

Descobrir, aceitar e assumir a homoafetividade: situações de vulnerabilidade entre jovens

Discovering, accepting and assuming homoaffectivity: situations of vulnerability among young people

Descobrir, aceptar y asumir la homoafetividad: situaciones de vulnerabilidad entre los jóvenes

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ABSTRACT

Objective: Our goal herein has been to gain further information aiming to identify situations of vulnerability experienced by young people in the process of realizing, accepting and revealing their sexual orientation.

Methods: It is a qualitative research carried out with 25 homoaffective young people by means of interviews.

Results: The homoaffective young people experience individual and social vulnerabilities. In the individual dimension, they are exposed to feelings of fear, insecurity and non-acceptance. In the social dimension, one should highlight the exposure to violence, expressed in several ways, within the family and social settings. As a way of facing the vulnerabilities, family was pointed out as an important entity. **Conclusions:** The vulnerabilities present in the lives of homoaffective young people need to be (acknowledged) known and faced in all their dimensions. It is essential to effectively implement policies and programs for preventing violence and promoting health, considering sexuality as a part of the people's happiness project.

Descriptors: Adolescent; sexual behavior; health vulnerability.

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RESUMO

Objetivo: identificar situações de vulnerabilidade vivenciadas pelo jovem no decorrer do processo de descobrir-se, aceitar-se e assumir sua orientação sexual. **Método:** pesquisa qualitativa realizada com 25 jovens homoafetivos por meio de entrevistas. **Resultados:** os jovens homoafetivos vivenciam vulnerabilidades individuais e sociais. Na dimensão individual, estão expostos aos sentimentos de medo, insegurança e não aceitação. Na dimensão social, destaca-se a exposição à violência, expressa de diversas formas, nos âmbitos familiar e social. Como meio de enfrentamento das vulnerabilidades, a família foi evidenciada como uma entidade importante.

Conclusões: as vulnerabilidades presentes na vida do jovem homoafetivo necessitam ser (re) conhecidas e enfrentadas em todas as suas dimensões. É imperativo implementar políticas e programas de prevenção à violência e de promoção à saúde, considerando a sexualidade como parte do projeto de felicidade das pessoas.

Descritores: Adolescente; Comportamento sexual; Vulnerabilidade em saúde.

RESUMEN

Objetivo: identificar las situaciones de vulnerabilidad vividas por el joven en el transcurso del proceso de descubrimiento, aceptación y asunción de su orientación sexual. **Método:** investigación cualitativa llevada a cabo con 25 jóvenes homoafectivos a través de entrevistas. **Resultados:** los jóvenes homoafectivos vivencian vulnerabilidades individuales y sociales. En la dimensión individual, están expuestos a sentimientos de miedo, inseguridad y no aceptación. En la dimensión social, se destaca la exposición a la violencia, expresada de diversas maneras, en los ámbitos familiar y social. Como medio de hacer frente a las vulnerabilidades, la familia fue señalada como una entidad importante. **Conclusiones:** las vulnerabilidades presentes en la vida del joven homoafectivo necesitan ser (re) conocidas y enfrentadas en todas sus dimensiones. Es imprescindible la implementación de políticas y programas de prevención de la violencia y de promoción de la salud, teniendo en cuenta la sexualidad como parte del proyecto de felicidad de las personas.

Descriptorios: Adolescente; Comportamiento sexual; Vulnerabilidad en salud.

INTRODUCTION

Adolescence and youth are stages of the course of life characterized by a set of transformations involving the biological, social and psychic aspects of each being that can be marked by conflicts, uncertainties and instabilities that have repercussions on parents and society. It is at this stage that sexuality “enters as a rediscovery of something intrinsic to the human being, built along its personal trajectory”^{1:26}, however, the exercise of sexuality “goes beyond reproductive functions, extending to the process of socialization of adolescents.”^{1:26}

Issues involving sexuality are not an exclusivity of adolescence, since psychosexual development begins at birth, but it is during adolescence that the sexual organization of the human being begins from the somatic, sociological, and psychological point of view.²

