

**HOMOSEXUALITY AS A SILENT INSIDER: A CALL FOR SOCIAL WORK DISCOURSE AMONG LESBIANS, GAYS AND BISEXUALS (LGB) IN ZIMBABWE----** Muzingili Taruvinga, Maxwell Mushayamunda

**Homosexuality as a silent insider: a call for social work discourse among Lesbians, Gays and Bisexuals (LGB) in Zimbabwe**

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**Abstract**

While Zimbabwean laws are not divergent from those of most countries in the region with regards to criminalising same-sex relationships, social work discourse in this topic remains unarticulated. However, the law, in itself, is not the only real culprit in the politics of sex and sexuality, and there is very little evidence to indicate how powerful the law is in acting as a deterrent. In this article the author reviews literature evidence in corroborations with debates and discussions on the prevalence of multiple problems facing homosexuality scenery. The paper also highlights that Lesbians, Gays and Bisexuals (LGB) have a higher prevalence of social challenges than heterosexuals. This article argues the hate speech and the didactic morality of the leadership, among others, are part of authentic reasons why individuals are not realising their human rights as sexual citizens, and are instead being actively vetoed from accessing public social service facilities. This detestable behaviour is born from patriarchal values and social systems that are being propped up by laws, policy, the media and other institutions. This paper revealed that LGB in Zimbabwe experience prejudicial events, expectations of refutation, hiding and concealing, internalized homophobia, and ameliorative coping processes. In this case, the paper suggested that social work, as a caring profession has role in play in protecting the LGB against life adversities in Zimbabwe.

Key Words: homosexuality, social work, Zimbabwe

**Introduction**

The campaign for universal human rights has gained full momentum in the contemporary society across the globe. Among the universal rights, include fundamental right to quality access to health and sexual rights (Maseko, 2012; Jacques, 2014). The question of gender and sexual identity in relation to access to basic human services such as sexual reproductive health in Zimbabwe is greeted with prevalent dispute. There is little doubt that gays and lesbians live in politically charged environment in terms of their rights. Although recognition of single sex rights has gained tremendous recognition, in Zimbabwe such section of people is still caught in the abyss of social stigmatisation and discrimination. The issue of homosexuality is very sensitive in most African societies and as a result it carries ruinous stigma (Butler, 2010; Mabvurira et al. 2012; Solomon & Hove, 2017). Homosexuality is increasing by getting unprecedented visibility in Africa but in Zimbabwe it is outlawed and remains in obscurity (Madzamba, 2015). The study done by Gays and Lesbians Association of Zimbabwe (GALZ) reported that 50% of gays and lesbian in Zimbabwe are HIV/AIDS positive (Sunday Mail, 2015). Such rate is undeniably alarming and the study confirm a situation, which if ignored can erode the government's plausible efforts in HIV management

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over the past decades. Same sex in Zimbabwe, like in countries like Namibia and Nigeria is considered un-African and severe social malpractice (Makafone, 2013). The role of social work as a human profession in attending LGB challenges in Zimbabwe remains invisible. This situation is extended to politics of health access where gays and lesbians remain invisible in accessing health facilities. Based on literature review and debates, this paper argues that LGB community is facing superfluity of challenges and social work as human profession has neglected this group of people. However, the paper challenges the social work profession to stick with its fundamental values and ethics of accepting the diversity in the contemporary societal dynamics.

**General overview of Social Work and LGB in Zimbabwe**

Globally, social work literature on the topic of gay and lesbian identity development is sparse (Butler, 2010). Mabvurira and Motsi (2011) note that homosexuality is often seen as a deviant and unnatural behaviour and sometimes madness which must be stopped. Sometimes social workers are caught in the web of people who argue that it is un-African and those practicing it are mimicking the West. The attitude of Zimbabwean leadership towards homosexuality is disputed. The current president of the Republic of Zimbabwe, Robert Mugabe infamously described gays and lesbian as being “worse than dogs and pigs” (Mojo 2014). More so, Section 78 (3) of the Constitution of Zimbabwe (2013) forbids relationships or sexual intercourse between people of the same sex and men specifically. Mojo (2014) further notes that homosexuality has been used as a tool for political expediency. This aspect should also be scrutinised in relation to how the relationship between gender and human rights has had effects on the way people perceive certain phenomenon and in this case homosexuality in particular. However, it has been surprising that the profession like social work has not been part of LGB struggle. Core values of the social work include service, social justice, dignity and worth of the person, the importance of human relationships, integrity, and competence (National Association of Social Workers [NASW], 1999). Based on these values, social work should actively participate in debates surrounding homosexuality in Zimbabwe. Human rights are universal but the provisions of those rights are influenced by societal norms and values-a constructionist perspective. Various scholars (Madzamba, 2015; Mabvurira and Matsika, 2013) observe that, the general perception of Zimbabweans towards homosexuality has been largely influenced by people occupying influential positions. Thus the way homosexuality has been interpreted by people holding high public offices has cascaded down to the masses and in most cases the masses have interpreted homosexuality in the same way that was done by those who first interpreted it (Mabvurira et al., 2012). To this end, such scenario has arguably determined how homosexuality has come to be perceived. This has some repercussions on achieving equality in terms of human rights for same sex persons in Zimbabwe.

