

Violência interpessoal contra homossexuais, bissexuais e transgêneros

Interpersonal violence against homosexual, bisexual and transgender people

Violencia interpersonal contra homosexuales, bissexuales y transgénero

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Abstract

Objective: To analyze the sociodemographic profile of homosexual, bisexual, transvestite and transgender people victims of interpersonal violence in São Paulo - SP, the context of the occurrences, the aggressor characteristics of and the referrals made to the victims.

Methods: This is a cross-sectional study developed through the analysis of notifications of suspected or confirmed cases of interpersonal violence, from 2016 to 2020, in the city of São Paulo, contained in the Notifiable Diseases Information System. Data collection was carried out between February and March 2021. For statistical analysis, Fischer's exact test and Holm-Bonferroni method were used.

Results: A total of 4,828 notifications of violence against homosexual, bisexual, transvestite and transgender people were obtained. The most affected age group was between 20 and 34 years old (48.2%), with brown or black skin color (51.5%) and with complete high school (24.7%). The aggressors were men (64.5%) aged between 25 and 59 years (56.3%). Homosexual men were more associated with physical violence, while homosexual and bisexual women suffered greater psychological violence ($p < 0.001$). Transvestites and transgender women with less education were more victimized. There was an association between physical violence and sexism ($p < 0.003$) and psychological violence with homophobia or transphobia ($p = 0.016$). Referrals to the health care network and sexually transmitted infections prophylaxis predominated.

Conclusion: Young adults, brown or black, with elementary or high school education were the main victims. The assaults took place at home or on a public road, provoked by men older than the victims, motivated by sexism, homophobia/transphobia or generational conflicts. There was an association with alcohol consumption by the aggressor.

Resumo

Objetivo: Analisar o perfil sociodemográfico de pessoas homossexuais, bissexuais, travestis e transgêneros vítimas de violência interpessoal em São Paulo – SP, o contexto das ocorrências, as características dos agressores e os encaminhamentos feitos às vítimas.

Métodos: Estudo transversal desenvolvido por meio da análise das notificações de casos suspeitos ou confirmados de violência interpessoal no período de 2016 a 2020 na cidade de São Paulo, contidos no Sistema de Informação de Agravos de Notificação. A coleta foi feita entre fevereiro e março de 2021. Para análise estatística, foram empregados o teste exato de Fischer e o método de Holm.

Resultados: Foram obtidas 4.828 notificações de violência contra homossexuais, bissexuais, travestis e pessoas transgênero. A faixa etária mais acometida foi entre 20 e 34 anos (48,2%), de cor de pele parda ou preta (51,5%) e com ensino médio completo (24,7%). Os agressores foram homens (64,5%) com idade entre

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25 e 59 anos (56,3%). Homens homossexuais tiveram maior associação à violência física, enquanto mulheres homossexuais e bissexuais sofreram maior violência psicológica ($p < 0,001$). Travestis e mulheres transgênero com menor escolaridade foram mais vitimizadas. Houve associação da violência física ao sexismo ($p < 0,003$) e da violência psicológica à homofobia ou transfobia ($p = 0,016$). Predominaram encaminhamentos à rede de assistência à saúde e profilaxia às Infecções Sexualmente Transmissíveis.

Conclusão: Adultos jovens, pardos ou negros, com ensino fundamental ou médio foram as principais vítimas. As agressões ocorreram na residência ou em via pública, provocadas por homens mais velhos do que as vítimas, motivados por sexismo, homofobia/transfobia ou conflitos geracionais. Houve associação ao consumo de álcool pelo agressor.

Resumen

Objetivo: Analizar el perfil sociodemográfico de personas homosexuales, bissexuales, travestis y transgénero víctimas de violencia interpersonal en São Paulo, SP, el contexto de los episodios, las características de los agresores y las orientaciones dadas a las víctimas.

Métodos: Estudio transversal llevado a cabo mediante el análisis de las notificaciones de casos sospechosos o confirmados de violencia interpersonal en el período de 2016 a 2020 en la ciudad de São Paulo, incluidos en el Sistema de Información de Agravios de Notificación. La recopilación se realizó entre febrero y marzo de 2021. Para el análisis estadístico, se empleó la prueba exacta de Fisher y el método de Holm.

