in the NGOs, namely ACCEPT and MozaiQ, are doing important work. This paper’s community section’s findings are meant to accurately reflect the attitudes of LBT+ individuals towards activism and NGO-based community as collected during the focus groups. I spent a long time shadowing the LGBT+ activists, who ran these NGOs, and had many informal interviews and conversations with them while I was working on the ground. The most unfortunate reality of this organizing-based community structure is the burden that these activists must constantly bear and the extreme pressure they face both from within the community and from the outside.

All recommendations provided in the conclusions and implications sections of this paper arise from recommendations by the participants themselves, or from my personal observations and conversations as a researcher living on the ground for the span of ten weeks. This research may be limited in its generalizability due to the nature of the demographic factors of the sample recruited not reproducing that of the LBT+ population at large. Only three participants shared that they identified as Roma, an ethnic group that has historically been and still is marginalized in Romania (Van Baar, 2011). There may also be bias on information shared within a given focus group depending on the relationships among the participants – friends, family, strangers, or shared history.

Ethics

Pseudonyms were utilized for each group meeting or interview. All transcripts were de-identified. Participants were verbally walked through the consent document, and consent as well as promises of confidentiality were collected both verbally and on paper. It was emphasized to participants that their identities were to remain confidential, but that participant confidentiality cannot be ensured and that this should be taken into consideration. This may have affected the group's content, but hopefully served to break down reservations that individuals might have had about sharing their experiences rather than adding to them. The following documents are attached:

Appendix A. Script for online recruitment

Appendix B. Consent

Appendix C. Resource Sheet (provided to all participants)

Appendix D. Interview Guide

Appendix A. Script for online recruitment

Invitație de recrutare

Buna, numele meu este Bri Matusovsky. Sunt student la Universitatea Yale, în cadrul departamentului Global Health. Fac un studiu asupra factorilor care afectează sănătatea emoțională și percepția identității femeilor lesbiene sau bisexuale și a persoanelor transgender care trăiesc în București. Am pus bazele acestei cercetări în colaborare cu Asociația Română Anti-SIDA (ARAS), cu organizația non-guvernamentală MozaiQ și cu mai mulți psihoterapeuți formați în lucrul cu LGBTQ+ care trăiesc în București. Dacă sunteți o femeie queer sau o persoană transgender de orice gender sau non-binary, aș avea nevoie de ajutorul dvs.

Participarea la această cercetare presupune o discuție despre experiențele dvs personale, organizată într-un grup mic, cu reguli stricte de confidențialitate (focus group), împreună cu alte femei queer/lesbian/bisexual sau persoane transgender din București. Întâlnirea va dura două ore. Participarea dvs va fi recompensată cu 120 lei. De asemenea, veți fi recompensat/ă încă 80 de lei dacă recomandați un/o prieten/ă care este, de asemenea, o femeie lesbiană sau bisexuală sau o persoană transgender, pentru a participa cu dvs. sau pentru a recomanda pe cineva care participă mai târziu.

Dacă aveți întrebări sau doriți să aflați mai multe și, eventual, să participați la cercetare, mă puteți suna la telefon: [REDACTED], sau Whatsapp: [REDACTED], sau mă puteți contacta prin e-mail <bri.matusovsky@yale.edu>.

Appendix B. Consent

Comitetul pentru subiecți umani - Șablon de consimțământ verbal / scris Consimțământ informat verbal / scris în vederea participării la un studiu de cercetare

Bună, numele meu este Bri Matusovsky, iar eu sunt student la Universitatea Yale din Statele Unite. Fac un studiu de cercetare pentru a examina experiențele femeilor queer/lesbian/bisexual și ale persoanelor transgender care trăiesc în România. Această cercetare se realizează în colaborare cu organizațiile non-guvernamentale MozaiQ și Asociația Română Anti-SIDA (ARAS).

Participarea la acest studiu va implica un focus grup, în care voi pune întrebări despre viața dvs. Implicarea dvs. va necesita până la două ore și veți primi o compensare de 120 lei, chiar dacă alegeți să nu participați sau să plecați mai devreme.

Care sunt posibilele riscuri sau disconforturi?

