

**Lived Experiences and Psychosexual Health
Perspectives of Members of the Roma and
Traveller Communities:
A Qualitative Study**

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Declaração de Integridade

Eu, Daniela Carvalho Resende, que abaixo assino, estudante com o número de inscrição M13440 do 2º Ciclo/Mestrado em Psicologia Clínica e da Saúde da Faculdade de Ciências Sociais e Humanas, declaro ter desenvolvido o presente trabalho e elaborado o presente texto em total consonância com o **Código de Integridades da Universidade da Beira Interior**.

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Universidade da Beira Interior, Covilhã 10/10/2025

A handwritten signature in black ink, appearing to read 'D. Resende', with a long horizontal flourish extending to the right.

I dedicate this work to all silenced and excluded groups, whose identity resists as proof
that we were not born to be the same, but to be free.

Acknowledgments

Firstly, I wish to express my deepest gratitude to Mrs. Carla and all the members of the Roma community who, with generosity and openness, welcomed me and shared with me a part of their culture and collective memory. This gesture of trust not only made the completion of this dissertation possible but also transformed the process into a unique and unrepeatable experience that goes beyond the boundaries of academic research to become a permanent part of my personal and human journey.

I also want to extend special recognition to Professor Henrique Pereira, for encouraging the development of projects focused on marginalized populations and for placing his trust in me by entrusting me with such a relevant topic. This experience contributed not only to my academic training but also to my personal growth, by revealing that research and knowledge are, perhaps, among the most sensible and consistent ways to contribute to a fairer and more enlightened world.

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Resumo Alargado

Os membros da comunidade cigana e *traveller* em Portugal constituem a maior minoria étnica na Europa (Ullah et al., 2024), marcada por um longo percurso de marginalização, exclusão social e discriminação, que se traduz em desigualdades persistentes no acesso à educação, saúde, habitação entre outros setores (FRA, 2017, 2022, 2023; Silva, 2005). Este quadro de vulnerabilidade estrutural e sistémica articula-se com normas culturais conservadoras, colaborando para a reprodução de atitudes homofóbicas frequentemente relatadas na literatura, onde a homossexualidade é percecionada com algo não natural e, por vezes, intolerável (Fremlová & Bučková, 2021). Tais dinâmicas influenciam profundamente a forma como a sexualidade, as identidades de género e o bem-estar psicossocial são experienciados pelos membros destas comunidades (Klingorova & Havlíček, 2015; Matras, 2015).

Neste enquadramento, a temática da saúde psicossocial assume particular relevância, enquanto dimensão essencial do bem-estar humano (Pereira, 2023; Tandon, 2023), contudo, o estudo da esfera psicossocial nas comunidades Roma permanece amplamente negligenciada, sendo raramente objeto de análise específica no caso destas populações.

Considerando a conjugação de normas culturais e papéis de género tradicionais que limitam a expressão psicossocial, junto a um contexto de segregação que impacta vários aspetos da vida individual, destaca-se a singularidade das comunidades cigana e *traveller*. Essa complexidade torna estas comunidades especialmente relevantes para a investigação, motivo pelo qual este estudo qualitativo foi desenvolvido para explorar as suas experiências e perspetivas psicossociais.

Os critérios de inclusão definidos para este estudo requeriam que os participantes fossem membros da comunidade roma ou *traveller* e tivessem 18 ou mais anos de idade. A natureza oculta da homossexualidade nestas comunidades reflete-se na amostra, com apenas 10% dos participantes a identificar-se como LGBTQIA+, enquanto 90% são heterossexuais. Este aspeto surgiu como uma limitação do estudo que condicionou os resultados, porém, dado que a saúde psicossocial vai além da orientação sexual não normativa, foi possível recolher dados relevantes em outras dimensões desta esfera.

Os participantes partilharam os seus testemunhos através de um questionário online, que posteriormente foi adaptado para formato presencial, promovendo maior clareza e conforto na compreensão das questões. O instrumento utilizado abordou temas

fundamentais, como o contexto social, a expressão sexual e as suas nuances, sexualidade de minorias sexuais e de género, a visibilidade e existência de minorias na comunidade, assim como a saúde mental relacionada com a expressão da sexualidade, experiências de preconceito e discriminação, bem como o potencial de transformação destes contextos. As respostas foram analisadas tematicamente, identificando-se padrões recorrentes e significados nas narrativas.

Os resultados do estudo evidenciaram uma predominância de contextos marcados por atitudes LGBTfóbicas, preconceito e discriminação, assim como por um conservadorismo estrutural que se traduz na repressão e estigmatização da sexualidade. Verificou-se igualmente a invisibilidade e rejeição sistemática das minorias sexuais e de género dentro da comunidade, levando muitos indivíduos a optar por uma expressão sexual discreta ou mesmo ao ocultamento da sua identidade.

Observou-se ainda uma valorização crescente da saúde mental, embora acompanhada por limitada literacia sobre o tema, coexistindo com situações frequentes de exclusão social. Por fim, emergiu dos discursos tando a necessidade de mudança social como o conformismo perante as adversidades do contexto atual.

Este estudo ressalta a importância de futuras pesquisas e intervenções sociopolíticas para enfrentar a marginalização e promover a liberdade e desestigmatização da sexualidade, bem como a visibilidade das minorias sexuais. A nível clínico, destaca-se o papel dos profissionais de saúde mental no apoio a indivíduos que vivem entre normas culturais rígidas e a sua identidade pessoal, sobretudo em contextos de múltiplos sistemas de opressão. Urge o desenvolvimento de intervenções culturalmente sensíveis e adequadas ao contexto, que considerem a complexidade da interseccionalidade e diversidade identitária. Compreender o impacto subjetivo desses sistemas é crucial para fomentar inclusão, respeito e bem-estar, contribuindo para a redução das desigualdades e o fortalecimento da diversidade na prática clínica e política pública.

Palavras-chave

Saúde Psicosexual; Comunidade Roma; Discriminação; Conservadorismo Cultural; Interseccionalidade; Sexualidade; Portugal

Abstract

This dissertation was developed as part of the Master's Degree in Clinical and Health Psychology at the Faculty of Social and Human Sciences, University of Beira Interior, fulfilling one of the requirements for degree completion. It follows an article-based format and is organized into three chapters: Chapter 1 (Research Article), Chapter 2 (General Discussion) and Chapter 3 (Theoretical Appendix and Theoretical Integration).

The first chapter presents the core research article, which investigates the perspectives and lived experiences of Roma and Traveller individuals in Portugal concerning psychosexual health and well-being. The central aim was to deepen the understanding of how social and cultural contexts influence and shape their experiences in this domain. The study involved adults aged 18 and above, with most participants identifying as heterosexual, reflecting how non-heteronormative identities often remain hidden within these groups.

In this chapter, the methods and analytical procedures used to explore the participants' narratives are outlined, followed by the presentation and discussion of the principal findings.

The second chapter offers a broader discussion, connecting the empirical results with existing academic literature, offering a deeper exploration of some of the themes that emerged throughout the study.

The final chapter introduces theoretical frameworks relevant to research themes and presents a concise theoretical integration, highlighting the importance of this work within academic discourse and the broader societal context.

Keywords

Roma, Traveller communities, Psychosexual Health, Cultural norms, Stigma, Discrimination, Intersectionality, Sexuality, Portugal

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List of Acronyms

COREQ - Consolidated Criteria for Reporting Qualitative Research

GRT - Gypsy, Roma, and Traveller Communities

LGBTQIA+ - A Community made up of Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and other gender and sexual identities

UBI - Universidade da Beira Interior

Introduction

This dissertation was carried out within the scope of the Master's Degree in Clinical and Health Psychology at the Faculty of Social and Human Sciences of the University of Beira Interior, as a partial requirement for the completion of the degree. It is structured in article format and organized into three chapters: Chapter 1 (Research Article), Chapter 2 (General Discussion) and Chapter 3 (Theoretical Appendix and Theoretical integration).

Roma and Traveller communities in Portugal have long faced marginalization, systemic discrimination, and social exclusion, which creates social disparities in various areas such as education, healthcare, and housing (FRA, 2017, 2022, 2023; Silva, 2005; Ullah et al., 2024). These structural vulnerabilities intersect with conservative cultural norms and traditional gender roles (Fremlová & Bučková, 2021), creating dynamics that strongly shape how sexuality, gender identities, and psychosexual well-being are experienced within these communities (Klingorova & Havlíček, 2015; Matras, 2015). Although psychosexual health is an essential dimension of human well-being (Pereira, 2023; Tandon, 2023), it remains a topic largely overlooked in studies on Roma and Traveller populations. This qualitative study was therefore developed to explore their psychosexual experiences and perspectives, addressing a significant gap in literature.

In this context, the first chapter of this dissertation contains the qualitative study in article format concerning the lived experiences and psychosexual health and well-being perspectives of Roma and Traveller communities, which was then submitted to the *International Journal of Human Rights in Healthcare*.

Regarding the study, 20 individuals from Roma and Traveller communities participated in the study, with data gathered through interviews carried out both online and in-person. The structure of this chapter is organized into four sections: (1) the Introduction, which presents relevant theoretical contexts; (2) Methods, detailing the study design, data collection procedures, analytics strategies, instruments used, and participant profiles; (3) Results, which addresses seven primary themes identified through thematic analysis – social context, sexual expression, minorities, minority sexual expression, mental health, prejudice and discrimination, and need for improvement; and finally (4) Discussion, which highlights the main findings, addressing limitations while also considering the broader social implications of the results.

The second chapter presents a thoughtful discussion reflecting on the dissertation process and its key conclusions. It offers informed recommendations for future interventions and areas of research, while candidly addressing the limitations encountered in the current study. Additionally, it emphasizes the study's contributions not only to the discipline of psychology but also to the broader international efforts against anti-gypsyism while acknowledging personal growth and competencies gained throughout the research process.

The third chapter brings together the theoretical foundations that support and enrich the interpretation of this study's findings. By doing so, it provides essential context that allows for a more nuanced understanding of the phenomenon under investigation. Building on this theoretical grounding, this final chapter also provides a concise discussion that interprets the study's results through the lens of the theoretical frameworks presented earlier while underscoring the broader significance of the research within its wider academic and social context.

Chapter 1. Lived Experiences and Psychosexual Health Perspectives of Members of the Roma and Traveller Communities

This chapter is based on the following scientific work.

Submission:

Resende, D., & Pereira, H. (2025). Lived Experiences and Psychosexual Health Perspectives of Members of the Roma and Traveller Communities [Manuscript submitted for publication]. *International Journal of Human Rights and Healthcare*.

Oral presentation:

Resende, D., & Pereira, H. (2025). Lived Experiences and Psychosexual Health Perspectives of Members of the Roma and Traveller Communities [Conference presentation]. 4^a Conferência Internacional de Psicologia Clínica e da Saúde: Covilhã, Universidade da Beira Interior, Portugal.

Abstract:

Resende, D., & Pereira, H. (2025). Lived Experiences and Psychosexual Health Perspectives of Members of the Roma and Traveller Communities [Conference abstract]. Livro de Resumos 4^a Conferência Internacional de Psicologia Clínica e da Saúde

Abstract

This qualitative study explores the psychosexual perspectives and well-being of Roma and Traveller communities, focusing on their lived experiences and the impact of stigma and cultural values regarding psychosexual health. Through interviews with 20 Roma individuals aged 18-50 in Portugal, and on insights from existing literature, we investigate persistent marginalization, health disparities, and the complex interplay of cultural conservatism and gender norms. Key findings include the stigmatization of sexuality and sex-related themes, as well as the challenges of intersecting minority identities. The study aims to raise awareness and advocate for policies promoting equality and inclusion for Roma individuals, contributing to a deeper understanding of psychosexual health within these communities.

Keywords

Roma, Traveller Communities, Psychosexual Health, Cultural norms, Stigma, Discrimination, Intersectionality, Sexuality, Portugal

1. Introduction

The terms "Gypsy, Roma, and Traveller Communities" (GRT) refer to various ethnic communities across Europe, stemming from migrations out of northern India, who are perceived to share similar values, ways of living, and deal with comparable socioeconomic difficulties (Kenrick, 2007; UK Parliament, 2019). The term "Roma" has evolved throughout history, frequently describing a population with distinct historical, cultural, and linguistic roots (Klingorova & Havlíček, 2015; Mirga-Wójtowicz et al., 2023).

Roma individuals have seldom had the opportunity to shape their own historical narratives, leaving their identity to be defined by dominant societies, resulting in a representation influenced by power, prejudice, and misinterpretation (Mirga-Wójtowicz et al., 2023). Given the recent negative and intrusive connotations associated with the term "gypsy," this study will prioritize the use of "Roma," following the approach taken by numerous international organizations and institutions (Toma, 2019).

Roma people tend to follow a conservative social structure organized around extended families, emphasizing traditional roles for both men and women, although this varies depending on individual family and social contexts (Klingorova & Havlíček, 2015). As the largest ethnic minority in Europe (Ullah et al., 2024), the Roma population has experienced historical and current marginalization, which exacerbates the consequences of discrimination and contributes to social exclusion and health disparities. The exclusion of these populations manifests itself through racism, stigmatization, and difficulties in accessing education, healthcare, public services, housing, and employment that further hinder their integration into society (EUFRA, 2022, 2023; Ullah et al., 2024).

In Spain, for example, the country with the largest Roma population in Western Europe, reports on a comparative study about the employment and poverty status of this ethnic minority compared to the general Spanish population. The main conclusion of the study was that Spanish Roma face severe disparities in education and employment (Plaza del Pino et al., 2022). Only a small percentage complete mandatory secondary education, with Roma women being particularly underrepresented. Employment rates are also significantly lower compared to the general population, especially for women, many of whom prioritize domestic responsibilities over pursuing work or education. Discrimination and reliance on informal sectors further contribute to job insecurity (Fundación Secretariado Gitano, 2019; Plaza del Pino et al., 2022).

Many Roma families in Spain live in or are at risk of extreme poverty, with limited access to stable economic opportunities. The combined effects of poverty, low employment rates, and inadequate education create systemic barriers for Roma communities (Fundación Secretariado Gitano, 2019; Plaza del Pino et al., 2022).