Sexuality is a fundamental dimension in the life of the human being, being present in all stages of the vital process, involving “practices and desires related to satisfaction,

affectivity, pleasure, feelings, exercise of freedom and health.”^{3:104} It is influenced by cultural, ideological and moral values, marked by motivations, desires and discoveries. It is a cultural and ideological process that approaches the moral issues of the individual in various dimensions.⁴

Sexual orientation begins to be drawn around the age of seven.⁵ Psychological sex or homo-affectivity develops over the years, but anatomically, the human being will always be either male or female. Sexuality involves, from the extremely feminine behavior of the woman, not very feminine women, or masculinized women that do not always become homoaffective, as well as the men, who can have effeminate behaviors and be heterosexual.

Analyzing the complexity and the aspects that involve sexual orientation, it is considered important to think about this issue based on the concept of vulnerability, which involves a set of individual, collective, contextual aspects that imply greater or lesser susceptibility to infection and disease, and also at the same time the possibility of resources for coping with it.⁶ Vulnerability can also be defined as a conceptual synthesis of individual, social and programmatic dimensions relevant to the prevention or reduction of health problems or deficiencies.⁷

Considering the experiences of young people in discovering, accepting and revealing their sexual orientation, a contextualization between this process and the three dimensions of vulnerability: individual, social and programmatic.

In the individual dimension, vulnerability is directly related to the individual's actions, behaviors and attitudes. It focuses on the individual's understanding of his/her health problem, how he/she elaborates the information he/she receives, and his/her ability to transform his concerns into protective practices.⁸ In this dimension, the youth experiences situations of vulnerability that may be related to typical changes in the process of discoveries about their desires, needs and sexual orientation, because at this stage he is building his capacity to elaborate information and turn it into concerns.

In the social dimension, vulnerability is linked to the economic, political and social context, access to information, and freedom of expression. This component does not only depend on the individual, but also on their training, their means of access to information and the availability of resources.⁸ Vulnerability in this dimension is related to the young person's access to information and their capacity to understand it; to be able to understand that some experiences and experiences of their daily life can expose them to situations of vulnerability and risk in the face of the need to reveal their sexual orientation to family, friends and society.

In the programmatic dimension, vulnerability is related to the actions taken by the public power and seek to confront and allocate resources to minimize and/or solve situations of vulnerability.⁸ The programmatic dimension can be observed in the lack of actions directed at the young person and in the

difficulty of being effective laws and policies aimed at giving young people more security and protection.

Based on this context, it is emphasized that nursing, through individual care for the young and also in health education actions, can favor the approach with it to create adequate means to discuss topics such as sexuality and sexual orientation, involving the discovery, self-acceptance, and also family and society acceptance.

It is emphasized that the search for theoretical basis for the discussion of the topic revealed that studies involving this theme are incipient. This situation instigated investigators from the research group named nursing, human care and health-illness process, from the research line "child-maternal health and the aging process up to adolescent age", to carry out this research, in order to answer the following guiding question: What vulnerability situations are they experienced by the young person in the course of the process of realizing, accepting and revealing their sexual orientation? Therefore, the study outlined the objective of identifying vulnerability situations experienced by the young person during the process of discovering, accepting and assuming their sexual orientation.

METHODS

Descriptive research, of qualitative character, carried out with 25 homoaffective young people, being 13 women and 12 men. The inclusion criteria were as follows: to be homoaffective, to be between 18 and 24 years old of both genders and to reside in the municipality of *Chapeçó* - SC. To ensure anonymity, the participants were identified by the letter Y (young) followed by the number corresponding to their interview, it was also chosen to identify the gender of the participants with the symbols ♀ for the female and ♂ for the male.

The first subject interviewed, through a semi-structured interview, was captured through social networks in groups formed by homoaffective people, after the interview indicated the next young man that was approached, and also via social networks, up to the last interviewee. Data were collected in August and September 2014.