In the last few years, the public discourse surrounding sex and sexuality in Zimbabwe has been dominated by morality, religion and culture rather than, as one might expect, issues of human rights (Madzamba, 2015, Maseko, 2012). Although there has been some very recent and limited exploration of sexual rights in the media, the main areas of concern have been alternative sexuality destroying the ‘moral fibre’ of Zimbabwean society. As these debates rage on, social work intervention in issues pertaining homosexuality remain invisible. Scholars like (Mabvurira et al. 2012; Morales et al, 2010) argue that in some circles social workers have been in professional anti-gay practice. Issues of same-sex sexual relationships have been correlated to issues of sovereignty and the West and a Christian religion and culture that are being threatened by human rights that seek to ‘dehumanise us’ (Newsday,

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2015; Mafekone, 2013; Mabvurira et al, 2012). From above, social work in Zimbabwe has been unable to challenge the political salience on homosexuality. To this effect, Madzamba (2015) argues that gays and lesbians as insiders have remained silent in fear of public ridicule from hostile political and social constructs. Same sex work has been reprimanded for disdaining the morality of Zimbabwean society; while the public debate on the same topic has been muted by accusations of human rights movements. Relying on its fundamental values of acceptance of diversity and non-judgemental attitude it becomes inevitable that the profession should protect the silent but troubled LBG community in Zimbabwe.

While scholar like Messinger (2013) observes that social work literature on practice with lesbian, gay, bisexual, and transgender (LGBT) populations has grown, the topic has not been substantiated in social work education and practice in Zimbabwe. The profession remains stuck in an argument between respect for religious belief systems that condemn homosexuality and professional standards that advocate full inclusion and acceptance of LGBT people (Dessel et al., 2011). Messinger (2013) argues that there is deep chasm among social workers with regard to homosexuality issues; some accept it and other scorn it. Debatably, this has a profound effect, not just on the legacy of profession, but on creating safe and human society for everyone. For example, social workers study theories of human behaviour to improve their competence in working with clients at various stages of development. The profession reaches out especially to oppressed, vulnerable, and forgotten individuals in our society (Muzingili, 2017). This article examines the topic in Zimbabwean context, reflect on the impact that this has had on gays and lesbians' realisation of human rights. It also analyse the power and resistance that is disabling homosexuality to defy perceptions of sexual citizenship and what this could mean for their access to social services. This article argues that the struggle of the LGB movements in Zimbabwe is more than just a struggle for individual human right; rather a call for profession like social work which put the catchphrase of social justice at the epicentre of professional practice. For example, scholars like (Morales et al. 2010; Muzingili, 2017) argue that social work is a dexterous profession capable of challenging all forms of injustice in the society.

### **Conceptual issues**

This paper made some attempts to define key terms because the topic under enquiry, as Mabvurira and Matsika (2013) put it, it is highly sensitive. Unravelling these terms helps both professionals and LBG community in handling their circumstances. Social work is the most comprehensive of all human service occupations and, through time has become recognized as the profession that centres its attention on helping people improve their social functioning (Morales et al. 2010). Despite the profession gaining a global brand (Morgaine, 2014); it is unfortunate that social work has been hard to define (Reid and Edwards, 2006). However, NASW define social work as the professional activity of helping individuals, groups or communities enhance or restore their capacity for social functioning and creating societal conditions favourable to that goal (Bell & Weinberg, 1978). Many proposed definitions typically fail to distinguish it from others who engage in similar activities. Generally, social work is a profession of many faces (eclecticism). Code of Ethics charges social worker with promoting the general welfare of the society and seeking to ensure social justice for all people, participating in public debate to shape social policies and institution and actively engaging in social and political action (Morales et al. 2010). To fulfill its mission, social works must possess a broad range of knowledge about the functioning of people and social institutions, as well as have a variety of skills for facilitating change in how individuals, organisations and other social structures operate. It is a value laden profession

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and these constitute concrete belief systems on how services can be delivered. These include; commitment to the primary importance of individual in society; commitment to social change to meet socially recognised needs; commitment to social justice; and respect and appreciation for individual and group differences. Based on these salient characteristics of social work, Irish Association of Social Workers-IASW (2011) argues that social work is fit to protect LGB people due to its wide array of knowledge and skills borrowed from other professions.

