

**REDUCE VIOLENCE AGAINST  
WOMEN WITH A FOCUS ON LBT  
COMMUNITY IN ALBANIA**

**ALLIANCE AGAINST DISCRIMINATION of LGBT**

Alliance LGBT  
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## ABBREVIATIONS

<b>Alliance LGBT</b>	Alliance against Discrimination of LGBT
<b>DPH</b>	Directory of Public Health :
<b>LGBT</b>	Lesbian, Gay, Bisexual, Transgender
<b>MoE</b>	Ministry of Education
<b>MeH</b>	Ministry of Health
<b>MSWY</b>	Ministry of Social Welfare and Youth
<b>MLSAEO</b>	Ministry Of Labor, Social Affairs And Equal Opportunities
<b>RED</b>	Regional Educational Directory
<b>TRHA</b>	Tirana Regional Health Authority
<b>FMHI</b>	The Fund for Mandatory Health care Insurance

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**Title:** *Reduce Violence Against Women with focus on LBT community in Albania*

## **EXECUTIVE SUMMARY**

The title of the project is “Reduce Violence Against Women with focus on LBT community in Albania”. The project is the first large-scale project that has ever been undertaken for this particular group in Albania. It includes Tirana, the capital of Albania, as well as several towns and cities outside the capital. The overall goal of the project is to reduce violence and discrimination of some service providers, such as health and education institutions towards LBT women in Albania, through improvement of these two particular institutions. LBT women in Albania will experience greater freedom from violence and discrimination, greater respect for their rights, and better access to high quality services from such key institutions, such as education, and health care when they do experience violence. This report is based on the analysis of the data that were collected as part of the project.

## MAIN FINDINGS

### **Findings for Health Care: Doctors and nurses in the primary health care.**

We interviewed doctors and nurses who work in the primary health care. One of the findings has to do with perceptions the doctors and nurses hold about LBT individuals. We found that the perceptions of doctors and nurses on the “identification” of an LBT individual was based on stereotypes: the way they dress, outward appearance, the way they sit, and so on. With the exception of a nurse in Vlora, none of the participants had encountered any cases of violence based on sexual orientation.

The overwhelming majority of the participants had little or no information on the abuse and violence that LBT people face. Moreover, the majority posited that their sources of information included media (especially foreign media), internet, television, or informal conversations with friends, acquaintances, or information they had received from some organizations. The study by the Alliance LGBT(2013)<sup>1</sup>, which is the first study that examined the access of LGBT individuals to health care institutions in Albania, also indicated the lack of knowledge on LGBT related issues, and their health problems

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1) “Aksesi në shërbime dhe cilësia e kujdesit shëndetësor për personat LGBT në Shqipëri – RaportTeknik”, 2013. Aleanca LGBT, Avokati i Popullit, Tiranë

on the part of health professionals interviewed for the study. The health professionals in her study also mentioned the fact that these issues were not treated in medical school curriculum, whether during university studies, or during post graduate studies.

Only two out of 13 doctors interviewed said that they had participated in trainings<sup>1</sup> that focus on LBT related violence. They are from Pogradeci, and they had participated in trainings organized by the NPO based in Pogradec, "Me, the Woman." This was also the case with their professional training. They mentioned that they had not discussed any LBT related issues in any of their professional trainings.

The research asked several questions on the participants 'reactions if they would identify cases of violence: for example if they could see that LBT individuals were in high risk of violence in their families, because of their sexual orientation. It became clear throughout the study, in a direct or indirect way, that

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2) The project was supported by Kvinna till Kvinna NPO. The title of the Project was: Bringing Change and continued for one year. The focus was the distribution of information on issues of bullying, as well as violence in general. The training, which was part of the project, targeted bullying too, and violence towards LGBT. Training was carried out in three sessions. One session was conducted with the staff. The second was carried out with the people who were part of the Referral Mechanisms on the cases of violence. The third session was conducted with a focus on cases of violence. Participants in this third session were school teachers. After they received the training, the teachers would go back to school and conduct discussions with students, parents, and they would bring back report on the discussions they had held.

with a few exceptions (doctors and nurses of Pogradeci), the participants were not familiar with the Referral Mechanism. <sup>1</sup>For example, many of the participants mentioned that in these cases, they would talk to the parents, some stated that they would suggest that the abused individuals and the family see a psychologist, and some others said that they would take the case to the police or to the specialized institutions for the treatment of these cases.

Three of the participants also mentioned the fact that LBT would not accept that they are abused because of their sexual orientation. In addition, there is also the belief that the parents would never tell anyone about their child's sexual orientation, because of many prejudices and strong negative attitudes people have towards the LBT community (as mentioned from one of the doctors from Peshkopia). In fact, even two of the participants bluntly expressed their personal negative attitudes, and intolerance towards LBT individuals. Two of the doctors from Vlora also mentioned the fact that same sex relations are seen as a disease in Vlora, worse than cancer, highlighting once again the strong negative attitudes that exist in Albania.

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3) In 6 from the selected cities the Referral Mechanism results to be established many years ago (except from Peshkopia)

## **FINDINGS FOR EDUCATION: TEACHERS**

Teacher's perception of LBT students were also based on stereotypes: the way they look, dress up, walk, talk, and so on. Two of the 13 teachers, who were interviewed, the one who teaches in a high school in the city of Shkodra, and the one who teaches in a primary school in a village in Tirana, mentioned that they had encountered cases of violence towards LBT students. The rest of the teachers had not encountered such cases. The response of Tirana's teacher to violence was to stay close to the student. She also mentioned the fact that parents had refused to talk about these issues when contacted by the teacher. While in the case of Shkodra, the teacher did not refer the case anywhere, because, according to her, there was no school psychologist, and she was not aware of any organization that can assist LBT individuals. The lack of information about organizations that assist LBT individuals was also mentioned by other participants in the study. Moreover, according to the teacher, the students refuse to accept their sexual orientation. The problem of refusal by LBT to accept that they are abused because of their sexual orientation was mentioned even by other participants.

Teachers were also asked to talk about their reaction, if they could notice that their students were in high risk of being abused by their families because of their orientation. Most of the teachers in rural areas mentioned that they would talk to the parents first.

While the ones in urban areas, stated that they would call the police or suggest that the child see a psychologist. However, it could be drawn from the interviews, that the teachers were not familiar with the referral mechanism.

The overwhelming majority of the teachers had little or no information about LBT related violence and abuse in general. Similarly to the case of the doctors, they had received the information through media, internet, TV, informal conversations with colleagues and friends. They also mentioned that they had not received any training on these particular issues. Moreover, with few exceptions, the overwhelming majority mentioned that they had not received any information about these topics even during their professional trainings.

The participants also stated that information on violence about LBT issues is not included in the school curriculum. A group of them spoke in favor of incorporation of these particular topics, because, in their view, this will inform students. Some others disagreed with this position. They feared the incorporation about LBT issues, meant approval of such a behavior and the risk that it will be followed by other youth. Others, who held a more neutral position, maintained that these issues need to be discussed first before any step is undertaken. In addition, according to this group, teachers need to undergo some training first.

There were also prejudices on the part of the teachers as well. One teacher in Tirana, openly expressed their outdated views on

LBTs, as well as their prejudices. The teacher in Tirana called the LBT individuals as having “psychological deviances” and that the “lesbians may even be treated, get married, and have a family.”

## **Findings for Education: School Psychologists**

Only three out of eight of the psychologists who were interviewed, had identified cases of abuse against LBT students. Two of them, one in Shkodra, and another one in the suburbs of Tirana, had identified cases of mainly verbal and emotional abuse at school premises. Another one had identified three cases of students’ abuse by their families, as in mothers putting pressure and abusing their daughters to change their behavior as well as the way they dressed into a more “feminine” one.

The psychologist from Shkodra had encouraged students to talk to her, while the one from Tirana conducted individual counselling, focus groups with the abusers to discuss these issues. In addition, she also held discussions with students on these issues. Only one psychologist from Pogradeci mentioned that she had taken part in trainings that focused on violence against LBT, while the rest of them had not.

With regard to informing sessions, several psychologists mentioned that they had not held informing sessions with students on LBT related violence. The main reason was the limited time at their disposal, which they had dedicated to talking

about drugs, alcohol, smoking, issues they had considered to be more important. Some of them, in particular the ones who work in schools in Tirana and its suburbs mentioned that they had held discussions and informing sessions on these issues.

## **Directories of Public Health (DPH) and The Fund for Mandatory Healthcare Insurance (FMHI)**

None of the Directories of Public Health institutions of Tirana, Elbasan, Shkodër, Pogradec, Peshkopi, and Vlorë has any regulatory framework that has to do specifically with the respect of the rights of LBT individuals and the non-discrimination based on sexual orientation. Nor do they (except for Shkodra) have any individualized evaluation and treatment procedures based on specific needs related to the sexual orientation and gender identity of LBT individuals.

Only the DPH of Shkodra had organized meetings with the participation of youth and staff of health centers, where they had discussed HIV, specifically related to the LBT individuals. However, no topics on LBT related violence was discussed. The representatives of these institutions mentioned that their staff does not have the necessary information on these topics.

Representative of FOIHC stressed that they do not differentiate between people. For them, everyone has equal rights and they fund the health service without distinction between individuals,

gender, age, or religious belonging. Their aim is equal access to health service.

## **Regional Educational Directories**

The representatives of RED of Shkoder, Pogradeci, Peshkopia and Vlora do not have regulatory framework for the LBT community. While RED of Elbasan has a plan of activities where they have, for the year 2014-2015, included a strategy against discrimination based on sexual orientation and gender identity.

Representatives of Elbasani, Shkodër and Pogradeci, pointed out that their staff has the information on these issues. While the representative of Peshkopia added that the staff does not have the necessary information to address issues related to sexual orientation and gender identity of students at schools, because there has never been any training related to LBT individuals. Only the representative from Elbasani mentioned that their institution had worked on raising awareness among its staff on LBT related issues, and that their staff was informed on the violence based on sexual orientation. They had conducted awareness raising campaigns on LBT related issues, mainly with social science teachers. They had included LBT related topics even during their professional trainings with teachers. The rest had not. The representatives of RED also stated that the school curriculum does not have general information on this particular group.

## **LBT individuals and Educational Institutions**

Two out of seven of the LBT respondents, who live in Tirana mentioned that they had told their family about their sexual orientation. The other LBT individuals, who hail from small towns and rural areas of Tirana, reported that they had not told their parents about their sexual orientation. They had chosen this way, because, they know their families would never accept it. While the transgender participants mentioned that their parents knew about it, although had not told their friends, out of fear of discrimination, mistreatment and exclusion from their friends' circle.

The participants, whose sexual identity was known to other students and teachers, described how they had encountered physical and verbal abuse by other students. In addition, teachers had openly made fun of them, or had even openly made disparaging comments about them. This was particularly the case with the transgendered individuals, but lesbians as well. In fact, transgendered individuals had had a much harder time. The intolerant environment they had faced had pushed them to drop out of school, or not enrolling in high school after finishing the 8 year school cycle. They also mentioned that they had had suicidal thoughts. One transgender women had tried several times to commit suicide.

## **LBT individuals and Health Institutions**

The participants recounted many barriers they had faced at the medical health care system. For example, these included instances of prejudices and discrimination on the part of medical staff at Mother Theresa hospital in Tirana, the largest public hospital in the country. Through their stories, the LBT individuals recalled how doctors and nurses had looked down on them, and had openly made fun of them once they learned about their sexuality. The case was worse for transgendered individuals who had experienced delay in service, and even denial of service because of their sexual orientation. The case was in particular serious when individuals had gone to see the doctors on their own, without being accompanied by their parents.

They also mentioned that they would not reveal their sexuality to family doctors if they would go and see one, out of fear that confidentiality about their sexuality would not be respected. This is in line with findings of the study conducted by the Alliance LGBT (2013)<sup>1</sup> research, whose participants also mentioned lack of confidentiality, as a reason not to reveal their sexual orientation. They spoke of a deep mistrust they have towards doctors and nurses, and medical system in general. Moreover, certain LBT individuals who had encounters with family doctors, found out that these doctors were not informed at all about LBT.

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4) “Aksesi në shërbime dhe cilësia e kujdesit shëndetësor për personat LGBT në Shqipëri – Raport Teknik”, 2013. Aleanca LGBT, Avokati i Popullit, Tiranë

## **CONCLUSIONS**

As the findings reveal, LBT individuals face prejudices, discrimination, verbal, psychological and physical abuse when they encounter these two institutions, regardless of the city or town. They constitute serious obstacles for LBT individuals who are abused, or are in high risk of being abused because of their sexual orientation and gender identity, and need assistance from health and educational institutions.

The data indicated that a lot of work needs to be done to make health and educational institutions accessible to LBT women when they face violence. With respect to health, there is a need to inform doctors, nurses on LBT related violence. This will enable doctors and nurses be to able to understand and provide assistance to LBT individuals who have experienced family violence.

Along similar line, it could be said that there is a need to increase information and knowledge of teachers, and psychologists on violence and abuse faced by LBT students. Real steps need to be taken to turn schools into open and tolerant institutions, where abused LBT individuals can feel secure that they will get all the help they need from the teaching staff, and their friends.

## **RECOMMENDATIONS**

Based on findings, this report outlines the following recommendations:

### **Recommendations on Health Institutions**

There is a need for capacity building among doctors and nurses. To this end it is necessary to increase information for doctors and nurses on LBT issues in general and violence against the LBT individuals in particular.

Raise awareness among primary health doctors and nurses on violence and abuse against LBT individuals.

Increase information and raise awareness about LBT related violence among the members of staff of health related institutions.

For this, several things can be done, such as holding information seminars, as well as training with doctors and nurses who work in the primary health care.

### **Recommendations for Educational Institutions**

Raise awareness among teachers, students, parents about violence and abuse against LBT individuals, as well as LBT community in general.

Increase information among teachers, students, parents and

psychologists on issues related to violence and abuse towards LBT individuals, but also LBT community in general.

Increase information on LBT related violence among the staff members of all education related institutions, including Regional Educational Directorates.

These could be done in various ways, such as organizing seminars and trainings, round table discussions with teachers, school principals, psychologists, and parents to inform the participants about LBT community and their difficulties.

