Possibilities and limits of public intervention aimed at LGBT+ people in Chile

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Abstract

In recent years in Chile, the demands of LGBT+ groups have intensified and the State has been responding reactively with some public policies and interventions, underpinned by an approach that continues to be binary and hetero-cis-normative. We present the results of qualitative research based on interviews with professionals from various public services and LGBT+ users of these services in three urban cities in Chile: Santiago, Concepción and Valparaíso. Among the main results are the conceptions of “sexual diversity” in the intervention with these groups, and the possibilities and limits that have been articulated in the areas of health

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and education, considering them as two relevant areas in social intervention. It is concluded that an ideal of “diversity” has been extended within the intervention that can cover up new inequalities and reify new positions of subordination of non-normative sexualities, which can contribute to shedding light on a social work more committed to these struggles.

Resumen

En los últimos años en Chile se han intensificado las demandas de colectivos LGBT+ y el Estado ha ido respondiendo reactivamente con algunas políticas e intervenciones públicas, pero desde lógicas que continúan siendo binarias y hetero-cis-normativas. Se presentan resultados de una investigación cualitativa basada en entrevistas a profesionales de diversos servicios públicos y personas LGBT+ usuarias de estos servicios en tres centros urbanos en Chile: Santiago, Concepción y Valparaíso. Entre los principales resultados se encuentran las concepciones sobre “diversidad sexual” en la intervención con estos colectivos, y las posibilidades y límites que se han articulado en las áreas de salud y educación, considerándolos como dos ámbitos relevantes en la intervención social. Se concluye que se ha extendido un ideal de “diversidad” dentro de la intervención que puede encubrir nuevas desigualdades y reificar nuevas posiciones de subordinación de las sexualidades no normativas, lo que puede contribuir a dar luces a un trabajo social más comprometido con estas luchas.

Background

Since the end of the dictatorships in Latin America, the public debate regarding the rights of LGBT+ persons has reached a notorious visibility (Díez, 2013; Galaz et al., 2018), which has led to the creation of a series of legal-administrative devices, establishing a new category in the panorama of public management (Gauché, 2014)—sexual diversity. In Chile, public actions referring to non-normative sexualities have been given through technical indications, protocols, norms, some policies and laws (Galaz et al., 2018). These have not been established from political will, but thanks to the demand of different social movements (Movimiento de Integración y Liberación Homosexual, Movilh, 2016).

During the years of transition in Chile (1990-2005), the rhetoric of consensus and reconciliation, regarding the end of the dictatorship, had as one of its effects the neutra-
lization of difference, forcing diversity to be a “non-contradiction” (Richard, 2010). During the nineties, the demands of collectives with non-heterosexual sexual identities were postponed (Rivas, 2011). Thus, demands such as anti-discrimination laws, civil union or egalitarian marriage, gender identity, sexual and reproductive rights or decriminalization of abortion were not considered at the beginning of democracy.

On the other hand, the maintenance of sodomy as a crime through article 365 of the Penal Code, and the persecution and mistreatment of trans people under the protection of article 373, called Law of Pudor, Morals and Good Customs (Garrido, 2015) account for the criminalization of LGBT+ collectives during these years. The absence of political will to expand the possibilities of LGBT+ people to exercise their rights did not mean that sexualities were excluded from public intervention, but they were addressed as “problematic”. Thus, they were sanitary controlled due to the risk of HIV/AIDS, actions that rather than information or prevention, sought to protect the population of groups considered as “dangerous” for national health (Cabello, 2014).

This period is crossed by emblematic cases: in 2005, due to the trial of Karen Atala, lesbians were installed in the public debate within the framework of the family (Cabello, 2014), strongly crossed by heteronormativity and related to its recognition by the State as the basic unit of society. Since 2011, the demands for equal marriage have become stronger, installing itself as “a main demand of societies and cultures that seek to propose an image without discrimination and in favor of the rights of the excluded” (Cabello, 2014, p.19). On the other hand, the brutal murder of Daniel Zamudio shocked the country in 2012, which made possible the approval of the anti-discrimination bill that raises for the first time sanctions for crimes for reasons of discrimination. Finally, after an intense social mobilization, in 2019 the Gender Identity Law was approved, which still does not have the expected effects of recognition in trans collectives (Canales and Mallea, 2018).