The concept of homosexuality which includes gays and lesbians is shrouded with unending conceptualisation which affects the intervention strategies (Morales et al., 2010). Messinger (2013) notes that since the advent of sexuality categories in the late 1800s, two beliefs have remained prevalent: heterosexuality is normal and natural, and homosexuality is the opposite of heterosexuality. Homosexuality has been damned, criminalized, medicalised, regulated, and reformed throughout history (Edwards, 1994 cited in Messinger, 2013). Due to the myth and lack of knowledge that have surrounded the topic, it is important to discuss who is and who is not lesbian, gay or bisexual. It is imperative to caution that binary categorization of these concepts lead better understanding of the issue or further stereotyping. For example, Morales et al. (2010) not that if a women is labelled a lesbian, it may be assumed that she will only date women, be involved in many tempestuous short term relationships, wear pants, play sports, raise dogs or drive a truck. Similarly, if a person is a gay male, then he may be assumed to be sexually promiscuous, be overly concerned about his body. Among the discussants of homosexuality, the term *Lifestyle* has been often confused with the definition of homosexuality. The term is used more appropriately to describe certain forms of lesbian, gay and bisexual social and cultural expression, not fundamental sexual orientation, but it is usually rejected as trivializing a core sense of identity (Morales et al. 2010). Also problematic for similar reasons is the term '*sexual preferences*' once widely used.

Of late, the term homosexuality, once the most common, is now sometimes rejected because it denotes a category first imposed from a medically oriented, heterosexual perspective (IASW, 2011). Therefore, gay is now the most commonly used term in contrast to the term straight. While gay is sometimes used to describe both men and women, many women prefer to call themselves lesbians. Contemporary definitions of being gay, lesbians or bisexual emphasize affectional and emotional ties as well as sexual behaviour. Lesbian is thus defined as "a women who has primary emotional and sexual attraction to another woman. Similarly, gay most commonly refers to a man who primarily have emotional and sexual attraction to men. The term bisexual refers to a man or woman with sexual and emotional and affectional orientation toward people of both sexes (Gibbons et al. 2008; Higgins and Glacken, 2009). This means that neither same nor opposite sex orientation is primary but same sex feelings and behaviour is acknowledged. In the health field, it is common to refer to MSM, meaning men who engage in same sex behaviour but who may not necessarily self identify as gay. Sexual orientation exists along a continuum from exclusive attraction to the opposite sex to exclusive attraction to the same sex (American Psychological Association-APA, 2008). Sexual orientation is different from sexual behaviour. Sexual orientation refers to which sex one is attracted to and has relationships with (IASW, 2011). Therefore, sexual orientation or sexual identity as a gay, lesbian or bi-sexual 'involves acknowledging the significance' of same gender feelings and sexual behaviour. While there is no consensus among scientists as to why an individual develops a heterosexual, lesbian, gay or bisexual orientation (Gibbons et al. 2008); the paper adopted the aforementioned definitions. Given the complexities of terminology and definitions just described, it is essential to be sensitive to language, culture, and geography of homosexuality society. Thus social work profession

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which pay much on diversity and its eclecticism can put itself in a position to encapsulate current dynamic needs of its clientele.

**Challenges facing lesbians and gays in Zimbabwe**

Like elsewhere in the world, same sex relationships remain criminalised and condemned in Zimbabwe. Constructionist analysis depicts that the situation of gays and lesbians in Zimbabwe is worsened by antipathetic societal values propped within inhospitable political and legal environment. Illustrated below are some of challenges facing LGB in Zimbabwe.

**Hate speech in Zimbabwe on homosexuality**

The speech by Zimbabwe President R. G Mugabe at the United Nations General Assembly 2015 on gays state that “*we are not gays*” was further indication that political salience against same sex rights in Zimbabwe (Newsday, 2015). Though this has cultural and societal constructivism, stigma and dehumanisation against LGB persons continue to take place. Such state led homophobia is perhaps holding back potentially crucial strategies in curtailing the HIV/AIDS pandemic in Zimbabwe (Solomon and Hove, 2017). Leadership’s villainous speech against homosexuality set the tone for similar expressions throughout the region and particularly in Zimbabwe. At global stage, denigrating any non-heterosexual form of behaviour, identity, relationship, family or community had made LGB not remain silent insiders and being to challenge the politically motivated violence against them (IASW, 2011; Higgins and Glacken, 2009). More significant is that access to human services such as health becomes difficulty for gays and lesbians in the society as those in health care centres are not willing to discuss issues related to HIV/AIDS with people of same sex (Risher et al, 2013; Matebeni, et al, 2014; Newsday, 2015). While move to completely arrest the spread of HIV/AIDS pandemic is on success story, certain section of people remain invisible and isolated from fundamental public health infrastructure in Zimbabwe. The following statement signifies long history of hate speech targeted towards homosexuality acts in Zimbabwe.