Ca și în cazul tuturor cercetărilor, există riscul de încălcare a confidențialității informațiilor pe care le colectăm de la dvs. - noi luăm măsuri pentru a minimaliza acest risc. Singurul risc anticipat pentru acest studiu este că vă poate emoționa. Participarea dvs. la acest studiu nu implică niciun risc fizic iar riscul emoțional este cel al vieții de zi cu zi. Cu toate acestea, veți putea vorbi despre subiecte emoționale sau dificile. Dacă vă simțiți în dificultate, sunteți liberi să ieșiți din cameră în orice moment și să vă întoarceți în orice moment. Va fi disponibil un psiholog licențiat sau psihoterapeut care a fost instruit în tematica LGBTQ + și va putea vorbi afara cu dvs. dacă vă simțiți în dificultate.

Care sunt beneficiile posibile pentru alții sau pentru mine?

Este puțin probabil să aveți un beneficiu direct de a fi în acest studiu de cercetare. Acest studiu este conceput pentru a afla mai multe despre stigmatizarea cu care se confruntă femeile lesbian/bisexual și persoanele transgender din România. Deși acest studiu nu vă va aduce beneficii personale, sperăm că rezultatele noastre vor contribui la cunoașterea circumstanțelor persoanelor LGBTQ + din România.

Cum veți proteja informațiile pe care le colectați despre mine și cum vor fi partajate acele informații?

Toate răspunsurile dvs. vor fi confidențiale. Numai cercetătorii implicați în acest studiu și cei responsabili de supravegherea cercetării vor avea acces la informațiile pe care le furnizați. Răspunsurile dvs. vor fi audiotaped. Din păcate, înregistrarea audio nu este opțională. Dacă nu sunteți confortabil cu înregistrarea audio, atunci nu veți putea participa la acest studiu. De asemenea, nu putem garanta că fiecare membru al acestui grup de discuții nu va împărtăși ceea ce aude astăzi.

Rezultatele acestui studiu pot fi utilizate în publicații și prezentări. Datele dvs. de studiu vor fi tratate cât mai confidențial posibil. Dacă rezultatele acestui studiu sunt publicate sau prezentate, numele individuale și alte informații de identificare personală nu vor fi utilizate. Pot să citez comentariile dvs. în prezentări sau articole care rezultă din această lucrare. Pseudonimele vor fi folosite pentru a vă proteja identitatea.

Pentru a minimiza riscurile legate de confidențialitate, vom distruge toate fișierele audio odată ce sunt transcrise. Toate datele audio vor fi transcrise și traduse în limba engleză, dacă este cazul, și apoi codificate în text. Toate datele vor fi stocate în serverul Yale Secure Box sau în serverele Asociației Anti-SIDA (ARAS). Informațiile pe care le furnizați vor fi păstrate în format text până când studiul va fi finalizat.

Rețineți că în timp ce noi (cercetătorii) păstrăm confidențialitatea și le reamintim tuturor participanților că ceea ce se spune în grup nu trebuie să fie repetat în afara grupului, nu avem control asupra a ceea ce se întâmplă în afara grupului. Vi se reamintește să nu împărtășiți nimic din ceea ce nu doriți să repetați în afara acestui grup.

Este posibil să împărtășim datele pe care le colectăm de la dvs. pentru a fi utilizate în viitoare studii de cercetare sau cu alți cercetători - dacă împărtășim datele pe care le colectăm despre dvs., vom elimina orice informații care ar putea să vă identifice înainte de a le partaja.

Compensație financiară

Participarea la acest studiu nu va implica nici un cost pentru dvs. Veți primi 120 de lei pentru participarea la acest studiu. (Voucherele vor fi oferite acum).

Care sunt drepturile mele ca participant la cercetare?

Participarea la acest studiu este voluntară. Nu trebuie să răspundeți la nicio întrebare la care nu doriți să răspundeți. Dacă, în orice moment și pentru orice motiv, ați prefera să nu participați la acest studiu, vă rugăm să vă simțiți liberi să nu. Dacă vreți să nu mai participați în orice moment, vă rog să-mi spuneți. Putem să luăm o pauză, să ne oprim și să continuăm la o dată ulterioară sau să ne oprim cu totul. Puteți să vă retrageți din acest studiu în orice moment și nu veți fi penalizați în nici un fel dacă decideți să nu mai participați.

Dacă decideți să vă retrageți din acest studiu, cercetătorii vă vor întreba dacă informațiile deja colectate de la dvs. pot fi utilizate.