During these years, the Chilean State has been pressured by the need to make itself visible as a modern nation respectful of Human Rights (Sabsay, 2011), seeking various strategies to address the “progressive agenda” of sexual diversity that in other parts of the world was already beginning to be installed (Sabsay, 2016).
Theoretical elements: State, governmentality and LGBT+ people

In order to understand public intervention in the field of sexual diversity, the State should not be understood as a supreme, autonomous, homogeneous entity that generates certain social orders, but rather as an integral and changing part of the diverse historical social processes through which societies pass. This would imply thinking of the State as a process and not only understanding it from its institutional and structural variants. In the end, the focus is on the power exercised by the State through a series of mechanisms and institutions, rather than on the definition of the State itself. The task is to visualize the movement by which the State constitutes, through diverse mobile technologies, a field of truth with objects of knowledge; to analyze the technologies of power put into use and their effects, more than the functions that the state role fulfills (Bolívar, 2019).

The principle that sustains the field of state intervention is the need to ensure certain internal social cohesion and transform situations that are understood as problematic or of inequality among its members. This state intervention, materializing for example in various public policies and direct interventions, can no longer be thought of in the traditional hierarchical binomial way. It needs to be understood not only in terms of the practical measures to solve a specific problem, but in the tangle of meanings, actions and agents involved that it implements (Lascoumes and Le Galés, 2012).

We will consider that the social constructions that enable the emergence of certain social categories such as the so-called “sexual diversity” are framed in “semiotic-material matrices” (Estrada-Mesa, 2018; Hacking, 1999). These constitute classifications of subjects, establish what is and is not an addressable social problem, determine practices and limit the repertoires of nomination that have effects on materiality. Following Bacchi and Goodman (2016) we can affirm that the ways in which social problems are represented can themselves be addressed as political interventions that constitute political problems in different contexts. In a certain way, when analyzing public intervention we try to unravel, as Deleuze would say, the lines of a dispositif, its curves of visibility and its curves of enunciation. “What is certain is that devices... are machines to make one see and to make one speak” (Deleuze, 1990).

Thus, public intervention installs ways of understanding and acting that directly affect the trajectories of the subjects it considers as the center of its action. State action establishes procedures and mechanisms that determine which people are included or exclu-
ded from the systems. The device determines how people are named and what remains unnamed.

Therefore, in this article we focus precisely on analyzing public intervention to see how these regimes of light and enunciation of the device -on the construct of “sexual diversity”- are deployed and what is left in the shadows.

Such deployment is framed in power relations that are convenient for certain social orders, through the production of intelligibility regimes that legitimize certain truths against others and in which the practices of government and domination of populations are linked. This set of practices and operations of government make it possible to constitute, define and organize populations in such a way that it is not necessary to resort to the very exercise of force and coercion of the juridical paradigm in order to exercise power (Foucault, 1975).

**Social subjects and identity policies**

Generally, the articulation of public policies on an issue has, as a condition of possibility, the categorization based on specific social subjects - in our case LGBT+ people. Thus, access to rights is mediated by this identity belonging, and by the ways in which people are located in relation to certain discursive repertoires, temporal and geographical contexts (Ema-López, 2004). Therefore, many public policies and interventions respond to social actions that evidence a recognition of rights associated with determined identities, i.e., focused on identity categories (Romero and Montenegro, 2018).

In this sense, the so-called identity politics - in which many of the public policies, but also some LGBT+ struggles, are inscribed, give a certain centrality to the consideration of “social subject”. This leads, according to Ema, to public intervention being an expression of a certain prior nature that needs to be recognized, either through the accessibility of equal rights for all people, or by granting specific rights that are justified on the basis of a differential identity.