The data were analyzed following the Content Analysis of the thematic type,¹⁰ which is organized in three stages as follows: pre-analysis, material exploration, treatment of results, inference and interpretation. Pre-analysis: an exhaustive, floating reading of the transcribed material was carried out, with the aim of organizing it and choosing which documents would be part of the analysis, respecting the following questions: completeness, representativeness, homogeneity and pertinence.¹⁰

Exploration of the material: codification took place that included the clipping (choice of recording units), enumeration, classification and aggregation (choice of intermediate categories and, later, themes). Treatment of the results obtained, inference and interpretation: the inferences,

interpretations and contextualization were idealized with the theoretical reference, that is, this step consisted in giving meaning to the raw results and interpreting them in order to respond to the expected objectives and discuss the results.¹⁰

The research followed the guidelines proposed by Resolution No. 466/2012. Approval was obtained from the Research Ethics Committee from the *Universidade do Estado de Santa Catarina UDESC* – CAAE 29678214.0.0000.0118.

RESULTS

In the discussion and interpretation of the information collected, the vulnerability situations experienced by homoaffective young people were revealed in the following topics: **realizing, accepting and revealing sexual orientation; Experiences of suffering and violence: situations of vulnerability.** These are discussed in two categories.

Realizing, accepting and revealing sexual orientation

For young homoaffective people participants in this research, the process of realizing, accepting, and revealing their sexual orientation was confusing, especially because they did not know what was happening to them.

The youngsters revealed that they had attraction for people of the same sex between childhood and adolescence, a situation manifested in the midst of play and coexistence with teenage friends. However, it is identified that young males showed sexual attraction for same-sex persons in an earlier age group when compared to young females, which can be observed in the following statements:

[...] when I was six years old ... I felt a strange thing about my parents' neighbors. (Y3 ♂)

Since when I was a kid, when I played with dolls [...] and I liked women's things. (Y5 ♂)

I realized myself since I was little, around age of six, when I was dating my cousin; we pretended we were boyfriends. (Y9 ♂)

When I was eleven I saw that I was attracted to a woman, I felt something more than friendship for my friends. (Y1 ♀)

When I dated with the first girl, I was 18 years old. (Y12 ♀)

Around my 14 years old [...] I discovered that I was when I looked at a girl I had never seen in my life and felt something strange and very curious. (Y19 ♀)

The sexual curiosity of human beings by the sexual organs occurs in childhood, being constructed by the relation of the child with people of the same sex or the opposite sex. Studies on human sexuality reveal that both men and women have begun the activities of sexual life earlier and earlier; But, most of the time, man has this initiation earlier.

In adolescence, the construction of the sexual body begins and along with the physical changes the need for sex arises. In men, this process correlates more strongly with the desire for dominance or control over one's own body, reflecting boundaries related to social issues. The pressure exerted on the masculine sex can generate denial about these desires, and can lead young people to experience conflicts due to identity and their role in society, forcing them to play a balance game with the family and society, since they impose and expect him to play the male role.¹²

In the case of women, most of them start their sex life from the age of 16 years old, thus delimiting the passage from childhood to adolescence. This moment, as well, is marked by sexual attraction and the discovery of their sexual orientation,¹¹ however, there is no collection of their sexual role as there is for men of the same age group.

In the process of finding oneself homoaffective, young people experienced different situations of vulnerability, among them fear, guilt, repression, the feeling of being a strange or wrong person. Analyzing the lines, it is perceived that fear and guilt are linked to the need to face the prejudice present in the family and social environment; as the following statements show:

It was very difficult because I was afraid to assume for my father and my mother, especially for my brothers that have always been very prejudiced. (Y1 ♀)

I was very afraid [...] of not being understood, of my parents' non-acceptance. (Y2 ♀)

I thought it strange at first, even because I had this conception that was wrong. (Y4 ♀)

At first [...] there is that whole question of trial, of guilt, you wonder if what you want to live is right, at the beginning like this, I thought and self flagellated. (Y7 ♂)

It was different from everything I had ever felt, very strange to me [...] I was thinking a lot about what my family would think, what my friends would think, so I was very afraid of what I was feeling. (Y13 ♀)

There was no acceptance at first, like I was afraid to accept what I was. I could not accept it. I felt fear, general fear, fear of family, fear of everything, but more afraid of society's prejudice, of suffering for this kind of thing. (Y5 ♂)

The fear present in the life of these young people arises from the fact that they find themselves strange or wrong persons, and also by the rejection and prejudice family and society. This situation makes the young vulnerable, and can lead to denial of their desires, self-punishment and illness.