Divisions rock COPAC: guard against gay rights, ZANU-PF supporters urged (the Herald, 15 September 2010)

Homosexuality degrades human dignity. It’s unnatural and there is no question of allowing these people to behave worse than dogs and pigs...if you see people parading themselves as lesbians and gays arrest them and hand them over to the police.’ (President Mugabe, 1995 cited by Zimbabwean Mail, 2012)

Zimbabwe has become synonymous with homophobic hate speech that has defined a particular ‘moral’ code that oppresses open and honest discourse about the topic of sex and sexuality, not just for the same sex community in Zimbabwe but for every individual Zimbabwean. Several scholars (Madzamba, 2015; Mabvurira and Matsika, 2013; Maseko, 2012) observe that the legislation appears to reflect the morals and religious beliefs espoused by Zimbabwean’s cultural and social values and norms. The criminalisation of same-sex obstructs the broad homosexuality community same rights accorded to other Zimbabwean citizens. The criminalisation of the conduct of a particular group of people has the effect of marking individuals as criminal on the basis of their sexual orientation (Matebeni et al, 2014). Although same-sex sexual activity between women is not loudly criminalised in Zimbabwe, the laws regarding ‘sodomy’ and sexual deviancy have a grave impact on lesbian,

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bisexual and transgendered women in that they are also regarded as engaging in 'deviant behaviour' and are often harassed by both police and communities (Solomon & Hove, 2017).

**Insensitive constitutional process**

It can be judged that the hate speech uttered by the leadership in Zimbabwe has created an environment of permissible homophobia, which was demonstrated regularly during the people-driven constitutional reform process in 2010-2012 (Maseko, 2012; Mabvurira et al, 2012). This process fashioned a podium for conservative and oppressive opinions and views on sex and sexuality to come to the fore. Butler (2010) argues that Zimbabwe constitutional process was illustrious for the homophobic and protectionist discourse around same-sex sexual relations that sought to dishearten the democratic process. There were frequent statements from the government, leadership, media, Christian Church and traditional Chiefs condemning attempts to include recognition of, and protection for, sexual minorities in the constitution. In current Zimbabwean constitution, homosexuality is not protected.

It is indispensable to analyse the language that was used by the political parties as they commented on, interfered with and attempted to manipulate the constitution-making process (Maseko, 2012; Herald, 2014). The rhetoric of the constitutional process was 'people-centred' and participatory. However, the messages of democracy and human rights were juxtaposed with indignation that acts which offend human and public morality such as homosexuality were being recommended for inclusion in the new constitution. Perceptibly, the moral, religious and cultural antipathy expressed has affected the inclusion of LGB persons in Zimbabwe's constitution (Solomon & Hove, 2017). Pitting against the discourse of political expediency, repugnant speeches also infiltrate social fabric which affects the LGB persons in human right movements. Human rights protagonists in Zimbabwe point at this as driving force in the denial of access to human services among sexual minority groups.

**Inhospitable socio-cultural environment**

Same-sex acts remain prohibited in more than two-thirds of African countries and evidence suggests that Africans are among the least accepting of homosexuality in the world (Makafone, 2013; Risher et al, 2013). In Zimbabwe LGB do not fit into normative roles of identity and sexuality. Therefore, they are rendered invisible and unintelligible to policy makers, health workers and communities (Mabvurira et al, 2012; Mabvurira and Matsika, 2013). In recent times there is burgeoning moral publicity of gays and lesbians in Zimbabwe and across the continent. The accessible literature confirms that LGB in Zimbabwe are still caught in social exclusion (Muparutsa, 2014). It also observed that such group of people conceal their sexual orientation in fear of public persecution. This gives rise to what IASW (2011) call 'minority stresses generated by negative societal attitude towards LGB community. In countries like Zimbabwe, Nigeria, Zambia and Botswana there have been many several attempts by church leaders and politicians to deny the Aficanness of homosexuality (Rischer et al, 2013). To this effect, same sex marriage, apart from being ungodly, is unscriptural, unnatural, unprofitable, unhealthy, un-cultural, un-African and un-Nigerian. It is a perversion, a deviation and an aberration that is capable of engendering moral and social holocaust in Zimbabwe. The experience of LGB is therefore, complicated by the context of heterosexists and homophobic society that creates barriers of subjugation, dehumanization and discrimination.