Some of the so-called politics of difference (or of identity) take as a starting point for their demands the recognition and valuation of a fixed and delimited identity (but now self-designated and assumed as their own, not imposed) as the ultimate legitimization of specific rights (Ema-López, 2004, p.9).
In most public policies with an identity-based approach, an essentialist view of subjects continues to prevail, as entities that give meaning to social processes by being considered the source and antecedent of action. As Butler argues, to think that subjects pre-exist politics, would imply

\[ \textit{a) that the capacity for action can only be established by recourse to a pre-discursive “I”, even when this is in the midst of a discursive convergence, and b) that to be constituted by discourse is to be determined by it, where determination cancels the possibility of action.} \]

(Butler, 2001, p. 174)

Therefore, the fact that public intervention is framed within this identity vision may affect the possibilities of agency of the social collective, to the extent that it establishes frameworks of possibility to make a “good subject” of that policy -even if it is positioned as resistance to those nominations. Ema López will say that the contradiction, therefore, “of this essentialist position lies in the fact that it fixes, determines and obliges the very subjects it pretends to represent and liberate” (2004, p. 9).

From intersectional feminist perspectives (Hill-Collins and Bilge, 2019) the risk of essentialism in the development of collective projects and demands has also been problematized, paying attention to the potential invisibilization of intragroup differences, which needs to be countered with more complex and intersectional notions of community and politics. This translates into paying attention to the power relations that produce social inequalities, without ignoring the fact that it is particularly subordinate groups that need to make strategic use of identity politics to advance their particular demands, termed “strategic essentialism”.

**Methodological notes**

The present research is ascribed to a sociocritical approach to social sciences (Edwards and Potter, 1992; Garay et al., 2005; Gergen, 1996). Therefore, it was carried out through a qualitative research methodology (Palumbo and Vacca, 2020) since social reality was considered as a set of interpretable relationships between subjects (subjects and objects), in a given sociohistorical context. It should be noted that qualitative research methods aim at understanding phenomena in terms of their meanings and refer both to ways of approaching knowledge and to the modalities of its analysis (Hammersley and Atkinson, 1994).
For this purpose, 40 in-depth interviews and 6 discussion groups were carried out, which allowed access to the dynamics of the relationship between the people involved and to the universe of meanings of these agents in their relations with the State, referring to past or present actions. The selection criteria for the social interveners interviewed and participants in the discussion groups were: a) that they had been working for more than one year on issues related to “sexual diversity”, b) that they worked in a public institution (education, health, municipality, etc.) and c) that they worked in the three urban centers of the research (Santiago, Valparaíso and Concepción). In the selection of users, it was considered that: a) they self-identified as LGBT+ (considering the variability of each identification in the three urban centers), b) that they had attended, at least once, a public service, and c) that they were of legal age and residents in the cities mentioned above. Each application of the instrument in the field had an informed consent form duly signed by the participants, and the identity and confidentiality of the data collected was guaranteed (Villarroel, 2020).

We present below the main results of the research in three categories: a) the conceptions that are raised about the construct of “sexual diversity” in public intervention; b) actions in health, as one of the social spheres that emerges with more direct actions in relation to this group in Chile; and c) actions in education, as another area of special relevance in relation to LGBT+ experiences. It is important to note that the fieldwork of this research considered various areas of public intervention, however, the largest number of policies and devices consolidated over time since the post-dictatorship period to date on “sexual diversity” are concentrated in education and health. Therefore, in this article we wanted to focus on unveiling the logics of operation specifically in these fields.

**Results: problematic construction of “sexual diversity”**.

First, in the different public interventions it is possible to visualize the persistence of a binary and heteronormative understanding around sexualities. That is, generally the problematic issues that are framed as “problems to intervene” (Galaz and Montenegro, 2015; Romero and Montenegro, 2018) linked to sexualities are understood under the dyad male/female or hetero/homosexual. This leads to priority consideration of actions referring to, for example, teenage pregnancy or sexually transmitted infections; violence in heterosexual couples, the defense of the right to civil union and/or marriage between homosexual persons, among other topics.
In the following account, the heterosexism (assuming that people are heterosexual) and heteronormativity experienced in the social intervention by LGBT+ people are precisely described:

*The intervention is generally marked by heteronorma. From the first treatment, it is taken for granted, you go to ask something and it is taken for granted that you are straight, that is to say that nobody thinks that maybe you are not. Unless it is something very marked, of physiognomy, people do not question it. The concept of diversity in this sense is one of abnormality. There is the concept of heteronorma as normal, so ah, they are different! you have to treat them differently and we are all different. That is, whether you are straight or not, everyone is different, when all straight people are different too. But this is invisible. They continue with a binary vision in terms of the fact that, in other words, the care files that arrive at the centers talk about people, that is, they talk about gender and they talk about gender identities, but they are not well disaggregated in our opinion... we reviewed these guidelines that arrived, we made observations at regional and national level, but they remained the same. So, there is a binary idea, as well as the identities because they make the separation in trans, that is, talking about transfeminine or transmasculine and not talking about non-binary trans, so there is also a lack of information and knowledge in professionals.*

*(Interview, practitioner- gender expert 7, Talcahuano).*

In recent years, the progress in the social recognition of transsexual and transgender people worldwide has also had its correlate in the daily public intervention, generating various actions in different areas - legal, health, education, for example. The binary and heteronormative approach makes intragroup differences invisible, homogenizes sexual diversity, and overemphasizes differences between heterosexual people and LGBT+ communities.

At the same time, in some cases, reductionist approaches to intervention are reproduced by focusing only on some aspects of the needs of trans people (social name recognition), leaving other needs that stress less visible structural areas (such as labor market insertion). This can also be linked to the fact that the demands of LGBT+ movements are often limited to social recognition and cultural visibility, neglecting structural aspects of redistribution (therefore, of the economic, social and political rights of these groups). This leads to the fact that many LGBT+ issues remain in the opacity of intervention, without sustained actions over time and with invisible themes. Only recently, in some areas, interventions focusing on trans people’s problems have emerged, such as accompaniment in hormone treatment and identity transition processes, or legal support for the change of formal name.
In the following quote, a surgeon explains that in the care of trans people in recent years, little room is left for the autonomy of individuals, due to stereotypical views of trans people from the medical point of view, which are limited to the permanence of the male-female binary and the existence of fixed and static identities:

*There are people who make a bodily, hormonal transition, but they do not want to make their genital adaptation, because for them the gender condition is not linked to having a penis or a vagina. Here it is respected, but in other places, no, they are instructed to transit, to have a fixed identity. Western society gives too much importance to being a woman, being a man. From early childhood, from dressing children in pink, blue, light blue, from the way I have been educated since I was a child... I believe that the most important thing is the individual. And if that individual identifies herself as a woman, fine, and if she identifies herself as a man, great, and if she wants to do male things that society says are male and she is a woman and wants to do them, great too. To ask for a third sex for this type of patient is to give even more importance to the issue of binarism.*

*(Health professional, Santiago)*

The growth of dissident sexual collectives has allowed the establishment of strategic alliances in direct social intervention. The research showed how more and more NGOs and recognized activists are involved as “experts”. They are not only consulted on certain issues, but are also invited to projects or training programs in various areas, especially in health and education. In the following quote, the need for this articulation is precisely emphasized, especially in view of the lack of information and training of professionals:

*Of course, it is like an apostolate (slight laughter), it is more demanding because you have to get together, agree, transmit information, we are resisting and trying to maintain ourselves as a group and then get into spaces to raise awareness, generate agreements with schools, with medical centers .... disseminate, train? The fact is that, if we do not do it ourselves, even though we also work, nobody does it. It is a common but necessary effort.* *(Dissident sexualities discussion group, Santiago)*

Although we value positively the involvement of diversity or sexual dissidence groups in the training of social services, it is, at the same time, problematic that the responsibility is placed on LGBT+ people and groups themselves, and that, as they say, if they do not take charge “no one does it”.
At the same time, there are tensions and disputes among the mobilized collectives, particularly with respect to groups that have come to hegemonize the spaces of social intervention in LGBT+ issues. As seen in this quote:

*The problem is that they always reach agreements and they always appear those of the X, gay men’s organization, leading, speaking and for the photo. In addition, they place their issues and our issues are often relegated. That is why we decided to set up these working groups because we want to make other issues visible and also so that the same people aren’t always speaking and taking our voice. (Lesbian and bisexual discussion group, Talcahuano)*

Recurrent criticisms include how certain intervention spaces are appropriated by some groups and their particular interests linked to specific experiences and identities, to the detriment of other LGBT+ needs and demands. This allows us to problematize how intra-group differences, power relations, specificities and multiplicity of experiences and needs can be made invisible under the umbrella of “sexual diversity”. As pointed out in this excerpt, the leadership of gay men operates in this case to the detriment of the visibility of the needs of other sexual and gender identities.