Sunteți liber să refuzați să participați, să încheiați participarea în orice moment din orice motiv sau să refuzați să răspundeți la orice întrebare individuală fără penalități. Decizia dvs. de a participa sau nu la acest studiu nu va afecta, de asemenea, relația dumneavoastră cu MozaiQ, Asociația Română Anti-SIDA (ARAS), Universitatea Yale sau cu orice cercetători afiliați. Decizia dvs. de a participa sau nu la acest studiu nu va afecta compensația dvs. de 120 lei.

Excepție: dacă ne gândim că intenționați să vă răniți pe dvs. sau pe ceilalți, vom notifica persoanele potrivite despre aceste informații. Recomandările sunt disponibile dacă doriți să vorbiți cu un medic licențiat în domeniul sănătății mintale.

Dacă aveți întrebări legate de acest studiu, ma puteți contacta, Brian Matusovsky, la +1 (310) 9667769 sau la bri.matusovsky@yale.edu. De asemenea, o puteți contacta pe Ludmila Verdes, director de cercetare la Asociația Română Anti-SIDA (ARAS) la +40746.012.362 sau la ludmilaverdes@gmail.com.

Dacă doriți să discutați cu altcineva decât cu cercetătorii despre anumite problemele sau preocupări, sau în situațiile în cazul în care un membru al echipei de cercetare nu este disponibil sau pentru a discuta despre drepturile dumneavoastră ca participant la cercetare, puteți contacta Yale - Comisia pentru Subiecți Umani din cadrul Universității, (+1) 203-785-4688, human.subjects@yale.edu. Informații suplimentare sunt disponibile la <http://www.yale.edu/hrpp/participants/index.html>

Aveți vreo întrebare în acest moment? Doriți să participați la studiu?

Consimțământ

Am citit acest formular și mi s-a explicat studiul de cercetare. Mi s-a oferit ocazia de a pune întrebări și au răspuns la întrebările mele. Dacă am întrebări suplimentare, mi s-a spus pe cine să contactez. Sunt de

acord să particip la studiul de cercetare descris mai sus și să primesc o copie a formularului de consimțământ.

Va rugam sa ne spuneti daca aveti o sursa principala de venit si care este aceasta?

Numele participantului (tipărit)

Semnătura participantului

Data

Appendix C. Resource Sheet (provided to all participants)

Listă de referințe pentru București

Vă mulțumim pentru participarea dvs. la acest studiu. Poveștile și experiențele pe care le-ați împărtășit vor contribui la o mai bună înțelegere a contextului în care trăiesc femeile lesbiene și bisexuale și persoanele transgender în România. Dacă aveți întrebări sau doriți să participați la cercetare, pot fi contactat la numărul de telefon +1 (310) 966.7769 sau pe mail : <bri.matusovsky@yale.edu>.

Iată o listă de resurse care vă pot fi de folos:

Terapie afirmativă LGBTQ+ în București:

Georgiana Nicolae – Psihoterapeut formată în lucrul cu LGBTQ+

Telefon: 0745 985 654

Adresă: Str. Gheorghe Pop de Basesti nr 53, București

Florentina Lascut – Psihoterapeut formată în lucrul cu LGBTQ+

Telefon: 0728 100 912

Adresă: Str. Gheorghe Pop de Basesti nr 53, București

Email: terapiepsiho@gmail.com

Website: www.consilierepsiholog.ro

Monica Manu – Psihoterapeut formată în lucrul cu LGBTQ+

Telefon: 0745 152 808

Adresă: Str. Haltei nr 18, București

Email: terapiepsiho@gmail.com

Website: www.consilierepsiholog.ro

Adrian Andreescu – Psihoterapeut formată în lucrul cu LGBTQ+

E-mail: adrian.research@yahoo.com

Website: <https://www.facebook.com/Adrian.therapeutic>

Organizații non-guvernamentale:

Asociația Română Anti-SIDA (ARAS)

Servicii pentru prevenirea HIV / SIDA și a altor BTS, inclusiv informare, educare, distribuirea prezervativelor, schimbul de seringi, servicii medicale și sociale de bază, trimiterea la alte servicii, consiliere și testare BTS

E-mail: aras@arasnet.ro

Website: <http://www.arasnet.ro>

Asociația pentru drepturile persoanelor LGBTQIA+ MozaiQ

MozaiQ își propune să dezvolte comunitatea LGBTQIA+ din România prin solidaritate și încredere reciprocă, rezultate din activitățile sociale, o prezență pe scena culturală alternativă, precum și o atenție deosebită acordată diverselor grupuri din comunitate: persoanele roma LGBTQIA+, persoanele trans, persoanele HIV+, lucrătorii sexuali, persoanele LGBTQIA+ aflate într-o situație socio-economică precară, persoanele cu abilități diferite, precum și seniorii și tinerii.