1.1. National context

In Portugal, where the majority of the study's participants reside, the situation mirrors a broader pattern of discrimination faced by Roma communities across Europe. Long-standing victims of prejudice and hate crimes, Roma individuals in Portugal have experienced an intensification of discriminatory attitudes, exacerbated by the recent emergence and influence of a far-right political party (Magano & Tânia D'Oliveira, 2023). Silva (2005) highlights that Roma communities in Portugal remain disproportionately affected by social inequalities, including elevated unemployment rates, limited healthcare access, and substandard housing conditions. Additionally, the Second European Union Minorities and Discrimination Survey, regulated by the European Union Agency for Fundamental Rights (FRA: European Union Agency for Fundamental Rights, 2017) underscores the severity of the issue, concluding that among all surveyed countries, Portugal reported the highest rates of ethnicity-based discrimination against Roma populations.

1.2. General Physical and Psychological Well-being

As previously stated, one of the hardest challenges facing this community is the difficulty in accessing health care. With this and additional elements like substandard housing and even lower levels of education, it is reasonable to predict that their physical well-being might suffer.

There is solid evidence that Roma and non-Roma populations have different health outcomes. According to the European Commission (2014), the average life expectancy of Roma is seven years lower than that of the overall population, child mortality rates are higher and maternal health outcomes are worse for GRT communities (Cook et al., 2013; Koupilová et al., 2001; Ekezie et al., 2023). Furthermore, Roma women are less likely to seek prenatal care and counseling when it comes to perinatal health. Early pregnancy difficulties have been connected to this low level of engagement (Supinová et al., 2020).

Significant disparities are also seen in other research on reproductive health. For instance, in Romania, Roma women have less access to preventive care, such as cervical screenings and prenatal services (Nanu et al., 2021). Similarly, another study in Spain reveals that many Roma children and adolescents lack education about menarche, reflecting broader gaps in sexual and reproductive health knowledge (Rodríguez-Camacho et al., 2024). It is also important to note, that limited access to healthcare also affects physical health awareness, for example, far fewer Roma men in Bulgaria undergo HIV (human immunodeficiency virus) testing compared to non-Roma men (Kelly et al., 2020). These barriers to screenings, counseling, and testing may significantly impact the overall well-being of Roma communities.

Concerning mental health, research indicates that when compared to the general population, GRTs are presumed to have greater rates of anxiety, depression, and suicide (Cemlyn et al., 2009). These vulnerabilities intersect with the stigma linked with sexual minority status, as some investigations point out the prevalence of conservative behavior and homophobic attitudes within Roma communities. For many families, homosexuality is perceived at any level socially intolerable and even unnatural, although acceptance does exist in some cases, depending on family circumstances and individual contexts (Fremlová & Bučková, 2021).

Other evidence shows that some queer Roma feel more stigmatized for their ethnic identity than for their LGBTQIA+ identity, reflecting the compounded prejudice linked to being Roma (Cemlyn et al., 2009; Fremlova, 2020). Fremlova (2020) further illustrates the experience of intersectional stigmatization, where individuals face exclusion related both to their ethnicity and sexual orientation or gender identity. Under these circumstances, identity and self-worth problems can be exacerbated, which can significantly impact mental health, making the study of this intersectionality extremely urgent.

When it comes to gender, Roma women are extremely vulnerable, facing what some call “triple exclusion” based on gender, ethnicity, and an essentially low level of education (García-Espinel, 2015). In addition, domestic violence associated with gender violence also seems to be a prevalent issue, with well-established detrimental effects on psychological health and self-esteem. Social pressure to conform to traditional gender ideal roles, such as the domestic subordination of women, or even hypermasculinity, which not all men identify with, affects both genders on their psychological and psychosexual well-being. (Yin-Har Lau & Ridge, 2011).

While many studies have focused on the negative effects of discrimination and stigmatization on Roma communities, further investigation is required to clarify how these experiences affect different dimensions of mental health. Certain components of psychological well-being, particularly psychosexual health, remain largely understudied.

Psychosexual health is increasingly recognized as a fundamental aspect of human well-being, extending beyond the absence of sexual difficulties to encompass feelings and attitudes toward sexuality, modes of sexual expression, reproductive rights, intimacy, and its role in social

interactions (Pereira, 2023; Tandon, 2023). Accordingly, it is vital to investigate how ethnic minority status shapes psychosexual health, since this remains an overlooked yet essential dimension of psychological well-being in Roma populations.

Thereby, the main goal is to utilize qualitative research to understand and characterize the lived experiences and psychosexual perspectives of individuals from Roma and Traveller communities. The study also explores how stigma-related experiences and coping mechanisms influence psychosexual outcomes, as well as how gender norms and social pressure affect psychosexual health and general well-being.

Ultimately, we want to raise awareness of these groups and push for new policies that support equality, inclusion, better access to healthcare, employment opportunities, and education for Roma individuals.

2.Method

2.1 Design and Procedures

This qualitative and exploratory study was conducted to delve deeper into the lived experiences of individuals belonging to the GRTs regarding their psychosexual perspectives on well-being. To collect data, an interview with two sections was created. The first section surveyed participants' age, gender identity, sexual orientation, marital status, educational background, socioeconomic status, residential location, nationality, and current residence. The second part comprised nine open-ended questions designed to guarantee that participants could freely express themselves without worrying about criticism (Table 1). The goal was to establish a safe environment in which individuals could freely discuss their personal sexuality-related experiences, opinions, and how these factors impact their well-being.

The research initially began with an online questionnaire distributed through social media channels and sent to organizations and institutions connected to the Roma community. While the online survey remained accessible throughout the study, it became clear that in-person interviews offered far greater value.

These in-person meetings provided a supportive and comfortable setting where participants could openly discuss sensitive topics. Additionally, the face-to-face format allowed for immediate clarification of any confusion regarding questions, which helped deepen the understanding and quality of the information gathered.

Table 1 – *Interview script*

| | |
|------------|--|
| Question 1 | How do you describe the culture of the social context in which you live? What values are there? Is it sexist, collaborative, competitive, welcoming, encouraging, inclusive? Castrating, liberating, repressive, homophobic? Or not at all? It could be your family, network of friends, church/religion, support groups, interaction with the health system, etc. Please elaborate... |
| Question 2 | Concerning the way you or someone you know expresses their sexuality (how they identify themselves, how they behave, how they talk about it, etc.), how do you describe the culture of the social context in which you are/were inserted? What values exist? Can you give any examples? Please elaborate... |
| Question 3 | Do you know anyone who has revealed their sexual orientation or gender identity to someone in their current social context? Or who has come out, for example? If so, could you tell us a bit more about this experience? How did they react? If it applies to you personally, please elaborate on your experience. |
| Question 4 | How does the culture that exists around the subject of sexualities and sexual and gender identities interfere with the way you express yourself and behave within your social context? (for example, concerning masculinity, femininity, machismo, sexism, heterosexism, etc.) Please elaborate... |
| Question 5 | How does the culture that exists around the issue of sexualities and sexual and gender identities in your social context interfere with the mental health of its members? What are the implications for psychological well-being? Can you give any specific examples? Please elaborate... |
| Question 6 | Have you ever suffered/seen someone suffer prejudice or discrimination in your social context because of their gender identity/sexual orientation? If so, how? If not, do you think that other people suffer prejudice or discrimination in their social context because of their gender identity/sexual orientation? Do you know of any cases? Please elaborate... |
| Question 7 | What do you think a truly competent community would look like concerning the expression of its members' sexualities? Is there room for an inclusive vision of human diversity? Or do you think it's necessary to discriminate against people based on a profile considered optimal for membership in such a community? Please elaborate... |
| Question 8 | Is there anything else I haven't mentioned on this topic that you'd like to add? If so, please elaborate... |

Direct communication with GRT individuals was made possible with the help of social housing estate community intervention members. This method made it easier to clarify the goals and topics covered in the study, which improved participant comprehension while also creating a more relaxed and trustworthy atmosphere to discuss such personal subjects.

This data collection took place between September 28, 2024, and December 5, 2024. Every participant was made aware that the answers they provided would be kept anonymous, confidential, voluntary, and intended for data processing for future publications. Furthermore, participants agreed to informed consent before providing their personal responses.

The ethical principles of anonymity, confidentiality, and informed consent were guaranteed, and the study was approved by the Institutional Ethics Committee of the University of Beira Interior, Portugal (CE-UBI-Pj-2024-0105-ID2871). The study was carried out following the principles underpinning the Declaration of Helsinki.

The following were the study’s inclusion criteria: Being at least 18 years old and a member of the Roma and Traveller Community (GRT).

2.2 Participants

In this study, 20 interviews were conducted with individuals belonging to the Roma and Traveller communities. The sample included 10 men (50%), 9 women (45%) and 1 non-binary individual (5%), who participated in electronic or face-to-face interviews. This group constitutes the convenience sample used for analysis.

The participants’ age range went from 18 to 50 years, with an average age of 30,578 years (SD=12.30). As for sexual orientation, 90% of individuals identified as heterosexual, while the other 10% were split equally between homosexual (5%) and bisexual (5 %). Regarding marital status, the majority were either in a “*de facto union*” with someone of a different sex (35%) or married to someone of a different sex (25%). In terms of educational attainment, nearly all participants had completed up to the 9th grade (90%), with only two individuals (10%) having attained higher education. Concerning their place of residence, most reported living in a small rural area (80%), while 15% resided in a small city, and 5% in a large city. Socioeconomic status was self-reported, with half of the participants identifying as medium-low (50%) and the other 50% split into 35% of them identifying as low socioeconomic status, 10% in medium socioeconomic status, and the remaining 5% (only one individual), medium-high socioeconomic status. The sample comprised Portuguese individuals (90%), with only two participants being Brazilian, although only one was currently living in Brazil (5%) and the rest were currently residing in Portugal (95%).

Participants were also asked about their life satisfaction using a Likert scale ranging from 1 (very dissatisfied) to 6 (very satisfied). On this scale, 30% reported being satisfied with their life (5), 25% very satisfied (6), and 25% slightly satisfied (4). The remaining 20% is distributed into 15% feeling neutral and only 5% feeling unsatisfied with their current life situation. Table 2 shows sociodemographic characteristics with more detail.

Table 2 – Sociodemographic characteristics of participants

| Variables | Categories | n | % |
|-------------|------------|----|-----|
| Gender | Men | 10 | 50% |
| | Women | 9 | 45% |
| | Non-binary | 1 | 5% |
| Nationality | Portuguese | 18 | 90% |
| | Brazilian | 2 | 10% |

| | | | |
|----------------------|----------------------------------|----|-----|
| Sexual Orientation | Heterosexual | 18 | 90% |
| | Bisexual | 1 | 5% |
| | Homosexual | 1 | 5% |
| Marital Status | Single without partner | 4 | 20% |
| | Single with partner | 1 | 5% |
| | Same sex marriage | 1 | 5% |
| | Different sex marriage | 5 | 25% |
| | “ <i>De facto union</i> ” | 7 | 35% |
| | Different sex divorce/separation | 2 | 10% |
| Residence | Small rural area | 16 | 80% |
| | Small city | 3 | 15% |
| | Big city | 1 | 5% |
| Education | Up to 9 years of schooling | 18 | 90% |
| | Bachelor’s degree | 1 | 5% |
| | Doctorate | 1 | 5% |
| Socioeconomic Status | Low level | 7 | 35% |
| | Low medium level | 10 | 50% |
| | Medium level | 2 | 10% |
| | Medium-high level | 1 | 5% |

2.3 Design Analysis and Tools

The information gathered from the interviews was taken directly from the responses of the participants. Thematic analysis was used to examine any trends or similar patterns due to its rich interpretive qualities; this qualitative approach was chosen to allow for a thorough examination of the data gathered.

Addressing real-life experiences and developing a deeper comprehension of human emotions and complexities are two crucial components of the study, as well as two areas in which thematic analysis is particularly valuable. During the thematic analysis, a codebook with multiple main themes was used to systematically organize the key themes of each interview, those being the social context, expression of sexuality, visibility or invisibility of the minorities, minorities’ expression of sexuality, mental health, prejudice and discrimination, and need for improvement.

To ensure the credibility, dependability, and transparency of the procedures conducted, the COREQ (Consolidated Criteria for Reporting Qualitative Research) guidelines were applied (Tong et al., 2007). This required the participation of several coders, two of whom are acknowledged as authors of this study, and the use of actual quotes from the original interviews to show transparency in the conclusions. Additionally, the main objectives of the study were clarified, sociodemographic information was collected, and themes were extracted directly from the data.

To respect the qualitative character of the study, thick, detailed descriptions were used, and peer review validation was strictly maintained at every stage.

3. Results

Content analysis of the data collected from the interviews with 20 participants identified themes that were frequently mentioned and subsequently categorized into seven different groups. The categories that further turned into 49 subthemes are shown in Table 3, along with direct quotes from the participants themselves.

