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## Attitudes towards Sexual Diversity, Perceptions of Specific Problems and Internalization of Myths and Stereotypes about Same-Sex Violence in Social Workers of Social Services

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### Abstract:

*The group of people who diverge from the heteronormative pattern is affected by certain own problems such as violence in same-sex and sexual orientation discrimination. Such events can be hosted and internalize social workers in encouraging secondary victimization.*

*The overall objective of this research is to identify the perception held by professionals on those aspects and analyze the correlation between these variables. To do an investigation emprírico-descriptive instrumental type occurs through a sample survey with a sample of 35 social workers of Social Services of the Province of Ourense. The results show low levels of homophobia and lesbophobia, an important draft of myths and stereotypes and perception on violence in couples of the same sex wrong. Just as a strong relationship between the two variables. That is why the need for effective measures to raise awareness among professionals about it and avoid victimization is concluded.*

**Keywords:** domestic violence, same-sex, homophobia, lesbophobia and social work

### 1. Introduction

The lesbian, gay, bisexual, transgender and intersex -hereinafter LGBTI-, like other social groups or communities, also suffer various forms of violence. As Platero (2008) indicates three levels of violence towards this group are identified: (i) the individual or individual, (ii) government and (iii) the socio-cultural. Which are characterized by circular, simultaneous and being internalized and can take the form of: (a) external violence, (b) explicitly or extreme, (c) or subtle tactic or (d) internal and homophobia / lesbophobia / internalized transphobia, the endodiscriminación or discrimination towards other people LGBTI the same collective and violence in same-sex couples (Neman Do Nascimento, 2010; Platero, 2008; Serrano et al, 2012).

#### 1.1. Same-Sex Violence

In a context where the hegemonic heterosexual model is prevailing there has been a silencing, invisible and ignored in some way through the roots of policies based on sexism LGTBIfobia and the various problems of LGBTI, the violence in same sex or violence intragénero –VI- (López & Ayala, 2011).

The V.I. refers to violent behavior that occurs between same sex within an affective-sexual relationship. Constituting the exercise of power in order to dominate, control, coerce and / or isolate the victim (ALDARTE, 2012; Bravo, 2013; Mujika, 2009). As happens in gender violence - hereinafter VG-, this type of violence is characterized by being in various forms: physical, material, psychological and sexual (Reyes Rodríguez & Malavé, 2005). These events can occur individually or in combination, in a timely manner or in a continuous process, through a feedback loop, called the "cycle of violence" (Peterman & Dixon, 2003; Richard, Noret & Rivers, 2003) Note that this type of violence is characterized by determinants, the most representative: (i) its invisibility, product homophobia, discrimination and sexism around people who deviate from the heterosexual pattern, (ii) denial of the problem by LGBTI people for fear of homophobic attacks, (iii) the existence of other problems with greater social significance as AIDS, equality and homophobia, (iv) political and religious oppression, (v) the fact that victims are reluctant to report or attend services offering help, (vi) the level of prejudice, hostility and lack of interest perceive certain victims by socio-health professionals and judiciary and (vii) to the multitude of myths about relationships and intragénero such violence (Cantera, 2004; Chan & Reseach, 2005).

The existence of this type of violence is reflected in several studies both Spanish and international (ALDARTE, 2012; Rodríguez-Otero et al., 2015; Richards Noret, & Rivers, 2003). It is observed that there is no agreement by the scientific community in identifying the prevalence. However, as can be found in existing literature reviews, this violence has a fairly significant percentage could range from 25 to 60%, similar to VG, and indicate that varies greatly depending on the type of society and the level of visibility of LGBTI (Dolan-Soto, 2005; Reyes Rodríguez & Malavé, 2005; Rodríguez-Otero et al., 2015.) problematic.

Exposed, these data should be noted that due to the incidence of VI, WHO (2002) has indicated that it has become a public health problem that transcends meanings as social class, ethnicity, socioeconomic status, educational level or sexual orientation. However, considering the low levels of existing complaints by victims (ALDARTE, 2012) perhaps the metaphor used by Gracia (2009) in the case of gender violence be extrapolated, who notes that this phenomenon refers to what he calls "the tip of the iceberg".