**Health as an area of reception and/or reproduction of differences.**

The area of health emerges as one of the most demanded by LGBT+ populations in the country. Since the return to democracy, it is one of the areas where more public actions have been carried out for better care. Among the latest interventions, for example, is the creation of specific units focused on gender identity in various regions of the country (Valparaíso, Concepción, in some hospitals in Santiago and Copiapó) in which surgical needs and requests for hormone treatment, gynecological and endocrine support, psychological and psychiatric care referrals are mainly attended. It should be noted, however, that these recent units are not part of a ministerial public policy, but have been created under the protection of professionals sensitive to trans difficulties, who have developed in their hospital units pressures so that they can be installed as a service. In many cases, these areas do not have specific budgets and depend on the donation of time from other units so that professionals can participate in their care. In this way, it is evident that the health of LGBT+ people, more than a public policy, is emerging as a matter of professional sensitivity. The professional interviewed in the following interview highlights precisely how difficult it has been to install the issue in certain public centers:
It is a crossroads. It is that it is not a disease, so it is difficult to install the issue in the health services, considering that it is not a disease. But it is a right of the people to have the required benefits, and if the benefits they need are hormonal treatments that must have medical supervision, that must have controls, check-ups, examinations or some surgical intervention to be able to have a gender transition process as it should be, then it is an obligation of the hospital that they can have access to these benefits. It is complex but yes, it is a right of the people because they do not have a disease or something life-threatening or something like that does not mean that it is not important for that person. And it is also a vital risk in the sense that, as I was saying, suicide attempts are so common and so high that, if they are not given an opportunity, an access to health care, these people end up dying and they die without having any pathology. (Health professional interview, Santiago)

In the three urban cities, there are articulations between the activist world and health centers, making possible some campaigns for the dissemination of rights at the local level. An example of this is a case in the Bío Bío region, where the link between trans, lesbian and bisexual people and a local hospital has made possible the design and development of policies for the promotion of rights. Thus, from the activism, with its pressure for greater recognition, public policies were established “from below”, constituting the “LB Activist Board” (lesbians and bisexuals) and the “Trans Activist Board” (transsexual, non-binary and intersex people). They negotiated the conformation as a health unit of the hospital, carrying out a series of internal and external campaigns to raise awareness about the health rights of LGBT+ people, but also a protocol of care transversalized within the hospital.

We saw that one of the problems we had was health care (...) and we even sued the hospital until we reached an agreement recently. We have designed posters that we have hung in the care boxes, we have used the hospital’s facilities. When we hand out information leaflets on care for lesbians, bisexuals and transgender, people get angry and go out of their minds, because we are occupying a public space, spreading information that they do not like and that for them goes against nature... there you see and experience certain clashes, but still, you try to be as respectful as possible and if you do not want to receive the information that is fine, but it is not necessary to make a fuss... but we continue to occupy that public space. We managed to establish a protocol of care that is now mandatory, and we generated ongoing training courses for professionals and administrative staff of the hospital. (LGBT+ activist, Personal interview Concepción, August 30, 2018).

Despite these openings through health intervention, within biomedical care a reification of sexual differences is also highlighted, in which LGBT+ people emerge in a position of subordination with respect to cissexuals. Arguments are traced regarding the priori-
tization of health needs in a public subsidiary system with a scarce budget, where it is emphasized that LGBT+ demands cannot have a privileged place since there are other needs of greater importance in terms of public health (terminal diseases are particularly emphasized). Sensitized professional sectors, but a minority within the system, refute this argument by pointing out that the health demands of the non-heterosexual population should be considered as a public health problem and not as an aesthetic issue, where it has been placed in order to minimize its importance and avoid positioning it as a programmatic axis, as condensed in the following quote:

*We rely on notions of respect and equity. If there is a patient who can be included as part of the diversity, he/she should be attended as a right, with respect, with a social name, and according to his/her own sexual orientation or gender identity; which sounds very simple, but it is not easy to work within, because there is resistance from professionals and they do not see it as a public health problem. (Interview with health professional, Concepción)*

Likewise, the resistance of some professionals when attending to the LGBT+ population due to prejudices and stereotypes is also highlighted. Some users interviewed emphasize that the first care is usually from a cis-heterosexual perspective, which in many cases inhibits adherence to treatment or attendance to public medical centers; or else, they are treated based on existing stereotypes about dissident sexualities, which causes desertion and rejection of the health system. This leads people to seek solutions and advice from their own networks, outside the formal system.