## **BACKGROUND TO THE PROJECT**

The LGBTI community in Albania continues to face prejudice, discrimination, marginalization on a daily basis, and is still at high risk of being attacked. Albanian society continues to remain very conservative, where homophobic attitudes, are firmly entrenched in the country. For example, the results of the European Social Survey, ESS published in 2013, showed that Albania was the most homophobic society out of the countries included in the survey. According to the survey data, about 53 per cent of Albanians who were surveyed believed that “gays and lesbians should not be free to live life as they wish,” the largest percentage holding that opinion in the survey<sup>1</sup>.

The situation of LBT women in particular, is even worse. The LBT women suffer multiple obstacles and discrimination: as women, (like other women) they are subject to discrimination and are at high risk of violence, because of their gender; as persons belonging to LBT community, they suffer discrimination and violence because of their sexual orientation. This is particularly the case with the areas outside Tirana, the capital of Albania. There are no LGBT NPOs outside of Tirana that can provide assistance to these women. They suffer abuse and violence from their families and, being economically dependent on their families, they are unable to report any cases of violence to the police or even

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5) Cited in <http://www.balkaninsight.com/en/article/albania-is-the-most-homophobic-country-in-europe-survey-says> Albania is Europe's Most Homophobic Country, Survey Says. [Balkaninsight](http://www.balkaninsight.com/en/article/albania-is-the-most-homophobic-country-in-europe-survey-says).

talk about them, because of shame. They are often forced into arranged marriages.

For example, the Alliance LGBT (Alliance LGBT), one of the main LGBT NPOs in Albania reported that since January 2014, there were four cases of lesbians who were thrown out of their home because the family learned about their sexual orientation. One of them had a baby to take care of. They all came to the social center of the Alliance LGBT.

During its work as an LGBT NPO, the Alliance LGBT has noticed that despite the existing laws to guarantee women's civil rights, there is a strong reluctance on the part of these women to demand that their rights are respected. It is within this context that this project is undertaken. As mentioned above, the project goal is to reduce violence against LBT women by empowering them with the knowledge on their rights: more specifically, health and educational rights. Regarding the project goal, this research assessed the health and education institutions, as targeted institutions to be improved through this project, and make them much more accessible to LBT women, when they do experience violence.

This is the first large-scale project undertaken by the Alliance LGBT, since it will be wide-ranging, including several towns and cities outside the capital, Tirana. As previously mentioned, the project is also the first large-scale research that has ever been conducted on this particular group in Albania.<sup>1</sup>

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6) LBT proposal, 2013

# CHAPTER I

## LITERATURE REVIEW

This section focuses on several issues, such as the analyzing of the legal framework regarding violence against women in Albania, as well as the legal framework regarding the LBT social group. In addition, it will highlight any government policies, as well as any existing research with regard to the issues under discussion.

### **1.1. Regulatory Framework against Gender-based violence and domestic Violence:**

Over the course of a decade or so, the government of Albania has taken important steps to set up a regulatory framework regarding prevention and elimination of gender-based violence, as well as domestic violence. An important step was taken in 2006, when the Albanian parliament passed the first domestic violence law in Albania. The purpose of Law No 9669, dated 18.12.2006

“On measures against violence in family relations”<sup>1</sup> that entered into force on June, 1, 2007 was to prevent and reduce all forms of domestic violence through appropriate legal measures and guarantee protection through them for people who are subjected to domestic violence, paying particular attention to the needs of children, the elderly and the disabled<sup>2</sup>

This law was amended twice, in 2007 and 2010. The latter amendment, Law No. 10 329, dated 30.09.2010 “On some addenda and amendments to Law No. 9669, foresaw measures for the establishment of a coordinated networks of institutions that were responsible for the protection, support, and rehabilitation of victims.<sup>3</sup> The law and its two amendments are a major step towards the completion of the legal framework in line with the Constitution of Albania and the Convention on Elimination of all forms of Discrimination against Women (CEDAW).<sup>4</sup>

In February 2011, the Council of Minister approved Decision

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7) <http://www.osce.org/albania/30436>

8) Law No. 9669 of 18.12.2006 “On Measures Against Violence In Family Relations”

[http://www.crca.al/sites/default/files/publications/Law%20on%20Measures%20Against%20Violence%20in%20Family%20Relations%20\(2006\).pdf](http://www.crca.al/sites/default/files/publications/Law%20on%20Measures%20Against%20Violence%20in%20Family%20Relations%20(2006).pdf)

9) National Report on the Implementation of the Beijing +20 Platform for Action. 2014. [https://www.unece.org/fileadmin/DAM/Gender/publication/Albanian\\_National\\_Report\\_Beijing\\_20\\_ENGLISH\\_30\\_April\\_2014.pdf](https://www.unece.org/fileadmin/DAM/Gender/publication/Albanian_National_Report_Beijing_20_ENGLISH_30_April_2014.pdf)

10) A Study Of The Economic Costs For The Implementation Of The Albanian Legislation Against Domestic Violence. Centre for Legal Civic Initiatives. Tirana, Albania, 2013. [http://www.qag-al.org/ang/html/2013/Studim\\_i\\_kostove\\_EN.pdf](http://www.qag-al.org/ang/html/2013/Studim_i_kostove_EN.pdf)

of the Council of Ministers (DCM)No 334, dated 17.02.2011 “On the mechanism of the coordination of work for the referral of cases of violence in family relations and its way of procedure”. This document set out a multi-disciplinary approach to assist victims of domestic violence. The Referral Mechanism <sup>11</sup> is a set of coordinated efforts to assist victims of domestic violence. As such, it consists of representatives of various institutions. They include municipalities, police, social services, courts, prosecutor’s office, bailiff office, health centers, employment offices, education offices, representatives from the child protection services, NPOs, representatives from various religious communities, survivors of domestic violence.

The Referral Mechanism works in a certain way: once a victim or survivor contacts one of the members of the Referral Mechanism (it doesn’t matter which one is contacted first), the contacted member immediately initiates the support process by informing at least a representative of the municipality, police, and health structures. The services offered to victims/survivors are short and long term. The short-term services include immediate safety, provision of health support, shelter, including taking the victim to a safe place, as well as information and assistance for initiating the procedures for getting an immediate

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11) National Report on the Implementation of the Beijing +20 Platform for Action, 2014 [https://www.unece.org/fileadmin/DAM/Gender/publication/Albanian\\_National\\_Report\\_Beijing\\_20\\_ENGLISH\\_30\\_April\\_2014.pdf](https://www.unece.org/fileadmin/DAM/Gender/publication/Albanian_National_Report_Beijing_20_ENGLISH_30_April_2014.pdf)

protection order. In the meantime, the case of the victim/survivor is further referred to other institutions that are part of the mechanism. Long-term support includes referral of the victim/survivor to employment offices to find a job, referral to the department of social services for economic aid, long-term accommodation, legal aid, and assistance if the victim/survivor wishes to file for divorce or complain against the abuser, advice and psychotherapy for trauma, as well as re-integration and help for the children.<sup>1</sup>

The DCM No 334 was followed by the Prime Minister's Order No. 36, dated 18.03.2011 "On establishment of the National Centre for Treatment of Victims of Domestic Violence". The national center for the victims/survivors of domestic violence was established and is operational since 25 April 2011.<sup>2</sup>

Two other laws that make up the basis for interventions against domestic violence in Albania are: Law No. 9970, dated 24.07.2008 on Gender Equality in Society, and Law No. 10221, dated 04.02.2010 on Protection against Discrimination.<sup>3</sup> In July 2008, the Parliament passed the Law No. 9970 "On

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12) National Report on the Implementation of the Beijing +20 Platform for Action. 2014. [https://www.unece.org/fileadmin/DAM/Gender/publication/Albanian\\_National\\_Report\\_Beijing\\_20\\_ENGLISH\\_30\\_April\\_2014.pdf](https://www.unece.org/fileadmin/DAM/Gender/publication/Albanian_National_Report_Beijing_20_ENGLISH_30_April_2014.pdf)

13) For more on the National Center, its purpose, mission, services see (CE-DAW) ALBANIA Fourth National Periodic Report (p. 19) and National Report on the Implementation of the Beijing +20 Platform for Action. 2014

14) A Study Of The Economic Costs For The Implementation Of The Albanian Legislation Against Domestic Violence. Centre for Legal Civic Initiatives. 2013, Tirana, Albania, [http://www.qag-al.org/ang/html/2013/Studim\\_i\\_kostove\\_EN.pdf](http://www.qag-al.org/ang/html/2013/Studim_i_kostove_EN.pdf)

Gender Equality in Society.”The aim of the law<sup>1</sup> is to:a) provide protection from any discrimination based on gender; b) define measures that provide equal opportunities among women and men, to eliminate any form of gender based discrimination; c)defineresponsibilitiesoflocalandcentralgovernmentauthorities for developing and enforcing normative acts, and policies to support gender equality.

Another important step was taken with the adoption of Law No 10221, dated 4.2.2010 “On protection against discrimination.”<sup>2</sup> The law regulates the implementation of the principle of equality in connection with gender, race, color, ethnicity, language, gender identity, sexual orientation, political, religious or philosophical beliefs, economic, education or social situation, pregnancy, parentage, parental responsibility, age, family or marital condition, civil status, residency, health status, genetic predispositions, restricted ability, affiliation with a particular group or for any other reason. The purpose of the law is ensure the right of every person to: a) equality before the law and equal protection by law; b) equality of opportunities and possibilities to exercise rights, enjoy freedoms and take part in public life; c) effective protection from discrimination and from every form of conduct

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15) Law No. 9970. 2008. “On Gender Equality in Society”  
<http://www.osce.org/albania/36682>

16) [http://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/---ilo\\_aids/documents/legaldocument/wcms\\_178702.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_178702.pdf)

that encourages discrimination.<sup>1</sup>

On 19<sup>th</sup> of December, 2011, the government of Albania also signed the Council of Europe Convention on preventing and Combating Violence against women and domestic violence. This was ratified on February, 2013.

Another important step was taken through the Amendments to the Criminal Code of Albania in year 2012 and 2013. These amendments criminalized domestic violence. They focused on domestic violence and protection of women and girls from violence and abuse. The amendment in 2012, criminalized domestic violence, including beating, threat and intentional injurie. Whereas the one in 2013, criminalized forced sexual intercourse with adults or husband/partner without their consent.<sup>2</sup>

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17) For more on important improvement in this area of legislation see Mapping Violence Against Women And Girls Support Services, June 2015. Albania – Final Report: Council of Europe and UN Women, Tirana, Albania

18) <http://www.legislationline.org/documents/section/criminal-codes>

## **1.2. Governmental Policies**

The government of Albania has developed two strategies on gender equality and domestic violence. The 19<sup>th</sup> of December 2007, saw the approval of the first National Strategy on Gender Equality and Elimination of Domestic Violence 2007-2010 and its Action Plan. This particular document was quite important because it demonstrated the commitment of the Albanian government to issues of gender equality and elimination of domestic violence. The Strategy aimed at mainstreaming gender in public policies, as well as protecting women against abuses and violence. The Strategy was the first of its kind in Albania. The strategy was later revised to 2010-2015.<sup>1</sup>

The revision of the National Strategy (2007-2010) was driven by the need to match the activity deadlines with those of the “National Strategy on Development and Integration”, to better prioritize on the categories involved, as well as to ensure equal participation and protection of citizens. The revised Strategy is conceived on the analysis of two main issues: Reduction of Gender Equality and Gender-Based Violence. The vision enshrined in the Strategy is: “Aspire for a society where gender equality is respected and valued, learned, supported and encouraged, where gender-based violence of any form is not tolerated, but punished, where violence victims are supported

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19) The National Strategy on Gender Equality, reduction of Gender-Based Violence and Domestic Violence 2001-2015 (revised) and its Action Plan

and protected, and where equality in opportunities and treatment is a reality for all, irrespective of their gender”. Eventually, four priorities were laid down: 1) Strengthen the institutional and legal mechanism; 2) Increase women’s participation in decision-making; 3) Ensure economic empowerment of girls and women. Furthermore, the Strategy is accompanied by an Action Plan with clear, concrete, measurable and monitorable objectives. The approved Strategy is sensitive to the needs and rights of both genders, and seeks to address them through comprehensive action, keeping due account of the needs of certain categories of disadvantaged women due to disability, social origins, ethnicity or sexual orientation.<sup>1</sup>

Another important document is the “National Action Plan for the Involvement of Men and Boys as Partners of Women and Girls for Gender Equality and the Prevention of Gender-Based and Domestic Violence (2014-2019), which was supported by UN Women and UNDP, in collaboration with UNFPA and the Government of Albania. The main aim of this plan is to reduce violence against women and promote gender equality by engaging men and boys in partnership with women and girls as allies, role models, and agents of change.<sup>2</sup>

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20) For further details see “Beijing + 20, Albania National Report”, April 2014 (pp 13-14). [https://www.unece.org/fileadmin/DAM/Gender/publication/Albanian\\_National\\_Report\\_Beijing\\_20\\_ENGLISH\\_30\\_April\\_2014.pdf](https://www.unece.org/fileadmin/DAM/Gender/publication/Albanian_National_Report_Beijing_20_ENGLISH_30_April_2014.pdf)

21) “Mapping Violence Against Women And Girls Support Services, Albania – Final Report,: Council of Europe and UN Women, June 2015, Tirana, Albania

### **1.3. The Situation of LBT**

With regard to legal sphere, Albania has also signed and ratified various international conventions, documents, resolutions that have to do with the LGBT rights. These include, for example, the Declaration of Montreal on LGBT Human rights in July 2006, the 2008 UN declaration on Sexual Orientation and Gender Identity, the Yogyakarta Principles.

In addition, Albania has also drafted its own legislation in line with these Conventions. In February 2010, the government of Albania passed the Law on Protection from Discrimination, Law No.10,221, dated 4.2. 2010 (see above). The law protects the individual on many grounds, including protection against discrimination, specifically based on gender and sexual orientation. This was quite a broad, anti-discrimination law and bans discrimination in the area of employment, education, the field of goods and services. However, since the adoption of the Anti-Discrimination Law until the approval of the most recent resolution, the Parliament has “not passed many legislative or political initiatives in support of human rights of every LGBT individual in Albania.”<sup>1</sup>

In December 2012, the MLSAEO (Ministry Of Labor, Social Affairs and Equal Opportunities) adopted a “Plan of Measurement against Discrimination on Grounds of Sexual Orientation and

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22) <http://www.pinkembassy.al/en/albanian-parliament-approves-historical-resolution-support-lgbti-rights>

Gender Identity 2012-2014". It defined key priorities on legal and institutional framework. It also outlined anti-discriminatory policies in the area of employment, access to goods and services, education and local government.