E-mail: office@mozaiqlgbt.ro

Phone: +40 730 924 433

Facebook Chat: @mozaiqromania

Asociația pentru drepturile persoanelor LGBTQIA+ ACCEPT

Oferim suport și susținere persoanelor din comunitatea LGBTQIA, un loc unde oricine își poate exprima liber temerile, gândurile și problemele personale, un loc unde oricine poate vorbi în siguranță, liber și deschis despre sentimentele actuale sau planurile pe viitor.

Website: <http://www.acceptromania.ro/consiliere/grupuri-de-suport/>

Adresă: Str. Lirei nr. 10, sector 2, cod 021422

Email: accept@acceptromania.ro

Telefon: Tel: +4021 252 56 20

Appendix D. Interview Guide

Ghid de interviu

Pe tot parcursul discuției, persoana care ia interviul trebuie să urmărească experiența povestită de participanți și să adreseze întrebări care să ne ajute să înțelegem cât mai bine detaliile acestei experiențe.

Cel care ia interviul trebuie să țină permanent cont de următoarele aspecte:

- Stabilirea unei relații de încredere cu participanții
- Încurajarea conversației între participanții la grup
- Ascultarea activă
- Exprimarea curiozității, dar într-un mod adecvat și respectuos
- Dezvoltarea subiectelor de discuție care au apărut în mod neașteptat

Instrumente generale de sondare a temelor:

- Poți să-mi spui mai multe despre asta?
- Ce ai vrut să spui atunci când ai menționat “_____”?

Script-ul introductiv va fi prezentat direct, înainte de a vorbi despre documentele de consimțământ și de colectarea consimțământului verbal și scris:

Vă mulțumim că ați fost de acord să ne întâlnim astăzi. Pentru studiul nostru, încercăm să înțelegem setul specific de experiențe care sunt unice pentru femeile lesbiene sau bisexuale / persoanele transgender care trăiesc în România. Suntem foarte interesați de aspectele pozitive și negative ale experiențelor dvs. de viață care s-au datorat în special identității dvs. Dorim să înțelegem ce forme pot lua, în această societate, discriminarea și stigmatizarea -cum ar fi abuzul verbal sau violența - și în ce forme apare sprijinul social - cum ar fi centrele comunitare sau evenimentele LGBTQ + Pride.

Pentru a ne asigura că avem o transcriere corectă a conversației noastre pentru analiza ulterioară, dorim permisiunea dvs. să înregistrăm sonor conținutul acestui focus grup. Dacă vreți să opriți înregistrarea în orice moment, vă rugăm să ne anunțați și vom face acest lucru. Numele dvs. nu va fi identificat.

În plus, participarea este complet voluntară: aveți libertatea să refuzați să participați, să vă opriți în orice moment din orice motiv sau să alegeți să ignorați orice întrebare. Toate informațiile vor fi păstrate strict confidențial și nici o informație de identificare despre dvs. nu este inclusă în procesul-verbal. Înregistrările audio vor fi șterse de îndată ce conținutul discuțiilor va fi transcris în mod exact.

Înainte de a începe, avem permisiunea dvs. de a porni înregistrarea? Dacă vreți să opriți înregistrarea în orice moment, vă rog să-mi spuneți. Vă rugăm să respectați pseudonimele alese de dvs. din acest moment.

Întrebări:

