Violence as a response to sexual and affective diversity; case study

Abstract

Introduction: Violence in sexual diversity is present, but it is varied, according to the role of victim or perpetrator, above all in union 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.

Conclusion: The therapy provided fortitude to confront sociocultural and intraputative violence and extra-punitive aspects, this established the same level and agreement of roles and emotional maturity.

Keywords: violence, sexual diversity, bisexuality, transgender

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 something.1 In Ecuador, violence gender 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 women.2,3

In today’s society violence affects the Gay, Lesbian, Bisexual, Transvestite and Intersex community (LGBTI), 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 areas.4,5 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;6 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 psychosocial 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 rights.7,8

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, 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 discomfort.9 Authors consider bisexuality as a way to define sexual orientation,10 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 view;11 also, there is a higher prevalence of risk behaviors and vulnerability to physical and mental health, such behaviors associated with HIV; suicidal intentions or suicide.12

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 remote.13
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 considered.14

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 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 partner, 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 accept 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 consumptions of alcohol, an oppositional attitude between the couple, intolerance, paranoid symptoms, affective indifference, lack of expressiveness, celotopic.

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

DOI: 10.15406/ipmrj.2018.03.00105
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.

1. It was registered that she was sexually attacked, she tried to oppose.
2. 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.
3. 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.
4. 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, her heterosexual partner was evident. She understands that her ex-partner has a new relationship, but she accepts his economic help.

Conclusion

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 intrapunitive and extra-punituve 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.
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.

Acknowledgements
None.

Conflict of interest
Authors declare that there are no conflicts of interest.

References
15. Cuba LC. The construction of the lesbian identity within the framework of discourses from the family in young and adult women in Metropolitan Lima. PUCP University, Faculty of Social Sciences. 2017.