Resultados: Se obtuvieron 4.828 notificaciones de violencia contra homosexuales, bissexuales, travestis y personas transgénero. El grupo de edad más afectado fue entre 20 y 34 años (48,2 %), de color de piel parda o negra (51,5 %) y con educación secundaria completa (24,7 %). Los agresores fueron hombres (64,5 %), entre 25 y 29 años de edad (56,3 %). Hombres homosexuales tuvieron una mayor asociación a la violencia física, mientras que mujeres homosexuales y bissexuales sufrieron mayor violencia psicológica ($p < 0,001$). Travestis y mujeres transgénero con menor escolaridad fueron más victimizadas. Hubo asociación de la violencia física al sexismo ($p < 0,003$) y de la violencia psicológica a la homofobia o transfobia ($p = 0,016$). Las orientaciones predominantes fueron derivación a la red de atención a la salud y profilaxis para las infecciones de transmisión sexual.

Conclusión: Adultos jóvenes, pardos o negros, con educación primaria o secundaria fueron las principales víctimas. Las agresiones ocurrieron en la residencia o en la vía pública, provocadas por hombres mayores que las víctimas, motivados por sexismo, homofobia/transfobia o conflictos generacionales. Hubo asociación al consumo de alcohol por parte del agresor.

Introduction

In different periods and in various cultures, homosexuals, bisexuals and people whose gender identity contradicted biological sex were associated with some diseases and sin, being repudiated, segregated and suffering violence. However, over the last three decades, progress has been made, even if moderate, in several countries, on the rights of Lesbian, Gay, Bisexual, Transgender and Transvestite (LGBT) people, with gradual expansion of more coherent public policies, increased visibility and health promotion actions to their demands. Such aspects would supposedly reduce interpersonal violence, which can be understood as assault, of different natures, against others, affecting their physical, psychological, social or moral integrity and/or their assets and values, caused by acquaintance or not.⁽¹⁻³⁾

International studies^(4,5) indicate that appropriate public policies, increased empowerment of people and respect for sexual diversity are constructive elements for improving the quality of life of homosexual, transgender and other members of society, reflecting a reduction in injuries, such as interpersonal violence of any typification. To this end, communities, states and countries should use resources

such as health surveillance to closely monitor cases of violence and implement actions in an agile and coordinated manner with other sectors (such as education and public safety), in order to prevent and mitigate this injury, in addition to monitoring victims for further damage control.

In Brazil, there was special concern about the LGBT agenda between 2003 and 2016, and advances in the health and education field were promoted, aiming at meeting the demands that social movements demanded to improve and recognize the lives of these people. We highlight the legalization of same-sex marriage, the creation of state and national policies of integral health of LGBT, as well as advances in relation to sexual and reproductive rights and homoparentality. This period, although succinct, showed positive but unsustainable results in relation to public policies, even allowing recent setbacks. The rise of liberal and conservative governments caused discontinuities in the achievements and affected the fundamental rights of this population, in addition to promoting violence publicly through incitements and speeches by some leaders. Added to this, the lack of resources and institutionalization of these policies made them short-lived and effective over the following governments, requiring new and effective policies.⁽¹⁻³⁾

LGBT people suffer numerous intentional violence in the form of moral and physical assault, threats or deeds throughout their lives, characterizing interpersonal violence. Violence against this population is usually motivated by homophobia, which is an aversion or rejection of homosexuals, also extended to bisexual and transgender people. This hostility may be present in institutions, families, communities, public spaces and private sectors.⁽²⁾

Studies indicate an increase in crimes of intolerance and hatred against this population, which lead to personal, collective and social damage. Among the implications are morbidity and sequel, mortality and costs associated with treatment and rehabilitation of victims, including psychosocial ones.^(5,6)

According to the Ministry of Health, suspected or confirmed cases of domestic/intrafamily, sexual, self-harm, human trafficking, slave labor, child labor, torture, legal intervention and homophobic violence against women and men of all ages must be notified and must be done rigorously by the health professionals who care for the victims.⁽⁷⁾ Health professionals, invested with their technical knowledge, must fill out the notification form of interpersonal and self-harm, even if there is no confirmation of violence. Through this determination, the cases that occur must be recorded for further elaboration of indicators.^(7,8)

This study aims to answer the following questions: What is the sociodemographic profile of LGBT people who are victims of interpersonal violence, assisted by health services in a large urban center, the aggressor characteristics and the referrals made? It is expected that detailed knowledge can guide guidelines for program planning and implementation of policies for violence prevention and control.