Table 3 – Themes and categories

| Themes | Categories |
|---------------------------------------|---|
| Social Context | LGBTphobia s1 s2 s3 (2x) s6 s7 s8 s9 s10 s11 s15 s17 s18 (12) Prejudice/ Discrimination s1 s2 s3 s6 (2x) s8 s11 s15 s16 s18 s19 s20 (11) Conservative s1, s2, s3, s4 (2x), s6, s12, s13, s16, s17 (2x), s19, s20 (11) Moral codes/norms s1 (2X), s2, s3 (3x), s4, s6, s7, s8, s12, s17, s18, S19 (11) Welcoming Environment s2, s3, s4, s5, s10, s13, s16, s17, s18 (9) Ethnic prejudice/discrimination s1, s7, s8, s11, s12, s14, s16, s19 (8) Conflictive Environment s1, s5, s7, s8, s9, s11, s14 (7) Social difficulties/ vulnerabilities s2, s4, s6, s13, s15, s17, s18 (7) Competitive s1, s3, s5, s12, S14, s19(6) Social inequalities within the community s1, s10, s13, s18 (4) |
| Expression of Sexuality | Repression s3 (2x), s4, s5, s6, s7, s8, s10, s11, s12, s13, s15, s16 s17, s19 (14) Sexuality stigmatization s3, s4, s5, s7(2x), s8, s10, s11, s12, s13, s15, s16, s17, s19 (13) Respect s3, s10, s13, s14, s15, s18 (6) Heteronormativity s2, s5, s12, s16, s17 (2x) (5) Dissonance s1 (2x), s2, s3, s14 (4) Discreet behavior towards sexuality s12, s13, s17 (3) |
| Minorities | Invisibility s1,2, s3, s4, s5, s7, s11, s15, s17, s18 (10) Rejection by community s1, s2, s3, s6 (2x), s8, s10, s11 (2x), s13, s15, s16 (2x) (10) Visibility s6, s8, s9, s10, s12, s13, s14, s16, s19, s20 (10) Cultural Denialism s1, s2, s3, s5, s15, s17 (6) Community/outside community differences: s3, s6, s16, s17, s18 (5) Tolerance/Acceptance s6, s8, s9, 14, s19 (5) |
| Expression of Sexuality by Minorities | Discreet Expression s6, s10, s13, s14, s16, S19 (6) Concealment/ Repressed sexuality S7, s8, s9, s16, s17 (5) Shame s7, s16 (2) Openness to closer people S14 |
| Mental Health | Valuing the impact on mental health s1, s2, s6, s7, s9, s11, s13, s15, s16, s17, s18, s19, s20 (13) Lack of knowledge/unawareness of mental health impact s3, s4, s8, s10, s12, s14, s15, s17 (8) Devaluation of mental health impacts s3, s5, s10, s12 (4) Depression S11, s13 (2) Sadness S13 Suffering s19 Shame s19 |

| | |
|------------------------------|---|
| Prejudice and Discrimination | <p>Awareness of LGBTphobia s1, s5, s6 (2x), s7, s8, s9 (2x), s11, s12, s15, s16, s17, s18, s19, s20 (14)</p> <p>Social Exclusion s3, s6, s7, s8 (2x), s9, s11, s13, s16, s18, s19 (10)</p> <p>Family rejection s3 (4x), s5, s7, s9, s15, s16, s17 (7)</p> <p>Hidden prejudice/condescension s1, s2, s3, s5, s9, s14, s17 (6)</p> <p>Cultural Denialism s1, s2, s3, s5, s15, s17 (6)</p> <p>Denial s15, s17 (2)</p> <p>Loss of respect (human devaluation) s10, s16 (2)</p> <p>Sexuality seen has a choice s1 (2X), s10 (2)</p> <p>Intersectionality S9, s19</p> |
| Need for Improvement | <p>Need of social change s2, s6, s7, s8, s9, s14, s19 (7)</p> <p>Accommodation s3, s4, s13, s15, s17, s18 (6)</p> <p>Inclusion s8, s9, s14, s19, s20 (5)</p> <p>Freedom s1, s6, s11, s19 (4)</p> <p>Acceptance s8, s9, s11, s19 (4)</p> <p>Respect s1, s14, s17, s20 (4)</p> <p>Gender Equality s1, s12, s18 (3)</p> <p>Limits to inclusion s1, s6, s10</p> <p>Social progression s9, s14, s15 (3)</p> |

3.1 Social Context

Efficient research on minority groups requires putting aside any biases or preconceptions about these populations and gaining a thorough understanding of the social context in which they reside. Furthermore, it is important to note that most participants reside in social housing neighborhoods, which are often associated with social and economic vulnerabilities that may have an impact on the results (Kühne et al., 2022; Musterd et al., 2016).

3.1.1 LGBTphobia

When participants were asked to describe their experience and thoughts regarding their social context and their values, the prevalent theme of LGBTphobia emerged. This can be seen in the following direct quotes:

19-year-old woman, resident of a social housing estate, stated, “Differences in sexuality or gender identity are a disgrace to our ethnicity. We don't accept trans people.”

18-year-old man, resident of a social housing estate, noted, “We don't accept gays or lesbians; a gypsy person would run away in fear if he/she saw a gay person.”

As previously mentioned, some studies indicate the presence of LGBTphobic behaviors and attitudes within the Roma community (Fremlová & Bučková, 2021). This approach may be linked to Roma families being conservative, tending to favor traditionalistic practices and a social structure that emphasizes traditional roles (Silva & Figueira, 2022).

3.1.2 Prejudice/Discrimination

Another prevalent theme mentioned was environment-based prejudice and discrimination. Many answers reported living in environments where discriminatory behaviors and prejudiced attitudes were common, as can be seen in the next transcripts:

49-year-old bisexual woman, resident of a social housing estate) describes, “There's even some prejudice here about my marriage (...) that is, marriage to a non-Roma person, even though I'm Roma.”

This prejudice and discrimination can be seen towards some individuals seen as “different” or not following the Roma cultural norms and expectations.

32-year-old woman, resident of a social housing estate, adds, “There is discrimination against those who suffer from domestic violence.”

Research has long documented domestic violence as a widespread issue in the Roma community, as mentioned by many individuals, with significant effects on victims' self-esteem and mental well-being (Yin-Har Lau & Ridge, 2011). In this context, it is revealed that they may also have prejudices and discriminatory behavior against their own community, due to the prevalence of a patriarchal social structure and male-dominant society (Djorić, 2021).

Domestic violence arises in this context due to the presence of prejudiced and discriminatory attitudes that some Roma individuals may exhibit towards women who experience domestic violence.

Despite limited research in this area, some studies indicate that Roma and Traveller communities exhibit strong pride in their cultural heritage (Foley, 2010). According to this, these groups might perceive “changes” or “differences” as potential threats to their identity, which might reinforce their dedication to maintaining traditional lifestyles and cultural practices (Foley, 2010).

3.1.3 Conservative environment

Conservatism can be characterized essentially as the tendency to preserve established values and traditions as well as an act of resisting social, economic, legal, religious, political and cultural change (Hamilton, 2020). This ideology emphasizes maintaining traditional practices, including conventional views on marriage, family and religion. Conservative beliefs often assign different gender roles, typically associating men with more dominant and authoritative positions (Klingorova & Havlíček, 2015). Given that many Roma families hold conservative values, attitudes to maintain existing social structures and norms are likely to be prevalent. (Jost et al., 2003).

As follows, some participants mentioned conservative attitudes and behaviors in the social context they currently reside in. Some illustrative quotes include:

“Roma’s culture is not very open to change,” said an 18-year-old woman, a resident of social housing state

32-year-old woman, resident of social housing, stated voiced “Men always end up looking good. Women must keep the house in order.”

3.1.4 Moral/cultural norms

Regarding Roma people’s norms and morals, often referred to by participants as “the Roma law,” limited research has been conducted to understand its specificities due to its ethnic minority status. If their norms align solely with the conservatism previously mentioned, this would be an oversimplification of their rich cultural heritage. Quotes from participants provided insight into some of their moral norms and values:

“Mourning, for example, is a very heavy tradition, especially for women because you must wear black for a very long time, cannot listen to music or watch tv, cannot eat meat or fish, cannot bathe on the first year of mourning, women have to shave their hair, cannot go shopping or socialize and you have to stay single forever,” stated a 24-year-old woman participant.

An 18-year-old woman, a resident of social housing state also mentioned, “In my culture, we get married and have children early. This is our vision.”

3.1.5 Welcoming Environment

In contrast to the other subthemes found, several participants described their social context as welcoming.

According to a research study by the Office for National Statistics (ONS, 2022), Roma people are deeply connected to their families and the larger community. Family is seen as essential for Roma’s culture, communities, and well-being. Additionally, the ONS’s research gives scientific evidence of Roma families’ welcome and intimate relationships.

“Some people are welcoming, others not so much, but the majority is very nice and help each other a lot,” commented a 19-year-old man, a social housing resident.

“We are welcoming and always help those who need it,” highlighted a 22-year-old man, a social housing resident.

3.1.6 Ethnic Prejudice

As previously stated, Roma and Traveller communities, being ethnic minorities, often fall victim to ethnic prejudice, discrimination, and various hate crimes. This stigmatization has intensified due to the emergence and significant impact of far-right political parties, which view these groups as outsiders, thereby exacerbating the discriminatory lens through which society

perceives them (Magano & Tânia D'Oliveira, 2023). This discrimination extends into their social context, as evidenced by the next transcripts:

“It is hard living here, because there's conflict between the Roma and then the non-Roma people in the neighborhood. They do not like us and are even afraid. Whenever something happens in the neighborhood, it is Roma's fault. Garbage in the street? They always blame it on us,” cited by a 20-year-old woman, resident of state social housing.

A 29-year-old male, resident of social housing state also expressed, “There's more prejudice about being gypsy than being gay/trans.”

3.1.7 Machismo

An additional subtheme noted is the presence of machismo and gender disparities, as evidenced by the following three transcripts:

“Men are more in charge than women; they oversee the household, money, and everything,” reported a 22-year-old man, a social housing resident.

“Some people are sexist. Women must do everything, and men don't,” asserted by 20-year-old woman, a social housing resident.

An 18-year-old man, a social housing resident, also described, “There is machismo, because Roma people are like that, women can't smoke or drink.”

Numerous studies have highlighted the patriarchal structure and gender inequalities within Roma communities, resulting in various challenges for women. Women are often confined to specific gender roles associated with domestic responsibilities, primarily focusing on household management and childcare, while a clear male dominance prevails. Machismo within these communities is evident through these gender-specific roles that disadvantage women by limiting their access to education and alternative futures beyond traditional practices. Additionally, some participants also mention gender-based violence and domestic violence, which appear to be not only common and another representation of machismo, but also a taboo subject within the community, even among women (European Parliament, 2013; European Roma Rights Center, 2000a, 2000b).

Consider the following quote:

“Domestic violence against women is very common. I suffered it for 15 years until I got divorced, and then I suffered prejudice because of it (...) especially from Roma women because either they suffered from it or because they didn't believe in it,” commented by 32-year-old woman, social housing state participant.

3.1.8 Other subthemes in the social context

Equally important were mentions of social vulnerabilities, referring to various instances of poverty and other social difficulties associated with living in social housing estates. Additionally, participants noted social disparities related to differences among people living in these neighborhoods, as illustrated in the following examples:

“In the neighborhood we live normally, but we are all poor,” asserted by 50-year-old woman, a resident of a social housing.

22-year-old man, resident of social housing state, also added, “There are people with money, but many live with difficulties.”

There were also mentions of conflict and a competitive environment:

“Competitive, especially with land. I can't be here or there because it does not belong to me,” described by a 32-year-old woman, a resident of social housing.

“Very problematic neighborhood with recurrent aggressive arguments. It is worse than the Amadora neighborhood in Lisbon (a problematic neighborhood). There is a lot of conflict between Roma and non-Roma people,” voiced by a 44-year-old man, a social housing resident.

A multitude of factors converge to bring about conflict on social housing estates. These regions often suffer from segregation and deprivation, marked by chronic disparities and entrenched socio-economic struggles. Such conditions can heighten the risk of violence and repeated conflicts, which in turn worsen health inequities and poverty, highlighting a strong two-way relationship between social disadvantages and conflict (Fuseini et al., 2025; Bruch, 2010).

The relationship between competitiveness and Roma populations is still understudied in academic literature. A preliminary hypothesis suggests that competitiveness may be related to the significant social and economic disparities observed in these populations. This proposition is based on observable differences between Roma people who achieved relative economic success and those who face poverty. However, this pattern is more of a preliminary observational analysis rather than an empirically confirmed theory.

3.2 Sexuality's Expression

3.2.1 Repression & Sexuality' stigmatization

When asked about their attitudes toward sexuality and their expression, individuals revealed a consistent pattern of repression. Most participants showed reluctance to participate in this research, and the main reason for their silence was the claim that "nobody talks about it."

Roma communities are strictly regulated by a code of practices based on a wide range of traditions and beliefs, with some themes, such as sexuality, homosexuality, and sex work, being

deemed taboo, among others. This element may be linked to the societal focus on sexual purity. This has a significant impact on their attitudes and behavior toward these issues, as discussions concerning the lower body are deemed as "unclean" and hence avoided (Matras, 2015; European Roma Rights Center, 2000).

Furthermore, this purity concept severely restricts girls' sexuality and behavior, especially younger girls, since mothers tightly manage their daughters' sexuality to protect their sexual innocence. This factor, particularly on the topic of sexuality stigmatization, could be explained by a lack of sexual education and the fact that what is learned about that topic is learned through observation instead of a direct conversation, creating reluctance to discuss the theme openly (Ivanova & Krastev, 2016). Hence, these practices and traditions influence and regulate sexual behavior within the community (Casey, 2014).

"We simply do not talk about sexuality, not even among friends," stated by 20-year-old woman, a social housing resident.

"We don't talk about it; it's a very discreet subject. Parents do not even know when their daughters have their period or not," also mentioned by a 24-year-old woman.

3.2.2 Respect & Discreet behavior towards sexuality

Children, particularly young girls, are taught to "be respectable" from a young age, which includes following various norms such as staying away from the opposite sex, avoiding having premarital intercourse to keep them "pure", and generally "keeping things to themselves," which is nothing more than following the norms to avoid being labeled as indecent and excluded from the community, which ends up discouraging open conversations about sexuality (Matras, 2015), as it can be seen from the following excerpts:

"We do not talk about these things, only with our husbands or close friends. From an early age we were taught to be respectful and not to talk about it," voiced by a 19-year-old woman, a social housing state participant.

"You must be respectful, especially when you talk about these issues with women," stated by 22-year-old man, a social housing resident.

These norms of "being respectful," combined with the stigmatization of sexuality, influence individuals to adopt a more discreet approach when discussing this topic, as previously demonstrated. This tendency towards reticence and caution when addressing such subjects within the community can be seen through the next direct quote from a participant:

"We do not talk about it. You must be respectful. We do not even kiss in front of our children (the child's parents), we are more discreet, which affects the way we talk and behave about sexuality," said a 47-year-old woman, a social housing state resident participant.

3.2.3 Heteronormativity

Another subtheme that surfaced was Heteronormativity, which is usually linked to the patriarchy structure commonly present in Roma communities (European Parliament, 2013; European Roma Rights Center, 2000a, 2000b). This belief, which often implies a strict gender binary, ends up producing sexual oppression. The traditional roles of male and females as well as marriage being considered as default behaviors, reinforce the traditional structures, gender hierarchies, and sexual oppression (Ferrari et al., 2021).

“We don't use terms like ‘sexual orientation’ because it does not occur to a woman not to marry a man,” expressed by a 24-year-old woman.