### *1.2. Homophobia and Lesbophobia*

As indicated by authors such as Núñez Noriega (2005) and Lozano & Rocha (2011) in Western culture, because of the social mandate, there must be an agreement between three identities; sex (male or female), the gender (male or female) and the erotic-sexual (men who prefer erotic and emotionally relate to women and specifically vice versa). As the binary view of sex and gender main hegemony, and promotes a conception where sex is defined by the genitals announcing an end playback. That is why heterosexuality, influenced largely by the religious doctrine characteristic of each society, becomes a must in social recognition and legitimization. In contrast, homosexuality is converted into second-class practice (until recently been regarded as mental illness and crime) becoming in turn the LGBT second-class citizens (García Nieto, 2011; Puyana, 2012). This premise has several implications on the social level: first the invisibility of sexual and emotional relationships between persons of the same sex and the validity and legitimacy of the exercise of violence and aggression against socially normal. That is why from these premises develops a way of understanding the exercise of homophobia and even favor the use of degrading words synonymous with homosexuality (Lozano & Rocha, 2011).

Homophobia has been present in different cultures and has different manifestations throughout history (Álvarez-Gayou, 2000; Fone, 2009). Lozano & Rocha (2011: 102) note that "the study of homophobia acquires medical and scientific relevance in the early 70s, when the psychiatrist Weinberg popularized the term through an article, which points out the negative consequences of homophobia mental health of homosexuals". Period in which the American Psychiatric Association (APA) suppresses the category of mental disorder to homosexuality (Campo-Arias & Herazo, 2012; Herek, 2008). Until then, homophobia was conceived as a fear of loss of institutions the heterosexual community features such as marriage and family.

Homophobia or lesbophobia refers to an ideological principle, negative attitude, hatred, rejection, intolerance, fear, belief system and values, feelings and thoughts substantiated by the fact discern the dominant heterosexist social model and culturally (gay, lesbian, bisexual, transvestites or transsexuals), by which violence is exercised for fear of attack of manhood and the heterosexual model and want to manifest in the environment to seek personal, family and social welfare and recreate the majoritarian model (Christensen, 2005; Cross-Sierra, 2002; De la Rubia & Valle de la O, 2012; Herek, 2008; Tin, 2008). Cruz Sierra (2002) Lozano & Rocha (2011: 104) indicates that this is to be understood as "a social, ideological and sexual mechanism, part of a cultural structure that creates meanings and produces hierarchies that enable the use and exercise of power by an order of subordination of homosexuals. Very similar to using power from hegemonic masculinity". Which is manifested in various ways ranging from subtle (as omission, silence, ridicule, contempt or exclusion) to the violation of the legal and civil gay men and lesbians guarantees (De la Rubia & Valle de la O, 2012).

As García Nieto (2010: 1) states "must start with the fact that being LGBTI is not the cause of social exclusion, as is homophobia / transphobia and its consequences in people who suffer". O'Donahue & Caselles (1993) and Adams, Wright, & Lohr (1996) describe a model of homophobia three components: cognitive, affective and behavioral, which can interact differently depending on the situation in which is.

### *1.3. Homophobia, Lesbophobia and Same-Sex Violence*

Cantera (2004), Quarry & Blanch (2010) and Rodríguez (2013) indicate that when contextualize the VI must identify the social environment, which is characterized by: patriarchal, sexist and homophobic. This fact could justify, as Cantera (2004), the existence of many myths and stereotypes about LGBTI people and their affective-sexual relationships indicates, through which it seeks to internalize society's realities and misconceptions in order to discriminate, isolate, minimize or even eliminate, creating stereotypes that diverge from reality. The implications of these myths exist at two levels: personal and healthcare. Becoming increasingly important those occurring in the field of social and welfare level, since they hinder active listening and empathy, abuse prevention and recognition of victims, facilitating secondary victimization, the induction of self-fulfilling prophecy and diagnoses a priori (Cantera, 2004; Rodríguez, 2013). Moreover, taking into account aspects such as gender and sexual diversity, note that several studies indicate that ruralized areas have higher levels of homophobia, sexism and patriarchy (Alonso & Trillo, 2014; Cañas, 2009; Fernández-Álvarez, 2014; Rodríguez-Castro et al, 2013; Sánchez, 2011), as well as greater concealment and invisibility of the VG and VI (Spain, 2009; Richards, Noret & Rivers, 2003; Rodríguez-Otero, 2014; Ruiz, 2013). This fact could run as a keyword or differentiator.