More concerning is that LGB people have maintained long distance with health centres in Zimbabwe (Madzamba, 2015; Solomon and Hove, 2017). Therefore, they remain

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in risky situation in terms of HIV/AIDS infections and treatment. Laws based on protecting a moral code that targets the conduct of particular groups have a grave impact on wider human rights (Mabvurira et al, 2012; Matebeni et al, 2014). In Zimbabwe, these laws have resulted in the exclusion of issues affecting lesbians and gays from civil society work and from the conventional human rights movements. During the Sixteen Days of Activism in 2010, female sex workers and lesbians were not permitted to make statements about 'corrective rape' or violence perpetrated by the police (Newsday, 2014). The police cited the law as one of the reasons, but the other reason given was that the police do not agree with these people. Consequently, in Zimbabwe, there are little or no state services available distinctively for LGBT people in Zimbabwe. There are few organizations that help LGBT people in Zimbabwe and these are not much known. The police have disrupted the activities of the organization and LGB people rarely seek its services for fear of prosecution (GALZ, 2004). Newsday (2015) notes that LGB people in Zimbabwe do not receive mail from GALZ or they do so under pseudonyms, they fear that the discovery of their homosexuality may jeopardize their jobs or subject them to arrest.

**Impact of hostile socio-political attitude on LGB in Zimbabwe**

Social workers also need experience applying micro-, mezzo-, and macro-practice skills with LGBT individuals, couples, families, communities, organizations, and in policy arenas.

**Limited access to access to social services**

Much of the violence and discrimination is directed at homosexual people in Zimbabwe. Such act or behaviour is never justified (Jacques, 2014). The idea of intimidating homosexuality acts stems from a lack of knowledge and understanding as well as a fear of the unknown. Like in other Southern African countries, in Zimbabwe, gay men and other men who have sex with men (MSM) also have female partners and lesbian and other women who have sex with women (WSW), also have relationships with men (Jacques, 2014, Madzamba, 2015, Matabeni et al, 2014). The health needs assessment has been recently conducted by 15 LGBTI organisations from Botswana, Namibia, South Africa, Lesotho, Swaziland, Mozambique, Zimbabwe, Zambia and Malawi, reaching over 2500 LGBT people in 27 locations (Langen et al. 2014). Results from this survey confirm – on a wide scale in the region – that LGBTI people have low uptake of HIV/STI testing, limited knowledge on safer sex practices, misconceptions about risk and risk-behaviours, difficulty accessing commodities such as dental dams, condoms and lubricants, limited ability to negotiate the use of protection, particularly in situations involving transactional sex. In the Zimbabwean context, it is imperative to appreciate sexual orientation, gender identity, and behaviour as nuanced in the ways they align, or diverge, and how these may change over time to adapt to challenging contexts.

The criminalisation of same-sex practices in Zimbabwe results in a lack of targeted health and social welfare programs (Mabvurira & Matsika, 2013; Solomon & Hove, 2017). Even in South Africa, where LGB people enjoy equal rights, service delivery for them can be extremely poor. Delayed entry into care, and fear of disclosure to health workers hamper access to health for LBG people. Some suggest that a fore-fronted public health approach, with human rights language toned down, may help. Mabvurira et al (2012) argues that the current public institutions operating under government operatives are remorseless to the needs of gays and lesbians in Zimbabwe, like elsewhere on Africa continent. The criminalisation of same-sex sexual conduct results in the invisibility of this group. A good example of this is the most recent draft of the National HIV and AIDS Country Strategy,

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which includes men who have sex with men (MSM) and sex workers (GALZ, 2015). However, women who have sex with women (WSW) are excluded and the plan does not acknowledge the need to decriminalise in order to ensure that gays and lesbians groups can freely access HIV and AIDS services. Arising from recent research by the National AIDS Council in Zimbabwe was a recommendation that 'homosexuality and prostitution (must be dealt with) in a pragmatic way. This is because, ingrained heterosexism and homophobia affects the lives of LGB in countless ways; which health is major one.

**Prejudice, stigma and concealment**

In an attempt to restore order to their perception of the world, survivors ask "Why me?" and often respond with self-recrimination and self-devaluation. More generally, experiences of victimization take away the victim's sense of security and invulnerability. It is observed that health symptoms of victimization include; sleep disturbances and nightmares, headaches, diarrhoea, uncontrollable crying, agitation and restlessness, increased use of drugs, and deterioration in personal relationship (Garnets et al., 1990). LGB persons in Zimbabwe, like other marginal group members, learn to anticipate-indeed, expect-negative regard from members of the dominant culture. To ward off potential negative experiences, discrimination, and violence they must maintain vigilance. The greater one's perceived stigma, the greater the need for vigilance in interactions with dominant group members (Miller & Major, 2000). Gibbons et al. (2008) conceptualised the effects of societal stigma on the stigmatized individual as creating a conflict between self-perceptions and others-perceptions. These also result in negative health seeking behaviours, perpetuated by drug abuse. As an outcome of this divergence, self-perception is likely to be at least somewhat unstable and vulnerable. Maintaining stability and coherence in self-concept is likely to require considerable energy and activity which brings unpredicted behaviour to human beings. This exertion of energy in maintaining one's self-concept is stressful, and would increase as perceptions of others' stigmatization increase.