3.2.4 Dissonance

This subtheme formed when a consistent pattern of participants not being very coherent with their answers was shown, with some displaying sort of “dissonance”, as illustrated in the following transcripts:

“Our culture does not affect our behavior. We have the law to follow, but only if we want to; but if we do not, we will be discriminated against,” specified by a 32-year-old woman, a social housing state resident.

(The individual's comment demonstrates a complex relationship between law and behavior within their community. While claiming that the existence of a law does not necessarily dictate their conduct, as there is always the option to not follow said law, they later admit that the noncompliance with these norms frequently ends in prejudice. This paradox implies that what is being practiced is not sexual freedom but rather choosing between dealing with the social consequences of not following these regulations or not.

3.3 Minorities

3.3.1 Invisibility

In terms of awareness of the presence of sexual minorities in the community, invisibility was the most prominent theme. These sexual minorities are frequently hidden, not only because of the Roma community's code of conduct and conventions that prevent talks about sexuality, particularly same-gender attraction, but also because of the high prevalence of LGBTQIA+ phobia in these groups. This is partly due to their conservative and traditional practices, which may further marginalize these minorities (Fremlová & Bučková, 2021; Matras, 2015; Silva & Figueira, 2022).

“I've never heard of it here. It is really rare,” cited by a 22-year-old man, a social housing state resident participant.

19-year-old man, social housing state resident, also indicated, “I have never seen or heard of anyone who likes the same sex either.”

3.3.2 Rejection by the community of the sexual minorities

Non-acceptance by the community emerged as another prevalent subtheme, highlighting once again the influence of Roma values and beliefs regarding sexuality, particularly homosexuality, given the conservatism and traditional practices present. This subtheme is closely linked to the theme of invisibility, as rejection can lead individuals to hide their identity or even repress it themselves to avoid potential repercussions for not adhering to Roma norms (Klingorova & Havlíček, 2015; Matras, 2015; Fremlova, 2017, 2020).

“The community is not very accepting of my way of life, that is, being bisexual. They are conservative and do not accept my attitude towards my sexuality,” specified by a 49-year-old woman, bisexual, resident state social housing resident.

“We should love everyone, but differences are not accepted in the Roma community. We are evangelicals, and certain things are illegal acts,” pointed out a 32-year-old woman, a resident of state social housing.

3.3.3 Visibility

Regardless of what has already been discussed in the article, several participants have underlined the presence of sexual minorities, as seen by the transcripts below:

“Yes. Myself. The community accepted me to a minimum because I came on my own. And when I had my bisexual relationship, I was already included in the community, and I was quite discreet about it. I wasn't publicly intimate with my partner”, referred by a 49-year-old bisexual woman.

“I know several people who reveal their sexual orientation and gender identity. Some are well accepted, and others are thrown out of the house,” said U.a, a non-binary, homosexual individual.

However, it is important to understand that visibility does not necessarily equate to acceptance. As participants noted, LGBTphobia and traditionalist ways of thinking persist in Roma communities, where homosexuality is seen as fictional, not existent in the community. This means that even those who do come out often need to remain discreet and sometimes even conceal that part of their identity from others to avoid rejection, discrimination, or even complete social exclusion. (Fremlová & Bučková, 2021; Rusanienko, 2021).

3.3.4 Cultural Denialism

While cultural denialism has various definitions, in this context, it can be understood as stating that a specific phenomenon does not occur within a specific culture. This can happen due

to identity protection, where individuals selectively credit or discredit evidence in patterns that reflect beliefs predominant in their cultural group or as an attempt to reinforce existing beliefs (Gounaridis & Newell, 2024).

Cultural Denialism is evident in this research, as participants seem unaware of the existence of sexual minorities, as if such identities were alien to or nonexistent within their community.

“I would never suspect that these differences exist in Roma people,” Reported by a 50-year-old woman, a social housing state resident.

3.3.5 External tolerance

An interesting subtheme emerged, highlighting a prevalent distinction mentioned by participants regarding adherence to Roma law. Certain behaviors were reportedly tolerated when exhibited by individuals outside the community but condemned when displayed by community members. This contrast underscores the difference in expectations and consequences between Roma and non-Roma individuals concerning the observance of these specific norms and beliefs.

This can be seen through the following quotes:

“People with a different gender identity or sexual orientation have never been seen in our ethnic group. If you're not Roma, there's no problem, but if you are one of them, the family won't accept it,” asserted by a 19-year-old woman, a social housing state resident.

“The culture of sexualities is more open to the ‘majority community’, in other words, non-Roma people, to non-Roma there is more openness and tolerance of differences, but not within the Roma community,” added by 49-years-old bisexual woman, social housing state resident.

This stricter commitment to Roma people may once again stem from the desire to preserve their unique culture, serving as a response to perceived external pressures and emphasizing the vital role of heritage in shaping and maintaining community identity (Foley, 2010).

3.3.6 Tolerance & Acceptance

Nevertheless, some participants showed tolerance towards sexual minorities, which may symbolize a degree of social change and adaptation among certain community members. This observation leads to an important question: How can this community adapt to become more tolerant of sexual minorities and other aspects, without risking their identity and values?

“I don't know, I think people should accept the differences between others in the community. There's no need to discriminate, even if the community discriminates, I wouldn't do it”, said by an 18-year-old man, a social housing state resident.

And according to a 49-year-old woman, bisexual, social housing state resident, (..) “The community accepted me to a minimum because I came alone. And when I had my bisexual relationship, I was already part of it and was quite discreet about it.”

3.4 Expression of Minority Sexuality

There was limited information gathered on this main theme, as most participants identified as heterosexual, which prevented a unique understanding of the experience of intersectionality. Additionally, as previously mentioned, there is significant repression and avoidance surrounding discussions of sexuality, not only among sexual minorities but also within Roma communities. This further narrowed the amount of information collected.

3.4.1 Discrete expression

Regarding how sexual minorities express their sexuality, the most frequently mentioned subtheme was one of hidden and discreet expression. As previously discussed, Roma communities adhere strictly to a code of conduct rooted in conservatism and traditional practices, which uphold a patriarchal structure. Within this framework, sexuality is considered taboo and treated with great caution, reflecting strongly LGBTphobic attitudes (Fremlová & Bučková, 2021; Silva & Figueira, 2022). To preserve their values and sense of purity, individuals often either repress their sexuality or express it in a highly discreet manner (European Roma Rights Center, 2000; Matras, 2015; Silva & Figueira, 2022).

(..) “When I had my bisexual relationship, I was already in the community and was quite discreet about it. I didn't publicly express intimacy with my partner at the time,” shared by a 49-year-old woman, bisexual, social housing state resident.

“People who are considered different would have to be discreet because it's not accepted,” also mentioned by 28-year-old men, a social housing state resident.

3.4.2 Concealment & Repressed sexuality

During the interviews, several participants expressed that concealing and repressing their differences was preferable, as homosexuality and sexuality in general remain highly taboo subjects. Additionally, they voiced concerns about potential discrimination and prejudice they might encounter, given the community's perception of these differences. Consequently, many felt compelled to hide aspects of their identity to avoid negative reactions. This stems from homosexuality being regarded as socially unacceptable and extremely taboo within Roma communities (Fremlová & Bučková, 2021).

“It's better to hide our differences, the subject is very taboo, and we avoid being ostracized,” described a 20-year-old woman, a social housing state resident participant.

“If someone were gay or lesbian, how would they be in the community? If it were me, I wouldn't say anything, I'd hide it, I'd be afraid to show that I'm different,” commented an 18-year-old man, a social housing state resident.

3.4.3 Other prevalent subthemes

Some individuals reported feelings of shame existing when LGBTQIA+ individuals express their sexuality, which is directly associated with homosexuality being perceived as "non-Roma" and something to be ashamed of.

Furthermore, there are cultural roots against LGBTQIA+ feelings linked to notions of ritual purity and family values. This perspective can lead to excommunication, isolation, discrimination, and even violence, highlighting the psychological pressure faced by LGBTQIA+ Roma and the struggles of intersectionality (Al-Kurdi, 2021; Fremlova, 2020). Some of the quotes also highlighted an interesting aspect of discrimination, associating it with a lack of knowledge, particularly regarding sexual identities, as illustrated in the following quote:

“When it comes to sexual identities, particularly transgenderism, the reaction is worse because little is known and because there is a lot of shame about what others will think,” added by a 20-year-old woman, a social housing state resident participant.

Another subtheme that emerged was openness to close individuals, emphasizing that people feel more comfortable coming out to those they trust. Often, they choose to share this information with a small, select group to maintain discretion while still being true to themselves (Al-Kurdi, 2021).

“My cousin is gay, and that's fine, but he's also only out to the people closest to him,” said by a 29-year-old man, a social housing state resident.

3.5 Mental Health

When participants were asked to describe how mental health could be influenced and impacted by the present culture surrounding sexuality, most could only confirm whether it affected individuals' mental health or not. When asked to elaborate on the specific nature of this impact, most were unable to do so.

This limitation might be associated with the participants' lack of knowledge about mental health, which itself may be linked to low literacy levels among many of them. Mental health is also a topic rarely discussed within the community. This lack of education on mental health acts as a barrier to accessing mental health care, as most assistance is not provided in a format easily understood by people with low levels of literacy. This may lead to individuals abandoning appointments and devaluing mental health services (NHS Race and Health Observatory, 2023). Consequently, gaining a deeper understanding of this issue was challenging.

3.5.1 Valuing the impact on mental health

More than half of the participants in this study reported that their culture's attitudes toward sexuality can influence people's behaviors and mental health, particularly for those belonging to sexual minorities. Participants are aware of the prejudice and discrimination faced by these individuals and the non-acceptance by the community. They recognize that this can have psychological effects, although most cannot explain exactly how these effects manifest.

“In the gypsy community, it can affect a lot because people are left behind when it happens,” commented a 44-year-old man, a social housing state resident.

A 28-year-old man, a social housing state resident, also voiced, “I believe that psychologically they are very affected because they are forced to hide it. They would lose respect and feel a lot of shame.”

3.5.2 Lack of knowledge on mental health

As previously stated, mental health appears to be another taboo subject within the community (NHS Race and Health Observatory, 2023). Considering this aspect, along with the fact that most participants have low levels of literacy, many were unable to elaborate their answers when confronted with questions about the effects on mental health, as shown in the next transcripts:

“I don't know about that person (queer individual), but I do know that the family would be very upset, so that person would probably also be very affected,” highlighted by a 50-year-old woman, a social housing state resident.

24 years old, woman participant also cited, “I don't think so because it's always been natural for us, to act a certain way, so in that sense don't think we suffer mentally” (24 years old, woman)

3.5.3 Devaluation of mental health impact

While some participants reported mental health impacts, their descriptions were generally not very detailed, and most demonstrated a lack of knowledge on the matter. On the other hand, other participants showed signs of devaluing the impact of sexuality culture on mental health, which again indicates a lack of understanding of the subject.

“It doesn't interfere. Because it's their choice, because they want it, and they like it. It would be better if they left that part of themselves behind,” noted by a 41-year-old man, a social housing state resident.

3.5.4 Other relevant subthemes

Although only two participants mentioned depression, their contributions were highly relevant, given the surrounding stigma and lack of knowledge on the matter. The subtheme of

depression is significant due to research indicating that Roma populations experience a high prevalence of depression among other mental health issues, particularly among women (Guerrero, Civišová, & Winkler, 2024).

“Some people who are different in this sense become depressed, others learn to cope. It depends on person to person; not all people are the same. I suppose it interferes with my mental health too,” indicated by an 18-year-old woman, a social housing state resident.

Sadness, pain, and shame were also mentioned, indicating that although many of the effects on mental health remain hidden due to individuals' difficulty in understanding their own feelings, some still recognize and experience these emotions. This provides insight into the intersectionality of belonging simultaneously to two minority groups, both ethnic and sexual.

3.6 Prejudice and Discrimination

3.6.1 Aware of LGBTphobia

As previously mentioned, most interviewees described numerous homophobic behaviors and attitudes towards individuals with different sexual orientations and identities, considering them "impure" and highly taboo to even discuss. There are also strong expectations for Roma individuals to marry someone of a different gender and start a family. When these traditional expectations are not met, LGBTQIA+ individuals risk social exclusion, psychological pressure, and verbal and/or physical abuse. While this is not universally true, and some Roma communities accept LGBTQIA+ individuals, depending on the family and overall context, and especially those who play important roles, it remains an evident issue within many Roma communities regarding LGBTQIA+ acceptance (Al-Kurdi, 2021).

“They don't accept gays or lesbians, a gypsy would run away afraid if he saw a gay person,” reported an 18-year-old man, a social housing state resident.

3.6.2 Social exclusion and Family rejection

Many Roma individuals mentioned that homosexuality and other non-traditional sexual orientations are generally considered unacceptable in their community. Consequently, those who identify as part of the LGBTQIA+ community often face social exclusion and rejection from both communities and families. This observation is supported by several studies, including the work of Al-Kurdi (2021).

“I know of several cases where people have been abandoned for having a different orientation/identity and rejected by their family,” quoted a 44-year-old man, a social housing state resident.

“If it happened, the neighborhood wouldn't react well. They would talk badly, find a way for that person to leave the neighborhood, as stated by an 18-year-old woman, a social housing state resident.

These two subthemes are presented and explained together because, as mentioned by some Roma individuals, families who support differences often face social exclusion themselves. They become subjected to marginalization and mockery within their community, which ultimately complicates the process of acceptance (Corradi, 2018).

“If there are differences, the family cuts ties. If a woman marries another woman, the family rejects her and cuts ties. Outsiders will be prejudiced against the person and the family if they accept the difference,” referred to by a 19-year-old woman, a social housing state resident.

3.6.3 Hidden prejudice/ condescension

Another prevalent subtheme was that of hidden prejudice or condescension. This subtheme emerged in contexts where individuals displayed condescending opinions towards sexual minorities, often manifesting as a subtle form of prejudice. This hidden prejudice is a complex issue, potentially rooted in traditional values and patriarchal structures.

It is not extensively discussed in research, and therefore, we can only assume that this may stem from homophobic attitudes that are not recognized as such by the individuals themselves, as shown in the following transcripts:

“As for sexual differences, they're neither for nor against it, as long as it's not in my family,” specified a 19-year-old woman, a social housing state resident.

“Yes, my cousin. People thought it was strange at first, but then they got used to it. But he must be discreet because otherwise it would be strange for him and for us,” said by a 29-year-old man, a social housing state resident.