## **2. Justification**

After a search of studies on the relationship between levels of homophobia / lesbophobia and the perception that workers have / social as on the VI in major databases (Latindex, SciELO, Dialnet, Q.Sensi, SCIRUS, FreeFullPDF, Taylor & Francis, PsycInfo, ProQuest, GoogleScholar and Scopus) No studies were identified. Since the Spanish province of Ourense combines the existence of three geographic types: urban, rural and semi-urban and social services are universal (Rodríguez Otero, 2014). This research is aimed to identify the perception that pose workers / social as on the VI and analyze the relationship or not with the level of homophobia / lesbophobia they possess. This study would be of particular interest as it would be the first of its kind and could serve as food for thought regarding: (i) on one hand the need for similar studies with a larger sample size and scope and (ii) Furthermore opening a debate on the draft of homophobia and lesbophobia on workers / social as well as their perception and knowledge regarding the VI.

## **3. Description Methodological**

This research is based on a design emprírico descriptive instrumental (Montero and León, 2007) through survey aimed at identifying a particular population sampling. For the study he had a list of professionals and organizations and institutions (Deputación Ourense, 2014). The random sample was stratified according to five criteria and strata: (i) gender, (ii) age, (iii) scope and (iv) sexuality (gay / lesbian). In each stratification results are expressed as total and frequencies.

The instruments used for this research were threefold: (i) the perception survey VI Rodriguez-Otero (2015) and (ii) the scales of Raja & Stokes (1998) translated into Castilian by Rodriguez-Castro, et al. (2013) of homophobia against gays (MHS-G) and homophobia towards lesbians (MHS-L). The survey on the perception of the VI consists of 31 questions (25 closed and 6 scale format). Likewise, the MHS-G scale is composed of 22 items and MHS-L by 24 items, both in Likert format from 1 (strongly disagree) to 5 (strongly agree). Which, as indicated Rodriguez-Castro et al. (2013) include three subcategories: personal distress, deviation/changeability and institutional homophobia. The responses of both scales have been adapted to consider the lowest income as a greater superior homophobia and lesbophobia.

Regarding the procedure and coding results, contact with the various professionals have realized through two channels: telephone and email. To do this we used the Rings Guide (Deputación Ourense, 2014). Through both approaches are presented research and has been asked to participate anonymously. This procedure was conducted between December 2013 and April 2014. Allowing a margin of five months for participation. After obtaining all the surveys used a statistical program (SPSS version 15.0) to analyze the results, expressing them as total, average and percentages. Note that this exploratory study is focused on a concrete and specific geographical area. That is why the conclusions that have been reached are limited in scope.

### 3.1. Objectives

The overall objective of this research is to identify the perception that workers have / social ace Social Services Ourense on VI and analyze the level of homophobia and lesbophobia they possess. Also, the following specific objectives: (i) analyze the correlation between the level of homophobia and lesbophobia declared and the perception of VI and (ii) identify which variables are determinants (sex, age, geographic area and sexuality) in such manifestations.

### 3.2. Sample

The sample under analysis was of 35 workers / social as Social Services in the province of Ourense. Which belonged to the 27 Community Social Services (see Figure 1) and 8 to Social Services Specific: Dependency, RISGA, Children, Health and Inclusion Plan.