In general, the prevalence of a binary and biologicist approach in the practice of direct care is highlighted, denouncing the lack of professional training in sexual variability and its specific needs. The use of stereotypical labels of sexualities is also related to moral objections present in health professionals, who from conservative logics consider these groups as deviant or outside the social norm.

*They treat you as heterosexual from the beginning, that inhibits lesbian, non-binary or bisexual women from coming, because they do not feel welcomed and go once and do not continue going... others do not continue going because when they say their orientation or identity, they only receive prejudice in response, or violence directly, because some are treated badly as weirdos, so they do not continue going... in the end people pass information informally or through the networks among us. (Focus group, Concepción)*
**Possibilities and limits in education**

In Chile, there has been since 2012 the anti-discrimination law and from 2017 a circular with guidelines for the integration of trans children, but both normative bodies are not implemented in a transversal way in public and/or private schools².

There is, however, a gap between the regulations and their implementation on a daily level: on the one hand, it is due to the principle of freedom of teaching, a justification that some establishments use to hinder the development of sex education to their students and attention to all sexualities. The lack of knowledge of management teams and teachers on how to methodologically translate regulations into concrete actions within the schools, without falling back on problematic stereotypes, is also highlighted, taking into account the training gap declared in their professional careers on sexuality issues.

A “we don’t know what to do” constantly emerges in schools, especially in the face of greater visibility, pressure and claims from the student body of dissident orientations and identities. The following quote highlights that it is difficult to reach sectors of the teaching staff that are more reluctant to open up on these issues, since the training is voluntary:

> The problem we had is that the ministry’s bet was to train teachers without any link to the school institutions. The teacher who wants to be trained is trained. It does not reach those who are not sensitized. But a teacher on their own, if they do not have the support or the interest of the school, of the community in general, what they manage to do is very little. So, there was a bet with little political will (...) then what Piñera did afterwards is one of the worst things: to commercialize sex education since each school, if it has money, hires and also hires what it wants. What he did was to give responsibility to the schools, it was the schools that were called to hire, to have a program, to make an ideological bet. They worked with the logic of the emerging curriculum, which is not only timorous in terms of the fact that they are not doing something minimum that you say “let’s make these definitions about sexuality!” but it is also overly optimistic as it is very difficult for the teacher to design learning units on their own. Because they don’t have time to do it, because they don’t have the competencies.”

*(Education professional, Personal interview, Santiago)*

On the other hand, in the field of education, moral objections are once again raised by professionals. In this sense, the ideological character of the various ministerial guideli-

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²The Gender Identity Law has been in force since 2019, but the fieldwork for this research was carried out when it was still under parliamentary discussion.
nes in accordance with the governments in power in democracy and their openness or rejection of sexual dissidence is also highlighted, as the following professional points out:

*We can also reach alliances with certain schools, and in others they do not allow us to enter. Last year, in some of the schools where we did workshops together with the health services, we received complaints from parents and they asked us to inform the schools beforehand, so that they would not send their children.*

(Professional focus group, Santiago)

Even so, since the 2000s, some actions have been designed and implemented regarding sex education and its link with LGBT+ experiences. However, these may be limited by structural factors, such as the possibility of accommodating this type of training to the school’s own educational project, and the availability or lack of economic resources to access specific training services (especially in private education) or to access free services (in public schools). At the same time, it is noted that sexuality education is mostly weak and tangential and is not valued as an essential aspect to be incorporated into the school curriculum.