It is considered that issues such as fear, repression and the feeling of being wrong are situations of vulnerability experienced by the young at the individual level, since these feelings generate imbalances and unrest that can lead them to illness. It is worth mentioning that at this point in life, young people are still building their capacity to understand and confront the difficulties experienced, as well as to find ways to protect themselves from adversity and make secure decisions.⁶

In addition to the issues discussed about individual vulnerability, it is noteworthy that in this process young people are also vulnerable in the social dimension. In this dimension they experience situations of prejudice in the family context, in the streets, school, spaces for leisure and fun. The situations of vulnerability in this plan are intensified by the difficulty of access to information that enables young people to create the means to defend themselves against them. In this case, it is pointed out that coping with this vulnerability is conditioned/ imbricated to factors such as schooling, housing, work, and conditions of access to health services.⁸

Young homosexuals people are often labeled deviants and perverts, for they flee from socially desirable conduct, being frowned upon, criticized, and prejudiced. Prejudice with homoaffectivity is directly related to the desire of heterosexuals to maintain traditions, concepts related to gender, cultural traditions that pass from generation to generation by families. Given that, everything that escapes the social standard is seen as wrong.¹³

The prejudice of society consists of a mechanism that seeks to maintain what is considered normal, often carried out in a violent way, thereby provoking feelings of hatred against the homoaffective population and, at the same time, undermining them and significantly experience of sexuality.

Experiences of suffering and violence: situations of vulnerability

In the contemporaneity, family is considered a dynamic unit, with diverse identities, constituted by human beings, surrounded by blood and/or affective bonds, who consider themselves family, living in the same environment for a period of time, building a life history. The members of the family transmit beliefs, values, knowledge and practices among themselves, developing a family structure and a unique organization. Each family is inserted within society by socio-cultural and political contexts, influencing and being influenced by it.¹⁴

When it comes to revealing homoaffectivity to the family, young people once again declare that this is a time marked by fears, judgments, frustrations, a painful process for both the homoaffective person and their families, as homosexuality

ends up leaving the conventional sexuality imposed culturally by society, in other words, be heterosexual. For each individual this process occurs in different ways and with diverse feelings.

It was a very painful process. I guess people do not measure the difficulty for a homoaffective if they take over. We assumed that our entire family will suffer because of us, because we ended up frustrating some of their expectations [...] but when I decided to take over, I thought that my happiness depended on it, and that my parents' sorrow and suffering would be momentary. Soon after taking over, I was glad to have had this courage, and my life qualitatively improved. (Y16 ♂)

It is difficult to take the initiative to face the whole family that had no knowledge on the subject. Listening to criticism from family members and even strangers was complicated. (Y15 ♀)

I was asked to leave the house, pretend I was no longer their child, I left and we stayed 4 years without talking, at the age of 18 years old I went back to talk to them. (Y22 ♂)

The results of this research also reveal that the difficulty of many parents' acceptance is related to religious growth, as some believe that homoaffectivity is a disease that needs to be cured with medicines or religion.

With my mother it was like this, she did not believe what was happening, she wanted to take me to church, she wanted me to take medicine, she wanted to make me pray, things like religious fanaticism. (Y6 ♂)

In my family it's just me and my mother, she thought I had a problem that I had a cure to cure, that I had to go to church to brainwash it, that it was a sin [...] it was very complicated, in my mother's family nobody accepts (Y11 ♂)

My whole family had and has a lot of preconception due to belief (referring to religion). [...] Feeling of denial, as if I had a highly contagious disease, I could not talk to anyone and even to give a hug to the people I love! (Y17 ♂)

Analyzing the speeches of young people, it is possible to see that religiosity and its beliefs are closely linked to the prejudice and non-acceptance of sexual orientation by families, since religious belief often maintains its discourses about homoaffectivity, defining it as an orientation that

escape from sexual normativity and, moreover, see it as something wrong in their laws.¹⁵

On the other hand, it is observed that some families, although having difficulty understanding homoaffectivity, respect, even without accepting the young person way of living.

