

Volumen 5 - Número Especial - Julio / Septiembre 2018

REVISTA INCLUSIONES

REVISTA DE HUMANIDADES
Y CIENCIAS SOCIALES

ISSN 0719-4706

Humanismo y Desarrollo Vistos desde el Centro del Mundo

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ISSN 0719-4706 - Volumen 5 / Número Especial Julio – Septiembre 2018 pp. 151-160

VIOLENCE AS A RESPONSE TO SEXUAL AND AFFECTIVE DIVERSITY: CASE STUDY

**LA VIOLENCIA COMO RESPUESTA A LA DIVERSIDAD SEXUAL Y AFECTIVA:
ESTUDIO DE CASO**

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Fecha de Recepción: 04 de enero de 2018 – **Fecha de Aceptación:** 13 de abril de 2018

Abstract

Violence in sexual diversity is present, but it is varied, according to the role of victim or perpetrator, above all in unison heterosexual - lesbian relationships, for transcending the imposed sociocultural limits of female identity. **The case study was:** a 37-year-old patient, education level: primary, unemployed, quintile 2 in the city of Milagro del Ecuador. The patient lives in a disturbing situation due to a certain diversity of sexual and emotional experience with an official heterosexual and a lesbian partner, both relationships led to physical, sexual, psychological and economic violence. She went to the clinic with symptoms of anxiety, anguish, emotional instability, obsessiveness, dependence, affective ambivalence. **Objective.** To describe the experience and the effectiveness of a psychological evaluation this could facilitate the processes of inclusion, cultural equality in sexual orientation, role and gender identity. **Methodology.** Descriptive, analytical and qualitative. **Results** ICD-10 F66 was diagnosed: psychological and behavioral disorders associated with sexual development and orientation. The determination of her female gender was facilitated, which had a bisexual orientation, the acceptance of the delight in her lesbian relationship in order to satisfy economic needs, affectivity ones and communication needs also **Conclusions.** The therapy provided fortitude to confront sociocultural and intropunitive violence and extra-punitive aspects, this established the same level and agreement of roles and emotional maturity.

Keywords

Violence – Sexual diversity – Lesbianism – Bisexual

Resumen

La violencia en la diversidad sexual está presente, pero es variada, de acuerdo con el papel de víctima o perpetrador, sobre todo al unísono heterosexual-lesbianas, por trascender los límites socioculturales impuestos por la identidad femenina. El caso de estudio fue: un paciente de 37 años, nivel educativo: primario, desempleado, quintil 2 en la ciudad de Milagro del Ecuador. El paciente vive en una situación inquietante debido a una cierta diversidad de experiencias sexuales y emocionales con una pareja heterosexual y lesbiana oficial, ambas relaciones condujeron a la violencia física, sexual, psicológica y económica. Fue a la clínica con síntomas de ansiedad, angustia, inestabilidad emocional, obsesividad, dependencia y ambivalencia afectiva. **Objetivo.** Describir la experiencia y la efectividad de una evaluación psicológica podría facilitar los procesos de inclusión, igualdad cultural en orientación sexual, rol e identidad de género. **Metodología.** Descriptivo, analítico y cualitativo. Resultados ICD-10 F66 fue diagnosticado: trastornos psicológicos y del comportamiento asociados con el desarrollo y orientación sexual. Se facilitó la determinación de su género femenino, que tenía una orientación bisexual, la aceptación del deleite en su relación lesbica con el fin de satisfacer las necesidades económicas, la afectividad y las necesidades de comunicación también **Conclusiones.** La terapia brindó fortaleza para enfrentar la violencia sociocultural e intratropunitiva y aspectos extra punitivos, esto estableció el mismo nivel y acuerdo de roles y madurez emocional.

Palabras Claves

Violencia – Diversidad sexual – Lesbianismo – Bisexual

Introduction

Violence in the diversity of the sexual and affective preference of couples; worldwide 70 countries criminalize consensual relationships with the same sex, most of this countries punishes this kind of behavior by imprisonment, death, they suffer under a general climate of intolerance, discrimination, denied basic rights like: life, medical attention, freedom of association and expression for pretending to dominate or impose something¹. In Ecuador, gender violence can be direct or indirect, and physical type 87.3%, psychological or emotional 76.3%, sexual 53.5% and patrimonial or economic 61% the main victims in this statistics are in particular women².