When it is incorporated, a strongly biologicist and heteronormative approach persists in the training received by students and educators: that is, they focus on topics such as the prevention of teenage pregnancy and the transmission of sexually transmitted diseases, with little reference to other sexualities, affectivity and desire in their multiple possibilities and experiences, as emphasized by the following expert:

*We have elements of sexuality in the curriculum, in two subjects, in guidance and in natural sciences. But it is very precarious in this subject, it has to do with how to handle affection in the case of orientation, it is a conservative curriculum. And in the natural sciences, fundamentally issues that have to do with sexual initiation, with anatomy, things like that, a quite heterocentric curriculum, because it has to do with how to avoid getting pregnant or transmitting diseases (...) Last year we did a curriculum review and a comparison with international standards of sex education. And what we found is that in Chile 34% of the international standards are addressed and that 34% were some things about affection, and then what has to do with sexual orientation in biology with the older children. But other elements, which has to do more with cultural elements on sexuality, are due (Professional Ministry of Education, Personal interview Santiago, May 17, 2018).*
In some educational centers it is emphasized that in recent years workshops have been held for the understanding of dissident sexualities and some actions have been incorporated towards LGBT+ populations, such as the availability of non-binary bathrooms, the possibility of modifying or selecting the school uniform according to the orientation/identity of the student body or the use of the social name. However, though these initiatives can be considered as signs of openness towards some non-heterosexual experiences, at the same time, there is little complex treatment regarding the structural inequalities in which these trajectories are framed, being reduced to specific material aspects that, although necessary, are positioned as if it were the only thing to be addressed, leaving in suspense other aspects such as the prevention and eradication of violence directed against the LGBT+ population, which is conveyed by the school dynamics at multiple levels.

Almost nothing in terms of homo/lesbo/transphobia, I would say it is practically nothing... it is always the issue of care of sexually transmitted diseases or teenage pregnancy, the typical, but it is difficult even to distribute condoms as I was saying, resistance from schools and families, but some schools are beginning to open up, although also with a lot of stereotypes... they end up spreading the word that they put in bathrooms or especially the use of the name, but something more comprehensive, no, it is difficult. (Professional focus group, Santiago)

Thus, the measures adopted continue to be limited both in addressing forms of violence and discrimination that affect the LGBT+ population, and in developing broader and more complex perspectives that allow, for example, to make heternormativity visible as a system of power that impacts the lives of all people, not only the “diverse” ones, but with differentiated effects. What is undoubtedly left unattended is the challenge of deheterosexualizing education and pedagogy (Flores, 2017). In the educational field, sexual dissident pedagogies have much to contribute, for example, having focused on “the production of heternormativity from ignorance, through the ways in which the school restricts certain subjects, corporealties and ways of enunciating desires that are considered deviant and impossible” (Troncoso et al., 2019). In this sense, it is important to recognize that the LGBT+ community has contributed not only with demands and activism, but also with knowledge and pedagogical approaches that are often ignored in general pedagogical training and that could contribute a lot to the training of educators who insist on “not knowing what to do”, so that they have tools to recognize, question and confront the hetero- and cisnormativity in the educational system and policies.
Conclusions

Despite numerous advances in the attention and recognition of the LGBT+ population in Chile, multiple problems and tensions remain, which illuminates critical ways to carry out a more relevant social work. On the one hand, we continue to intervene under a logic that positions the “problem” and the responsibility to solve problems in LGBT+ people and groups, without questioning the more structural and systemic dimensions of reproduction of cis-heteronormativity. This entails an approach to diversity as a benign variation that invisibilizes power relations assuming a harmonious range of diverse subjects (McKinzie and Richards, 2019).

With this as a horizon, from a critical social work (González-Saibene, 2021; 2015) the design of highly identitarian policies and interventions can be tensed, problematizing their essentialist and homogenizing dimensions, to give a turn that allows for unraveling those structural and contextual conditions that hinder precisely the trajectories of more complex recognitions of these collectives. González-Saibene (2021) - by re-reading the rupture that reconceptualization meant for Social Work - emphasizes the importance of critical epistemic positions in the discipline in order to be able to accompany subalternized populations in their exercise of rights and citizenship from “grounded” interventions. More than 20 years ago, Dominelli and MacLeod even called for the promotion of a “feminist social work” that would work not only with individuals in isolation, but also from transformative approaches that would consider the matrices of inequality and contexts (Dominelli and MacLeod, 1999).