My family respects, does not accept, only respects, they have said that in my personal life [...] it is I who command, they respect what I choose, but they are not in favor. (Y2 ♀)

So now it's very quiet. My father still insists on saying inside the house he does not accept [...], it's okay I go out my friends go there they respect pretty quiet. (Y8 ♂)

Today, because I am an adult, I have my work, and keep me with my expenses, I believe that they do not accept, but also do not question and do not ask. (Y11 ♂)

They do not accept, but respect, [...] they support unconditionally. (Y16 ♂)

Faced with this situation, it is possible to say that both religious and cultural issues can make it difficult or even a barrier in the sexual education of young people, by the family and especially by health professionals,¹⁶ who can sometimes have difficulty Access to youth for activities that involve discussing issues such as sexuality and sexual orientation.

The search for understandings about how it was for young people to become homogenous for the family and society, also revealed that the process was surrounded by violence, especially bullying, self-inflicted violence, psychological violence and physical violence. The following speech portrays the violence practiced by parents against homosexual children:

[...] my father did not accept, he did not respect, to this day I have nicknames [...] girlish, chicken, knows these things as virile [...] I already gave up trying to be respected and accepted by my father (Y6 ♂).

The World Health Organization defines violence as the intentional use of force, power or threat against itself, against another person, or against a group that has the potential to result in injury, deprivation, psychological damage, developmental disability or death.¹⁷ This concept draws attention to the fact that violence must be understood broadly, in addition to acts that result in injury or death.

It is observed in the testimony of the young man that the violence was presented in a verbal form, giving an example that in many cases it manifests itself subtly, difficult even to be recognized/denounced by the victim. Likewise, such

'cursing' behavior reinforces guilt, the fear of prejudice and rejection, constituting itself as a psychological violence. However, one cannot ignore the vulnerability of these victims, who are subject to physical, psychological and social problems, which can accompany them throughout their trajectory, leaving visible and invisible marks.

Among the violence reported by young people is bullying, a word that derives from English and means being brave, frightening the other, characterized by imbalance of power, consequently, repressing, humiliating and oppressing the other.¹⁸ Concept that goes to meet of the young man's speech describing how he was treated, especially within the school:

Today there is a lot of talk about bullying, there was no such thing as bullying, I was called with offensive names, I was a little freak, I was a bitch, [...] some colleagues pushed me, kicked me, sometimes I had to wait for everybody to leave the school to be the last to go home. (Y11 ♂)

At the age of 15 I went to a seminary, fleeing from society, because at school I was the bully, the gay, the fag, at home I did not have any of those nicknames. (Y21 ♂)

In addition to bullying and psychological violence, young people also report episodes of physical violence.

With my father the relationship was already complicated, but after he learned about the sexual orientation of the little son. He said: I have a little son, several nicknames I received at home, and I got physically beaten. (Y6 ♂)

The act of physically violating homoaffective people is linked to homophobia, a situation that occurs, firstly within homes. However, physical violence consequently leads to psychological violence, affecting the youth in its entirety.¹⁹

Another fact revealed by young people was self-inflicted violence, specifically, suicide. The young people reported having suicidal thoughts, and that they came from the process of self-acceptance and acceptance of others - permeated by family and social violence, as the following testimonies illustrate:

For me it was difficult (referring to the moment of discovery), I got sick, I went bad in high school, I rode, I went into depression, I tried to kill myself, I did psychological counseling, my mother took me. The psychologist said: you are like this, and it will carry your life like this. (Y11 ♂)

At eight I felt like a freak, I do not know how to explain, I often went to the bedroom and cried, at school I had some problems, I tried suicide as a child. My mother asks

me to this day why I did it, after I took it on for her, she understood why, but at last I felt bad. (Y21 ♂)

Suicidal thoughts, attempts to suicide, suicide acts, and self-mutilation are classified as self-inflicted or self-directed violence.¹⁸ This type of violence leads the young person to social isolation and suffering, thereby rendering them victims of psychological violence, brutal type of violence that affects young people, affecting their self-concept, self-image and self-esteem. This violence can occur through irrational practices, thoughts deprived of self-criticism and understanding about the subject.¹⁸ Victims of this type of violence need psychological care and accompaniment so that they can understand why it occurred and try to overcome the trauma generated by it.²⁰