In 2013, Albania amended its Criminal Code, making hate crimes against sexual orientation and gender identity on par with hate against gender, race, ethnicity, religious belief, disability and other categories. It also passed a new law punishing the dissemination of homophobic information through any means (including the internet) by a fine and up to two years imprisonment.<sup>1</sup> Albania was also one of the co-sponsors of the UN Human Rights Council resolution<sup>2</sup> to combat violence and discrimination based on sexual orientation and gender identity, which passed in 26, September 2014. An important step is the approval of the Resolution on the Protection of the Rights and Freedom of persons belonging to the LGBT community, which was approved by the Albanian Parliament in May 5, 2015.<sup>3</sup> The resolution passed by an overwhelming majority of votes: with 75 votes in favor, 2 against and 1 abstention. The civil society organizations working on LGBT issues considered this "a tremendous victory for the LGBT community."<sup>4</sup> The Resolution provides several

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23) <http://www.gaystarnews.com/article/albania-passes-landmark-gay-hate-crime-laws050513>

24) <http://www.hrw.org/news/2014/09/26/un-landmark-resolution-anti-gay-bias>

25) [http://www.qbz.gov.al/botime/fletore\\_zyrtare/2015/PDF-2015/77-2015.pdf](http://www.qbz.gov.al/botime/fletore_zyrtare/2015/PDF-2015/77-2015.pdf)

26) <http://www.pinkembassy.al/en/albanian-parliament-approves-historical-resolution-support-lgbti-rights>

recommendations, such as: the formulation of a National Action Plan on the measures and protection of the rights of LGBT persons in Albania; approval on the part of Albanian government of necessary legal changes within the framework of the National Plan of Action for the protection of LGBT rights, part of the Roadmap on 5 priorities of Albania for the opening of Albania's negotiations for EU membership; approval of the legislative recommendations of the Ombudsman, for the addenda and amendments to the Labor Code in line with CEU Directives; encourages the Ministry of Education and Sports to train its teaching staff for better protection of LGBT persons, to not allow any form of discrimination, because of sexual orientation and gender identity; encourages the organization of cultural activities against homophobia in the education institutions, with the participation of representatives of LGBT community; encourages the Ombudsman to monitor the rights and freedoms of LGBT persons in Albania and propose measures that needs to be undertaken on the part of respective institutions to respect them; support for civil society organizations for their role in raising public awareness, and encourages the Albanian Government to cooperate with them to prevent discrimination against the LGBT community.

The Ministry of Social Welfare and Youth, along with the Albanian Ombudsman, as well as representatives of civil society, and various NPOs, is currently working on a National Action Plan for

LGBTI, that will cover the period 2015-2020. The Alliance LGBT, has also given its input on this particular plan. This document addresses various areas pertaining to LGBTI, such as measures, activities, expected results, a time frame, as well as entities that are responsible for carrying out the tasks set out by the NAP. The NAP, for example, sets out the incorporation of the plan in the document of the policy of social inclusion for the period from 2015 to 2020. It also provides for the establishment of a National Group for the implementation and coordination of the plan. The measures identified in the NPA include several other areas, such as: legal defense of LGBTI individuals; the right to life, security, and protection from violence of LGBTI individuals; freedom of expression, including freedom of organization without discrimination, freedom of distribution of information on LGBTI related issues, and the protection of peaceful gatherings of LGBTI persons; the right to respect the private and family life of LGBT; employment, education, access to health services, housing, and sports. In addition, the Plan focuses also on the issue of asylum requests based on sexual orientation and gender identity. In December 2014, two Albanian organizations “Aleanca LGBT” and “ProLGBT”, joined their efforts and opened the first residential shelter for LGBTI people opened in Tirana. “The Shelter”, is the first shelter for LGBT individuals in the Balkan region and one of the first in Eastern Europe. This is a temporary housing, and it will offer different services to the beneficiaries, including life

skills training, vocational training opportunities and psychosocial support.<sup>1</sup>

## **1.4. Health and Educational Institutions and LBT**

With regard to the field of health and its relations to LBT, it could be said that not much is done in this respect. An examination of various laws, such as Law no. 10,107, dated 30.3.2009 “On Health Care in the Republic of Albania”, Law No. 10138 dated 11.05.2009 “On public health”, and others, reveal that there was no reference made to the LBT persons.<sup>2</sup> Ministry of Social Welfare and Youth also has a Plan of Measures for Nondiscrimination for reasons of sexual orientation and gender identity (2012-2014)<sup>3</sup>, in which issues of improvement of legal and institutional framework with regard to, among others, health care are addressed. Moreover, the measurements incorporate the issue of anti-discrimination policies in the field of health goods and services. The objectives of these policies consists of raising awareness of LGBT community with regard to the field of goods and services they enjoy, as well as improvement in access

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27) <http://historia-ime.com/2014/12/11/the-first-lgbt-shelter-opened-in-tirana/>

28) “Aksesi në shërbime dhe cilësia e kujdesit shëndetësor për personat LGBT në Shqipëri – Raport Teknik”, 2013. Aleanca LGBT, Avokatii Popullit, Tiranë.

29) <http://www.pinkembassy.al/en/publications/ministry-social-welfare-and-youth>

to goods and services for LGBT community.

Moreover, as mentioned above, the MSWY and other actors, including Alliance LGBT, are working on a National Action Plan for LGBTI, that will cover the period 2015-2020. Two of the areas addressed in this plan are the areas of health and education.

It should also be pointed out that there is little, if any research carried out in this area as well. In fact, the first study in this area was conducted in 2013<sup>1</sup>. The study examined issues that had to do with access to health care of LGBT individuals in Albania. The study interviewed medical staff as well as members of LGBT community. The research revealed several issues related to this topic.

When asked if they would feel comfortable revealing their gender, sexual identity, or their sexual experiences with people of the same sex, the overwhelming majority (about 61%) of the respondents answered negatively to this question. The percentage of persons increased from 26% to 61%, when asked if they would reveal their identity to the doctors, in case it was necessary that they received a proper treatment. The reasons as to why LGBT individuals did not want to reveal their identity to doctors included the following: lack of relevance, that is that the majority thought that their sexual orientation or gender identity was not relevant to their treatment in their relations with the

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30) "Aksesi në shërbime dhe cilësia e kujdesit shëndetësor për personat LGBT në Shqipëri – Raport Teknik", 2013. Aleanca LGBT, Avokati i Popullit, Tiranë.

health professionals, or the reception of the health services and lack of confidentiality: fear that health workers or doctors would not keep their identity secret were they to know it. Prejudices on the part of the health professionals towards LGBT also played a part. Most of the LGBT people who were interviewed stated that one of the reasons they did not show their sexual orientation was that they were afraid of the reactions on the part of the health professionals. They thought that the health professionals would be very judgmental towards the LBGt and this would influence the patient-professional relations, and perhaps even the assistance or the quality of the health care they would receive.<sup>1</sup>

With regard to education and LBT community, it could be said that not much is done in this area, as well. The above mentioned measures for nondiscrimination by MSWY also had a section on improving policies in the field of education. The objectives of these policies consisted in informing, and educating the teaching staff on the rights of LGBT individuals within the framework of human rights. In addition, it consisted of formulating anti-discriminatory policies with regard to sexual orientation, and gender identity.

There is also Law no. 69/2012 “For Pre-university Education

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31) “Aksesi në shërbime dhe cilësia e kujdesit shëndetësor për personat LGBT në Shqipëri – Raport Teknik”, 2013. Aleanca LGBT, Avokati i Popullit, Tiranë

System in the Republic of Albania.”<sup>1</sup> Article 6 states that the rights of children are respected, protected and promoted. In addition, the article also states that protection is offered to the students and workers from every kind of action or inaction that may cause discrimination, violence, maltreatment or moral damage. In addition, there is the “Normative Dispositions for the Pre-University Education System” 2013<sup>2</sup>. Article 69 of the disposition states that the teacher must treat everyone in the educational institution with respect and dignity, without pressure, injustice and discrimination.

On the other hand, the Albanian Ombudsman, in 2012 produced a report on its activities with regard to the rights of LGBT individuals in Albania. The report, highlighting the finding by the Council of Europe’s report that Albania ranked among the countries with a high level of homophobia, recommended among others, the inclusion in the curriculum and programs of information and knowledge about LGBT, as well as training of the academic staff in order to stop any form of discrimination.<sup>3</sup>

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32) Law no. 69/2012 “For Pre-university Education System in the Republic of Albania

<http://www.arsimi.gov.al/files/userfiles/arkiva/dok-0029.pdf>

33) <http://www.arsimi.gov.al/files/userfiles/parauniversitar/dispozitat-normative.pdf>

34) “RekomandimiposaçëmiveprimtarisësëAvokatit të Popullit gjatë vitit 2012 për të drejtat e personave LGBT”, 2012, Avokatit të Popullit, Tiranë [http://www.avokatipopullit.gov.al/sites/default/files/ctools/Raporti%20final%20per%20LGBT\\_03%20shtator%202012%20doc.pdf](http://www.avokatipopullit.gov.al/sites/default/files/ctools/Raporti%20final%20per%20LGBT_03%20shtator%202012%20doc.pdf)

However, it could be said that there is no research looking at the experiences of LBT community with the educational institutions in Albania. There is one study that was funded by Alliance LGBT. It examined existing textbooks on LGBT issues in high school. The purpose was to make recommendations for improvement. The study revealed a great lack of information regarding LGBT issues in the textbooks.<sup>1</sup>

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35) Cited in <http://www.refworld.org/pdfid/5195f10f0.pdf>

## **CHAPTER II**

### **THE GOAL OF THE PROJECT AND METHODOLOGY**

#### **2.1. The Goal of the Project**

As mentioned above, the overall goal of this project is to reduce violence and discrimination of some service providers, such as health and education institutions towards LBT women in Albania, through improvement of these two particular institutions. LBT women in Albania will experience greater freedom from violence and discrimination, greater respect for their rights, and better access to high quality services from such key institutions, such as education, and health care when they do experience violence.

#### **2.2. The objectives of the project**

The main objectives of the project are to empower LBT women with the knowledge regarding their health and education rights,

and how to use these institutions so that these rights are respected. Through different interventions planned to be implemented as part of this project, the key institutions and professionals will improve their response to violence against LBT women, while women's NPOs and groups of LBT women will strengthen their capacity to interact with state institutions and to advocate for a better response to violence against women (with special focus violence against LBT women). The research findings presented in this report are considered as baseline for LBT women and their situation related to violence.

## **2.3. Methodology**

The methodology for this research consists of desk research as well as primary data collection. Desk research involves the analysis of documents, laws, and existing literature. Data were collected using semi-structured interviews.

Data for this project were collected from 6 regions in Albania. These included Tirana, the capital of Albania, and its peripheries and rural areas, as well as the areas outside Tirana. These included: Peshkopia, Shkodra, Elbasani, Pogradeci, Vlora. Peshkopia is located in Northeastern Albania, Shkodra is located in North-western Albania, Elbasani in central part of Albania, Pogradeci in southeastern Albania, while Vlora in southwestern part of Albania. The participants were selected from the urban areas, as well as

their rural areas. This way, the project has obtained information from various parts of the country.

Data were collected from health and educational field. As far as health is concerned, data was gathered by carrying out interviews with doctors and nurses who work in (publicly funded) primary health care, since they are the first professionals to deal with LBT (and others) needs. With regard to the area of education, we interviewed teachers who teach in primary schools (9 year schools), and high schools. Interviews were conducted with school psychologists, as well. Focus group discussions were also organized with the local NPOs who deal with violence against women. They were vital for this research, providing information on various issues regarding gender based violence. Various members of LBT community were also interviewed for this project. In addition, we interviewed representatives of Public Health Directories (PHD),<sup>1</sup>The Fund for Mandatory Healthcare Insurance (FMHI), as well as Regional Educational Directories (RED).<sup>2</sup>We also met with representatives of Ministry of Health, Ministry of Education, , as well as with the representatives of the Ministry of Social Welfare and Youth in Albania to discuss a Memorandum of Understanding between Alliance against Discrimination of LGBT and the Ministry of Health in the frame of

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36) The one in Tirana is called Regional Health Authority

37) We were not able to interview representatives of Tirana RED because they did not respond to our requests for the interview

the project implementation.

The total sample consisted of 66 people. With regard to the area of education, thirteen teachers were interviewed. Of these, six were in the rural area, six others in the urban area, and one in the suburbs of Tirana. Moreover, a total of eight school psychologists were also interviewed.

With regard to the area of primary health care, we interviewed a total of twenty six nurses and doctors. Of these, thirteen were nurses, while thirteen others were doctors. Six of the doctors worked in urban areas, six others worked in the villages, while another one worked in the suburbs of Tirana. Of the nurses who were interviewed, six of them worked in urban areas, six others worked in rural area, and another one worked in a peripheral zone in Tirana.

In addition, as mentioned above, twelve interviews were carried out with representatives of health and educational institutions. Of these, 5 interviews were conducted with representatives of the Public Health Directories, 1 with that of Tirana Regional Health Authority, and another one with the representatives of the Fund for Mandatory Healthcare Insurance. Interviews were carried out with 5 representatives of the Regional Educational Directories. Moreover, we also interviewed people who belong to the LBT community, a total of 7 LBT individuals<sup>1</sup>.

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38) We tried to interview a greater number of LBT individuals. The Alliance tried to reach out to the individuals explaining the nature of the project. However, we were able to get only these people to be interviewed. This is another indication that LBT individuals, in particular the ones who live outside Tirana do not want to identify themselves, because they fear the negative attitudes and prejudices that are so widespread in Albania

The instrument used to collect data was that of semi-structured interviews. Eight types of semi-structured interviews were used.<sup>1</sup>This is a case study, so we cannot generalize for the whole population. We wanted to explore a phenomenon in detail; therefore the semi-structured interview is a very good instrument to collect data. In addition, it provides the possibility to compare the qualitative data. As mentioned previously, the interviews were carried out both in urban as well as rural area. The researcher carried out the interviews with the LBT community, the representative of Tirana Regional Health Authority, as well as the representative of the Fund for Mandatory Healthcare Insurance in Tirana, FMHI. The rest of the interviews were carried out by the women organizations. The women organizations used their networks to reach out to people they interviewed. The Alliance LGBT got in touch with members of the LBT community who were willing to be interviewed under the conditions of strict confidentiality and anonymity. All names of respondents are kept anonymous. To preserve the anonymity of the respondents we gave them a pseudonym.

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39) Several of the questions in the health semi-structured questionnaire were taken by Alliance LGBT research (2013)'s and modified to the study.