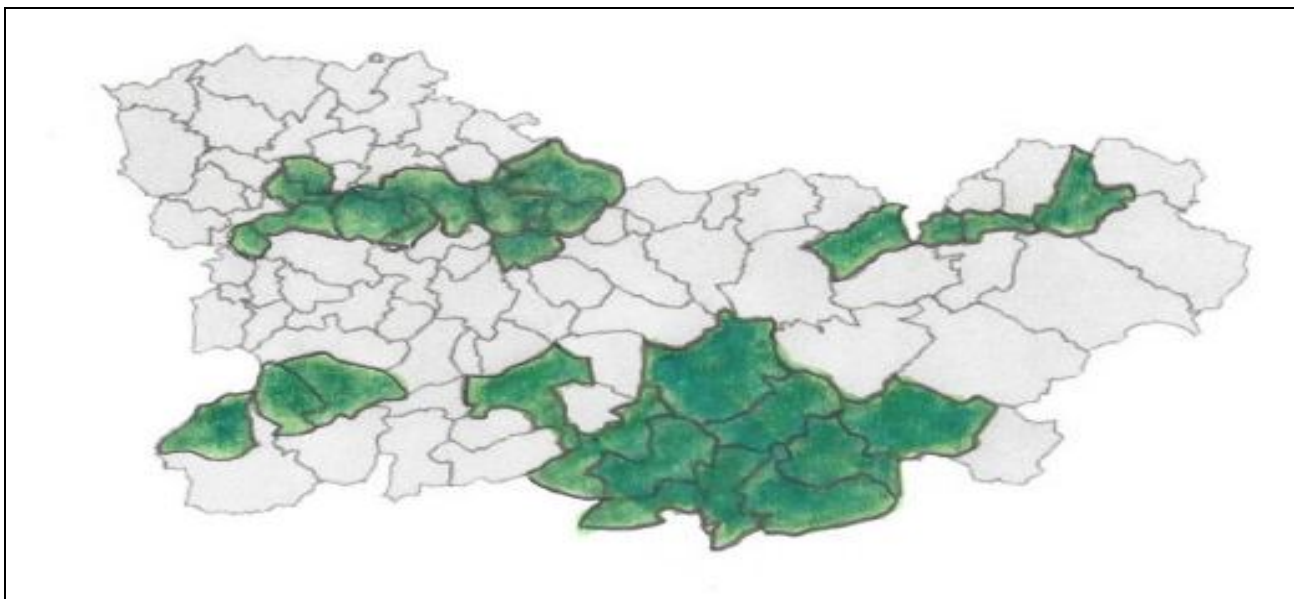


Figure 1: Community Social Services participants.

Source: own.

Regarding the socio-demographic characteristics of the sample should be noted that / participants indicate that: (i) most developed his profession in the (total of 18) rural area 7 working in the semi-urban areas and 10 urban municipalities. (ii) With respect to gender 2 are men and 33 women. As the sample is characterized by a woman. (iii) Considering the age of the / participants is observed which corresponds to an average age because 10 have between 26 and 25 years, 16 between 35 and 45 years, 8 between 46 and 55 years and 1 between 56 and 65. (iv) In relation to the number of years of professional experience is seen most exceeds 10 years (24 respondents), 8 is between 6 and 10 years and 3 of between 1 and 5 years.

## 4. Results

### 4.1. Level of homophobia and lesbophobia:

The results obtained after analyzing the responses point out the scales shown in homophobia towards gays (MHS-G) and homophobia towards lesbians (MHS-L), as shown in the following graphs are low. So it's gay and lesbian 4.96 4.98. Regarding the subcategories analyzed the results indicate that: (i) for the changeability is nonexistent for both gay and lesbian, (ii) a personal level for both gay and lesbian is 4.97 and (iii) at institutional level is gays in 4.96 and 4.98 points in lesbians.