Considering the reports of young people regarding the types of violence suffered, it is stressed that violence makes young people vulnerable, especially at the individual and social levels. At the individual level, reported situations of violence can arouse feelings of inferiority, shame, fear and, consequently, trigger suicidal feelings of exclusion and fear, since individual behaviors are related to aspects of cognition, values and experiences, which influence the decisions of the young person against the violence suffered.⁷ Social vulnerability is related to several aspects and factors that help the young person to perceive and to defend themselves from the violence suffered in the streets, in the social spaces frequented by them, especially in the school.⁷

Young people exposed to these types of violence should be monitored by the health sector to construct responses to vulnerabilities in a positive way. There should be attention to the effects that violence may cause in these young people, and psychosocial support is needed. Other relevant spheres and institutions, such as the legal sphere, the sphere of education, culture and others, are articulated by health networks.⁷

Despite the negative experience, permeated by prejudice and violence, young people declare that after revealing themselves to the family, they experienced a sense of relief, freedom, happiness, not lying and/or omitting their sexual orientation, as can be seen in the following speeches:

It was much better than I expected It was contrary to what I expected a reaction from them, so I felt better. (Y8 ♂)

After I told my mother I felt relieved, as if I had taken a load off my back. (Y13 ♀)

A relief. It was wonderful, because I did not have to lie, I did not have to pretend, I was fine, I was homosexual. (Y21 ♂)

It was liberating, because it ended up avoiding several small lies that accompanied my daily life and did me no good. (Y24 ♂)

Young people have stated that their families are influenced by beliefs and religious beliefs, often damagingly when it comes to homosexuality, but over time families begin to accept that homosexuality does not make a young person different from others values and principles. Observing the transition between hiding and assuming homage to the family, it has been realized that the sensation after revelation is a relief, for he need not hide from his family, in spite of all fears, especially the fear of not being accepted.

It has been observed, from the words of the young people, that by assuming homoaffectivity to their families and society, the person that had support and respect, managed to carry their life and to construct with more facility their projects of happiness. By projects of happiness it is considered everything that motivates the existence of the human being and his personality completely. Every human being has principles, identity, values and experiences, which help him to become an integral and complete being, in addition, each one seeks its happiness, defines it in its form. Building projects of happiness is to have something to look for and to follow, acting with caution and especially with self-love, seeking for yourself what you dream for your life. Therefore, with the support of the family, self-acceptance, their sexual identity generates a disposition to fight for their happiness projects and consequently reduces the vulnerabilities that they are affected.²¹

CONCLUSIONS

The study found that most young people discovered their sexual orientation in adolescence, a period of changes and intense discoveries. Because they are in this stage of life, they are not mature enough to face the vulnerabilities of the process of discovering, accepting, and assuming homage.

The vulnerabilities present in this process are expressed in the individual dimension, by the internal conflicts of dealing with their desires and social desires, generated by the little information and the cultural construction on sex and sexuality. In the social dimension, vulnerability presents itself through explicit and implicit violence within the family and social spheres.

Although the programmatic dimension of vulnerability has not been discussed, it is pointed out that programs and policies that address homoaffectivity are recent, and that actions to promote the health and well-being of this population are still incipient. Thus, it is believed that this study brought important elements for health professionals and education do think about their care practices with adolescents.

The research shows that violence permeates the lives of these young people both in the individual dimension (self-mutilation, suicide, self-flagellation) and social (verbal,

psychic and physical violence). As for intrafamily violence, the need for health and education professionals to make interventions and/or denunciations, as well as to engage in a dialogue with families on the importance of assisting their children in this process. As for the violence that occurs in schools, this must be identified, debated and worked in the school and community, emphasizing the importance of implementing the *Programa Saúde na Escola* (Health in School Program) as a possibility to overcome school violence.

This study provides important information about situations of vulnerability experienced by young homosexuals, making it possible to add knowledge in the various fields of nursing and health professionals: teaching, research and professional practice scenarios.

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