In today's society violence affects the Gay, Lesbian, Bisexual, Transvestite and Intersex community (LGTBI), this has become customary and daily mainly due to over-exposure transmitted through different channels and the natural acceptance of violent behaviors. In addition, it is through these means that this community has manifested itself to achieve fair treatment in all areas³. In a particular way violence occurs to women with identification of lesbians and with lesbian sexual and affective orientation; and, in trans, for transgressing the limits of female identity imposed.⁴ In addition, they suffer discrimination, that is, they receive unequal treatment until the point they became victims of exclusion; they are prevented from exercising their rights and demanding them, they are denied their fundamental freedoms such as choosing their own sexual orientation, they obtain social rejection and individual instability in order to reorient their psychosexual gender in the same way as a heterosexual couple. Society does not understand that they are completely normal beings with the same psychological conflicts and that violence against people of different gender-sex, constitutes today a violation of their human rights⁵.

Several studies verified that the population with sexual diversity attends psychological appointments to help them to define, accept and identify their gender: heterosexual, bisexual, among others. They express symptoms associated with conflicts of affective type of anguish and stress; it is evident that the greater emotional dependence,

¹ R. Said, LGBTI: Sexual affective diversity. Association of the Spanish Section of Amnesty International. 2018. Available in: <https://www.es.amnesty.org/en-que-estamos/temas/diversidad-afectivo-sexual/>

² Ministry of Justice, Human Rights and Worship, Observations on the Organic Law Project to prevent and eradicate gender violence against women. National Council for gender equality. 2017: Available in: <https://download.e-bookshelf.de/download/0003/5742/38/L-G-0003574238-0006890711.pdf#page=1&zoom=70,-445,691> y Y. Quintana; J. Rosero; J. Serrano; J. Pimentel y G. Camacho, Gender violence against women in Ecuador: Analysis of the results of the National Survey on Family Relations and Gender Violence against Women. Spanish Agency of International Cooperation for Development. 2014.

³ M. Rodríguez; Y. Rodríguez; M. Lameiras y M. Carrera, Violence in Gay, Lesbian and Bisexual Couples: a systematic review 2002-2012. Comunitaria. International Journal of Social Work and Social Sciences. 2017;(13): 49-71. DOI: <https://doi.org/10.5944/comunitaria.13.3> y R. Ramos; M. Ordáz y V. Pacheco, Psychopedagogical process orientation on sexual diversity in University Students. The Oretical Propposal for its implemetation in the contexts of Cuban Higher Education. Conrado Journal. 2018; 14(61): 58-64.

⁴ R. Belle; J. Cavallaro; J. Orosco; F. González; R. M. Ortiz; T. Robison; et al., Violence against Lesbian, Gay, Bisexual, Trans and Intersex persons in the Americas. Inter-American Commission on Human Rights. 2015.

⁵ J. C. Araujo, Violence against sex-gender people diverse their treatment in the Venezuelan legal system. Telos Arbitrated Scientific Magazine. 2018; 20(1): 129-158 y H. Bernal, The disagreement between the sexes. Poésis Journal. 2016;(31): 141-145.

far less will be the capacity to restructure or perceive that a problem is being experienced and greater will be the emotional reactions and the difficulties to change the thoughts that produce discomfort⁶. Authors consider bisexuality as a way to define sexual orientation⁷; in addition, importance is given to the naturalization of female sexuality, ceasing to be an object of desire and satisfaction for men and becoming important from the feminine point of view⁸; also, there is a higher prevalence of risk behaviors and vulnerability to physical and mental health, such behaviors associated with HIV; suicidal intentions or suicide⁹.

In the familiar ambient, it is evident, there is frustration for not being able modifying the behavior of one of its members; the first reaction is the opposition to the nature which is defined only in characteristics of specific conducts: man woman, without any another possible variant. They are motivated to be participants in the solution of the problem and look forward for supposed medical or psychotherapeutic treatments that have the capacity to cure them and even attribute the care, and they take risks when going to health homes of dubious quality and regulation or even remote¹⁰.

The scientific studies were focused on heterosexual relationships considering prejudices and stereotypes; cultural and social values too, which nowadays are in transition, which addresses them from a scientific perspective, although it continues with discrimination, disturbance, but also a with cultural change, that tends towards inclusion and the equality of rights such as homosexual marriage, which in commercial law means that they can access registers that regulate the conjugal relationship because the coexistence began to be considered¹¹.