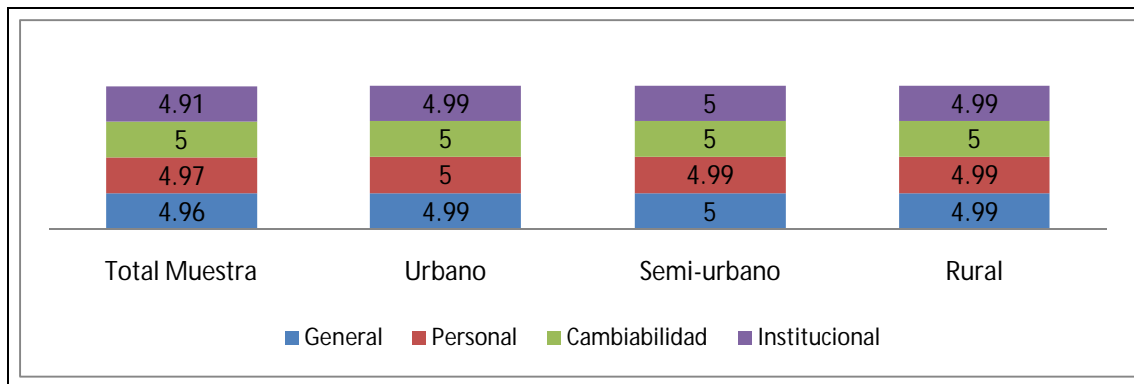


Figure 2: Level of homophobia towards gays.  
Source: own.

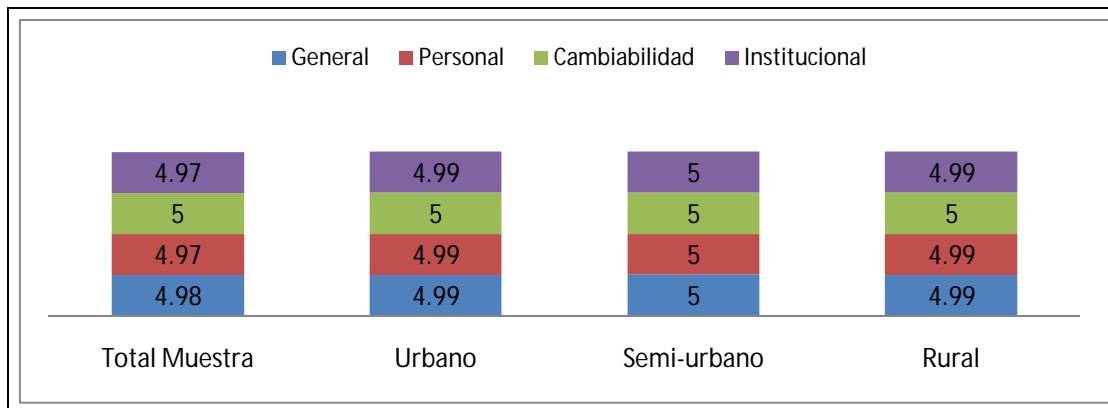


Figure 3: Level of lesbophobia.  
Source: own.

Regarding the scope of membership of the sample shows that: (a) a general level exceeds homophobia and lesbophobia in rural and urban areas the semi-urban areas, (b) a personal level is higher in rural areas compared to gay and in rural and urban areas lesbians, (c) at changeability is nonexistent in all the variables analyzed and (d) at the institutional level is higher homophobia and lesbophobia in rural and urban areas.

These results show that regarding gays type of homophobia is very low, although higher institutional level. Lesbophobia regarding personal and institutional level is identical although both lower as described to homosexual men.

It is observed that 10 participants (28.57%) are those that show a bit of homophobia or lesbophobia. Regarding the categories analyzed and sexuality is seen that on a personal level for gays is reflected in 4 participants (11.42%) and lesbians in 7 (20%) and institutional level in both cases for 10 participants (28.57%). Taking into consideration their socio-demographic characteristics and the indicated responses may indicate that are characterized by the following categories: (i) all are women, (ii) 4 are city-wide, 1 semi-urban and 5 rural type (iii) 2 belong to the specialized Social Services and Community 8, (iv) with respect to age 3 have between 26 and 35 years, 4 between 36 and 45 years, 2 between 45 and 55 years and 1 between 55 and 65 years and (v) in their work experience 1 is between 1 and 5 years, 2 between 5 and 10 years and 7 over 10 years.