Thus, this study aimed to analyze the sociodemographic profile of LGBT people victims of interpersonal violence assisted by health services in São Paulo - SP, the context of the occurrences, the aggressor characteristics and the referrals made to the victims.

Methods

This is an exploratory, descriptive and cross-sectional research,⁽⁹⁾ conducted using the Strengthening

the Reporting of Observational Studies in Epidemiology (STROBE).⁽¹⁰⁾

Data collection was made through the information indicated in the Notifiable Diseases Information System's Notification Forms of Suspected or Confirmed Cases of Interpersonal Violence. Variables were analyzed, such as the type of violence that occurred, the victim and aggressor profiles, and the most relevant occurrence and injury characteristics (if any). Furthermore, information was also collected about referrals made by professionals who assisted the victims.

All information was released in the Notifiable Diseases Information System by notifying health units, such as Epidemiological Surveillance, hospitals, outpatient medical care units and other public primary, secondary or tertiary care services. Subsequently, the data were made available by the Municipal Health Department of São Paulo through TabNet, a program developed by the Department of Informatics of the Unified Health System (*Sistema Único de Saúde*) and made available through the internet without access restrictions.

Notifications of suspected or confirmed cases of interpersonal violence against people who identify themselves as homosexuals, bisexuals, transvestites, transgender men and transgender women, assisted in public or private health units in São Paulo (SP), were included. It is punctuated the use of the term "transvestite" was adopted because of this name appearing in the compulsory notification form and considering that some transgender women choose to identify themselves that way as well. In cases of transgender men, there are no alternative terms in the instrument. Notifications of suspected or confirmed cases of self-harm and attempted suicide were excluded. It was not possible to separate suspected cases from confirmed cases of interpersonal violence, as the notification form is the same for both, in addition to the fact that the TabNet system also does not allow such a distinction.

The capital of São Paulo was chosen because it is the most populous city in Brazil and with great social and cultural diversity. In addition to this, the notification data for this city are made available on TabNet for public consultation faster than the national system,

considering the dimensions and varied characteristics of access to the Notifiable Diseases Information System of Brazilian states and municipalities. At the time of the search, the national system had tabulated data until 2017, while the one in the capital of São Paulo had data from 2020 already available.

The period outlined for this study was the notifications of cases of violence between 2016 and 2020. The notifications of violence prior to 2016 were released in another system, being only from this date entered in the Notifiable Diseases Information System. Data for 2021 were not yet accessible for analysis. Information was collected between February and March 2021, and tabulation was performed using Excel 2007.

Univariate statistical analysis was performed using statistical package for the Social Sciences (SPSS), version 21.0, and R, version 4.0.2. As the data set consists of categorical variables, a descriptive data analysis was performed based on the calculation of simple absolute and percentage frequencies. To verify the associations between the type of violence and other variables (motivation of violence, means of assault, if sexual violence occurred, place of occurrence, aggressor's sex, aggressor's life cycle, referral, age group, race, education, marital status and disability), Pearson's chi-square test or Fisher's exact test were performed. A significance level of 5% ($\alpha = 0.05$) was considered. For physical violence, the test of equality of proportions were carried out, for cases of significance, and the test of multiple comparisons via the Holm-Bonferroni method, to verify in which pair of categories of any evaluated variable there was a difference in proportions. The same was done for sexual and psychological violence. In cases of infrequency of physical violence with some category of a variable, this category was not considered in the proportions. The same was done for psychological and sexual violence.

The ethical principles of research were respected. Because this study was collected in a public domain database, without restriction of access, there was no need for consideration by the Research Ethics Committee, according to international standards and resolution 466/12 of the Brazilian National Health Council (*Conselho Nacional de Saúde*).

Results

A total of 4,828 cases of LGBT people who suffered some form of violence from 2016 to 2020 were notified in São Paulo. According to Table 1, 55.4% (2,675) were female, but in the statistical analysis, there was proportionality between genders ($p < 0.005$). The most affected age group was young adults, between 20 and 34 years (48.2%; 2,326).