## **CHAPTER III**

### **RESEARCH FINDINGS**

#### **3.1. Findings for Doctors and Nurses**

The section explores several issues with regard to doctors and nurses. First, it looks at the perception of doctors and nurses on what an LBT patient “looks like”. Then, the study proceeds with the identification of violence against LBT identification and the reaction to it. This is followed by examination of participant’s response towards prevention of LBT patient related violence. In the end, the study examines the information that nurses and doctors have on the issues of violence and abuse against LBT.

##### **Perceptions of doctors and nurses about LBT individual’s sexual and gender identity**

The research started out with questions on people’s perception on people’s sexual and gender identity. First, we asked if doctors and nurses “understood” people’s gender or sexual orientation of their patient. The overwhelming majority of the participants gave a positive answer. Only a few of them stated that they could

not tell people's gender or sexual orientation.

For example, one of the nurses stated "No, we do not spend much time with a patient; therefore it is hard to find out their gender and sexual identity (Peshkopia, Urban nurse). Also, the doctor who works in a polyclinic in Tirana, mentioned that it is hard to tell many times, "because, often, some of them are not even aware of it, themselves." Most, however, stated that they could understand.

We further asked the participants if they could provide us with their perception of people's gender and sexual orientation. They reported various ways as to how they could "tell" people's gender and sexual identities, including "signs", such as: the way they dress, behavior, physical appearance, the way they talk, walk etc. These ways of "telling" people's sexual orientation was based on stereotypes.

*"It is very difficult to understand a patient simply during the visit or if I give a shot. However, there are cases that I know of lesbians, for example, her being like a man and keeping her hair short, behaving like a boy, she likes to look strong and wants to attract attention"*

***(Nurse, city of Vlora).***

While a doctor who works in the polyclinic in the town of Pogradeci stated

*"I understand since the very first time I communicate with*

*them, from their gestures, face expressions. It is easier to tell for the girls: for example, their movement, their clothes (baggy pants, with a belt like that of a man. They tighten their breasts”*

Some others stressed that it is still difficult to “tell” lesbians and bisexuals. While regarding transgender, in their view, one can tell them by the “physical characteristics, the voice, clothes, etc.” However, the case was different for the nurses and doctors from Peshkopia, who had a more conservative attitude towards LBT individuals. For example the nurse who works in Peshkopia, rural area, said

*“I am not clear about these separate concepts. I know only male and female gender”*

***(Nurse, Peshkopia, rural area).***

They were also very hesitant to give answers to the questions (also expressed a resistance and refusal) to say anything about this issue. In fact, it was one of the challenges during the interviews:

While the doctor of a health center in a commune (village) in Peshkopia answered:

*“No, how do we understand them. They are people. Here, the mentality does not allow us to behave different. It is defined what and how it is: it is a woman or a girl.”*

The doctor was nervous when she answered this question. She, then continued, openly expressing her intolerant views:

*“Thank God, we do not have them here.”*

**(Doctor, Peshkopia, rural area).**

The doctor, who works at the health center in the town of Peshkopia said:

*“These are concepts that we have heard in the media, but here where we live, you cannot make such identification because our mentality does not allow space for them to be free in their sexual orientation. As far as transgender are concerned, they are rare cases that we have heard in the world. Here, you cannot even talk about them.”*

While the nurse from Peshkopia, who works in rural area answered:

*“It is not worth it. So far, I have not heard in the area where I live that such people exist.”*

**(Nurse, rural area, Peshkopia).**

## **Identification of Violence, Reaction to It**

We asked several questions regarding identification of violence against LBT as well as their reaction towards these cases, had they identified them.

Participants were asked if they had ever had cases when their

patients had come to them and were abused by their family because of their sexual orientation. The overwhelming majority of the participants answered that they had not come across such cases during their work. This was the case for nurses and doctors from Elbasani, Shkoder, Pogradeci and Tirana. For example, the nurse who works in rural area in Elbasan also mentioned that she had not encountered such cases even when she had gone to see people in their families in the village where she works.

Only the nurse who works in the ambulance in Vlora mentioned that he had had a case of a transgender individual who had come to their center. He said:

*“To tell you the truth, I have had only one case of a transgender, who came here. This was several years ago, in 2010 or 2011, I think. Probably someone had kicked him, once or twice, who knows. He came to get treatment.”*

When asked where he had referred the case to, she replied:

*“Nowhere, where would you refer it to... It was not that it was bad; it was not an extreme case. Simply that, he came, took the treatment he needed and left. He did not denounce, or anything. Had some light wounds. I think he was abused, because he had abuse marks. But for what, I do not know. When we asked him, he would not say anything. Perhaps he was afraid. But he would say that he fell*

*down and that nobody has beaten him”*

**(Nurse, ambulance, Vlora).**

One nurse who works in rural Peshkopia, however, did not want even to accept that LBT “existed.” She said:

*“It is not worth to talk about them. God has given us male and female”. While the one who works in the health center in the town of Peshkopia, stated: “I have not analyzed how a patient who has asked for help related to this case, can be, and I do not think that there are such people”*

**(Nurse, health center, Peshkopia town).**

Several people mentioned that they had had cases of gender based violence, but none related to LBT individuals (not based on sexual orientation). In addition, two of the respondents, stated that in cases when women who had come to health centers because they were abused, they would deny that they were abused.

Another question we asked participants was what would they do if they had a case like this: If, they, as a family nurse and family doctor would go and visit a family and they would suspect that there is high risk that the individual(s) who are LBT in this family could be abused because of their sexual orientation?

Nurses and doctors for Elbasan gave various answers. One set of response included inform individuals about their rights, discussion with the individual’s parents about their child sexual

orientation and convincing them to accept their child sexual orientation, and not abuse the child. Another response was referral of the case to the specialized NGOs, the police.

For example, the nurse who works in rural areas stated that she would talk to the families to accept the sexual orientation of the child, and that these people should not be abused. In addition, she also mentioned the fact that the mentality in the villages is very negative towards these individuals. Along similar lines, the doctor who works in the town of Elbasan said that she would talk to the parents, and relatives of the individual. In addition, she stressed that she would denounce the case to the police.

*“We ask the person, where he is hurt, or if there are any bruises. Where we suspect, we then ask them to denounce the case to the police. In order to prevent violence, we would try to talk to the parents in order to convince them, as well as talk to persons they know, or their relatives in order to clarify them and convince them that this is the sexual orientation of that person”*

***(Doctor, health center, Elbasan).***

Similarly, the nurse who works in the health center in the city of Elbasan said that after informing the individual about their rights, she along with the doctor would refer the case to the specialized NGOs, or the police. The doctor who works in the

rural areas of Elbasan refused to give an answer to this question.

The nurses and doctors from Shkodra stated that they would refer them to institutions that specialize on violence in the family, such as the Directorate of Public Health, and the police. In doing so, they argued that they were following similar procedures as with other cases of family violence.

One of the issues raised was the issue of the denial of the abuse by the individuals who were abused. The nurse who works in rural area in Shkoder and the doctor who works in health center in the city of Shkodra alluded to this situation:

*“I would tell the danger by the signs the LBT has in the body, despite the fact that none of the victims of the violence in the family refuses to accept, how these happened. Then I would refer it to a specialized institution and to the police”.*

In addition, the doctor who works in the rural area said that she would ask the patient to see a psychologist, given the psychologist would treat her with professionalism, as well as talk to the families and explain to them that violence is not the way to handle violence and that they would accept the child as she is.

With regard to participants who work in Pogradeci, two of them, the nurse who works in the town of Pogradec, and a doctor who works in rural area, suggested that they would try to explain to the parents that violence is not the way. Moreover,

the doctor said that they would take it to the NGO, “Me, the Woman.”<sup>40</sup> While the doctor who works in the town of Pogradeci said that she would take them to the Office of Gender Equality in the Municipality of Pogradec, where the specialist who works there would take the individual to the institutions specialized on these cases.

The other nurse, who works in rural area, expressed her concern that she does not know how to help these individuals. Like in the case of the nurses and doctors who work in Shkodra, she also pointed to the fact that victims of domestic violence, often withdraw their statement after filing a complaint for domestic violence, therefore undermining any efforts to further proceed with the case. Moreover, she highlighted another serious problem, the mistreatment of the abused individuals by the members of the law enforcement. According to her, *“In many cases, the police mocks them (the abused women) and do not offer any support.”*

In the case of Peshkopia, one of the nurses who work in rural area said that she would not support any family that abuses children. While the one who works in the town of Peshkopia, who openly expressed her prejudicial attitudes towards LBT, answered that that if she had come across LBT individuals, she would try to understand, but, in her words, *“deep down in me I would look down on them. That is our mentality.”* On the other

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40) The Albanian version of this NGO in Pogradec is “Une, Gruaja.”

hand, the doctor who works in the rural area argued that these issues were a private matter. Yet, she also said that she would try to explain to the family that these cases happen today. While the doctor who works in the town of Peshkopia stated that she would tell the family that they *“should work so that the child creates a normal identity, either a boy or a girl, in the way of god.”*

Even in the case of Vlora participants’ answers included responses such as talk to the parents, inform the police, suggestion that the individual see a psychologists. For example, like in the case of Shkodra, both nurses stated that they would talk to the parents and explain the situation. If the situation did not improve, *“then I would call the police,”* observed the nurse who works in the rural area. According to her:

*“These are delicate problems, and it is difficult to find a right solution. The best thing would be that the parents should not use violence, because beating a child will get nothing solved.”*

The doctor who works in rural area also mentioned that he would call the police. The nurse, who works in an ambulance in Vlora, mentioned that the medical staff does not deal with these problems when they go to the families in cases of emergency.

Two of the doctors noted that many people in Vlora consider it to be a disease, pointing to the prevailing negative attitudes towards LBT people. In addition, one of them stressed the

conservative attitudes of the society of Vlora towards women in general.

*“I would talk to the parents and explain the situation of their daughter, because here, the majority of the people see it as a disease, worse than a cancer. Listen, we are a closed society. Here the parents, when they hear that their daughter has a lover, they raise hell, let alone finding out that their daughter is a lesbian. Imagine what they will do. They will turn the world upside down”*

***(Doctor, health center, Vlora city).***

In the case of Tirana, the nurses who work in the suburbs mentioned that they would refer the cases to the legal institutions, while two of the doctors, the one who works in a village said that she would suggest that the abuser see a psychologist. The doctor, who works in the polyclinic in Tirana, said that she would refer the case to the social worker. On the other hand, the doctor who works in the health center in suburbs of Tirana openly expressed her personal feelings towards LBT and lack of information towards this particular group:

*“After communicating with the person, I would try to contact the family, if the LBT would be at a young age, for example, 18 years of age. I would tell the families, that may be the person is bisexual, and the person is not clear to decide, therefore I would ask them to pray to god that one*

*day their child would have the opportunity to change and become normal. I think for the LBT persons, most of their problem is psychological. In the world, this is still treated as a disease. After calming down the families in the first stage, (of course telling them that perhaps the sexual orientation is only bisexual or only temporary), I would try to be in regular contact with them, in order to, at least, prevent the violence, if it continues and of course to calm down the situation. I think that no matter how much violence there is within a family, the parent tries to do something for the child. He forgives everything to the child. Over time, I think that even the most ignorant parent will manage to accept the daughter the way she is”*

**(Doctor, health center, suburb of Tirana)**

We also asked them if they would have a case like this: If a parent comes to you and tells you that his/her daughter has “problems” implying that she may be LBT, what would they do?

In the case of Elbasan, two of the doctors and the nurses stated that they would talk to the parents and suggest that they talk to their child, try to understand the child, accept the way she is, and not abuse her. Otherwise, the child may run away from the family, steal, take drugs, or do other things.

The nurse who works in rural area in Elbasan, added that she would try to have a face-to-face meeting between the children and the parent in order to prevent “in early childhood the

tendencies of sexual orientation.” She also suggested the following:

*“The staff needs training on these issues, needs leaflets that inform people, so that we can distribute them to the patients when they come. In this way, we could prevent problems that the child may have with the parents, and when the parents learn that their child has a different sexual orientation from the one they are used to”.*

In the case of Shkoder, the nurse in rural area said she would advise the parent to go and see a psychologist. This was also the opinion of the doctor who works in the town of Shkodra, who maintained that she would refer the parents to the psychologist of the Directory of Public Health. While the nurse who works in the city of Shkodra said she would advise the child to go to a gynecologist. In addition, she mentioned that she would also suggest to the parents that he/she along with the child go and see a psychiatrist in order to see how the child would react, because the child may have difficulty in accepting the fact that she is not like any other child. The doctor, who works in the rural area in Shkodra, said that she would explain to the parents that being an LBT does not mean that the child has problems and the family relations should not change as a result of the child’s sexual orientation.

Like with other respondents, the participants from Pogradeci

stated that they would talk to the families about the situation and tell them to accept the child and not to discriminate. For example, the nurse who works in rural area pointed out that this situation would not happen, especially in the villages, because it is a highly discriminatory environment for the LBT people. However, she said that she would ask the families to accept the child. The doctor who works in rural area also said that she would ask the families not to discriminate, and explain to them that this is not a disease. She also said that she would suggest that the family along with the individual see a psychologist. While a doctor who works in the ambulance in Pogradeci, said:

*“As a doctor I would tell them that if you are facing the fact, you have to accept it, because you have no choice. However, as a parent, I would not like it at all.”*

The nurses and doctors from Peshkopia stated that people in Peshkopia would not publicize this situation, even if that existed, given the pressure, prejudices, they would face from the whole society in that area. They said that people would try to hide it even if they had a case like this. One of the nurses who work in the rural areas said:

*“I think that where we live, the families, even if they had a case like this, would never want to publicize it, because of prejudices, let alone referring it to an institutions or another environment for girls with such problems.”*

However, the doctors also said that if the parents would come to them, they would try to inform, and explain to them that there are other people like their child, and that there are organizations where they can get help.

The doctors and nurses in Vlora also contended that they would convince the parents that they should accept the child the way he/she is and that they should keep him/her close so that they could better understand. One nurse, who works in ambulance in the city of Vlora described a situation when a parent had come and asked for medicines because her son was gay:

*“We had a case once, when the mother of a son came to us and asked for medicine because her son was homosexual and she asked for hormones. But what can we do, we would try to talk to them that he is like that and there is no medicine that cures it. It is not a disease. He has that preference and that’s it. You have to accept it the way it is.”*

Others also mentioned that they had heard of cases when gays take medicine to change them, but as one of the participants put it, *“this was stupid.”*

The doctors who work in the village of Tirana and in the city of Tirana also stated that they would talk to the parents and explain that this is not a health disorder, nor it is a pathological problem and would advise them to talk to the psychologist, the social worker, or a specialist who works at the hospital.