4.2. Perception same-sex violence:

The results indicate that the entire sample believes there such violence in LGBT couples. Regarding the perception regarding their frequency, as shown in the following figure, 3 / as respondents / as (5.71%) believe that such violence is a "very common", 12 "quite common" problem (34.28), 19 "uncommon" (54.28%) and do not know or did not answer this question (5.71%). It is observed that the perception is higher in urban and rural areas, especially in the latter professionals.

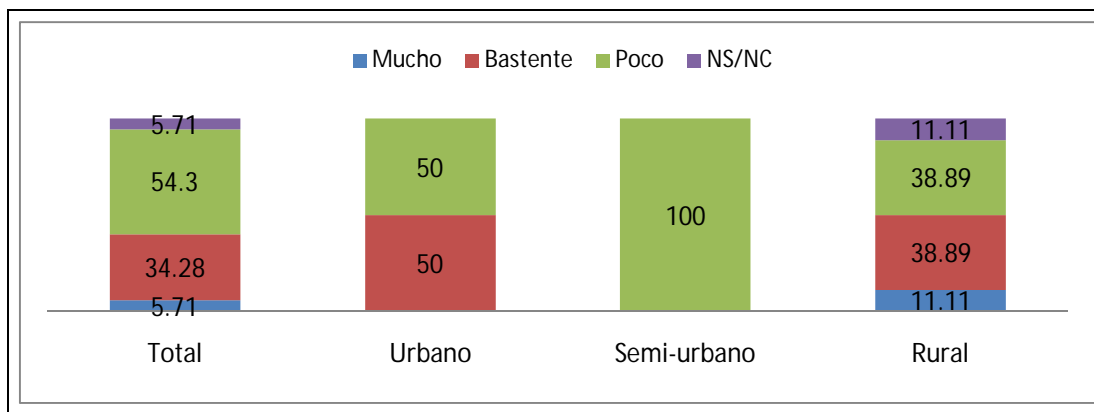


Figure 4: Perception of VI (%).  
Source: own.

Regarding sexuality, which considers shows that there is a higher prevalence is observed that for heterosexual couples is 30 (85.74%) to one transgender (2.85%), another indicates that lesbian and heterosexual (2,85%), another indicates that in all alike the sexuality (2.85%) and two did not answer the question (5.71%). Analyzing the perception that possesses regarding the most common types of violence in each sexuality, as shown in the following table for both gay and lesbian and transgender psychological violence is considered as the most frequent. Although, further regarding lesbians. Physical and sexual violence are identified in greater proportion in gays and transsexuals and the combination of two or more types of violence is perceived in five participants regarding lesbian, gay 7 and 6 for transsexuals. It is noted that the variable on the geographical scope are not decisive in both issues.

Typology violence	Lesbians	Gays	Transsexual
Physics	0	2	2
Psychological	30	23	21
Sexual	0	2	1
Physics and Psychological	3	3	4
Psychological and Sexual	1	2	1
Physics Psychological and sexual	1	2	1
NS/NC	0	1	5

Table 1: Perception most common types of violence according sexuality  
Source: own.

Regarding the reasons why they consider that such violence occurs is observed that the main reason is associated on issues of control and power (60%), followed by internalization of violence (31.42%) and have no way of resolving conflicts (28.57%). To a lesser extent identified as identified replies: Being extreme situations (14.28%), the same as heterosexual couples (8.57%), as well as issues of education, possession, psychiatric disorders, inferiority complex, abuse substances multiple factors or depends on each case (2.85%). Analyzing the perception that possesses regarding whether considered that victims of such violence communicate their position, results indicate that 29 respondents said it is rare (82.87%), 5 rare (14.28%) and one no answer (2.85%). Also six workers / social as Community Social Services (17.14%) -2 urban areas and rural-4 that said intervened in a case of VI On the other hand regarding knowledge of binding legislation to identify this type of violence is evident that 17 professionals (48.57%) identify it when it comes to gay or lesbian couples while for transsexuals are 6 respondents / as (17.14%). It is noted that professionals in rural areas are those with more knowledge about it (44%), followed by semi-urban areas (42.85%) and urban (40%). Also the whole sample considered not possess enough knowledge for intervention in cases of violence in same-sex couples and consider important.