3.6.4 Other relevant subthemes

Regarding attitudes and behaviors towards sexual minorities, some participants exhibited denial, suggesting that it may be easier to pretend these minorities do not exist within the community rather than acknowledging them and confronting the reality of prejudice and discrimination they face. This phenomenon is closely linked to LGBTQIA+ individuals' fear of coming out due to potential discriminatory consequences.

This fear effectively creates a culture of denial where individuals do not express themselves openly, perpetuating homosexuality as a taboo subject. Consequently, this contributes to the invisibility of sexual minorities within communities, further reinforcing the denial of their existence (Al-Kurdi, 2021; Bóll, 2022).

Additionally, there are reports of Roma people losing respect for sexual minorities, with sexuality often viewed as a choice rather than an innate characteristic that individuals have no control over. These attitudes exemplify the challenges faced by LGBTQIA+ individuals and highlight the dual struggles of intersectionality within Roma communities. LGBTQIA+ Roma not

only face discrimination due to their ethnicity but are also often not accepted within their own ethnic culture or community (Al-Kurdi, 2021).

“When it comes to sexuality (sexual orientation), it’s always a religious choice,” a 32-year-old woman, a social housing state resident.

“For the Roma, this person has now lost his value. They react very badly,” identified a 41-year-old man, a social housing state resident.

3.7 Need for improvement

When confronted with the possibility of changing their social or ethnic context to foster a more competent community regarding sexual expression, most individuals expressed a need for social change and progression. They stated that there should be more emphasis on values such as inclusion, freedom, respect, and acceptance towards differences that some individuals might exhibit, compared to what is traditional and typically "expected" in their community. Additionally, they advocated for being more open towards expressions of sexuality.

The following direct quotes from several participants illustrate this point:

A community where talking about sexuality is like talking about any other topic. Everyone has their own life; it doesn't make sense to discriminate against people, and I don't want people to discriminate against me because I'm a gypsy. I don't agree, but it's none of my business, identified by a 44-year-old man, a social housing state resident.

“It doesn't make sense to live in a society where taboos prevail over ideas and people,” stated by a 36-year-old man, a social housing state resident.

“For me, it would be good if we all lived free and united. There's no point in all this discrimination; people should act how they want,” also noted by a 18-year-old woman, a social housing state resident.

U.a Non-binary, Brazilian participant voiced, “For me, if you are socially, culturally, ethnically, racially, gender, or identity excluded, for whatever reason, you need liberation, welcome, and acceptance in all areas. You can't fight for half freedom or half inclusion. We need total inclusion in all fields, areas, and of excluded people, especially those who are intersectionally affected by machismo, racism, and inequality.”

Furthermore, some individuals addressed the need for gender equality, reporting that there are issues of sexism and machismo to combat to achieve a more equal and united community, as demonstrated in the following transcripts:

“Living on an equal footing with men,” commented by a 32-year-old woman, a social housing state resident.

“Women being more in charge would be important, but otherwise I wouldn't change anything,” said a 22-year-old man, a social housing state resident participant.

On another note, many participants rejected any sort of changes, asserting that things have always been a certain way and therefore there is no need to change them now. Most of these responses emphasize a degree of accommodation and fear of change. Although research in this area is limited, this aspect might be connected to a previously mentioned point: that any changes could be perceived as potential threats to their identity, culture, and way of living. This perception would explain the need to maintain traditional and cultural practices (as cited in Foley, 2010).

“There is no room for human diversity. Gypsies and especially families don't accept differences,” specified by a 19-year-old woman, a social housing state resident.

“As we were brought up this way, I wouldn't change a thing. I know some things don't make sense because I suffered from machismo, but I wouldn't change a thing,” reported by a 47-year-old woman, a social housing state resident.

“I wouldn't change anything about our ethnicity. We're different and we've always been that way, so I wouldn't change anything,” also noted by a 28-year-old man, a social housing state resident.

4. Discussion

The goal of this investigation was to study the lived experiences and psychosexual health perspectives of members of the Roma and Traveller communities and to deepen our understanding of the experiences and potential psychosexual and mental health impacts on these individuals. Consequently, we explored the challenges associated with intersectionality in these communities.

The study identified key themes in the Roma community, including prevalent LGBTphobia, reflecting conservative and traditional structures (Fremlová & Bučková, 2021). Within these settings, strict moral codes influence behavior, leading to the perception of non-normative gender identities and sexual orientations as forbidden subjects. These topics seem to be rarely openly addressed and are largely disapproved of, as consistently reported by participants during interviews and through the study itself (Garcia-Ramirez et al., 2020). Given these findings, it is reasonable to conclude that, due to the taboo nature of the matter and the widespread disapproval within the community, individuals often choose not to openly disclose their non-normative gender identities or sexual orientation (Fremlova, 2017, 2020).

Sexuality itself is deeply stigmatized, encouraging self-repression and reticence, reinforced by cultural and ethical standards that emphasize ritual purity and conventional gender

expectations (Matras, 2015; European Roma Rights Center, 2000). This pervasive silence profoundly affects sexual minorities and even young women, who often experience internalized feelings of shame and isolation, as mentioned by some participants.

Sexual minorities' invisibility was notable, with most participants unaware of or believing them to be rare in their community. Those who acknowledged these differences explained that visibility frequently comes at the cost of discretion due to fears of social rejection. This stigmatization operates not only at the community level but also within family units, where concerns about social marginalization often suppress public acceptance (Bartos, 2017). This dynamic creates a cyclical pattern that perpetuates exclusion and silencing.

Regarding mental health impact, participants acknowledged that their culture's attitudes towards sexuality and sexual minorities could negatively affect mental health, aligning with higher rates of anxiety, depression, and suicide in Roma communities (Cemlyn et al., 2009). Nonetheless, mental health remains a poorly understood domain and a rarely discussed topic, as affirmed by recent literature as well as the findings of this study (Friends, Families and Travellers & Roma Support Group, 2024). The stigma surrounding it, coupled with limited literacy, further impedes access to care or the language to describe suffering. While some individuals minimize its significance, others simply lack information, signaling a gap in both awareness and resources.

Prejudice within these communities manifests both overtly and subtly, sometimes as explicit exclusion and other times as refusal to acknowledge the existence of sexual minorities or to confront the reality of discrimination (Al-Kurdi, 2021). More than half of the participants reported experiences of non-acceptance, particularly towards LGBTQIA+ individuals. However, some participants mentioned accepting queer individuals, depending on family and context.

The final subject explored was the need for improvement. The findings concerning this aspect highlight a paradox also mentioned by Allen (2016), where Roma and Traveller communities simultaneously strive for social inclusion and equality, yet maintain strong efforts to preserve their longstanding traditions.

This study additionally underscores the challenges faced by individuals in these communities due to intersectionality, particularly for those who are simultaneously Roma and queer, or women. It suggests that ongoing research must continue to explore these tensions, fostering pathways that honor cultural identity while promoting social justice.

Ultimately, this study's findings testify to the human complexity of Roma communities, where vulnerability and discrimination persist alongside hope and potential for social change. The discussion brings forth not just challenges but also aspirations for respect, connection, and understanding. In environments dominated by stigma and tradition, small acts of acceptance shine as indicators of potential progress. Therefore, the desire for a world where diversity is not merely tolerated but welcomed is palpable, emphasizing the importance of ongoing dialogue,

cultural competence, and support systems attuned to the nuances and needs of marginalized groups.

4.1 Limitations

This research had its limitations. Firstly, recruiting members of the Roma communities proved to be extremely challenging, especially sexual minorities, highlighting how truly hidden these social groups are. This aspect created a disparity between the number of heterosexual participants, who formed the vast majority, and queer individuals, which likely influenced the overall results.

Additionally, most participants had low levels of formal education, and consequently low levels of literacy, making it hard to obtain profound descriptions and understanding of the themes. This factor may have negatively impacted on the quality and depth of the results gathered. The taboo nature of most topics discussed also led to some resistance in gathering information, which again might have affected the comprehensiveness and accuracy of the data collected.

Moreover, most participants come from similar contexts, primarily in social housing states, commonly described by their socioeconomic disparities (Kühne et al., 2022; Musterd et al., 2016), which may have impacted the goal of capturing a wider range of experiences and occasionally contributed to a sense of data saturation, restricting the diversity of results gathered.

These limitations should be considered when interpreting the results and may provide direction for future research in this area.

4.2 Social Implications

Roma people, particularly in Portugal, continue to be severely affected by social disparities. Economic instability, limited access to healthcare, low levels of academic achievement, and high unemployment rates are interrelated factors that further isolate Roma people from society and make it increasingly difficult for them to break the cycle of vulnerabilities (European Union Agency for Fundamental Rights, 2017; Silva, 2005).

In this context, this investigation sheds light on the experiences of an often-overlooked minority with both Roma and LGBTQIA+ communities. By bringing attention to their unique challenges and life experiences, we aim to increase their visibility as well as awareness while challenging stereotypes and generalized representations of Roma identity. Furthermore, this study raises a crucial question for future research: How can we enhance the inclusion of these minorities while preserving their unique values and cultural identity?

Given the structural disparities that affect Roma communities, mental health professionals play a crucial role in supporting individuals facing psychological distress. These professionals might help navigate the complex impacts of overlapping discrimination, which often restrict personal expression and well-being. Through culturally sensitive approaches and safe

environments, mental health practitioners can promote resilience and self-acceptance. Mental health professionals' efforts go beyond individual care, contributing to social inclusion and stigma reduction within Roma communities and the larger society (Brandão et al., 2025; Guerrero et al., 2023; Sartori, 2022; Vorvolakos et al., 2021; Valentine & Shipherd, 2018; Menon & Persaud, 2024).

However, when engaging directly with these populations, mental health providers must be mindful of the unique challenges these communities face, such as language barriers, economic hardships, and limited awareness of healthcare rights. Respecting their cultural values and broader social context is key to creating trust and effective support. Attending carefully to these factors ensures interventions are better tailored, thereby improving mental health outcomes and fostering strong connections between providers and community members (Fremlova, 2020; Guerrero et al., 2023; Ramirez, 2021; Vorvolakos et al., 2021).

Our findings also have the potential to advise and promote the development of more inclusive policies and strategies that address the specific struggles and needs of Roma individuals, as well as LGBTQIA+ Roma individuals. This could lead to targeted interventions to combat discrimination, improved anti-discrimination legislation, and better inclusion and quality of life for them.

We hope this research will encourage greater support and acceptance within Roma communities towards LGBTQIA+ individuals, incentivize more open dialogues about sexual and gender identity, and empower these hidden groups to advocate for their rights and real representation.

In conclusion, this study serves as a foundation for further research focusing on intersectionality and multiple forms of discrimination. Future investigations are crucial for a better understanding of these complex social identities and unique experiences. By continuing to investigate these issues, we will be working towards a more inclusive and fair society for all, regardless of their ethnic background or sexual orientation.

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Chapter 2. General Discussion

Despite the growing interest and valorization of psychosexual health, now considered both a fundamental human right and an essential component of individual well-being, the construct still requires further conceptual and empirical development. Psychosexual health goes beyond the mere absence of sexual difficulties, encompassing dimensions such as one's feelings and attitudes towards sexuality, the ways it is expressed, reproductive rights, intimacy, and its role within social interactions (Pereira, 2023; Tandon, 2023).

However, several factors may interfere with or limit the full expression of psychosexual health. For instance, LGBTphobia remains a global issue, with 64 countries still criminalizing same-sex relationships (Human Dignity Trust, 2025). In addition, more conservative cultural and religious frameworks may shape how sexuality is perceived, often framing it as a sensitive or even taboo subject (Navarro-Prado et al., 2023).

Within the Roma community, literature highlights the importance of traditional codes of practice and strong cultural values in shaping social organization and identity (Fremlová & Bučková, 2021). In this study, most participants identified themselves with Evangelical religious practices, which are often associated with conservative beliefs, including opposition to modernism and emphasis on divine creation over biological evolution (Marsden, 1993). Although it is important to note that this religious affiliation pertains to the participants in this study and does not necessarily represent the broader Roma community.

In settings characterized by conservative cultural values, these frameworks can limit open discussions around sexuality and may contribute to negative attitudes towards gender and sexual diversity (Turnbull-Dugarte, 2024). Such dynamics should not be understood as deficits of the community, but rather cultural specificities that, nevertheless, can have significant implications for the psychosexual well-being of its members. Recognizing the duality between the importance of cultural preservation and the potential challenges it poses for individual health, it is important to understand psychosexual health within diverse sociocultural contexts (European Roma Rights Center, 2000; Fremlová & Bučková, 2021; Matras, 2015; Silva & Figueira, 2022).

Considering these aspects, together with the evident academic gap in literature on Roma communities and their psychosexual health, where most existing narratives and representations are constructed from the perspective of dominant societies, often shaped by dynamics of power, this thesis takes on the challenge of amplifying Roma voices on the matter (Mirga-Wójtowicz et al., 2023). The aim is to deepen the understanding of psychosexual health and general well-being within this minority ethnic group, recognizing the influence not only of cultural norms and traditions but also of the persistent contexts of segregation, stigmatization, and discrimination, which must be considered when studying this population.

The extensive explanation of the Roma social context in the introduction was intentional and necessary. As several psychology theories stress, human behavior is not shaped exclusively by internal factors such as genetics but is also profoundly influenced by external variables, including culture, social environment, and education, among others, and although not a school of thought, empiricism is a philosophical view applied many times in psychology that defends this construct (Rahma & Wantini, 2024).

From this perspective, understanding psychosexual health requires situating their attitudes and behaviors within the broader sociocultural structures in which individuals are embedded. Exploring these contexts allows us to better understand why certain behavioral patterns emerge within Roma communities. Nevertheless, some of the connections made on this investigation remain interpretative and call for further empirical research to deepen the understanding of how social context, cultural identity, and psychosexual health all intersect within this community.

Regarding the findings of the research, one of the most evident themes was LGBTphobia, reported both within the community and from wider society, strongly connected to the emphasis on heteronormativity (Fremlova, 2022). This dynamic often results in the exclusion of individuals whose identities diverge from accepted norms, serving as a means of social control (Leeson, 2013).