Methodology

Qualitative research, descriptive, documentary, is based on the in-depth interview carried out with the patient. Data was gathered from several sessions, constituting a longitudinal investigation. The psychological clinical history is used as an auxiliary instrument, where the data of the symptomatology, normal and pathological personal and family anamnesis are gathered. The daughter and the mother were interviewed; the socioeconomic, cultural aspects, types of violence and their development were evaluated. Its diagnosis was based on the ICD-10. Informed Consent of the patient was requested; for its interpretation and approach. Bibliographic documentary review was

⁶ R. Mejía y M. Neira, Emotional dependence and coping strategies in women victims of violence by their partner in the community of Huaycán. Peruvian University Union. 2018. Available in: <http://repository.upeu.edu.pe/handle/UPEU/1010>

⁷ K. G. López y G. Orozco, Sexual cerebral difference and executives functions: the bisexuality. *Science & Future*. 2016; 6(3): 112 -135.

⁸ N. Jarava y J. F. Plaza, New ways of being a woman or femininity after post-feminism. *Oceáidine*. 2017;(9).

⁹ J. Barrientos, Measures of mental health and subjective well-being in a sample of gay men and lesbian women in Chile. *Medical Magazine Chile*. 2017; 145(9): 1115-1121. DOI: <http://dx.doi.org/10.4067/s0034-98872017000901115>.

¹⁰ P. E. Contrera y C. W. Gómez, Intra-family violence in the gay, lesbian, bisexual, transexual, intersexual (GBLTI) Population. *Diital Repository, Paúl Ponce Rivadeneira Library*. 2017. Available in: <http://repository.unemi.edu.ec/handle/123456789/3634>

¹¹ F. García; C. García; H. Hein; Á. Hernández; P. Torres; R. Valdebenito; et al. Couple Relationships Homosexual And Heterosexual: A Comparative Study. *News in Psychology*. 2017; 31(122) 31 - 43. DOI: <http://dx.doi.org/10.15517/ap.v31i122.23346>

used. This was done with the knowledge of the ethics center of the Milagro State University.

Characterization of the case

Patient 37 years old, housewife, primary education, unemployed, went to the appointment in a disturbing situation due to emotional conflicts not overcome, produced by diversity of sexual experience and affective in two relationships, heterosexual-lesbian. She had negative relationship with her mother and the general oppositional attitude from her children. She presented symptoms of anxiety, anguish, insecurity, emotional instability, "accepts and rejects her affective and sexual situation", paranoid ideas, obsessive attitudes, confusion, obtundation, also, manifestations of physical, sexual, psychological and economic dependence and violence.

As a family history, she indicated that her family was dysfunctional with frequent aggressions, her mother was violent, she did not have any other relatives with sexual or affective diversity; as personal background, she stated that she did not receive social influence of any kind for her homosexuality. She had 4 affective commitments classified by her as conflictive for physical and psychological violence also she had three children with each of them.

She defined her prior partner as an old person, who works in another city, currently he has a wife and children, but they continue to hold sporadic meetings every month. Her prior partner is wealthy, he built her a house in a marginal urban sector with basic services; before ending that relationship she meets her first lesbian partner, for this reason she received aggressions from her ex-husband, even when he already abandoned her. When she left home, she began her intimate life with her lesbian lover; her own children and mother opposed this relationship, unleashing a life of permanent persecution. These attitudes lead the patient to travel along several cities in order to avoid the whole situation. 8 months later, she returned to her house even when the mother continued with the aggressive attitudes, but, the children opted to accept their parent's sexual orientation.

Nowadays, she continues to have sex with her ex-partner; she pleases him in a sexual manner in order to solve the monetary problems of her home. She stated that the money she receives helps her to maintain the children and the lesbian partners too.

She described her first lesbian couple as a successful professional, economically independent. This woman was a lesbian from the beginning, also her family acknowledged and supported her sexual orientation, but they didn't accepted the patient, because she was not well prepared and was not from a similar socio-economic tier. She was unemployed, had no profession and according to them did not contribute financially. They had maintained a relationship for 3 years, at the beginning of their intercourse was emotionally stable, but subsequently several types of violence appeared: psychological and economic abuse, frequent consumption of alcohol, an oppositional attitude between the couple, intolerance, paranoid symptoms, affective indifference, lack of expressiveness, celotypic.