Regarding the internalization of myths about VI workers / social as it is observed that a total of 22 participants (62.85%) the manifest. The more fundamental myths are those who believe that: (i) Victims of domestic violence are coependientes (48.57%), (ii) the men who abuse under the influence of drugs or alcohol are not responsible for their actions (17.14%), (iii) the aggressor is always bigger and stronger; the smaller and weaker victim (8.57%), (iv) the law does not protect protect gay victims of domestic violence (8.57%), (v) domestic violence in gay men occurs primarily among men belonging certain social categories (8.57%) and (vi) that domestic violence is more common in heterosexual couples in relationships and gay men (8.57%).

On the other hand it is also clear that there are myths that do not show any participants. These are those relating to: (a) only heterosexual women are assaulted; gay men are never victims of domestic violence, (b) leaving a violent relationship easier for gay men than for women abused they are by their heterosexual couples, (c) there really is no violence when two men fight, it is a normal situation; are children making of children, (d) Domestic Violence gay man is just a scuffle in love, (e) has increased as a result of the AIDS epidemic, alcoholism and drug abuse, (f) occurred among men gay sexual behavior is a version of sadomasochism that pleases the victims or (g) which is a "combat" and when two men fight a fair fight between equals. And that (h) victims often provoke violence and deserve receiving or (i) exaggerate the violence they experience; if they felt very bad, abandon the relationship.

It is observed that myths have greater significance in urban and semi-urban areas. However, in rural areas participants to demonstrate their internalization show a greater number of them.

Regarding the existence of stereotypes about victims and aggressors in and social workers the results indicate the following findings. 21 participants (60%) who claim to have stereotypes of offenders are identified. The most present are: jealousy (54.28%), possessive (40%), alcohol (14.14%) and / or drugs (11.42%), possessive (5.71%), sadistic (2.85%) and strong (2.85%). It is observed that myths have greater significance in rural areas, being superior in the semi-urban areas than in urban areas. Likewise, fewer stereotypes are identified in a total of 16 participants (45.71%) who claim to have stereotypes about victims. These are dependent (34.28%), psychologically fragile (25.71%) and low (8.57%). It is observed that myths have greater significance in the semi-urban areas, being superior in the rural than in the urban areas.

## 5. Analysis

Considering the evidence shows that higher levels of homophobia and lesbophobia and comparing the results with those who do not manifest such perceptions as invalid or nonexistent have come to the following indications.

It is noted that the first fully consider that there is a higher prevalence of GBV that of VI Likewise, 80% believe that the VI is a rare problem and 10% which is almost nonexistent. On the other hand also evidence regarding the most common types of violence and sexuality, made visible is the psychological (90% compared to gays and lesbians and 80% over trasexuales), the remainder being largely ignored.

As shown in Table No. 2 who manifest higher levels of homophobia and lesbophobia recorded further myths about VI and stereotypes about victims. However, regarding offenders who show a greater internalization of stereotypes are those showing no signs of homophobia and lesbophobia.