## Information of doctors and nurses on LBT related violence

We asked the participants how informed they were on the abuse and violence experienced by the LBT individuals. There was the recognition among most of the interviewed that they had little information, or no information at all about these issues. Only a few mentioned that they were well informed. The majority posited that their sources of information included: media (especially foreign media), internet, television, or what they heard from the informal conversations they had held with friends, acquaintances, or information they had received from some organizations. As mentioned earlier in this paper, with one exception, none of them had ever come across cases of abuse suffered by LBT persons in their work place.

Said a doctor, who works in a health center in Elbasan:

*“Generally these people are abused, not only physically, but also emotionally. There are prejudices about them. I know this from conversations I have heard with friends, acquaintances, as well as information I have read.”*

The participants from Shkodra also stated that they were either little informed or had no information. For example, the nurse who works in rural area in Shkoder said:

*“I do not have information, because in the village where I work, it is very difficult to find out...”*

A doctor who works in rural area in Shkoder explained:

*“I am informed that they are victims of violence because of their sexual orientation, but personally, I have not found out such cases. There may be cases of violence, but not identified as LBT people. Violence in the village is wide-spread, but it is not accepted because of the mentality.”*

The participants from Peshkopia, too, mentioned that the only information they had on these particular issues was the one they had learned by watching on TV, as well as the information distributed by various organizations.

*“As far as the sexual orientation and gender identity is concerned, the only information I have is only through media, the new scientific breakthrough, and the medical interventions carried out in some developed countries, as well as information given by some organizations.”*

***(Doctor, health center, town of Peshkopia)***

Along similar lines, the interviewed from Vlora, explained that they had never come across cases of abused LBT, and that they had simply heard that the LBT individuals were abused. Both doctors and nurses asserted that they had heard these cases by reading on the internet, or watching TV.

Even in the case of Tirana, most of participants mentioned that they had little or no information. The doctor who works

in the city of Tirana said she had enough information, while the doctor who works in the village said that she had little information. Similarly to the other participants, the interviewed said that the sources of this information were mainly media, or informal sources.

With regard to Pogradeci, the situation appears to be different, because one of the NGOs had conducted trainings that also dealt with these issues. For example, one of the doctors who works in rural area said that she was informed the issues of violence and abuse towards LBT individuals), because she had taken part in the trainings organized by NGO “Me, the woman”. The rest stated that they had little or no information on these issues. They thought there were prejudices, as well as psychological violence, but this information was simply what they “had heard”.

## **Trainings of doctors and nurses**

We also asked the participants if they had received any training on issues of abuse toward LBT, including information during their professional trainings. None of the nurses in the sample had taken part in any kind of training on these issues. The nurse who works in the health center in Peshkopia explained:

*“I have not taken part in any training on these issues. At work, nobody has given us any information; nobody has come to talk to us about persons with different sexual orientation, only what we hear from the media.”*

With regard to doctors, only two doctors from Pogradeci confirmed that they had taken part in trainings organized by the NGO based in Pogradeci, “Me, the Woman.”

*“Yes, I have taken part as member of the Referral Mechanism in the training organized by “I, the Woman” on the LGBT issues. I also took part in training “Women in Leadership” by the same organization, where these issues were touched upon.”*

**(Doctor, health center, Pogradeci).**

The rest of the doctors, including those who work in Tirana answered negatively to this question. The doctor who works in a health center in the suburbs of Tirana said that she had taken part in “trainings on violence in general, but not on violence based on sexual orientation.”

While the doctor who works in health center in the city of Elbasan, told us that she had never received any training as well. She further continued, openly expressing her personal opinion of having no personal interest in these issues:

*“I am not interested to know how these trainings are organized and how the LBTs are. I feel uncomfortable with this topic that is why I am expressing myself like this.”*

However, she continued that if her job position demanded it, then she would take part in them.

The participants also mentioned that they had not received any information on these particular issues even during their professional training. Several of them stressed that they had taken part in training on domestic violence; however, issues of violence against LBT were not dealt with in these trainings. As the nurse, who works in the city of Vlora asserted:

*“No, I have not taken part in any training on these topics. We have done trainings on violence in general, but not specifically on LBT, never.”*

Along similar line, a doctor who works in the city of Elbasan observed:

*“No, these topics have never been treated in the trainings we have done on violence against individuals. We have done trainings with different medical topics, such as different diseases, various information, information on laws, procedures, new ways of reporting, documentation, etc.”*

### **3.2. Findings for Teachers**

In this section, findings on the interviews with teachers are presented. The section looks at several issues: First, it highlights the perception of teachers on what an LBT student “look like”.

Then, it looks at the identification of violence against LBT students by the teachers, as well as participants' ways of prevention of violence. This is followed by a discussion of the information teachers have on these issues. Furthermore, this part looks at the issue of the inclusion of LBT related issues in the school curriculum. In the end, the section also provides an account of teacher's discussion of LBT issues in the classrooms.

## **Perceptions of teachers about LBT students**

We asked the teachers what their perception was of LBT individuals. Like in the case of doctors and nurses, the teachers' perceptions as to what an LBT individual "looks like" are based on stereotypes: the voice, hair, clothing, behavior, and the way they sit.

For example, the teacher who works in the city of Elbasan described her views:

*"Lesbians tend to prefer male clothing, keep their hair short, are very protective of their female friends, and oppose very openly the macho behavior of their male friend. Bisexuals aim to declare openly their attitudes towards males, but in the meantime, they distance themselves from friendship with males and aim to form as much affinity with the females. You can tell transgender from the strange and exaggerated way of clothing which does not fit with their sex."*

Only the teachers from Peshkopia were hesitant at expressing their views on this. Their justification was that since they had not had any case, they could not tell them. While a teacher who teaches in a 9 year school in the city of Tirana, presented her views:

*“I think, I understand by the way they sit, the clothing. For example, with regards to girls who may be lesbians (but not necessarily because they may change as well), most of the time they hang around with the boys... I think that they feel somewhat superior, have pride, raise their voice higher than their friends and stick to their beliefs (which are characteristics of males).”*

## **Identification of Violence**

We asked the participant teachers if they had ever had a case when they had identified LBT students who were abused. Only two of the teachers who were interviewed mentioned that they had had encounters with this phenomenon at school: the teacher who teaches in the rural area in Shkodra, and the one who teaches in Tirana. The rest said that they had not had experience with this. In the case of the teacher from Shkodra, she described that she had two cases in her school, a boy and a girl. Both of them had been subject to prejudices, and emotional

abuse by the other students. According to her: “These students were emotionally abused by others. They would say: ‘look at the way you dress, how you walk.’” She, then, pointed out that even some of the teachers were very prejudicial towards them, while others supported them. The teacher also mentioned that their families were not informed that these children were abused, because of their sexual orientation, because their families would refuse to accept that these children were different from their peers.

Another case of abuse was reported by the teacher who teaches in a 9 year school in a suburb of the Tirana. She described the situation:

*“The girl who has openly expressed her sexual orientation to the family, feels abandoned by her family. They refuse to talk and accept her orientation... The violence towards her is mainly psychological, that is, their attitudes are very harsh, inhuman. They also exercise economic violence. They do not give any money to the girl, and as a result, the girl, who is a minor (15 turning 16 years), is obliged to work after the school as a waitress in one of the restaurants in the capital.”*

***(Teacher, 9 year school, village of Tirana).***

When asked what they did with these students who have experienced abuse, the teacher from Shkodra explained:

*“I have not managed to refer the case to anyone. There is no school psychologist. I do not have any information that there is any organization that can help them, so that I can refer the case.”*

She also pointed out the difficult issues that was also highlighted above by nurses and doctors, the fact that the LBT individuals refuse to accept that they are LBT, highlighting once again the prejudiced environment in which they live. Moreover, the extract reveals the lack of information teachers have with regard to organizations, or institutions that focus on LBT issues, so that they can refer the students for help.

While the teacher in the village mentioned that she had tried to be close to the student when she had asked them to be. In her words:

*“In this particular case, we have tried several times to contact the parents, but they have refused to talk to them, they have avoided the conversation. I am afraid to continue, since we are talking about the life of a child.”*

## **Teachers’ Reaction to Potential Violence**

We asked the teacher what they would do if they could see that one of their students was abused by the other students at school. Both teachers from Elbasani stated that they would refer

the child to the school psychologist. The teacher, who works in the rural area in Shkodra responded that she would talk to the students and explain that the sexual orientation is normal and that they should not prejudge or abuse people, because of their sexual orientation. While, the teacher who teaches in the city of Shkodra, expressed herself in favor of exercising punishment towards the abuser, regardless of the victim. In her words, *“Regardless of the sexual orientation, the student has equal rights with the other students.”* She also added that in the case of violent acts committed towards LBT students, she would refer the case to a school psychologist, and would ask the victims go to institutions that focus on protecting the rights of LBTs so that they can help the student.

Along similar lines, teachers of Pogradeci, responded that they would talk to the students and take them to psychologists. The teacher who works in the town of Pogradeci added that if the abuse would continue, she would take measures against the abuser. One teacher who works in urban area in Vlore stated that she too, would try to protect the victims, although in her words that she was *“against them,”* openly stating her personal intolerant attitudes towards LBT students.

The teachers from Peshkopia mentioned that they had not had any information that students are abused because of their sexual orientation in the schools where they teach. Like several other teachers, the one who works in rural area, also asserted

that she would discuss the violence with students, and advise them to accept her like the rest of the friends, because *“it is her right to choose the sexual orientation.”* If the abuse continued, then *“she would inform the school principal.”*

Along similar lines, the teachers of Tirana maintained that they would talk to the students, and explain to them that these students *“have the same full rights, like the rest of the people in society.”* One of them also suggested that she would bring face-to-face both the abuser and the abused and discuss these issues.

We also asked the teachers what they would do if they would perceive that any of their students would be in high risk of being abused in their family because of their sexual orientation. Most of the participants stated that they would discuss with the parents the situation. Some maintained that they would suggest that parents and child see a psychologist. Others said that they would denounce the case to the police, and some others suggested a mixture of these ways.

For example the teachers who teach in schools in rural areas in Elbasan, Shkoder, Pogradeci, Peshkopia, Vlora, as well as the teachers who teach in the school towns in Pogradec, Vlora, Tirana, maintained that they would talk to the parents and explain the situation, and ask the parents to accept their child’s choice, and not abuse the child.

*“At first I would go to her family to contact them and try to convince them that it is not as terrible as they think and*

*that they should not resort to violence because of the sexual orientation. Perhaps it was taboo before, but not today. Such cases have existed before, in spite of the fact that they were kept secret. That's why they should be accepted and not abused."*

***(Teacher, school, rural area Shkoder)***

Some others, like the teachers who teach in the city of Elbasan, Shkodra told us that they would call the police. While the ones, who teach in the city of Vlora, and Elbasan, also mentioned that they would suggest that parents talk to a psychologist. The teachers who teach in Tirana stated that they would try to be close to the children and comfort them. Finally, the teacher who works in the town of Peshkopia, said that she would not know how to react, given she had not encountered such a case. She also mentioned that: *"because of the mentality in our country, it is very difficult to intervene in the parent-child relationships."*

We also asked teachers what they would do if they had a case like this: A parent of the child comes to you and say that the girl has problems, implying that the girl is LBT. Like with the previous questions, most of participants mentioned that they would talk to parents and try to explain the situation and convince them to accept the child the way the child is.

This was the case with teachers who teach in Elbasani schools, whether in the rural area or in the city, as was the case with the

teacher who teaches in rural area in Shkoder. In addition, the teacher in the school in the city of Elbasani mentioned that she would advise the parents to stay close to the child in order to understand the root of her sexual orientation, and also help the child not to be subject to discrimination. While the one who teaches in one of the schools in the city of Shkodra stated that she would try to treat this child like other children, regardless of the sexual orientation.

The teacher who works in a school in rural area in Pogradec also said that she would tell the parents not to judge the child and that, they should accept the child regardless, while the one in the school in the town of Pogradeci openly expressed her lack of knowledge as what to do in such a situation. Both of the teachers from Vlora stated that they would refer it to a specialist, such as the school psychologist or the social worker, since in their view; they are in a position to help these students.

Discussing with child's parents and providing support for them was also the answer given by the teacher who teaches in a school in rural area in Peshkopia. On the other hand, the other teacher who works in a school in the town of Peshkopia, simply responded by expressing her negative attitudes toward LBT. In her words: *"I would see it as a misfortune for the parent and the daughter."*

Participants from Tirana also gave various answers. One of them, who teaches in a school in the city of Tirana was of the

opinion that a parent coming and talking about this issue would never happen, given the conservative nature of the Albanian society towards LBT community. In her words:

*“I do not think, I would ever have cases like this. The parents would never accept such a situation. They do not accept situation that are simpler than this, let alone this one. We can’t even talk about this.”*

***(Teacher, 9 year school, city of Tirana)***

Another teacher who works in another school in the city of Tirana, stated that she would try to involve multiple actors in this situation, such as talking to parents, school psychologists, as well as her other colleagues who have worked with these cases. In her view,

*“by involving so many actors in this process, I would create the right environment for interaction and to alleviate the difficulties of parents’ child, and the whole system, which is influenced by this phenomenon.”*

While the teacher who works in a school in the rural area stressed that she would stay close to the child.

## **Information of Teachers on Violence against LBT.**

We asked the participant teachers how much they are informed on violence and abuse experienced by the LBT

students in school. Several of the participants stated that they are not informed on the issues of violence, given they had not encountered these cases in their schools. A few said that they had only basic information. The teacher who teaches in the village said that she tries to understand as much as possible when there is conflict, but it is very difficult given the hidden nature of these types of conflict. Like in other cases, the little information they had mainly came from the media, or internet.