Sometimes the patient's mother-in-law and sister-in-law created conflicts between the couple and aggravated some familiar issues too. The patient was blackmailed, psychic and physical abuses in order to obtain a bank loan for the mother-in-

law or her family. In addition, the neighbors of the sector where they lived, rejected her, they often shouted or insulted her children, even several attacks on the family's home and car where registered.

Given this background, the patient went to a psychological appointment and requested professional help in order to leave her partner. The patient showed up symptoms of guilt, signs of depression, instability, affective ambivalence and isolation. She referred to her partner's physical aggressions towards the patient, increasing family tension and general opposition to the presence of the children at home. Every day her partner arrived at the house in an advanced ethyl state and frequent aggressions between the children and the partner took place. She explains that her partner "has a petty attitude, very demanding in the quality of food alas she didn't helped with money at all". Intimate meetings became sporadic; the tension increased overall, even involving the children. That weekend, the patient avoided to sleep in the house meanwhile she decided to end the relationship with her partner.

In the second week the patient presented an increase in depressive symptoms; crying with ease, anguish, aggressive attitude overall and lack of control. In the absence of her partner, the patient described several dependence feelings towards her lesbian partner. In the following days after the separation, she affirmed to develop a general attitude of safety in order to keep the home safe. The patient has doubts about her lesbian partner and doesn't to forgive her infidelity. The patient initiates the consumption of alcohol. The pathology increased when she realized that her partner was pregnant.

In the fourth week the consumption of alcohol increased. The lesbian partner abandoned the house, resulting in the patient's mother doing some visits and improving the relationship with her daughter and grandchildren. She received attention and affection from the mother but in the psychological session she manifested that the affection changed rapidly into hate. She decides also to return several possessions belonging to her ex-partner, but she did not accept them alas, tried to rebuild the relationship several times, but the patient refused to do so. The patient went on a trip with her heterosexual partner, maintained sexual relations, but in affective terms, she felt empty. This travel with the heterosexual partner lasted a total of 23 days in which the patient stays in a hotel. Her partner visited her only to have sex and once the act was done, he returned with his wife and family. She said that the last sexual relations had no pleasure at all, even, she felt repulsion for him. Once she started to experience this feeling, she decides to abandon him and return home.

She hired a woman older than her as the domestic help, who kept working occasionally for her for a month. Thanks to her attention and care, she started to feel attracted to the woman.

At the moment, she is keeping an affective relationship; she is hiding it from her mother, but not her children. She starts noticing that the behavior of her son is changing, with depressive tendencies and rejection towards her partners.

Results

Thanks to the different contexts and violence classification it was evident that: There was physical and emotional violence inside the family environment. When her

homosexual relationship was discovered, she was socially rejected, suffered aggression towards her family and her possessions. When she was in a heterosexual relationship she was economically dependent, she suffered physical and emotional violence, including yelling, humiliation and sexual submission. The couple comes from different cultural and economic backgrounds.

In the emotional aspects it was identified that at the beginning the patient was not accepting her relationship, she admitted she felt repulsion.

This produced a sense of in-adaptability in the sexual act, from her relationship.

It was registered that she was sexually attacked, she tried to oppose.

It was also registered that they had a control game, with the same intensity to reach orgasms, but she had emotional conflicts from past unpleasant sexual acts.

In the first week of the psychological evaluation, it was possible to modify her attitude towards the lack of self-acceptance of her first pleasurable homosexual encounters.

It was also possible to modify her frustration, low self-esteem, depression, self-harm, and the aggression she was projecting towards her children.

In the second week, her affective ambivalence increased. Her affective and economical dependency both with her homosexual and her heterosexual partner was evident. She understands that her ex-partner has a new relationship, but she accepts his economic help, which is important because she is not working at the moment.

In the third week of psychological evaluation, they managed to reestablish her homosexual relationships, confronting the attitudes of both partners and their respective families. They confirmed they understood they have equal rights, and have a say about their own happiness and to choose their own wellbeing without external influences derived from the fake morality towards their sexual orientation.

During the various psychological evaluations it was found that the different family, social and couple situations created symptoms of anxiety, emotional instability, obsessive codependency and affective ambivalence. The symptomatology was prevalent during six months but the self-acceptance of her sexual pleasure due to a homosexual relationship was intensified. She showed signs of dependency and projected her need to be possessive and to belong. Jealousy symptoms started to appear, but there was no sexual identity conflict. During the symptomatic behavior, both members of the couple had a defined role in the relationship; they assigned these roles according to their daily needs because there were not specific roles/functions.