Variable analysis	Total		Homo/Lesbo			
	N°	%	Si		No	
			N°	%	N°	%
Myths						
Domestic violence is more common in heterosexual couples in relationships of men-gay.	2	5,71	0	0	2	8
The aggressor is always bigger and stronger; the smaller and weaker victim.	3	5,57	1	10	2	8
Men who abuse under the influence of drugs or alcohol are not responsible for their actions.	6	17,14	2	20	4	16
The law does not protect protect victims of domestic violence gay	3	5,57	1	10	2	8
Domestic violence in gay men occurs primarily among men belonging to certain social categories.	2	5,71	1	10	1	8
Victims of domestic violence are "dependents".	17	48,57	6	60	11	44
Total sample	22	62,85	8	80	14	56
Aggressors Stereotypes						
Strong	1	2,85	0	0	1	4
Sadic	1	2,85	1	10	0	0
Jealous	14	40	3	30	11	44
Posesive	19	54,28	4	40	15	60
Having a mental disorder	2	5,71	1	10	1	4
Abusing drugs	4	11,42	2	20	2	8
Abusing alcohol	6	17,14	2	20	4	16
Total sample	21	60	4	40	17	68
Stereotypes victims						
Weak	3	8,57	1	10	2	8
Dependent	12	35,28	3	30	9	36
Psychologically fragile	9	25,71	5	50	4	16
Total sample	16	45,71	5	50	11	44

Table 2: Myths and stereotypes internalized by the sample and concerning homophobia and lesbophobia.

Source: own.

It is therefore concluded that there is a direct relationship between homophobia and lesbophobia and internalization of the myths regarding the VI and stereotypes of victims However, this relationship is inversely proportional to the stereotypes of the attackers.

Finally, it should be noted that 20% of those who reported higher levels of homophobia and lesbophobia report having intervened in a case of VI

## 6. Conclusions

In the scientific literature on homophobia there are plenty of studies that deal with aspects in which LGBT people are affected in their social interaction. There may be difficulties associated with the acceptance of family, school, workplace, for accepting sexual orientation/gender identity...I consider it necessary to make a subsection on the possible existence of homophobia in institutions and professionals that form. Several studies collected Rodríguez-Otero (2015) show that there are homophobic attitudes in the staff area of health, as well as students, ranging between 6.5% and 17% depending on the profession and workplace. Considering the field of social work studies identified as Ben-Ari (2001), which reported that social work teachers scored higher on levels of homophobia that education or psychology. Crip (2005) noted that social workers and psychologists showed similar scores for homophobia. In the social field studies such as Ben-Ari and Campo-

Arias & Herazo in Rodríguez-Otero (2015) showed high levels of homophobia in social work student. However, in more recent studies show that these levels have dropped dramatically (Altemeyer, Campo-Arias & Herazo; Campo-Arias et al., in Rodríguez-Otero, 2015). Also Maroto (2006: 73), referring to social work, notes that within the profession in curricula and professional practices have been silenced certain social realities among other regarding sexual diversity and proposes "intervention with the homosexual population as a specialized field of intervention and work towards the normalization of homosexuality as a global strategy for action." Being situations VG VI and one of the possible areas or fields of social work intervention, special importance is the existence of such situations in their professional practice. Where secondary victimization can materialize or reflected in the extensive network of institutions involved and lead the victim to a new experience of violence through: (i) the concealment and / or invisibility, (ii) the minimization of the facts, (iii) la hasty referral and / or institutional expulsion forcing the victim to recount their suffering, (iv) constant evaluation of the victim by different / professionals as, (v) involvement or involvement by excess or defect, (vi) the use of interventions and standard treatments without individualized analysis of care, (vii) and the level of prejudices, myths and stereotypes, hostility and lack of interest among other (López & Ayala, 2011; Richards, Noret & Rivers, 2003). Through this study shows that in certain social workers apexes of homophobia and lesbifobia are identified. Especially, those concerning the institutional dimension. Also, it appears that such manifestations registrants have a greater number of myths and stereotypes about VI, internalized victims and aggressors. As a more negative perception of the VI and collective LGBTI issues. On the other hand is seen as the variable on the geographical scope decisive.

Therefore the performance of activities or concrete and specific measures to visualize a greater extent such violence through awareness of and social workers of the various issues of collective LGBTI, prevent and avoid situations consider necessary secondary victimization. And promote self-analysis regarding the extent to which we hide, invisibilizamos or minimization of facts, we derive hastily evaluated, questioned or we engage in excess or defect with victims, interventions and standard treatments used without individualized attention and analysis certain negative possess professional attitudes or prejudices, myths and stereotypes about violence in couples, victims, offenders / ace or LGBTI people.

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