1. Vă rog să vă descrieți identitatea sexuală și preferințele sexuale.
 - a. Identitatea dvs transgender/bisexuală/lesbiană este cunoscută public?
 - b. Sondare:
 - i. Dacă nu, de ce credeți că este așa?
 - ii. Ați dezvăluit statutul dvs prietenilor apropiați și familiei?
 - iii. Dacă da,
 1. Ce atitudini/sentimente au familia și prietenii dvs despre identitatea dvs sexuală sau de gen?
 2. Cum au reacționat când le-ați spus?
 - iv. Dacă nu,
 1. Ce vă reține să împărtășiți această informație cu ei?
 2. Cu cine împărtășiți această informație?
 3. Care sunt persoanele cu care vă simțiți confortabil să discutați despre identitatea dvs?
2. Cum ați descrie starea dvs emotionala în ultima perioada?
 - a. Sondare:
 - i. În ce măsură starea dvs emotionala are un impact semnificativ asupra vieții dvs cotidiene?
 - ii. În ce măsură credeți că această stare se datorează sexualității sau genului dvs?
3. Participanții anteriori ne-au povestit ca s-au confruntat cu situații de stigmatizare și discriminare din cauza identității sau sexualității sale. Dvs. ați experimentat astfel de situații?
 - a. Ce forme au luat aceste stigmatizări și discriminări?
(*Notă pentru intervievator: menționează cum experiențele descrise anterior au inclus porecle, bullying, violență, etc.)
 - b. Sondare:
 - i. Cum s-au schimbat aceste experiențe de-a lungul timpului?
 - ii. Când s-au întâmplat aceste lucruri?
 - iii. Cât de frecvente (sau obișnuite) au fost aceste experiențe?
 - iv. Descrieți orice sursă de suport sau influențe pozitive
4. Exista locuri unde vă simțiți confortabil să fiți deschis/ă în legătură cu identitatea dvs?
 - a. Descrieți aceste spații. Ce le face să fie sigure?
 - b. La polul opus, există locuri în care este în mod special important să vă ascundeți identitatea sexuală/de gen?
 - c. Sondare:
 - i. În ce măsură sexualitatea/genul dvs au/au avut o influență în mediul dvs profesional?
 - ii. În ce măsură sexualitatea/genul dvs au influențat dezvoltarea dvs școlară/academică?
5. Este ceva ce nu am întrebat, dar dvs considerați că ar fi de ajutor pentru noi în a înțelege cât mai bine cum este să fii transgender sau femeie lesbiană/bisexuală în România?

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Table 1: Demographics of Participants

Category	Number of Participants
Gender	52 (total participants)
Cisgender female	38
Transgender female	8
Transgender male	3
Non-Binary or Genderqueer	3
Sexuality (Cisgender women)	38
Lesbian	18
Bisexual/Pansexual/Queer	20
Age	52 (total participants)
18-25	35
25-32	6
32-45	7
45-60	4
Education	52 (total participants)
Middle School or Equivalent	4
High School or Equivalent	30
Bachelor's Level or Equivalent	11
Postgraduate Study	7
Employment	52 (total participants)
Employed (full or part-time)	41
Sex Work / Escort Work	6
Unemployed	5

Table 2: Themes and Sub-themes from Qualitative Analysis, with themes organized from most to least frequent:

1. Social Environment
 - a. Family
 - b. Friends
 - c. Education/School
 - d. Workplace Environment
 - i. Sex Work
 - e. Feelings of acceptance
 - f. Feeling supported
 - g. Health Services
 - h. Safety
 - i. Community
 - j. Public Spaces
 - i. Clubs or Bars
 1. Alcohol
2. Experiences of Marginalization
 - a. Sexism / Misogyny
 - b. Homophobia
 - c. Transphobia
 - d. Biphobia
 - e. Marginalization of Sex Work
 - f. Harassment
 - i. Violence
3. Mental Health and Counseling
 - a. Mental Illness
 - b. Minority Stress
 - c. Isolation
 - d. Therapy Experiences
 - e. Drug use
 - f. Fear
 - g. Resilience
 - i. Interpersonal Support
 - h. Romantic Relationships
 - i. Family relationships
 - j. Therapy experiences
4. Social Media
 - a. Positive experience
 - b. Negative Experience
 - c. Dating applications
5. Activism
 - a. Political participation
 - b. Experience with NGOs
 - c. Positive experience
 - d. Negative Experience
6. Identity
 - a. Age
 - b. Being “out”
 - i. Being believed
 - ii. Being accepted
 - c. Sexuality (Queerness)
 - i. Bisexuality
 - d. Gender experiences (cisgender)
 - e. Race
 - i. Roma
 - f. Sexuality (Queerness)
 - i. Bisexuality
 - g. Transgender Experiences
 - i. Dysphoria
 - ii. Pronouns
 - iii. Transition
7. Religion
 - a. Positive experience
 - b. Negative Experience
 - c. Marriage beliefs/attitudes
8. Migration
 - a. Urban-to-Rural
 - b. International
9. Government
 - a. Positive attitude
 - b. Negative attitude