As we pointed out above, the public intervention that many social workers reproduce is limiting when it is articulated as an identity device (Romero and Montenegro, 2018) that establishes what to see, what to attend and how to name, invisibilizing intragroup differences or reproducing stereotypical representations of lesbians, gays or trans people, losing sight of how differences are produced in the midst of power relations and hierarchies that produce inequalities. The practice of feminist social work, according to Wendt and Moulding (2016), allows for transforming the traditional ways in which social work has considered both gender and sexualities, to emphasize the power relations that sustain these notions.

That exercise of Social Work in the face of social policy, runs the risk of reifying and reproducing structural inequalities. This a priori construction of the subject that precedes the intervention itself - by agglutinating the needs in a nebulous whole called “sexual
diversity” - has the effect of homogenizing the particular needs and the violence that sexual diversity and dissidence may experience. A critical Social Work from intersectional perspectives can tension these configurations, taken for granted in the logic of intervention, bringing the questioning to structural conditions, to pay attention to how particular experiences of exclusion, marginalization and oppression materialize in the midst of articulated systems and structures of power (Troncoso et al., 2019). Destabilizing essentialist and reductionist identity approaches is necessary to enable other and multiple forms of life, experiences and promote a sharper and more complex reading of the contextual conditions in which the everyday experiences of LGTBI+ people are situated. In fact, this is consigned as part of the discipline’s mission: in the global definition of Social Work of the International Federation of Social Workers (2014) it is stated that reflections regarding the various sources of oppression and/or privilege, based on differences such as gender, sexual orientation, class among others, are fundamental, and to establish action strategies that address not only individual but structural problems.

At the same time, in the field of social intervention, personal will often prevails over programmatic political actions to ensure dignified and respectful attention to the LGBT+ population. In addition to the above, a recurrent criticism of the lack of updated and critical training in gender and sexuality issues for professionals in education, health, and other areas is visible, being the LGBT+ collectives themselves the ones who have to assume, often without remuneration, this training work as part of their activism. This reveals not only the need for a transversal public policy -absent until now- that guarantees rights to the LGBT+ population, but also the importance of this process being participatory and binding in direct relation to the social collectives (policies that are made from below), in order to ensure a process that is more relevant (Silva et al., 2020).

In relation to the aforementioned, it continues to be very difficult to advance to more integrated and intersectional approaches (Hill-Collins and Bilge, 2019; Troncoso et al., 2019) in Social Work, which allow for making visible how various power structures (heteronorma, patriarchy, neoliberalism, etc.) are articulated among themselves, impacting in different ways on the experiences and material life conditions of LGBT+ people and collectives that are situated in turn in various historical, social and economic contexts. In this sense, a critical social work implies unraveling the mechanisms in which the different categories from which the subjects are understood are produced, the excluding logics and the power effects they entail, but without obviating these categories, but rather addressing the ways in which they establish a certain normalized social order through institutional practices. As Romero and Montenegro (2018) point out, an
intersectional analysis is required precisely to prevent these categories from being seen as neutral and aproblematic.

Finally, in order to advance the needs of the LGBT+ population in Chile, it is necessary to work in parallel in different areas to: incorporate and duly value knowledge about genders and sexualities in education (particularly knowledge built by LGBT+ people and communities); recognize sexual diversities and dissidence in all areas of human relations and public policies; advance in depathologization and avoid the fetishization of diverse sexualities and gender identities; and resist the depoliticization of diversity that makes it appear as a mere benign variation of differences, making invisible in its approach the relations and inequalities of power (in its structural, systemic and interpersonal dimensions), which are materialized in the experiences of exclusion, discrimination, oppression and violence that we need to eradicate.

As highlighted by María Eugenia Hermida (2020), we find ourselves in a third interruption of social work that implies decolonizing and depatriarchalizing it, but not only in terms of practices oriented towards the “outside”, but also by revisiting the discipline’s own ways of seeing and doing. The author concludes that it is necessary to “break into the categories that prevent us from thinking, in order to be able to see those other experiences that enable social justice and a dignified life” (p.116).

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