This tension reveals the importance of adopting an intersectional lens while approaching the topics explored. Ethnicity, gender, and sexuality interact in ways that create distinct challenges. For instance, Roma women may face combined pressures of patriarchal expectations and ethnic discrimination, while Roma LGBTQIA+ individuals often deal simultaneously with intra-community stigma and external prejudice. Therefore, psychosexual health should not be studied apart from these overlapping systems of inequality.

Discussions around sexuality remain limited, and sexual diversity is not acknowledged, creating social pressure for individuals who identify with diverse sexual orientations and gender identities. This pressure can lead to prejudice, causing some to conceal their identities or express them very discreetly, which in turn contributes to their invisibility and perpetuates stigma (Rusanienko, 2021).

Social exclusion and family rejection are also frequently mentioned by participants as present within the community. This possible exclusion might influence their behavior and decision-making, leading them to avoid actions that might create barriers with their close relations and the community (Al-Kurdi, 2021).

In this context, social exclusion is primarily experienced within the community rather than from broader society, likely because they already feel excluded due to their ethnicity. The strong family influence is evident in how Roma individuals tend to follow familial practices regarding identity disclosure, which may affect how they navigate potential rejection from the community (Al-Kurdi, 2021; Campbell & Williams, 2025). Considering this, exclusion may occur

from not adhering to familial practices; however, social exclusion within family units can also stem from concerns of community backlash and rejection faced by families who accept differences, which can suppress broader social acceptance (Bartos, 2017).

Additionally, due to disparities in housing and employment, the community often unites to provide essential support for coping with these difficulties. Therefore, being rejected or excluded from the community would mean losing critical support important to their daily lives (Olivier Peyroux, 2007). Furthermore, acceptance and support from the community provide a sense of security and protection against exclusion faced in wider society, both in public and private spheres (Klaus Witold, 2021). In summary, understanding individuals' experiences of exclusion clarifies why many choose to adopt specific behaviors or conform to social norms, even if they do not personally identify with them, to avoid social rejection, exclusion, and its consequences.

In relation to mental health, although participants acknowledged the potential mental health consequences of social exclusion and overall discrimination, many struggled to articulate how these processes unfold, possibly reflecting limited literacy on both mental and sexual health (Friends, Families and Travellers & Roma Support Group, 2024). This illustrates how the segregation of a population can negatively affect aspects such as mental well-being and psychosexual health.

Marginalization leads to health disparities by limiting access to mental health education and healthcare support, which in turn can exacerbate mental health issues while leaving individuals unaware of these problems and their impacts (Malika, Arthur, & Belliard, 2019; Ward-Peterson & Wagner, 2020). It is important to recognize that not only is mental health limited, but the topic itself is often considered taboo and rarely discussed (Friends, Families and Travellers & Roma Support Group, 2024). This lack of information creates additional barriers and reinforces the taboo, supporting the idea that the less individuals know about a subject, the more stigmatized it becomes (Kim, 2025).

Following these discussions, participants' views on social change were ambivalent. While some participants advocated for greater acceptance regarding LGBTQIA+ individuals and gender equality, others expressed cultural pride, rejecting the need for change. Even when negative practices were acknowledged, they were often defended as unalterable traditions, highlighting the tension between cultural preservation and social change.

As with any investigation, this study is not one without its limitations. One of the main challenges encountered was the difficulty in establishing contact with the Roma community, particularly with individuals who identify as LGBTQIA+, given the less visible nature of these groups, although it was something that had already been anticipated before beginning the fieldwork. Consequently, most participants were heterosexual and shared a relatively similar context, primarily in social housing neighborhoods often characterized by socioeconomic constraints (Kühne et al., 2022; Musterd et al., 2016). The limited diversity of these contexts may

have restricted the scope of the study, reducing the possibility of capturing a wider range of experiences and occasionally contributing to a sense of data saturation.

Another limitation relates to the qualitative nature of the study itself. While this approach was appropriate for exploring lived realities and personal experiences, many participants experienced difficulties in articulating their views and in fully engaging with some of the questions, specifically those concerning sexuality and mental health. These obstacles may be linked both to lower literacy levels and to the sensitive, commonly overlooked nature of these topics within the community. Efforts were nevertheless made to ensure that the questions were accessible and that the in-person interviews were conducted in an environment designed to feel supportive and safe. These factors should be considered when interpreting the findings.

One last limitation to consider is that the rich cultural and historical context of this population makes studying any aspect of it challenging, due to the many variables influencing behavior. In this study, factors such as the impact of segregation, leading to multiple health, social, and economic disparities, as well as cultural norms, have been considered. This complexity is precisely why researching this population is both important and fascinating.

Importantly, however, the presence of these limitations does not diminish the study's contribution. On the contrary, they emphasize the need for further research strategies capable of engaging more diverse groups and fostering conditions for open dialogue on sensitive issues, while also connecting directly to the wider social mission of the research. By situating the findings as partial and context-specific, the investigation underscores the urgent need for policies and practices that recognize the diversity of Roma populations while also addressing the stigma surrounding sexuality and gender identity. It also highlights the need for more research focused on Roma LGBTQIA+ women, a group situated at the intersection of multiple marginalized identities and thus subject to compounded discrimination, both from broader society and within their own communities, due to the intersecting factors of ethnicity, gender, and sexual orientation or identity.

In this sense, the boundaries and outcomes highlight the study's significance: even if not universally generalizable, the insights and results generated contribute to visibility, challenging persistent stereotypes, and opening pathways toward more inclusive and culturally sensitive approaches.

Nonetheless, it must also be considered that while the study promotes possibilities for greater acceptance of LGBTQIA+ Roma individuals and for the destigmatization of issues related to psychosexual health, profound social transformations are difficult when facing social disparities. Given the marginalization and subsequent social disparities faced by these populations, the development of public policies that address socioeconomic inequalities is crucial because although social progress is possible, removing these structural barriers can create better conditions for genuine social progress, such as improving social and economic conditions, better

access to health and education services, community empowerment and the implementation of better support systems for Roma individuals may lead to a more inclusive environment which could then extend to greater acceptance of LGBTQIA+ Roma individuals among others (Fremlova, 2020, 2021; Hasselt et al., 2025; Valero et al., 2024).

Given the structural inequalities, social exclusion, and persistent stigma surrounding sexuality and gender identity within Roma communities, the involvement of mental health professionals becomes indispensable. These professionals can provide support by helping individuals navigate the psychological impact of intersecting forms of discrimination, including ethnic marginalization, LGBTphobia, and even gender inequalities, which often constrain and affect the full expression of psychosexual health. Through culturally sensitive interventions, safe spaces for dialogue, and guidance tailored to the specific sociocultural context, mental health practitioners can promote resilience, self-acceptance, and well-being (Sartori, 2022). Their practice might not only address individual psychological needs but also contribute to broader efforts towards social inclusion, the reduction of stigma, and the fostering of acceptance both within Roma communities and in wider society (Brandão et al., 2025; Guerrero et al., 2023; Valentine & Shipherd, 2018; Menon & Persaud, 2024; Vorvolakos et al., 2021)

When working directly with individuals from Roma communities, professionals must remain attentive to potential challenges and adapt their practices accordingly. This includes addressing language, economics, and informational barriers, often associated with limited literacy regarding their rights and entitlement to health services. Importantly, there is also the need to acknowledge and respect cultural values and the broader social context in which interactions between Roma individuals and mental health providers take place (Fremlova, 2020; Guerrero et al., 2023; Ramirez, 2021; Vorvolakos et al., 2021).

This dissertation was structured in an article format, a choice that not only facilitated the production of publishable scientific work but also fostered the progressive development and consolidation of a wide range of personal, academic, and professional research skills essential for qualitative psychological inquiry. By engaging in this structure, the project required a balance of autonomy and collaboration, demanding sustained discipline, critical awareness, and methodological precision, while simultaneously encouraging a dynamic interaction with contemporary debates and evolving practices within the discipline.

The research process itself offered numerous opportunities for growth, particularly in the refinement of methodological accuracy. Special attention was devoted to content analysis, the critical interpretation of narratives, and the careful discussion of findings that emerged from both online and face-to-face interviews. Working with these two modes of data collection expanded methodological versatility, while also highlighting the importance of sensitivity to contextual differences. It became clear that digital and in-person encounters bring distinct affordances and challenges, shaping the nature, depth, and authenticity of the information shared by participants.

These insights fostered a more reflective stance toward the researcher–participant relationship and underscored the value of flexibility in adapting qualitative techniques to diverse settings.

Beyond methodological advancement, the dissertation also served as a training ground for the enhancement of academic competencies. The sustained engagement with a wide range of theoretical and empirical scholarship sharpened literature review skills, encouraging not merely a descriptive synthesis of sources but a critical integration that positioned the study within broader intellectual and applied contexts. Scientific writing was strengthened through the iterative processes of drafting, revising, and tailoring arguments to the conventions of peer-reviewed publication. Simultaneously, the practice of empirical data collection cultivated deeper insights into the complexities of qualitative fieldwork, including the negotiation of trust, rapport, and researcher reflexivity. These combined experiences highlighted the necessity of situating research findings within their cultural, social, and ethical frameworks, thereby enriching both the rigor and relevance of the study.

Equally significant was the recognition of the ethical dimensions that permeate every stage of qualitative research. From the formulation of research questions and recruitment strategies to the handling of sensitive data and the dissemination of results, the study reaffirmed the principle that ethical considerations are not ancillary but foundational to the integrity of psychological inquiry. In navigating these responsibilities, the dissertation process also nurtured key personal qualities: adaptability in the face of unforeseen challenges, self-reflection in acknowledging the researcher’s positionality, and analytical perseverance in maintaining the coherence and credibility of the findings.

Ultimately, the article-based dissertation format proved to be not only an academic framework but also a formative journey. It facilitated the acquisition of technical skills essential for conducting high-quality qualitative research while simultaneously fostering personal growth, intellectual independence, and scholarly maturity. The process strengthened the capacity to navigate complexity, to think critically and ethically, and to contribute meaningfully to ongoing conversations in psychology. In this way, the dissertation was more than the sum of its individual articles; it became a cohesive learning experience that prepared the researcher for future endeavors in both academic and applied psychological contexts.

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Chapter 3. Theoretical Appendix

To synthesize and support the topics addressed, this appendix presents key theoretical frameworks regarding psychosexual health understanding in Roma communities. Drawing on diverse models, it explores how minority status, intersectionality, social environment, and many other factors intersect to shape experiences and overall well-being within this unique context.

1. Minority Stress Theory

The Minority Stress Theory, grounded in the General Stress Theory proposed by Dohrenwend (2000), was developed by Ilan Meyer and David Frost as a conceptual framework to examine the impact of social stigma on the health of sexual minority groups (Meyer & Frost, 2012).

This model seeks to understand how prejudice and stigma themselves contribute to both psychological and physical well-being (Meyer, 2003). Its central premise is that prejudice and discrimination directed at sexual minorities, such as gay, lesbian, and bisexual individuals, generate higher levels of distress when compared to heterosexual populations, thereby increasing their vulnerability to the development of mental and physical health problems (Meyer & Frost, 2012).

Minority stress encompasses both general stressors, which can affect any individual (for example, the loss of a job), and minority-specific stressors, which arise exclusively from belonging to a stigmatized social group. These latter stressors include experiences like discrimination, exclusion, or harassment (Meyer & Frost, 2012).

An individual may, therefore, simultaneously face general stressors such as financial difficulties while also experiencing minority-specific stress related to their sexual orientation. The interaction between stressors shapes the individual's overall exposure to stress, as well as the coping strategies they employ. Although the model has been primarily applied to sexual minorities, it can also be extended to other minority statuses linked to race, ethnicity, and gender (Meyer & Frost, 2012).

In the context of minority stress, the stressors associated with experiences of discrimination can be categorized into both structural and interpersonal domains. Structural stressors refer to systemic mechanisms of exclusion that restrict access to rights and resources otherwise available to the majority population, including, for example, legal recognition through marriage. Interpersonal stressors emerge through direct social interactions and can range from overt acts of prejudice to more nuanced forms of hostility. These may occur as acute events, such as antigay violence, or as persistent, low-intensity forms of bias, commonly conceptualized as "everyday discrimination" (Meyer et al., 2011). Despite the fact these latter experiences are not typically classified as major life events due to their comparatively lower immediate intensity, they carry significant psychological burden due to their impact being linked to a more symbolic

meaning of rejection and social devaluation, as well as the cumulative effect of repeated exposure over time that has been shown to exacerbate psychological distress and undermine overall well-being (Meyer et al., 2011).

Within this model, stressors can further be differentiated as distal and proximal, reflecting distinct levels at which stigma and discrimination exert their influence. Distal stressors involve objective, external events and circumstances situated in the social environment, illustrating how broader sociocultural contexts impose stress upon minority populations. In contrast, proximal stressors refer to internal, subjective processes that occur as individuals anticipate, perceive, and internalize stigma. These processes may include the expectation of rejection or the incorporation of negative societal attitudes into one's self-concept. While distal stressors highlight the structural imposition of stress, proximal stressors capture the psychological mechanisms through which stigma becomes internalized, thereby compounding its impact on mental health (Hatzenbuehler, 2016; Jaspal et al., 2019; Liang & Huang, 2021).

Individuals with this status often begin to personally identify with this social position, which, in turn, is associated with the emergence of additional stressors. As individuals come to perceive themselves as targets of discrimination (Miller & Major, 2000), their expectations and self-perceptions are significantly shaped by these experiences. This process may manifest through anticipations of rejection, the perceived necessity of hiding aspects of one's identity, and, in some cases, the internalization of negative social attitudes such as internalized homophobia. These mechanisms considerably influence personal and social functioning, shaping both intrapersonal attitudes and interpersonal relationships (Meyer & Frost, 2012).

Minority identity can be linked to increased levels of distress; however, its impact depends largely on the way individuals perceive and integrate this identity dimension. For example, when the minority status is considered secondary within the personal self-concept, its detrimental effects tend to be reduced. Thereby, when individuals who regard being gay or Roma as a subsidiary aspect of themselves are less likely to experience it as a central source of vulnerability (Thoits, 1999). At the same time, minority group membership can have positive outcomes for individuals. Through affiliation and social support (Riggle et al., 2008), belonging can generate protective effects that not only diminish the impact of stressors but also reinforce a more adaptive engagement with minority identity (Crocker & Major, 1989; Meyer, et al., 2011; Miller & Major, 2000; Riggle et al., 2009).