Another area of study on stigma, moving more proximally to the self, concerns the effect of concealing one's stigmatizing attribute. Paradoxically, concealing one's stigma is often used as a coping strategy, aimed at avoiding negative consequences of stigma, but it is a coping strategy that can backfire and become stressful (Miller & Major, 2000). More disquieting is that, disclosing one's homosexuality status is not beneficial for LGB people in country like Zimbabwe where sexual rights remain conditional. Same experiential situation becomes unbearable if one is HIV positive, it brings double stigmatisation and status in the society. However, Smart and Wegner (2000) described the cost of hiding one's stigma in terms of the resultant cognitive burden involved in the constant preoccupation with hiding. Thus being a gay or lesbian in Zimbabwe goes along with intricate cognitive processes, both conscious and unconscious, that are necessary to maintain secrecy regarding one's stigma. Solomon and Hove (2017) observe that the inner experience of the person who is hiding a concealable stigma live in a 'private hell'. LBG people may mask their sexual orientation in an effort to either protect themselves from factual harm like being attacked, getting fired from a job) or out of shame and guilt (D'Augelli & Grossman, 2001). Concealment of one's homosexuality is an important source of stress for gay and lesbians (Makafone, 2013). These strategies range from passing, which involves lying to be seen as heterosexual; covering, which involves censoring clues about one-self so that LGB identity is concealed.

**Internalized homophobia**



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Clinicians use the term internalized homophobia to refer to the internalization of societal antigay attitudes in lesbians and gay men (Muparutsa, n.d). Meyer and Dean (1998:161) defined internalized homophobia as “the gay person’s direction of negative social attitudes toward the self, leading to a devaluation of the self and resultant internal conflicts and poor self-regard.” Internalized homophobia signifies the failure of the coming out process to ward off stigma and thoroughly overcome negative self-perceptions and attitudes (Morris et al., 2001). In the most proximal position for LBG along the continuum from the environment to the self, internalized homophobia represents a form of stress that is internal and insidious. In the presence of explicit negative events, and even if one’s minority status is successfully concealed, lesbians and gay men may be harmed by directing negative social values toward the self. From the above, one can anticipate and respond in advance to others’ reactions regarding a contemplated course of homophobic social scenery. The amount of fear generated from public debates is arguably sufficient to induce internal fear among gays and lesbians in Zimbabwe. Williamson (2000) describes such a process of self-stigmatization, explaining that role-taking abilities enable individuals to view themselves from the imagined perspective of others.

It is argued that, internally induced fear of public prosecution is directly contributing to failure in combating HIV /AIDS treatment among secluded minority groups such as same sex persons in Zimbabwe (Newsday, 2015; Solomon & Hove, 2017). As a result of such socialisation experiences, and because of unrelenting publicity to antigay attitudes, internalised homophobia remains an imperative factor in the gay person’s both psychological adjustment and instability throughout life. Affected individuals appear to accept themselves, yet sabotage their own efforts in a variety of ways has made them to shun public health centre. Observation from GALZ (2015) is that homophobic is major reasons for gays and lesbians to avoid health treatment, especially those involves family collaboration. In this argument (GALZ, 2015; Newsday, 2015) reported that 50% of gays are HIV positive in Zimbabwe. Studies have shown that internalized homophobia is a significant correlate of mental health including depression and anxiety symptoms, substance use disorders, and suicide ideation (Muparutsa, n.d; Newsday, 2014; Williamson, 2000). These studies have also discovered a relationship between internalized homophobia and various forms of self-harm, including eating disorders (Williamson, 2000) and HIV-risk-taking behaviours (Meyer & Dean, 1998). Nicholson and Long (1990) showed that internalized homophobia was related to self-blame and poor coping in the face of HIV infection/AIDS. Other research showed that internalized homophobia was related to difficulties with intimate relationships and sexual functioning (Bockting, & Buroker, 1997). Apart from HIV/AIDS issues, homophobic environment is associated with many health hazards.

**Role of social work in LGB community**

Utilising its eclectic knowledge base, social workers should remain dexterous to ensure that the welfare of citizens is achieved. From this paper, it was evident that heterosexism which is an overt form of homophobia and discriminatory anecdote of sexuality, was a root cause for all challenges facing homosexuality community in Zimbabwe. Based on the challenges faced by LGB, social work role should addresses structural, cultural, family and individual issues which emanate from homosexuality’s interaction with society. Morales et al. (2010:37) outline the following major aims of social work; a commitment to social betterment, goal to enhance social functioning and an action oriented. The contribution social workers make is the ability to engage the client actively working toward change, to accurately assesses the individual and societal factors that have created the need for change,

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to select appropriate techniques for a given client and situation, and use these techniques effectively in conjunction with the clients to accomplish the desired results. Therefore, this paper proposes the following duties of the profession to create a favourable environment for homosexuality.