According to the notifications, people who identified themselves as brown and black accounted for 51.5% (2,491) of cases of interpersonal violence. Regarding education, 24.7% (1,194) of victims had completed high school. The minority (0.5%; 23) stated themselves illiterate. In Table 2, it is noted that, in some notification characteristics, notifications could have more than one answer, such as in types of violence and means of assault. The most common type of violence was physical violence, with 76.3% (3,683), followed by psychological/moral violence, with 32.6% (1,576), and sexual violence, with 17.7% (854). The most used means of assault was body strength or beating, with 64.4% (3,110), followed, in a smaller number, by the use of sharp object 9.9% (477).

Regarding referrals (which may be more than one), it was evidenced that about 83.0% (4,008) of victims were referred to the health network (Basic Health Unit, specialized hospital or others), 28.6% (1,383), to other police stations, and 11.2% (541), to the women's care network. The statistical analysis showed differences in the proportions of the type of violence, sexual orientation and gender identity. Physical violence was associated with homosexual orientation and being a man (p -value < 0.001), with a significance level of 5%. However, women of homosexual and bisexual orientation were more associated with psychological or moral violence (p -value < 0.001). Regarding age, the forms of physical and psychological violence were associated with different moments of the life cycle, with greater significance between 15 and 64 years. Financial violence was higher in women between 20 and 34

Table 1. Sociodemographic characteristics of LGBT people victims of interpersonal violence

Sociodemographic characteristics	Homosexual	Bisexual	Transvestite	Transgender woman	Transgender man	Notifications (%)
Gender						
Male	1,188	105	336	375	143	44.5
Female	1,415	350	2	819	89	55.4
Age group, years						
10-14	152	39	6	6	113	6.5
15-19	387	121	35	41	151	15.2
20-34	1,303	224	161	123	515	48.2
35-49	575	52	95	48	296	22.1
50-64	155	15	33	11	80	6.1
65-79	28	2	7	2	25	1.3
80 and older	5	2	4	1	15	0.6
Race						
Ignored/white	167	16	22	83	14	6.26
White	1,095	200	126	482	81	41.1
Black	346	72	51	160	30	13.6
Yellow	14	3	1	7	2	0.5
Brown	973	158	141	457	103	37.9
Indigenous	10	6	-	6	2	0.5
Education						
Ignored/white						
Illiterate	13	2	3	4	1	0.5
1 st to 4 th incomplete grade of elementary school	94	8	16	52	7	3.7
4 th complete grade of elementary school	65	11	18	45	9	3.1
5 th to 8 th incomplete grade of elementary school	290	52	34	183	30	12.2
Complete elementary school	144	33	27	93	14	6.4
Incomplete high school	386	83	38	143	45	14.4
Complete high school	696	99	68	275	56	24.7
Incomplete higher education	159	54	10	40	9	5.6
Complete higher education	154	34	10	55	9	5.4

Table 2. Key characteristics of interpersonal violence against LGBT people

Characteristics of interpersonal violence	Homosexual	Bisexual	Transvestite	Transgender woman	Transgender man	Notifications (%)
Cause of violence						
Sexism	212	113	11	124	14	9.8
Homophobia/transphobia	303	21	37	99	36	10.3
Racism	7	1	2	4	1	0.3
Religious intolerance	4	-	-	3	1	0.2
Xenophobia	3	-	-	2	-	0.1
Generational conflict	235	47	37	106	20	9.2
Street situation	93	14	31	34	19	4.0
Disability	24	3	2	13	1	0.9
Others	599	126	94	237	56	23.0
Type of violence						
Physical violence	2,028	285	317	867	186	76.3
Psychological/moral violence	834	162	53	467	60	32.6
Sexual violence	427	239	12	139	37	17.7
Torture	67	11	6	30	3	2.4
Financial violence	31	7	6	14	4	1.3
Neglect/abandonment	97	25	18	48	19	4.3
Workplace violence	97	25	18	48	19	4.3
Means of violence						
Body strength/beatings	1,721	290	249	689	161	64.4
Hanging	112	28	12	46	13	4.4
Blunt object	209	25	34	76	12	7.4
Sharp object	267	43	57	79	31	9.9
Substance/hot object	13	5	2	10	2	0.7
Poisoning	32	10	1	13	2	1.2
Firearm	53	11	18	16	8	2.2
Other violence	29	5	5	14	6	1.2

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Continuation.