As mentioned previously, minority status has been consistently associated with adverse effects on psychological well-being, reflected in elevated levels of distress, greater susceptibility to mental health conditions, and increased risk of suicidal behavior. Compared with heterosexual individuals, sexual and gender minorities tend to report lower psychological and social well-being, a disparity largely explained by the added burden of discrimination and stigma. Importantly, the way individuals interpret and integrate their minority identity can moderate this impact, as previously discussed: when minority status is perceived as a central and stigmatized aspect of the

self, vulnerability to stress intensifies, whereas affiliation and social support can function as protective mechanisms that foster resilience (Thoits, 1999; as cited in Meyer & Frost, 2012).

These dynamics are particularly visible in the domain of intimate and social relationships. The stigmatization of same-sex orientations and partnerships generates relational stressors that influence both the quality of ongoing relationships and the pursuit of new ones. For instance, individuals in same-sex relationships may experience anxiety related to anticipated rejection, especially regarding acceptance by family members (Lewis et al., 2001), which illustrates how minority stress processes operate not only at the intrapersonal level but also within relational and social contexts, amplifying their impact on overall well-being.

The sexual component of minority stress becomes particularly salient through the internalization of homophobic attitudes, which are closely linked to minority status identification. This process can undermine sexual satisfaction and may precipitate broader sexual difficulties, a sense of loneliness, and intimacy-related disruptions among sexual minority individuals (Frost & Meyer, 2009). The accumulation of internalized stigma may even act as a mediator between social exclusion and relational functioning, intensifying psychological distress and/or limiting opportunities for positive intimate experiences (McConnell et al., 2019).

In short, the minority stress model offers a robust framework for understanding how social environments impact the health and well-being of individuals belonging to minority groups, specifically non-heterosexual individuals with the major consensus that accumulated prejudice and discrimination among these groups leads to significant health consequences, as well as social and economic effects (Meyer, 2003; Williams, Mann, & Frederick, 2017). This theory is valuable and useful both in research and intervention design, highlighting the need for tailored approaches that address the multifaceted stressors faced by these populations (Ouellette, 1998). Effective interventions in this context operate at structural levels, with the development of protective laws and policies, and at the individual level by providing accessible, qualified mental health services to mitigate minority stress (Meyer & Frost, 2012, 2023; Valentine & Shipherd, 2018).

The Minority Stress model can serve as a framework to shape focused interventions, both at the level of public policy, with the main aim of reducing the stigma and exposure to stress among minority groups, and at the clinical or counseling level, by enhancing individuals' capacity to cope with stress and fostering resilience, with the main goal of diminishing the impact of minority stress on health and well-being (Chaudior et al., 2017; Myer & Frost, 2012). The model and its applications are consistent with established research in the field and align with current recommendations for supporting minority health and resilience (Chaudior et al; Myer & Frost, 2012; Smith, 2020).

Improving health outcomes for minority populations necessitates recognizing that healthcare communication and practices are frequently shaped by heteronormative and cisnormative biases. Numerous studies, according to Smith (2020), have documented that

healthcare providers may engage in behaviors ranging from subtle microaggressions to overly homophobic practices. Such conduct undermines both the quality of care delivered and the safety of healthcare environments, leading many minority individuals to avoid seeking necessary care due to fears of discrimination. Given that negative healthcare experiences are common among these groups, largely because mainstream health services often overlook their specific needs, healthcare professionals must understand and respect the unique challenges faced by these individuals and provide care that is responsive to their distinct contexts (Smith, 2020).

Regardless of its many applications, this conceptual model has faced criticism concerning several aspects. While it incorporates key components of positive outcomes derived from the model, such as social support factors, it does not fully address other elements that may also contribute to positive health results, such as resilience resources, which have gained significant attention in the field of sexual and gender minority health (Fredriksen-Golsen et al., 2014; Vaughan & Rodriguez, 2014).

2. Minority Strengths Model

The Minority Strengths Model emerges as a direct response to the limitations identified in the Minority Stress Model. While the Minority Stress Model primarily emphasizes negative outcomes associated with the minority status and acknowledges social support as one limited strength factor, it continues to stress the need for further exploration of resilience factors within minority health research. This creates a significant gap in models that account for the systems of personal and collective strengths that promote positive health outcomes for minority individuals. In this context, the Minority Strengths Model advances the field by focusing more thoroughly on the diverse strengths present in minority groups (Perrin et al., 2019).

According to literature, strengths associated with minority status include, as mentioned previously, social support (Perrin et al., 2019). Social support acts as a protective factor by addressing basic social and emotional needs (Kaplan et al., 1977), while also serving as a mediator in the relationship between stressful life events and psychological distress. This buffering effect helps reduce the negative impact of such events on health outcomes (Schaefer, Coyne, & Lazarus, 1981).

Another strength factor linked to social support is community consciousness. This refers to a sense of connection and identification with a specific community, which exerts a protective effect by providing emotional, tangible, and intangible social support. Such identification and support reduce the impact of stigma and other stressful life events by fostering a sense of belonging and solidarity within the community (Herek & Glunt, 1995; Perrin et al., 2019).

These two strengths can open pathways for another strength, which is identity pride. Based on Cass (1979), identity pride involves not only the acceptance of one's identity but also the joy of fully immersing oneself in that identity. The degree of self-affirmation and pride in one's identity is strongly related to the extent of community involvement and attachment, fostering

participation and activism within the group, while also providing emotional and social support that strengthens a positive and affirming sense of self (Dunn & Burcaw, 2013). Consequently, when one has identity pride it encourages greater engagement with the community, which in turn contributes to enhanced self-worth, better social resources, and increased opportunities for identity affirmation that are associated with improved health outcomes as well (Dunn & Burcaw, 2013; Fredriksen-Goldsen et al., 2017).

This strength can be reflected in another, namely self-esteem. Self-esteem is a complex construct and is frequently distinguished from related concepts such as self-confidence or self-evaluation. In this context, self-esteem is defined as one's general attitude towards oneself (Crocker & Major, 1989; Pyszczynski et al., 2004). Evidence confirms that, among LGBTQIA+ individuals, higher self-esteem is associated with greater self-forgiveness, family acceptance, social support, and improved coping resources, as Perrin et al. (2019) confirm through the mention of multiple studies (e.g., Austin & Goodman, 2017; Greene & Britton, 2013; Pyszczynski et al., 2004; Snapp et al., 2015; Zea et al., 1999). These factors are shown to positively influence mental health, including the reduction of anxiety (Perrin et al., 2019).

Experiencing higher self-esteem supports the development of another strength, resilience, which is characterized as the ability to cope and thrive despite adversity and helps diminish the impact of minority stress on health (Luthar, 2015; Meyer, 2015). This skill is particularly important for those facing accumulated stress from multiple sources. Studies with sexual minorities show that individuals with greater resilience tend to adapt and cope even in unwelcoming environments, reducing psychological negative impact by serving as a mediator between minority stress and the influence it may have on health (Asakura & Craig, 2014; Breslow et al., 2015).

When an individual possesses resilience, thus having a greater capacity to deal with stressful events and their effects, they tend to experience better mental health. Positive mental health refers to a general state of well-being, which encompasses the ability to handle daily stressors and contribute productively to their community or society. This well-being is associated with improved impacts in several areas, including physical health, educational attainment, employment, and productivity (Perrin et al., 2019; Srivastava, 2011).

All things considered, individuals with positive mental health are more likely to engage in health-promoting actions to maintain or enhance their well-being. Such habits include refraining from dangerous activities and settings, caring for mental and physical health, and sustaining supportive social relationships (Moorhead et al., 2018).

All these variables were identified as potential strengths within the minority status due to their extensive prior study and established connections to positive health results. The Minority Strengths Model specifically sought to empirically verify whether these strengths relate positively

to health in a sample of 317 racially and ethnically diverse LGBTQIA+ individuals (Perrin et al., 2019).

In conclusion, this model underscores the vital role of social support in promoting key strengths that contribute to positive mental and physical health (Kwon, 2013). Within the LGBTQIA+ group, community connection and social support are positively correlated, indicating that individuals embedded more deeply in the community perceive higher levels of social support (Frost & Myer, 2012). Given the historical and ongoing marginalization faced by LGBTQIA+ people, both social support and a sense of belonging are essential for promoting healthy development and enhancing other strengths that help alleviate the negative effects of minority stressors (Snapp et al., 2015).

In brief, the Minority Strengths Model contributes significantly to understanding how belonging to minority groups impacts well-being in positive ways and emphasizes social support as a fundamental aspect in positive development. Consequently, most interventions at clinical and public health levels should focus on enhancing this crucial social support among LGBTQIA+ individuals, recognizing its critical role in supporting overall health (Perrin et al., 2019).

Despite its utility in highlighting the positive aspects of minority status, the study validating the model has several limitations. Firstly, its cross-sectional design limits causal inferences, underscoring the need for further studies that clarify the temporal relationships between variables. Secondly, there are concerns about sampling bias and limiting geographic representativeness. Finally, the model may be omitting other relevant strength-based variables such as parental acceptance, religiosity, among others, urging further researchers on the topic (Perrin et al., 2019).

3. Intersectionality Framework

Intersectionality first emerged as a concept through Kimberly Crenshaw (1989), who used the term to describe the interdependence of power relations involving race, class, and gender. This foundational concept challenged one-dimensional views of discrimination by focusing on how overlapping social identities shape unique experiences of oppression (Arnoud et al., 2023; Collin, 2022; Grzanka, 2018).

Reflecting its growing importance, in 2006, the American Psychological Association incorporated intersectionality into its multicultural guidelines, emphasizing the importance of understanding individual, cultural, and contextual influences for more effective psychological practice. Today, this framework requires attending to multiple social categories such as gender, race, ethnicity, age, sexuality, religiosity, and other individual characteristics in both research and practice. Intersectionality is now recognized as a vital tool for understanding psychological processes (Grzanka, 2018), and as a critical social theory whose assumptions are still being refined (Arnoud et al., 2023; Collin, 2022).

Building upon Crenshaw's initial work, Patricia Hill Collins (2022) expands intersectionality by framing it as a dynamic framework that understands social categories as interconnected, rather than operating in isolation. These intersecting categories collectively create complex social disparities. One key assumption is that society organizes itself around these categories, generating specific forms of discrimination and privilege that vary at their intersections (Jorba & López, 2024).

Crucially, the focus of intersectionality extends beyond individual identity or lived experiences to foreground the mechanisms through which structural, political, economic, and interpersonal inequalities are produced and upheld. This approach offers a model for analyzing not only categories like identity but also the multiple and overlapping forms of oppression they face (Arnoud et al., 2023); Hancock, 2007). As noted by Jorba and López (2024, p.1464), *"whenever social structures make some intersection of categories relevant to discrimination or privilege, the corresponding intersectional experience emerges"*, highlighting how such structures give rise to specific intersectional experiences.

As a critical social theory, intersectionality provides an analytical lens to understand how individuals are simultaneously subjected to multiple forms of prejudice. For instance, intersectionality helps reveal how compounded forms of oppression, such as antigypsyism, sexism, and homophobia, intersect to produce distinctive inequalities (Collin, 2022).

Drawing on the work of Patricia Hill Collins and others, Bohrer (2019) proposes six hypotheses regarding intersectionality: (1) Intersectionality asserts that systems of oppression are inseparable and cannot be ranked, as no single form takes precedence over another; thus, experiences of discrimination are understood as shaped by their mutual interactions. (2) Oppressions are not hierarchical, meaning one does not unilaterally cause another, and all are interconnected (3) Intersectionality calls for the conceptualization of oppressions at structural, representational, and discursive levels, not just at the individual level. (4) It recognizes identity as a multifaceted category, created through an interplay of inherent aspects and social-historical contexts, and shaped in relation to social structures. (5) Intersectionality operates as a tool, theory, and epistemology closely linked to the critical analysis of complex power relations. (6) Finally, intersectionality acknowledges and critiques these power relations, aiming to challenge disparities and foster transformation of both material and symbolic realities (Bohrer, 2019).

Within psychology, intersectionality offers an essential model for understanding how concurrent forms of oppression shape individuals' and collective experiences while also challenging the universalistic psychological theories of human development by recognizing that social categories are not merely descriptive labels but actively shape and are shaped by subjectivity (Grzanka, 2018; Teo, 2005).

The framework also emphasizes the necessity of adopting an intersectional lens not only to recognize social categories but to critically interrogate research practices, theories, and

epistemologies to avoid homogenizing assumptions (Bohrer, 2019; Bowleg, 2017). However, intersectionality itself does not provide direct answers to the experiences of distinct social groups; instead it offers a theoretical structure that allows research questions to be formulated. Effective empirical engagement with specific groups is essential to address these questions, which has been viewed by some as a limitation of this approach (Jorba & López, 2024).

Aligned with its underlying social mission, this theory stresses that those who hold power, whether structural or institutional, must broaden their perspectives and deepen their understanding of the social world, particularly by including the experiences and knowledge of marginalized groups (Council of European Municipalities and Regions, 2022). Furthermore, research questions emerging from an intersectional perspective must be framed with sensitivity to power dynamics and difference, explicitly avoiding assumptions that homogenize psychological processes. This critical orientation allows for a richer, more nuanced understanding of diverse experiences shaped by intersecting social identities (Arnoud et al., 2023; Bauer et al., 2021).

4. Social Exclusion Theory

Social Exclusion describes a situation where individuals are incapacitated to participate fully in economic, social, political, and cultural life, along with the factors and processes that contribute and sustain this marginalization (United Nations, 2016). This underscores the fundamental essence of the concept, which is based on the understanding that certain individuals and social groups are prevented from engaging in societal life (Das & Espinoza, 2020; World Bank, 2013).

Building on the understanding of social exclusion as a deprivation of capabilities (Vaidya, 2017), Burchardt (1999) identified five key areas from which socially excluded individuals may be prevented from participating: consumption, savings, production, political engagement, and social interactions.

This exclusion may arise from individual or group characteristics, such as caste (hereditary social category), gender, or social class (Brown 1995; Bryson 1996). Besides excluding individuals and social groups from activities, and many aspects that guide their lives due to individual characteristics, they may also experience discriminatory attitudes such as racism, xenophobia, and ageism, which further hinder their participation in society (Pierson, 2009; Radcliffe, 2000).