**Macro-structural level**

Heterosexism, homophobia, and homo-hatred or homonegativity are probably the most relevant environmental or structural issues affecting gays, lesbians and bisexual person (Messinger, 2013; Risher et al., 2013). Compounded with sexism and racism, they have generated additional barriers to the healthy development and well-being of lesbians, gays and bisexuals persons. Heterosexism is the belief that heterosexuality is or should be the only acceptable sexual orientation. Social workers should fight in order to de-politicise homosexuality in Zimbabwe. This came after the realisation that some of the influences that were identified by the sources were in a way related to politics and political figures. Advocacy for GLB rights in Zimbabwe should be epitome of social work practice. Social workers are encouraged to mobilise various organisation wishing to support an atmosphere of inclusivity to make public support for GLB clients which may include; newspaper letters, constitutional amendment or legislation. Using a versatile approach, social workers deal with the wide range of human conditions in various settings which require adequate knowledge base (Morales et al., 2010). Therefore, social workers must have a comprehensive repertoire of knowledge and techniques that can be used to the unique needs of individual clients and client groups. Thus depoliticising homosexuality by targeting political and social institutions would result in social services reforms that will be aimed at improving the lives of the marginalised sexual minorities that is the LGBT community (Madzamba, 2015).

Heterosexism is encouraged by fear and hatred which result in prejudice, discrimination, harassment and acts of violence and hatred (Mabvurira & Motsi, 2011; Morales et al., 2010; Newsday, 2015). Gays and lesbians have always been the victims of homicides, gay bashing and extortion because of religious sanctions and legal discrimination. The social acceptance of homophobia, homo-hatred, racism, and sexism serves only exacerbate prejudice. This oppression had a significant impact on the health and mental health status of lesbian and gays. Although the social landscape for sexual minorities has shifted dramatically in the past two decades (Ghaziani, 2002; Sedmai, 2002), professional intervention has remained in obscurity. One component of that shift is that lesbian, gay, and bisexual (LGB) individuals are integrating their sexual identity into their social lives, as opposed to separating it from other facets of their lives such as home, work, or places of religious worship (Woodwell, 2015). For professional social workers, this shift has entailed negotiating two identities, indiscriminatory professional values and societal norms which are culturally understood to be incompatible same sex principles. Social work can ensure that community development, organizational change, staff training, coalition building, programme and policy development, class advocacy and social action are appropriate for change that will benefit lesbians, gays and bisexual people as well. Social work should help LGB activists to organise their communities with the intent of developing educational and political strategies and of forming advocacy groups and class action social work. Such conception is basically entangled in a symbolic interactionist approach to identity. Being a social work professional entails identity which is practiced within a social landscape that denounces homosexuality acts. Social workers should confront heterosexist social policies with alternatives. There is a need to shift in focus away from policy and law reform at the top and towards changing people's attitudes on the ground.

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**Socio-cultural level**

The primary focus of social work profession is to address the symbiotic interaction between the person and the environment. The goal practice is to enhance and restore the psychosocial functioning of persons or to change the oppressive or destructive social conditions that negatively affect the interaction between persons and their environment (Morales et al, 2010). Access to LGBs identified institutions and organizations by social workers is often important for individuals who have affirmed, are exploring or a consolidating a gay or lesbian identity. Due to sensitivity in defining the homosexuality terms, social workers can encourage people to use gender-free language: it is important for everyone the society to advocate for gender-neutral language. For example, the use of the term 'spouse or partner to replace 'husband or wife' regardless to sexual orientation. Through the appreciation of human diversity, social work profession view diversity as positive. Mabvurira and Matsika (2013) note that social work consider human difference desirable and appreciate the richness than can be offered to a society through the culture, language and traditions of various ethnic, racial and cultural groups. The profession values the unique perspective of persons of different gender, sexual orientation, or age groups and they recognize and develop the strengths of those who have been disadvantaged.