## **Inclusion of formation of violence against LBT in the school curriculum**

We asked participants if information on violence against LBT is included in the school curriculum. All, but one said that the topic of violence against LBT was not included in the school curriculum. In addition, there were no specific guides in the school as to how to discuss LBT related issues in the classroom. They mentioned that they had discussed violence and discrimination based on gender, race, religion, but not based on sexual orientation. Only the teacher who teaches in a 9 year school in rural area stated that these issues are discussed,

*“through strategies that should be applied and recommendations from the Ministry of Education. Actually, it is the role of psychologists that covers this issue through the organization of special activities and special meetings.”*

The teachers then were asked if they thought the information on violence against LBT should be included in the school curriculum. Their answers varied on this topic. A group of teachers spoke in favor of the inclusion of information in the school curriculum. This group included teachers who work in the schools in rural areas of Elbasan, Shkodra, Pogradeci, Vlora, and Tirana. According to this group the incorporation would mean that the students would be informed on these issues.

*“I think, yes, because students do not have much information on LBT. Not only that, but when they get that little information, that is wrong. Most of the wrong information they get is from social net, by talking to each other, calling those persons as sick, immoral, etc.”*

***(Teacher, school in rural area Elbasan)***

The teacher from Shkodra also suggested that the teacher should discuss these issues.

Another group disagreed with this position. They were against the inclusion of such topics in the school curriculum. These included teachers who teach in the schools in the city of Elbasan, that of Shkoder, Vlora, and in the town of Pogradeci. One of the reasons, they pointed out, was that the incorporation in school curriculum, would mean an approval of that kind of behavior, which may have the risk of turning into a fashion that would be followed by other young people.

The teacher who teaches in the school in rural area in Peshkopia expressed herself in favor a neutral position. According to her, the information on LBT student is very important, however, it may be misused by the students. While the teacher who works in the town of Peshkopia said that there should be a long discussion about these things before undertaking this step.

The teacher who teaches in one of the schools in the city of Tirana replied that she was a bit skeptical, because

*“the program could be good, but the ignorance in Albania is too much. Even if it is included, there will still be problems; for example, who would discuss such a topic. Our teachers are not that responsible when it comes to these things, and I do not know how capable they are to deliver this information to the students.”*

***(Teacher, school in the city of Tirana, 9 year school).***

While another teacher, who also works in one of the schools in the city of Tirana suggested that the teachers need to be trained, and informed first, before discussing them with the students.

Discussions in the classroom of LBT issues between teachers and students.

Another question we asked the participants was if they had ever discussed with students topics related to the LBT issues. Only two out of all the thirteen teachers had done so. One of them teaches in a school in rural area in Shkoder, while the other

one worked in rural area in Pogradeci. The rest of the teachers had not discussed these topics.

The reasons, as explained by them varied. Some, like the teachers who teach in Elbasani, the one who teaches in a school in the town of Shkodra, as well as the one who works in one of the schools in Tirana argued that they did not have enough time during their class hour to discuss such issues. They had talked about gender based violence, but did not focus on LBT violence. The teachers from Elbasan also added that the students had not shown any type of interest in discussing these topics.

The teacher who teaches in a school in the town of Peshkopia argued that she did not discuss these issues with students, because those are very delicate topics to talk about. While the teacher who works in a school the rural area in Vlora maintained that she did not see the need, since they had not encountered such cases in her school. One of the teachers in the village of Tirana said that whenever they talked about these topics, parents had called and asked them not to talk about these issues at school.

*“We face many difficulties to talk about these topics, so that we should be aware of the problems that our children have. There were times when we held open discussions with students about topics. Later we were faced with phone calls from parents, who did not consider it appropriate to discuss these issues in school. They do not want us to further discuss these things and “stir up” these conversations.”*  
**(Teacher, 9 year school, village of Tirana)**

While the teacher who works in a rural school in the Shkoder area, explained how she had discussed these issues, given she was faced with such cases at school. According to her, students reacted differently, and the difference was based on gender.

*“The reaction of the boys was much harsher, and violent. They are much more judgmental when it comes to these issues. While the female students were much more open and had a more positive reaction towards these issues.”*

***(Teacher, school, rural area, Shkoder).***

The teacher who works in rural area in Pogradeci had discussed these issues with her students, because she had received trainings from the organization “I, the Woman”. She described how she had discussed these topics by separating girls from boys, because in her view, *“they would not be involved if they were together.”* She, too, observed that *“the girls were more interested and listened to it, while it was much harder with the boys.”*

There were also prejudices on the part of the teachers a well. One teacher who teaches in a school in the city of Tirana, openly expressed their outdated views on LBTs, as well as their prejudices:

*“I think these individuals have psychological deviances, even because of their childhood, or family problems. Anyway, women, that is lesbians, can even get treated, because they can get married and create a family.”*

*The males have fewer chances of getting better... Anyway, I think these cases need to be taken to a specialist, lesbian cases need to be treated. They need psychological health."*

### **3.3. Findings for School Psychologists**

This part focuses on school psychologists. First, the section examines perception of school psychologists on what an LBT patient "look like". Then, it proceeds with an account of the identification of violence against LBT, and the reaction to it. In addition, the study also highlights school psychologist's work on informing students on LBT related issues.

#### **School Psychologists' Perceptions of LBT**

When asked if they are able to understand sexual orientation/ gender identity of the students at schools, most of psychologists answered positively to this questions, focusing on various aspects as to how they can "tell" and LBT person. For some, like the psychologists from Elbasan, Shkoder, Pogradeci, and the one who works in the periphery of Tirana, their perception was mostly based on stereotypical images. This was particularly so for lesbians and transgender individuals, while with regards to bisexuals, the participants were of the opinion that it was more difficult to understand.

*“I understand if a student is a lesbian or gay by their behavior, dressing style. Then, I try to see whom they hang around with, if the student has affection with students of the same gender. As far as transgender individuals are concerned, I think it is easier to identify them based on clothing or physical changes that they may undergo after surgery. But, in my experience, I have not have cases of transgender student.”*

***(School psychologist from, Shkoder)***

*“There are some female students who you can tell somehow by their behavior, because it is similar to that of boys, although, it is not easy to understand the girls.... Lesbians are a mainly bisexual, that’s why it’s not easy to tell them.”*

***(School psychologist, Pogradeci)***

The participants expressed difficulty in “telling’ the sexual orientation of the bisexual. According to the psychologist who works in a school in Tirana: *“Bisexuality in itself is ambiguous,”* or according to Pogradeci’s school psychologist

*“There are some female students who you can tell somehow by their behavior, because it is similar to that of boys, although, it is not easy to understand the girls.... Lesbians are a mainly bisexual, that’s why it’s not easy to tell them. Now it has become fashionable that girls kiss on the lips.”*

Only one of the psychologists, the one from Vlora, raised the

issue of falling into prejudices, if, for the identification of sexual orientation, only the appearance is used.

*“It is very difficult to tell what kind of sexual orientation a student has, just by the appearance. Many of them may be normal, or someone else may seem like a lesbian and she may not be a lesbian. This has to do a lot with prejudices that we have and that we attribute these persons. I think that in order to understand that a person is a lesbian or not, we may understand only if she accepts it, otherwise, we are simply being prejudiced towards her.”*

*(School psychologist, Vlora).*

## **Identification of violence against LBT by School Psychologists**

We asked the participants if they had identified violence towards LBT because of their sexual orientation. One of the psychologists who work in Shkodra described a situation at school, when two lesbians at her school were subject of the abuse by the school’s cleaning lady.

*“I have had the experiences of two lesbian girls, who faced the abuse of the school staff, more precisely the school cleaning lady the moments these girls were together. She accused them of indecent behavior. But I am not aware of their family situation, if they have experienced any type of violence in*

*the family, because the girls refused to tell anything about their sexual orientation.”*

***(School psychologist, Shkoder).***

Moreover, according to the school psychologist, these girls did not return to school at the end of the summer holidays, because they finished the school cycle.

Another psychologist who works in an urban school in Tirana recalled similar cases. She described how some of her students were subject to emotional and verbal abuse in the classrooms, and within school premises. The abuse consisted of verbal abuse, such as: *“go away you lesbians go away you pederast,”* or *“he is gay from top to the bottom.”*

Another psychologist, who works at a school in suburbs of Tirana, mentioned that she had had three cases of girls in the last two years. These were cases when mothers had put pressure and abused their daughters to change their behavior and way they dressed into more “feminine” ones.

The participants were asked what they had done in these cases. The psychologists from Shkodra said that she had tried to encourage students to talk to her, *“in order to ease their psychological burden. However, the girls have established barriers and have refused to ‘come out’.”* The psychologist who works in the suburb of Tirana described how she had held individual counseling with students who had experienced violence and had carried out focus groups with the abusers, where discussions were

held about the roots of this type of discriminatory behavior. In addition, she held discussions with students on LBT topics. According to her, a good part of students are very judgmental towards homosexuality, still considering it to be taboo for Albanian society, especially male students that openly discriminate against homosexuals. While the psychologist who works in an urban school in Tirana recalled that she had special meetings with parents of lesbian students, in order to raise awareness, while at the same time protecting their confidentiality.

The psychologists were asked what they would do if they could witness abuse of an LBT student by her peers. The answers varied. Most of the psychologists said that they would hold counseling session with the abused individual. Some, like the psychologists from Shkodra, Pogradeci stated that they would hold discussions with all the students in the class, as well as parents. One of the participants from Tirana, mentioned that she would report to the police if the violence was physical, while if it was verbal, she would report it to the school administration. While the psychologist from Peshkopia stated that she would also try to talk to parents, and if this method would not succeed, she would refer the case to the center for the child protection in the Peshkopia Municipality. On the other hand, several of these psychologists, such as the one from Elbasan, Shkoder and Pogradeci mentioned that they do not know which institutions they would refer the student who is abused, highlighting the lack

of information on these particular issues that exist even among school psychologists. In fact, the psychologist from Elbasan openly declared that she is *“not prepared for such cases.”*

**School psychologists’ reactions if they perceive that there is high risk of violence to the LBT individual because of sexual orientation.**

Three of the psychologists, such as the ones who work in Tirana, Peshkopia, and Vlora said that they would talk to the parents and explain to them about their child sexual orientation, as well as their children rights. While the psychologist in a school in suburb of Tirana mentioned that she would also inform the school principal as well as other institutions, such as the unit for child protection near Mini municipality or the Police Station. Similarly, several other psychologists, such as the ones from Elbasan, Shkoder, also stated that they would refer the case to the units for child protection, or the police, while the one who works in the village stated that she would take the girl to her house. On the other hand, the psychologist from Pogradeci raised the issue that Albania does not have a law that *“allows the child to call the police if the child is abused, like it happens in the advanced countries.”*

We also asked psychologists what would they do if they had a case like this: a parent of the child comes to you and says that

the girl has problems, implying that the girl is LBT?

All of the participants stated that they would talk to the parents of the child and explain the situation. They also said that they would work with parents so that the parent accept the child the way it is, and that the parent understand what the child is feeling. The psychologist from Shkodra mentioned that she would also tell the parents that she would support the child and the parent in every step of the way, while the one from Pogradeci suggested that if parents refuse the child's sexual orientation, they should be referred to "undergo trainings in which they are informed on these issues."

## **School Psychologist Trainings regarding violence towards LBT**

The overwhelming majority of the sample mentioned that they had not taken part in any training where they discuss LBT issues. The school psychologist from Pogradeci said that she had taken part in trainings, while the one who works in an urban school in Tirana said that she had taken part in some training. The same could be said for professional trainings. The participant from Elbasan complained that she was not invited in any. In her words:

*"Even if there have been any training, we as school psychologist were not invited. It's not that there is a lack of willingness to learn, it is because we have never been involved."*

The rest of the participants stated that that they had never had any discussions on LBT issues in the professional trainings they have had.

The psychologist from Shkodra and that from Vlora, on the other hand, recalled how they had discussed these issues in a lecture when they were students at the university. The psychologist from Shkodra said

“No, we are not trained on these, except for a lecture we had while I was studying psychology at the university.”

While the school psychologist who works in a school in the suburb of Tirana said that she had received some knowledge during professional training, but that she had mostly read about these issues herself. In fact, even, most of the school psychologists openly stated that they do not have much information on LBT issues, including violence and abuse against this group. In fact, the psychologist from Shkodra said that they do not discuss these issues even among other fellow school psychologists.

## **Informing sessions on LBT issues**

The psychologists were also asked if they had held informing sessions with students on LBT issues. Most of them, such as such as the psychologists from Shkodra, Peshkopia and Vlora, provided a negative answer to this questions. There were several reasons

according to these participants. One, according to the participants from Shkodra, was that *“the informing sessions are not part of psychologist’s job.”* The other reason was that the psychologist has only few hours to hold open discussions; therefore he/she should determine the priorities in terms of the themes they choose to discuss. She for instance, had chosen to talk about drugs, alcohol, smoking, because she thought these were more important.

Along similar line of thinking, the psychologist from Peshkopia also had discussed issues of sexuality, drugs, smoking and sexually transmitted diseases, and not LBT issues. The participant who works in Pogradeci also pointed to similar trend, that of lack of special hours to talk about these issues. On the other hand, the psychologist from Elbasan mentioned that while she had not informed students on these particular issues, she had used pictures from the internet to talk to students about respect towards all human beings, regardless of sexual preference, religion, color, and so on.

The psychologist who works in rural area in Tirana said that she had held discussions with different groups of students, and had watched movies with LGBT themes, with the aim of making students understand issues from various perspectives. The one who works in the periphery of Tirana, as well as the psychologist who works in an urban school in Tirana, had held informing sessions with students on LBT issues. The topic was included

in the psychologist's annual syllabus, as part of informing and raising awareness among students, in order to prevent prejudices and discrimination against LBT individuals.

### **3.4. Findings for Health and Education Institutions**

This section focuses on the health and education institutions. It looks at the regulatory frameworks of both of these institutions with respect to LBT rights. It also asks the representative of their activities in terms of addressing LBT related issues.

#### **3.4.1. Health Institutions**

##### **Directorates of Public Health (DPH)&The Fund for Mandatory Healthcare Insurance (FMHI)**

**Directorates of Public Health and** Regional Health Authority for Tirana coordinate all health services of primary healthcare in each region. While The Mandatory Health Insurance Fund is responsible for assigning funds to the Primary Healthcare Centers.<sup>1</sup>

None of the health institutions in Tiranë, Elbasan, Shkodër, Pogradec, Peshkopi, and Vlora had any regulatory frame

41) "Monitoring of the Primary Health Care System in Albania: Research Study, 2014, CFFESD. <https://www.usaid.gov/sites/default/files/documents/1863/KZLN-FinalReport-%20EN%20-%20FINAL%20LES%20.pdf>

work that has to do specifically with the respect of the rights of LBT individuals and the non-discrimination based on sexual orientation. In addition, the representatives of these institutions (except for Shkodra) confirmed that they had no individualized evaluation and treatment procedures based on specific needs related to the sexual orientation and gender identity of LBT individuals. On the other hand, the representative from Shkodra mentioned that she had a format for LGBT persons with regard to evaluation procedures. Two of the persons who were interviewed reasoned that, for them all people are the same, and that they treat everybody as equal. Additionally, representatives of these institutions maintained that they do not have any specific anti-discriminatory procedures for this particular group.