The characteristics, whether individual or collective, that may lead to social exclusion differ widely. In their study on how social exclusion can be defined and measured, Cuesta et al. (2024), highlight three key dimensions at the root of this phenomenon: the relative, the agential, and the multidimensional.

The relative dimension involves exclusion based on identity (such as gender, age, ethnicity, race, religion, and disability), circumstances (including displaced populations, unemployment, and gender-based violence), and socioeconomic status (poverty). Meanwhile, agential dimension refers to exclusion maintained by specific agents like social norms, discriminatory laws,

organizations, and state institutions or policies, which reinforce exclusionary boundaries within society. Lastly, the multidimensional dimension captures the multiple outcomes of exclusion, which deprive individuals or groups of access to areas such as group affiliation, employment opportunities, public services, and political rights (Cuesta et al., 2024).

These deprivations can lead to sequential effects, including stigma, joblessness, poor health, and poverty. However, it is important to consider that this information does not imply that all women, LGBTQ+ individuals, or Roma people are inexorably excluded due to their identities. Rather, it means that in certain contexts, these groups may face a heightened risk of social exclusion (Cuesta et al., 2024).

Social Exclusion affects people in multiple ways, including physical, affective, behavioral, psychological, and cognitive dimensions (Kim et al. 2012). Overall, this phenomenon has been linked to negative outcomes in health, education, economic inequality, poverty, violence, and general well-being (as cited in Brik & Brown, 2025). Besides this, it prevents individuals from meeting fundamental human needs such as belonging, which involves feeling connected to and accepted by others (Kim et al. 2012).

This lack of social connection significantly undermines self-esteem, disrupting key emotional needs essential for psychological well-being (Kim et al. 2012). Furthermore, experimental psychological research indicates that social exclusion can directly impair self-regulation abilities (Vaidya, 2017). Regarding self-regulation capacity, socially excluded individuals tend to struggle with regulating their behavior, a difficulty that increases their vulnerability to further exclusion (Baumeister et al. 2005). As a result, once someone has been excluded, returning to social inclusion becomes significantly challenging, making the process of reintegration extremely difficult (Gamian-Wilk, 2013).

An interesting area of exploration is how individuals cope with social exclusion. Molden et al. (2009) identify three primary coping strategies in their work. The first strategy centers on self-reflection, leading individuals to become more aware of their personality traits that may have contributed to their exclusion. This increased self-awareness often motivates individuals to seek social reintegration by making renewed efforts to gain acceptance, such as being more compliant and aligning their behavior with prevailing social norms.

The second strategy involves individuals attributing the cause of exclusion to external factors, such as the surrounding environment or the behavior of others. This attribution often leads to responses characterized by aggression and opposition, which may be directed at individuals or society in general. In some cases, the intensity of anger and hatred felt towards society is so pronounced that socially excluded individuals may completely disregard self-regulation (Baumeister et al., 2005, p.590).

Lastly, the third strategy, commonly observed in cases of social exclusion and frequently cited in research, is withdrawal. In this coping response, individuals may lose hope for inclusion and

may choose to stop pursuing activities or efforts that could lead to acceptance (Gamian-Wilk, 2013). This progression from aggression to withdrawal highlights the diverse emotional and behavioral responses individuals may experience, emphasizing the need for ongoing research not only to deepen our understanding of the concept and its impacts but also to adapt it as society evolves, since social exclusion itself transforms alongside social changes (Silva, 2007).

Although the term social exclusion is commonly employed by professionals and even practitioners within the health domain, its lack of clear definition and conceptual components has resulted in its underutilization for improving the health outcomes of society's marginalized groups (O' Donnell et al., 2019). Nonetheless, an increasing number of global organizations and institutions are integrating social inclusion principles into policies and targeted interventions aimed at those most affected by exclusion. Notably, the United Nations' 2030 Agenda, adopted by all member states in 2015, exemplifies this shift (Global Compact Network Portugal, n.d.; UNDESA, 2016; UNECE, 2022; United Nations, 2015).

The United Nations' 2030 Agenda is a global framework that seeks to eradicate poverty and inequality while promoting health, better education, and economic opportunities, alongside sustainability by 2030. Considering this project involves everyone, especially those socially excluded, it reflects a concerted global effort to embed the concept of social inclusion within policy-making and developmental agendas (Global Compact Network Portugal, n.d.; UNDESA, 2016; UNECE, 2022; United Nations, 2015).

In designing social policies, policymakers might want to consider initially focusing on economic and social facets by implementing subsidized training programs coupled with efforts to strengthen community cohesion and integration. This approach aims to tackle material deprivation and social isolation simultaneously, thereby reducing factors that sustain social exclusion. Additionally, these policies must strive to prevent both existing and emerging forms of exclusion (Brik & Brown, 2025; European Social Inclusion Network, 2023).

In conclusion, while the theoretical model of social exclusion continues to evolve with ongoing efforts to clearly define its components and objectives through policy change and intervention, significant gaps remain. Nonetheless, as global initiatives such as the 2030 Agenda and guidance from organizations like the World Health Organization (2010) emphasize, those affected by social exclusion must be actively involved in shaping policies and practices that address their specific needs. This inclusive approach is essential for developing effective strategies towards more just societies.

5. Model of Cultural Resilience and Transnationalism

As migrations, both permanent and temporary, continue to increase globally, especially from less developed nations to advanced industrial countries, understanding the phenomena arising from these movements is essential (Jurkova & Guo, 2018). One such phenomenon is transnationalism, a relatively new concept that has gained attention with the globalization of

modern society (Burliai et al., 2023). The ongoing globalization across social, economic, and political domains has fostered closer interactions and interconnections among countries and continents (Klingenberg et al., 2021).

Transnationalism emerged in Europe by the late 20th century, grounded in the recognition that migrants have mechanisms and processes that enable them to preserve strong ties and connections to their countries of origin while living abroad (Burliai et al., 2023). The concept is both broad and nuanced, encompassing various dimensions such as form above and below, cross-border activities and social processes, as well as forms that are minor, reactive, economic, socio-cultural, and political in nature (Portes et al., 1999).

In the socio-cultural sphere, Rahimli (2021) notes that individuals who migrate from one country to another often identify with both their country of origin and their host country, maintaining strong ties with their sending community. Considering these aspects, it is important to explore the socio-cultural lives of migrants. Levitt and Jaworsky (2007) also emphasize that migration has never been a one-way process of assimilation; rather it is a complex phenomenon in which individuals engage simultaneously in various transnational social spaces to different degrees and in diverse ways.

Regarding these social spaces, migrants participate in them through distinctive socio-cultural connections, forming new social groups that merge elements from both their countries of origin and residence. These groups extend beyond a simple aggregation of parts, assuming a more complex and expansive form that plays a significant role in fostering cultural diversity and facilitating cultural exchange (Burliai et al., 2023; Pries & Bohlen, 2001).

Notably, socio-cultural integration within a receptive society might reduce migrants' engagement in transnational practices, as observed in research with Moldavan individuals in Italy and the Czech Republic. However, the ability to maintain and monitor transnational networks can be reactivated through monetary resources (Janská et al., 2021).

Transnationalism also describes the growing social, cultural, economic and political connections that span across nation-states and national societies. From a social science perspective, these connections are both generated and sustained through multi-sited social spaces that operate not only at the micro level, but also at meso and macro levels. At the micro level, it is expressed in routine and accountable practices of transnational perception and action in everyday life such as telecommunication, the shipment of goods, and the transfer of money or information across borders. At the meso level, it manifests through community and institutional structures that regulate and give continuity to these interactions, such as migrant associations or religious groups. At the macro level, the concept of transnationalism is connected to the larger organizational and structural frameworks that involve formal institutions with clearly defined rules and goals, such as EU institutions (Pries & Bohlen, 2022).

Considering the topics discussed and how transnationalism highlights the integration of one's values as a blend of one's place of origin and residence, another concept that gains relevance in this context is cultural resilience. Cultural resilience comprehends the ability to preserve culture and its core values amid ongoing environmental changes that require continuous adaptation (McCubbin et al., 1998).

In a world where government actions often seek to absorb and assimilate ethnic groups, ethnic culture endures with a quality that goes beyond individual members (DiMaggio, 1997), meaning that how communities adapt to their surroundings build up gradually and last across multiple generations (Fleisher, 2009). Communities respond to environmental changes by adapting, with cultural resilience emerging from ongoing ties within social networks and a high level of interconnection among network members. Thereby, cultural resilience invokes sociocultural processes that enable societies to resist socioeconomic marginalization and build within themselves social networks that provide this resilience (Fleisher, 2009).

Exploring Roma transnational networks reveals a significant relationship between transnationalism and cultural resilience. According to Ogáyar et al. (2025), transnational networks, frequently maintained through digital platforms like Facebook, are essential for sustaining connections among Roma families. This ongoing communication, which goes beyond borders, enables them to uphold cultural traditions, social norms, and a shared identity, despite facing challenges such as geographic distance and even social exclusion.

This study emphasizes the dynamic and adaptive nature of cultural resilience expressed within these transnational bonds (Ogáyar et al., 2025). Furthermore, advances in technology, as previously stated, can also significantly strengthen this connection by opening new avenues for transnationalism. For example, Fan's (2023) research on Chinese fanfiction communities reveals how participants creatively navigate government censorship and social stigma by shifting platforms and forging international networks. This form of transnationalism encourages creative resistance and supports cultural expression and activism in authoritarian settings, accentuating how resilient cultural identities continue to adapt within transnational spaces as well as in the face of repression (Fan, 2023).

Essentially, culture resilience reflects not a fixed preservation of traditions and norms but a continuous process of adaptation while transnational ties nurture a sense of belonging and identity that stretches across various social geographic contexts (Barros & Hanenberg, 2024). In this way, this dynamic interplay shows the extraordinary ability of communities to maintain their identity, even as they navigate the changes and complexities brought by globalization and continuous social transformation (Barros & Hanenberg, 2024; Fan, 2023; Ogáyar et al., 2025).

Theoretical Integration and Lived Experiences of Roma and Travellers

The theoretical frameworks discussed in Chapter 3 align closely with the lived experiences of Roma and Traveller communities. As ethnic minorities, individuals from these groups face general life stressors as well as unique pressures related to their minority identity. These additional stressors increase their vulnerability to negative outcomes in key areas such as health, education, and employment, profoundly affecting their overall well-being. Nevertheless, minority identity also brings protective elements, notably social support and a strong sense of community, which serve as vital buffers against social inequalities, as highlighted by the minority strengths model.

Intersectionality theory offers essential insight into the compounded oppressions experienced by individuals who belong to multiple marginalized groups. For instance, Roma people who identify as part of the LGBTQIA+ community or as women. Recognizing these overlapping identities is crucial to fully understanding the nuanced challenges faced by these individuals, as focusing on one minority status alone does not capture the complexity of their experiences.

Throughout this study, social support emerged as a pivotal theme, influencing individuals' behaviors within their communities and shaping responses to stressors. Additionally, frameworks concerning cultural resilience and transnationalism, while not fully formalized models, provide valuable perspectives on how minority groups sustain and adapt their cultural identities through cross-border social connections. These transnational processes help preserve cultural heritage even in the face of pressures to assimilate, imposed by dominant societies and governmental policies.

Roma and Traveller communities are deeply shaped by their rich cultural heritage and unique values, making them a diverse population whose experiences vary significantly across different contexts. Thus, the behaviors and findings presented in this study should not be generalized to represent the entire Roma population.

Regarding sexuality, particularly among those identifying as members of the LGBTQIA+ community, the findings of this investigation reveal a pressing vulnerability that demands attention. While there is increasing global support for comprehensive sexual education and for normalizing discussions around sex and sexuality, mental health services must also be tailored to meet the specific cultural contexts of these populations. Such adaptations would improve the quality of care and support provided, helping individuals navigate the multifaceted challenges they encounter due to marginalization and cultural stigmas related to sexuality, homophobia, and social exclusion.

Due to the segregation experienced by these populations, they are often unjustly targeted and blamed for problems in contexts where they may not have direct involvement. This

scapegoating reinforces existing prejudices and stereotypes. For example, during the COVID-19 pandemic, Roma communities faced exacerbated discrimination, including overly strict lockdown measures imposed by some member states, such as the use of drones for surveillance, which surpassed precautionary principles (European Parliamentary Research Service, 2021). The pandemic intensified anti-gypsyism, spreading discrimination and hostile rhetoric through media and social networks. Therefore, disseminating accurate and comprehensive information about these groups is crucial to preventing the scapegoating of minority individuals.

Several studies have addressed and refuted these unfounded discriminatory narratives, such as Renedo et al. (2023), who examined how the Roma community managed the challenges of the pandemic, and the report by Fundación Secretariado Gitano (2021) titled *The COVID-19 Crisis and Anti-Roma Hate Speech*, which analyses the origins and consequences of hate speech, emphasizing the importance of empirical evidence over prejudiced assumptions.

Concerning the current situation of Roma and Traveller communities, several global initiatives aim to address anti-gypsyism and promote social inclusion. Notably, the Council of Europe established the Strategic Action Plan for Roma and Traveller Inclusion (2020-2025), which seeks to ensure access to quality inclusive education, foster equality, and combat discrimination against these populations. Within this framework, the program, PESSOAS 2030, stands out as a national effort focused on local integration of Roma individuals. It provides funding to civil society organizations that work to improve employability, facilitate internships, and offer mentoring specifically targeted at Roma communities (Council of Europe, 2020; PESSOAS 2030, 2025).

Despite such initiatives, systemic challenges affecting Roma groups persist historically and in practice. Consequently, this study seeks to contribute, even if modestly, to ongoing attempts to challenge anti-gypsyism by illuminating the distinct contexts and experiences of these populations. A key objective is to break the taboo surrounding sexuality, as well as to foster open yet culturally sensitive discussions within the community.

Emphasis is also placed on encouraging inclusivity, especially for minority subgroups such as Roma individuals identifying as LGBTQIA+. Ultimately, this research intends to inspire further investigations into intersectionality within Roma communities and to support policy development that advances equality, inclusion, and a respect for cultural diversity, promoting a fairer world where marginalized groups can access the same opportunities and services as others (Council of Europe, 2020; PESSOAS 2030, 2025).

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