There is rich evidence that gays and lesbians conceal their identity but social scenery has also affected the attitude of professionals in rendering service to such type of people in Zimbabwe (GALZ, 2015). Specifically, professionals (doctors, nurses, social workers etc) employ identity as a set of meanings that people use to define who they are based on the notion that the definition of self is constructed through our reflected appraisals of our interactions with others. As such, meanings emerge through interactions as well as in narratives. In other words, it is through our acquaintances with and understandings of others that we understand and explain ourselves. For social work professions, social identities are merchandise of social interaction and this compels the profession to create change, and maintain identities in every situation that also extend to the needs of vulnerable people (Mabvurira et al., 2012). One of the social work roles is changing the society. Social workers also seek to change negative public attitudes about the vulnerable members of society by providing public education and facilitating the empowerment of the affected members of the population to advocate for their own interests

**Family level**

Another observation from this paper was that stigma facing gays and lesbians is also found at family level. Morales et al. (2010) argue that the chosen family has, passing as consequence of stigma, rejection and self-fulfilling prophecy. Talking anything positive about gays and lesbian discourse might stand as justification that you are one of them (Mabvurira & Matsika, 2013); as a result most helping professionals in developing countries have neglected the LBG community for fear of losing credibility in society (Mabvurira et al, 2012). It is further observed that heroism is required for one to take a pen and paper and start writing without prejudice about homosexuality especially in Zimbabwe. Despite stigma, prejudice and discrimination resonating upon the shoulders of religious and cultural beliefs, both biological and extended families are not in any spot to help LGB people in Zimbabwe. For example, there is tantalising deliberations among social work educators in Zimbabwe whether homosexuality is African or European (Mabvurira, 2012). Based on social work principles and ethics, access to social services must not emphasise on sexual orientation or social status.

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Using family model, social differences and social diversity should be entirely acknowledged in social work practice. It is not uncommon to find that some helping professionals like social workers and health workers are neck deep in homophobic thoughts and feelings that they cannot help their gay clients when they seek help (Morgaine, 2014). Therefore, social workers can collaborate with other professions such as psychiatrists and hormonal biologists in understanding transpersonal existence of LGB people in Zimbabwe. This can enhance the understanding their needs, beliefs and strengths. Through the use of non-judgmental attitude and empathy, LGB people can appreciate their existentialism and challenge the injustice being perpetuated by the society.

Madzamba (2015) argues that demystifying homosexuality at family level is important. While much is not known about the rights of gays and lesbians at family level, it is the first point where same sex relationship is not accepted in Zimbabwe. Thus the phenomenon of homosexuality still remains in mystery. Increasing family (including influential authorities) knowledge through educating them about what homosexuality knowledge would make them harmonious and tolerant to each other. The article revealed that Zimbabweans had different and subjective opinions regarding diverse aspects of homosexuality. Thus such variation signifies the need to embrace the diversities that obtain among the people, even at family level.

### **Individual level**

The purposes of social work are for caring, and caring makes people comfortable and helps them to cope with their limitation. Mabvurira et al (2012) note that homosexuality involves more than only sexual contact with persons of the same sex. A homosexual person can also be seen as an individual whose primary erotic psychological and social interests are in a member of the same sex though the interest may not be explicitly expressed. Passionate feelings, emotional attraction, fantasies and definition of self are also involved. In Africa where adequate services for gay and lesbians do not exist or are inaccessible, social workers need to assume an advocacy role. As such, they are concerned with making social systems more approachable to any individual clients, groups by playing the role of supporter, advisor, champion, and representative in dealings with the courts, police, and other organizations that affect the wellbeing of LGBs. In some circles, social workers should emphasize on biological review of genes and hormones and allow other part of society to accept each other. Several scholars (Langen et al., 2014; Matebeni et al., 2013; Woodell et al., 2015) agree that LGB persons are generally not distinguishable from other men and women, public attitudes are formed on the basis of those who are most open about their sexual orientation. Depending on client needs, direct services ranging from psychosocial therapy to behavioural modification, reality therapy, crisis interventions and various group and family therapy approach are used by social workers (Morales et al, 2010).

### **Conclusion**

At this point in time in Zimbabwe, there are remorseless expressions of homophobia and popular cultures that prefer to turn a blind eye to private matters around sexuality and access to social services. As demonstrated by this paper, homosexuality is the conception held by people, but quieted by taboo; it is identified, yet undeclared history. This is not to minimize the dangerous realities that many homosexual people face on a daily basis in

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Zimbabwe, but rather to appropriately contextualize the struggle for homosexuality human rights in the society. A further theme in literature is of disclosing one's orientation or gender identity to professional social workers in order to receive appropriate care. Oppression, power, heterosexism and homophobia form the macro environmental context in which lesbians and gay men develop and function. These social dynamics are experienced as non-nurturing social behaviour and as barriers to optimal social functioning, such as discrimination, prejudice, bias, and violence. Therefore, these are appropriate environmental or macro social change targets of social work interventions. Through social justice discourse, social workers are better positioned to challenge the criminalization of homosexuality, together with state led homophobia and dehumanisation of same sex practice in Zimbabwe. Researching around homosexuality can enable social workers to understand various needs of gays and lesbians. A non judgmental attitude toward sexual orientation allows social workers to offer optimal support and services which lesbians, gays and bisexual people. Legislation embodying principles of social justice should be a goal for social workers profession.

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