With regard to the cooperation with organizations that focus on LBT issues, their answers varied. Only the representatives of Peshkopia said that their institution had not taken part in meetings that were organized by organizations that focus on LBT issues. The representative of Tirana institution mentioned that they had held round table meetings, with the participation of the representatives of NGOs, where they had discussed about issues such as AIDS, but not specifically with organizations that focus on LBT issues. The representatives of Pogradeci, indicated that they had held meetings that focused on LGBT issues, as part of the Mechanism of Referral of Cases of Violence. These meetings were organized by the NPO, “Me, the Woman”, with the

participation of Xheni Karaj from the Alliance LGBT.

Only representative from Shkodra mentioned that they had organized meetings with the participation of youth and staff of health centers, where they had discussed topics of HIV, specifically related with the LBT individuals, but not violence in particular. The representatives of other institutions stated they had carried out awareness campaign with all the people, but not specifically with this particular group. The one from Tirana emphasized the fact that their institution did not have specific cooperation with organizations that focus on LGBT issues.

The questions tried to address also the issue of the knowledge and information of the staff of these institutions to address issues related to sexual orientation/gender identity of the LBT individuals. The representatives of Tirana, Elbasani, Peshkopia and Vlora answered that their staff do not have the necessary information on these topics. The representative of Tirana suggested that they need to cooperate with NGOs that focus on these issues, so that they would understand their needs and prepare the information. While the representative of Shkodra emphasized that she had always had had the desire and willingness to establish contact in order to refer cases related to LBT, but had run into many difficulties, because these cases are kept closed. In addition, representatives of institutions stated that they had conducted campaign of awareness with their staff on the issues of violence against women, children, but not for sexual orientation (not for LGBT).

## **The Fund for Mandatory Healthcare Insurance (FMHI)**

The representative of (FMHI) stated that they do not differentiate between persons. For them, everyone has equal rights and that they fund the health service without distinction between individuals, gender age, or religious belonging. Their aim is equal access in health service. With regard to LBT, in her view, they treat them as unemployed women and that according to the law, all persons are secured. She said, that if a person is not treated because of their sexual orientation, she has the right to denounce the case, and this can be done anonymously.

### **3.4.2. Educational Institutions**

#### **Regional Educational Directories**

We also talked to representatives of Regional Educational Directories. The task of the RED for each district is the implementation of the government policies (i.e., National Strategies) in the field of pre-university education. We asked them if they have a regulatory framework with regard to respecting the rights of LBT individuals, and non-discrimination based on sexual orientation and gender identity. The representative of Shkoder, Pogradeci and Peshkopia stated that their institutions do not have regulatory framework for the LBT community. While the representative of

Elbasan answered that the RED in Elbasan has a plan of activities where they have included a strategy against discrimination for year 2014-2015. This strategy has certain measures against discrimination. This strategy is formulated within the framework of the Directive of the Ministry of Education (Directive no. 3479/1 dt.24.07.2012) "For the plan of measures against discrimination based on the sexual orientation and gender identity".

The representative from Vlora referred to Law No. 69/2012 "For Pre-school Education System" and the "Normative Dispositions for Pre-University Education System," 2013, which specifies the duties of the teacher. One among them indicates that the teacher should treat students with respect, without insulting, and discriminating them. However, according to the representative, there is nothing in the legal documents that focuses on LBTs.

The study asked the representatives if their staff has the necessary information the staff of the institution has regarding sexual orientation and gender identity of the students in schools. The representatives of Elbasani, Shkodër and Pogradeci replied that their staff has the information on these issues. The RED of Elbasani, in particular, has worked on informing the staff during the outline of the strategy, as part of the Education Directory. While representative of Shkodra mentioned that, in spite of the information distributed to the staff, the staff has not worked to deliver the information on LBT issues in schools. The repre-

representative of Peshkopia added that the staff does not have the necessary information to address issues related to sexual orientation and gender identity of students at schools, because there has never been any training related to LBT individuals. While the representative of Vlora pointed out that they do not have any data on the students that belong to the LBT community, or any data with regard to the student-teacher, or teacher-teacher conflicting situation based on students sexual orientation.

Another questions asked to the representatives had to do with their work on raising awareness among their staff with regards to violence based on sexual orientation. Only the representative from Elbasani mentioned that their institution has worked on raising awareness among its staff on LBT related issues, and that their staff is informed on the violence based on sexual orientation. This is also reflected in the work plan through the outline of the above mentioned strategy. In addition, they had conducted awareness raising campaign on LBT related issues with mainly social science teachers. They also reported that they had included LBT related topics even during professional trainings with teachers. These topics included issues such as, communication, provision of psychological service, as well as trainings of the community with regard to the LBT related issues. On the other hand, the representatives of RED of Shkoder, Pogradeci Peshkopia, Vlora, stated that they had not conducted any awareness raising campaign, or programs, either with their staff, or with

school teachers on LBT issues. The same can be said about professional trainings.

Moreover, the representatives of RED stated that the school curriculum do not have general information on this particular group. The curriculum has information on gender identity sexual education, but not on LBT issues. It has information on issues of violence, bullying in schools, but not on violence against LBT in particular.

When asked what their position was on the inclusion of LBT related topics in the school curriculum, the answers varied. The representatives of Shkodër and Pogradeci were in favor of including these topics in the curriculum. While the representative of Peshkopia expressed himself against it, because of fears that it will encourage in children's mind this kind of behavior. The representative of Elbasan was for exercising caution, in "promoting" these issues. In her words:

*"We should be careful that LBT individuals are not excluded and should not be discriminated, but should be treated equal, within the framework of the human rights."*

The representative from Vlora, on the other hand, was of the opinion that before any step is undertaken, it is necessary that the teachers, psychologists and social workers who work in schools need to be asked, since *"they are the ones that better know student's expectations with regard to these issues."*

## **3.5. Findings from LBT Individuals**

This part examines the experiences of the representatives of LBT community with educational and health institutions. It first asks them to tell their experiences if they have ever “come out” to their families and friends. Then, it focuses on their encounters with these institutions, first with educational institutions, followed by encounters with health institutions. Through LBT individual stories, we will be able to better understand this phenomenon.

### **LBT individuals and Educational Institutions**

#### **Expressing their Sexuality to families and friends**

We first asked the participants if they had told their families about their sexual orientation. The respondents who live in Tirana answered that they had told their family about their sexual orientation, indicating a relatively more open environment of the capital. The other LBT individuals, who hail from small towns, as well as the one who comes from the rural area of Tirana, reported that they have not told their parents about their sexual orientation. While the transgender participants mentioned that their parents knew about it. The participants who have not told their parents have done so, because,

according to them, their families would never accept it, and that they would not want to hurt their parents.

*“I am a million percent certain, and I am stressing it, a million percent sure that they would never accept it. They would kick me out of the house. Why not, they would even abuse me.”*

**(B. from Peshkopia).**

*“I have not told them, because I do not want to hurt them, because they are very sensitive. I do not want to hurt their feelings. I am very close to my family.”*

**(B, village, Tirana).**

These citations from LBT individuals highlight the homophobic attitudes that exist in Albanian society, in particular in small town, and rural areas. The homophobic attitudes are still widespread in Tirana, yet it provides a more tolerant environment for LGBTs compared to other parts of Albania.

The individuals who had told their parents talked about their parents and family’s reaction towards their “coming out.” A, a lesbian who lives in Tirana, recalled the different reactions her parents had when she told them. Her mother reacted well and supported her, while it was much more difficult for her father, who had a hard time coming to terms with his daughter’s sexuality. Eventually, he came to accept it about the same time

she turned 15 years old.

A, another lesbian, said that her parents were very surprised at first:

*“They were very surprised. They did not understand what was going on. But that was it. They told me that we love what’s best for you. They trust me. They trust my actions. You see, my family is of Greek origin and in Greece they are informed about these things. My parents are well educated. That’s how I told them: I introduced them to my partner while we were in a café. It was lunch time. This was 10 years ago... I am surprised when I hear other families abuse their children for these things.”*

As mentioned above, the two transgender participants recalled that their parents understood that there was something different with them when they were very young. For V, a transgender from Vlora, her mother, had understood it when she was very young:

*“My mother understood it when I was 5 years of age. When I grew up, at about 15-16 years of age, like every mother, she started insulting and beating me. I told her, here I am, and I am leaving home. If you like, I am here. Like every mother, she accepted.”*

Several of them, said that they had not told their school or

university friends about their sexuality. The reason, according to them was fear of discrimination, mistreatment, and fear of being excluded from the society. B, a lesbian from a village in Tirana area, explained her decision for not “coming out” to her friends:

*“I know that I would be discriminated against. I did not want to feel bad. I am a very sensitive person and this would influence me. Of course, there might be people who could understand me, but I know that they would exclude me.”*

Along similar line, B (bisexual from Peshkopia) also said that she feared the way friends would treat her, had they known her sexual orientation:

*“During my discussions with my friends, I have noticed that they look down upon LBTs and I would not want to feel like that, that is being looked down upon.”*

The participants, whose sexual identity was known to the teachers, talked about students and teacher’s attitudes towards them. They recalled several incidents at schools, where they had been subject to physical and verbal abuse by other students. This was particularly the case with transgendered individuals, but lesbians as well.

V, the transgender, for example recounted her story when she was physically abused:

*“I was beaten once at school. They told me ‘pederast.’ I yelled at them. Then three of them, boys beat the hell out of me. I was embarrassed to tell my mom. So I pretended I was sick, so I stayed at home because I did not want to go to school, because I was afraid of being beaten. They threatened me, because they did not want me to go back to school. Most of the time I used to hang out with the girls. They used to support me. They did not make fun of me. Now, during these times, it is better, has become better. Albania is used to it. It’s not like before.”*

V, also emphasized the lack of information that the LBT persons have. She recalled that she suffered so much, because she herself was not aware what a transgender person was. Later, when she came to Tirana and started watching TV, watching programs on LGBT people, she then began to understand herself.

Participants talked about teacher’s attitudes towards them when they were at school. They included attitudes such as, openly making fun of students, or even openly making disparaging comments about them. D, a transgender, who dropped out of school in the 2<sup>nd</sup> grade remembered:

*“The teachers understood what I was, and used to make fun of me. They would say, ‘Look at her, why do you talk like a girl.’”*

While V, another transgender also recalled how her teachers used to mock her, *“trying to talk in a thin voice, like mine.”* She further added that she tried to be nice at school, because she wanted the teachers to like her, so that she did not have any more problems.

A, a lesbian from Tirana, who had “come out” to her friends at school had gone through similar experiences. She remembered her friends’ reaction when they learned that she was a lesbian.

*“They were shocked; they could not understand it, because they had such a lack of information.”*

In addition, she recalled that while she was in 8 year school, the teachers were more understanding. They thought this was “a transitory phase.” When she went to high school, and university, which she did not finish, because she was expelled for being openly a lesbian, she faced many prejudices by the students as well as teachers. She also recalled how she was excluded from her social circle of friends while she was at high school:

*“I was excluded from all activities in high school. The first year was very difficult. During birthdays, or other activities, they would not invite me. I knew that there were activities going on, but that they would not invite me.”*

A further talked about her experience with teachers:

*“The teachers in high school would let me know every*

*moment that I was a lesbian. They used to tell me: 'Your mind is not in learning because you are e lesbian.' They used to tell these things in front of everybody in the class. Ten years ago, when I was in high school things were much more different. Now, it's been about three, four years that mentality has changed a little. It has become softer. At least they do not beat you now."*

As a result of this, A said that she suffered very much, and would cry in secret. While she was in high school, because of the situation she faced, she turned to drugs and alcohol. In her words:

*"I could not find another way. How do you overcome these situations? Only there you find comfort. Thank god that I had my mom and my dad. If they were not there, I would end up a criminal. I did not have any satisfaction with anything. I had an identity crisis. I also had suicidal thoughts."*

V, too, said that she did not go to high school after she finished 9 year school. She said that there was too much pressure. She could not handle the pressure of prejudices and therefore she quit school. Another participant, who is a lesbian, also stated that she had finished only the 9 year school.

We asked LBT participants if they had talked to the school psychologists about their problems. None of the participants in

the sample had talked to school psychologists. B from Peshkopia stated that their school psychologist was useless, because the psychologist was working in four different schools at the same time, so she was at their school only one day. In fact, even several of the above mentioned psychologists pointed to the fact that they worked in several schools. Similarly, A from Tirana, also stressed the fact that the psychologist in her school was just a figure, and did not do anything. B, a lesbian, from rural area in Tirana, also mentioned that they rarely saw a psychologist in their school. A, a lesbian, who is about 40 years old and attended the 8 year school and the high school during the communist years, said that there was no psychologist when she was at school.

However, most of the respondents said that they would not talk to psychologists about their sexual orientation, because they would not trust them. For example, B from Peshkopia asserted that she did not talk to her school psychologists because *“they would tell everyone at school”*. In a similar way, B from the rural village in Tirana said that

*“At that time, when I was in school, you would not talk about these things”. V, too, mentioned that she was afraid to talk to psychologist about her issues, because she “would tell everybody at school.”*

We also asked the participants if the teachers had ever talked about LBT issues at school. B from Peshkopia, A, V, and T

answered negatively to this question. A from Tirana remembered that these discussions were very rare, only during social science classes. She would insist that they talk about these issues, but she would find herself the “lone voice” in the classroom:

*“When there was a special topic, I would insist to discuss these issues in social science classes. However, I was against the whole class, when we were discussing these things. It was really risky. I have seen myself in very difficult situations. At the beginning I feared for my life”*

**(A, lesbian).**

V also shared her experience in the classrooms, when teachers would sometimes discuss these issues. In her words:

*“Sometimes teachers would talk about these issues. But the moment the teacher would talk about these things, everybody in the classroom would turn their heads towards me. It is very difficult to be in a classroom, when these topics are discussed...The teacher would say, we should not judge these people.”*

The LBT participants in the study added that even the psychologists had not discussed these issues with students.