The final breakup with her heterosexual partner, leded her to understand that the heterosexual pleasure as whole disappeared completely, but still the economic situation remains. One of her children developed a sexual identity disorder. The relationship with her mother improves. The patient feels emotionally stable when meets a new partner, or if she has pleasurable sex. Still, her mother suspects about a new lesbian relationship, which motivates her to watch over the daughter often, but avoids to visit the house altogether

Discussion

What is most commonly found in the cases studied is the tolerance and progressive acceptance of the lesbian identity of the person by the family environment, so that the initial rejection discourses are nuanced and are being abandoned, although not completely. And just as mothers are the main emitters of rejection speeches, they are also the main issuers in which this transformation occurs¹². As stated by the author of this research, in the case study is observed the behavior change and violence that is generated at the time of starting the lesbian relationship, first her husband physically and sexually assaults her, abandons her and then agrees to have sex with her and gives her money, her mother physically and psychologically assaults her, when she leaves her, she improves a considerable percentage, believing that her daughter was no longer a lesbian.

Coming from a single-parent family where paternal absence later makes her have difficulties in her personal, social and family life, while on the other hand, the maternal figure sees her as an image of authority, arrogance, fear, distrust, which generates a damage not only physical but also psychological making the patient question herself about what is the role played by the mother in the whole processes¹³. If we analyze the anamnesis of this case, it has similarity to what has been exposed in this study, they come from an unstable family relationship, they suffer violence from an early age and the mother's possessive and controlling attitude triggers an imbalance of her sexual identity, up to understand that their real pleasure is with a woman.

Sexuality supposes an external questioning of the unequal construction of gender between men and women¹⁴.

Conclusions

The psychological intervention on sexual and affective diversity in patients under psychosocial conditions made it possible to evaluate violence in its different areas and types in a single context; it facilitated the patient to improve her self-esteem, determine her gender and clarify her identity and role in the sequential process of heterosexual-lesbian relationships. It also allowed demonstrating how the bisexual orientation contributed to define and modify the patient's own behavior and future behavior.

Confront problems, sociocultural aspects, social and family insertion, established customs, communication and above all of intropunitive and extra-punitive violence, without affecting their emotional and affective state. She understood her rights, obligations, identified the limits of social identity and gained emotional maturity by establishing the same level and agreement of roles with her partners so that circumstances acquire a sense of equality.

¹² L. C. Cuba, The construction of the lesbian identity within the framework of discourses from the family in young and adult women in Metropolitan Lima. Lima: PUCP University, Faculty of Social Sciences. 2017. Available in: <http://thesis.pucp.edu.pe/repository/handle/123456789/7954>

¹³ L. F. Parra y J. Velosa, Violence: Their traces in identity. *Journal of Psychology GEPU*. 8 (1): (2017) 196-211.

¹⁴ L. C. Cuba, The construction of the lesbian identity within the framework of discourses...

Once integrated into the family group, the relationship of the patient ends with the infidelity of the partner, but their sexual orientation is not affected, as time passes sexual relations with their heterosexual ex-husband; diminish in pleasure totally resulting in defining her own sexuality with women only.

In her psychological maturity she learned to discern the types of relationship and identified her needs as satisfying sexual and economic. At the moment she controls his emotional states, his bisexual experience as the way to decide his sexual orientation. He currently maintains heterosexual-lesbian relationships with a new lesbian partner. She has adopted a possessive, controlling attitude without being aggressive and is maintained with psychological assistance, conquers depressive behaviors and improved her self-esteem.

With the utter separation of the first lesbian relationship, intra-family relationships improved; Patient's children and friendships adapted and accepted her sexual orientation and problems with their partners, except their mother. The patient improved her physical condition with plastic surgical help and continued in psychological treatment to reduce or eradicate the rejection response.

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Para Citar este Artículo:

Romero-Urréa, Holguer Estuardo; Arbeláez Rodríguez, Gloria del Rocío; Suárez Lima, Gabriel José; Ramírez Morán, Lorena Paola y León Samaniego, Guillermo Fernando. Violence as a response to sexual and affective diversity: case study. Rev. Incl. Vol. 5. Num. Especial, Julio-Septiembre (2018), ISSN 0719-4706, pp. 151-160.

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