We also asked the participants if their school textbooks discussed LBT issues. All of the participants unanimously said no. B from Peshkopia:

*“No, never. Not even sociology, I do not remember being treated. Maybe, they were in the books, but we never treated them.”*

A recalled:

*“When I was in high school, this was treated like a disease. In the sexual education class, in the 8 year school, that was not even mentioned.” Similarly, B said: “At that time, I do not think it was talked about, otherwise it would have etched in my mind.”*

## **LBT individuals and Health Institutions**

Most of the participants stated that they did not experience abuse in the family because of their sexual orientation. As a result, none of them had been to a doctor because of the abuses in the family due to their sexual orientation. One of them, who experienced abuse by her father, mentioned that the abuse was not because of her sexual orientation, but because her father drank a lot and he used to abuse all family members. Eventually, she ran away from her abusive father and her family and has not been back ever since.

Only a few of the participants had had experiences with family doctors. Most of them said that even if they had been abused by their family, and they had gone to the family doctor, or any

other doctor, they would not tell the doctor of their sexual orientation. The reason, according to some of the participants was discrimination, and they do not want others to know about their sexual identity. Moreover, they would not trust the medical staff in maintaining patients' confidentiality. This is in line with findings by Alliance LGBT.<sup>1</sup>

Said a 26 years old bisexual from Peshkopia,

*"No, I was not abused. But I would never tell my sexual orientation... Even if they would abuse me for this reason (she means sexual orientation), I would not go to the doctor. I would go to my best friend. I would tell her... One more thing, the doctors do not help the poor people, let alone people who are different... If I would tell the doctor, I would be discriminated. They would not imagine that such a person exists. The doctors could not imagine it. I do not think the doctors would accept this fact."*

In addition, according to A, who is open about her sexuality, people do not tell the doctors their sexuality, because they are afraid of the opinion and the image of the family. She also stated that sexuality has nothing to do with certain medical procedures.

*"I have gone to the doctor. I am insured. I have not told*

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42) Aksesi në shërbime dhe cilësia e kujdesit shëndetësor për personat LGBT në Shqipëri – Raport Teknik", 2013. Aleanca LGBT, Avokati i Popullit, Tiranë

*them that I am a lesbian. I do not see the reason why I should tell them. What has this to do with the blood test for example?"*

She later added:

*"I would not tell the doctors about the abuse, if I was abused because of my sexual orientation for these reasons: If I am afraid of my family, because my brother has sworn to beat me up, I would not say it. If I would tell the doctor, he would refer me to the police to denounce the case. Then everybody would hear about it. I would be afraid of my brother, father that you would go to the police. Nobody wants to ruin the image of the family. It is the fear that people do not tell. The fear of the bad image. Today, people tell their families, and then they have to leave home."*

**(A, lesbian, Tirana)**

A, who is a lesbian and lives in Tirana, and does not hide the fact that she is a lesbian, said that her first family doctor had no clue about LBT. In her words:

*"The moment he saw me, he asked me 'What do you want?' Some time ago, I needed my medical file, because I wanted to get a driver's license. So I went over to this guy. He pretended he could not find my medical file. Simple, he judged me by my appearance. He told me, go and ask your mother."*

Another one, B, a lesbian, from a village of Tirana, recalled that she had seen the family doctor, but did not reveal her sexual identity. She said that, she would not tell it, because according to her:

*“That information is not important to the doctors. I have not done any gynecological visits, so that I can tell them. The medical checkups that I have done have nothing to do with my sexual orientation. I would tell my sexual orientation to the doctors, only if they would make a mistake that had to do with it.”*

She also mentioned that she has not revealed her sexual identity to anyone, but to her best friend.

The subjects in this study talked about their encounters with other sectors of the medical system. T, a bisexual who lives in Tirana, talked of her experiences with the University Hospital Center “Mother Teresa”, which is the largest public hospital in Albania. She said that she had been subject of ridicule by the medical staff while she had been at the hospital for medical reasons.

*“I was at Mother Theresa hospital. I was at the emergency room. I was in pain and they would ask me: ‘You are a girl? We thought you were a boy.’ Or they would ask me: ‘why do you sit like a boy, although I was in big pain.’ There were some that understood me and they would say: ‘Oh, I have a cousin who is like a boy’”*

A, also stated that it is quite often that lesbians and gays face prejudices from the medical staff. In her words, there have been doctors who, based on stereotypes about LBT have said. She provided an example of her encounter with a doctor, who had told her: *“oh, you want to get ill, because you are gay, or you are e lesbian. You bring it on to yourself, the disease’.”* She added that even when she went to a “specialist” doctor to receive specialized medical care in a health clinic, the doctor would say: *“oh, she is so nice, but she is like a boy. Do not worry, it is just a passing phase, it will pass’.”* According to the interviewed, they would provide the service, but towards a payment.

She also recalled her encounter with the nurses. She remembered how the nurse, before “figuring out” that she was a lesbian, would be very nice and warm to her. Once she “learned” that she was a lesbian, her attitude changed from being warm towards being quite distanced and cold. She also said that the family doctors would judge her because of the appearance, and lacked information on LBT individuals.

The participants also talked about cases of delay in the service, or even denial of services by medical staff. This is in particular the case with transgender individuals, but others, as well. In fact, as the interviews show, transgender individuals have had the hardest time with the health institutions. Both of the transgender participants who were interviewed for this project shared similar experiences. They told of their experiences of being subject to

mocking and ridicule by the medical staff. In addition, they told stories of delay in services, or even denial of medical services because of their sexual orientation. The transgendered woman described her encounters with the medical health centers:

*“I use drugs. This happened two years ago, when I went to the doctor (toxicologist) to take methadone. That is the state hospital. A nurse showed up in front of me and shouted at me: ‘Get out of here.’ I did not care. I walked into the building. Then, there was a nice doctor and said: ‘Let her in.’ I met with the toxicologist in his office. Initially, he received me well. But, then he said: ‘In order to be hospitalized, about 300 thousand lek (old money-equivalent of about \$300) is needed and I will make you a person.’  
**I said:** ‘Where do I find the money?’*

**He said:** ‘I want money’

**I told him:** ‘Give me methadone.’

**He said:** ‘There is no methadone.’ He showed me the door.”  
Then I went to the Ombudsman, who in turn, sent the commissioner to the doctor. The doctor lied to them telling them that I gave her Methadone. Then, they called from Aksion Plus<sup>1</sup> and told me that metadone had arrived in their center. Later, the ombudsman and I sued the doctor.”

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43) Aksion Plus is an NGO founded in 1992. The aim of the organization is to stop the spread of HIV/AIDS through education of youth and by raising the awareness of general population. The organization focuses its work and activities on four major areas: Prevention-education-communication-peer education of youth in high schools concerning HIV/AIDS/drugs/reproductive health as well as raising the awareness of general public for these problems; Service and treatment for vulnerable groups (i.e., drug users); Capacity building and advocacy; research (i.e. studies with youth in high schools, drug users, sex workers) and publications (training modules, guidelines, posters, brochures, leaflets, newsletters and other informing materials)

She added that the state health centers *“do not touch you at all. I go to the Aksion Plus for everything. Once I go to the hospital doors, they say: ‘Go away’.”*

On another occasion, she along with a psychologist went to the health center “Mother Theresa” and the psychologist said that we come from an NGO. In her words:

*“Once the doctor saw us, he said: ‘She should go and wash herself.’ So they sent us away and they started laughing. The doctors would say: ‘We do not have this, we do not have that.’ The psychologist said: ‘So you do not want to see her’. The doctor said: ‘No, we do not want to see her.’ They found justifications.”*

She also told the story of how she was denied medical service from the dentist, while she was in prison. She had had a tooth ache while she was in prison and she went to see the prison’s dentist. But the dentist refused to provide service to her. She said that she was in desperate pain. She, then complained to the prison’s director and informed Albania’s Helsinki Committee and the Ombudsman. The dentist was later suspended from her job.

A, also talked of her experiences at the state hospital:

*“Once, I went to ask when to do a radiography. I was on my own. I was waiting for my turn. Once they saw me, they told me, wait, wait. Then, two girls who came later than me, did the radiography before me.”*

The participants also pointed to the fact that they receive different treatment at the medical centers, when they are accompanied by their parents, compared to the treatment they

receive when they are alone. For example, V, another transgender person told this story:

*“I went to ‘Mother Theresa’ hospital because I got an infection. I went with my mother. They gave me that kind of a look, but they gave me the prescription I needed, because I was with my mother. I think if I were on my own they would not treat me well.”*

She also recalled another day when she went on her own to Mother Theresa hospital to do some tests.

*“I went to ‘Mother Theresa’ (hospital) for some tests. There were some female nurses there. They started talking behind my back: ‘What sort of people have come to our hospital. Shame on them.’ They were laughing. I did not say anything. I kept my mouth shut, because if I would say something, I was mad. I took the tests results late. I went there for the tests results. There were many people. They left me at the end. They saw me and they started laughing, and they left me waiting. Even when they took my blood, they barely took my hand and took the blood. Then I had to wait. I should have taken the results after a week, while they left me waiting for about one month.”*

A also mentioned that when she goes to the family doctor, her mother goes with her, because she is afraid she won't take the service she needs if she goes by herself. She said: *“They know that I am a lesbian, and I am afraid that they would not offer me the service if I were on my own.”*

## **CHAPTER IV**

### **CONCLUSIONS AND RECCOMENDATIONS**

#### **4.1. Conclusions**

The findings in this research indicate that LBT individuals face prejudices, discrimination, verbal, psychological and physical abuse when they encounter these two institutions. They constitute serious obstacles for LBT individuals who are abused, or are in high risks of being abused because of their sexual orientation and gender identity, and need assistance from health and educational institutions.

The data indicated that a lot of work needs to be done to make health and educational institutions accessible to LBT women when they face violence. With respect to health, there is a need to inform doctors, and nurses on LBT related violence. As we saw throughout this report, the overwhelming majority of them have little or no information on violence and abuse against LBT. Moreover, with few exceptions, none of the doctors and nurses had taken any training on LBT related violence. Some of

them even openly expressed their intolerance and prejudices towards LBT. They were also not familiar with the referral mechanism. An increase in information and knowledge about these issues will enable doctors and nurses be able to understand and provide assistance to LBT individuals who have experienced family violence.

Along similar line, there is a need to increase information and knowledge of teachers, and psychologists on violence and abuse faced by LBT students. As the above discussion pointed out, the overwhelming majority of teachers and psychologists did not have much information on LBT related violence. Moreover, they were not informed on Referral Mechanism. Therefore, real steps need to be taken to make schools an open and tolerant institutions, and highly responsive to LBT individuals when they experience violence or are in high risk of being abused in the family.

## **4.2. Recommendations**

Based on findings, this report outlines the following recommendations:

### **Recommendations on Health Institutions**

Increase information of doctors and nurses on LBT issues in general and violence against the LBT individuals, in particular.

As seen in the above discussions, most of doctors and nurses did not have information on violence and abuse towards LBT individuals. Within this framework, there is also a need to increase information on LBT community in general.

Raise awareness among primary health doctors and nurses on violence and abuse against LBT individuals. The above discussions indicate that doctors and nurses are not aware of the issues, such as violence and abuse that LBT individuals face.

Increase information and raise awareness about LBT related violence among the member staff of health related institutions. As the above findings from the representatives of Directories of Public Health indicated, with one exception, the staff lack information on issues related to violence and abuse against LBT individuals. As the representative from Preshkopia pointed out: "In order to change the stifling situation that exists in Dibra for LBT individuals, there needs to be a lot of distributed a lot of information. In addition, there is a need for awareness campaign for all community on the issues of LBT. There need to be a greater number of professionals in the institutions that deal with the LBT issues. Introduction of informing sessions in the school curriculum for LBT issues, as well as discussions with students for these problems."

To these ends, several things can be done.

One is, holding information seminars with the participation of doctors and nurses who works in primary health care. They

can be conducted by the representatives of LBT community, members of NGOs' that focus on LBT, as well as experts on LBT related violence. Moreover, close coordination with Ministry of Health is needed if these programs are to be consistent and spread all over the country.

Another is the participation of doctors and nurses in training that specifically focus on LBT related violence. In addition, professional trainings for doctors and nurses could incorporate discussions on topics related to LBT violence. In this way, primary health care professionals will be exposed to issues related to violence and abuse faced by members of the LBT community. In addition, they will learn about the LBT community in general. Special attention should be paid in these trainings to the issues of protecting the confidentiality of LBT information. This, as our interviews by the LBT participants showed, is one of the major reasons that LBT individuals would not disclose their sexual orientation to the doctors or nurses.

Information seminars and training sessions could be organized for staff members of the health related institutions. In addition, meetings and round tables should be held between staff members of health related institutions and NGOs that focus on LBT issues.

These efforts require the establishment of collaboration and cooperation between LBT NGOs and health centers, and health related institutions, such as Directories of Public Health, as well

as others.

Ministry of Health, and other health related organizations, along with LBT NGOs, should carry out campaigns to raise awareness about issues of LBT related violence.

Ministry of Education and Sports should ensure that the curriculum of Medical School incorporate information on LBT health related issues.

## **Recommendations on Educational Institutions**

Raise awareness among teachers, students, parents about violence and abuse against LBT individuals, as well as LBT community in general. This could be done through various campaigns, and other activities, where undertaken by multiple actors, including organizations that focus on LBT issues.

Increase information among teachers, students, parents and psychologists on issues related to violence and abuse towards LBT individuals, but also LBT community in general. As participants' interviews indicate, the overwhelming majority of the sample mentioned that they are little informed on the issues of violence based on sexual orientation; therefore there is a need to increase information on these particular issues.

Increase information on LBT related violence among the staff members of all education related institutions, including Regional Educational Directorates. The interviews with representatives of

RED included in this study revealed that, with a few exceptions, there is a lack of information among the member staff of these institutions on issues of abuse and violence against LBT individuals.

These could be done in various ways:

Organize trainings with teachers, school principals, and school psychologists, to increase the flow of information about LBT community and their difficulties.

Incorporation of topics that have to do with violence against LBT and other issues that LBT students face even the teacher's professional trainings organized by the agencies responsible for organizing these events.

Organize seminars at schools where members of LBT community are invited to speak and talk about their experiences

Set up round table discussions with teachers, students, school psychologists and parents, to talk about LBT issues, such as abuse and violence LBT community faces.

Like with the health institutions, these undertakings require close and mutual cooperation and collaboration between NGOs that focus on LBT issues and various Educational Institutions.

The Ministry of Education and Sports ensures the incorporation of information on LBT issues in general, and issues of LBT related violence in particular, in the school curriculum.

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