Characteristics of interpersonal violence	Homosexual	Bisexual	Transvestite	Transgender woman	Transgender man	Notifications (%)
In the case of sexual violence						
Sexual harassment	82	39	1	20	9	3.1
Rape	271	158	8	83	23	11.2
Child pornography	3	1	-	3	-	0.1
Sexual exploitation	10	4	-	4	2	0.4
Procedure performed in cases of sexual violence						
STI prophylaxis	87	61	4	24	9	24.8
HIV prophylaxis	115	67	4	31	7	30.1
Hepatitis B prophylaxis	60	40	1	23	4	17.2
Blood collection	87	60	5	28	8	25.2
Semen collection	8	9	-	2	2	2.8
Vaginal secretion collection	13	16	-	6	-	4.7
Emergency contraception	43	43	-	19	-	14.1
Place of occurrence						
Residence	1,038	217	111	490	84	40.2
Collective housing	287	13	9	239	6	11.5
School	29	8	4	18	1	1.2
Sports venue	9	3	2	6	1	0.4
Bar or similar	96	23	15	26	10	3.5
Public road	734	108	152	262	90	27.9
Commerce/service	72	22	11	33	14	3.1
Factory/construction	7	2	-	6	-	0.3
Others	175	35	17	55	11	6.1
Aggressor						
Father	172	28	6	94	5	6.3
Mother	172	28	6	94	5	6.3
Stepfather	51	15	1	26	2	2.0
Stepmother	9	1	-	4	1	0.3
Spouse	334	31	25	211	24	12.9
Boyfriend	144	22	10	44	12	4.8
Ex-partner	147	25	10	86	10	5.8
Brother	118	23	16	55	11	4.6
Child	65	7	7	53	5	2.8
Friend/acquaintance	417	107	57	163	39	16.2
Unknown	745	129	152	238	83	27.9
Boss	13	5	2	6	1	0.6
Person with institutional relationship	40	9	7	21	6	1.7
Police/law enforcement officer	31	3	17	6	2	1.2
Other links	186	40	25	83	24	7.4
Aggressor's sex						
Male	1,642	340	266	701	166	64.5
Female	620	66	37	333	40	22.7
Both sexes	195	23	10	89	12	6.8
Aggressor's likely life cycle						
Child (0-9 years)	10	2	3	4	-	0.4
Adolescent (10-19 years)	301	32	15	198	17	11.7
Young (20-24 years)	405	81	54	168	47	15.6
Adult (25-59 years)	1,469	272	198	652	129	56.3
Older adult (60 years and older)	29	10	7	14	2	1.3
Suspected use of alcohol by the aggressor						
Yes	835	188	119	324	88	32.2
No	1,803	342	163	785	141	66.9
Blank	21	6	3	11	1	0.9

STI - sexually transmissible infections

years and 50 to 64 years (p -value <0.001). In cases of sexual violence, the proportion of homosexuals, bisexuals and transgender women remained similar, especially when the victims were between 20 and 34 years of age (p -value <0.005). In the race/color variable, there was a greater association of violence against brown people in all sexual orientations or gender identities ($p <0.001$), with a high frequency in cases of physical violence, when compared to the others. Although the absolute frequency of violence is higher among people with high school education, Fischer's exact test found a greater statistical association between people with complete and incomplete elementary school (fifth to eighth grade of elementary school), especially among transgender women and transvestites (p -value <0.001). The main motivations for violence against homosexual, bisexual, transvestite and transgender people were homophobia and/or transphobia (10.3%; 496) and sexism (9.8%; 474), in addition to other motivations, which totaled 23% (1,112). In multiple comparisons by the Holm-Bonferroni method, there were differences in the types of violence. In cases of physical violence, there was a statistical association with sexism (p -value <0.003), while in psychological violence, in addition to motivation for homophobia and/or transphobia, it was evidenced that generational conflicts may be causal factors of the event (p -value =0.016). There was a distinction in the proportions of physical violence between the means of assault: body strength/beatings and all other categories (p -value <0.001). When carrying out the test of equality of proportions, there was a difference between the dimensions of sexual violence involving rape and sexual exploitation (p -value <0.001). In multiple comparisons, it was noted that the procedures performed in cases of sexual violence were predominantly aimed at HIV/sexually transmitted infections prophylaxis in relation to the other actions (p -value <0.05). In cases of physical violence, unknown authors are proportionally different from spouses, ex-partners or family members. However, psychological violence, sexual violence and cases of torture have

a higher proportion when the aggressor is family, man, older than the victim, instigated by generational conflicts and sexism (p -value <0.005). The suspicion of alcohol consumption by the perpetrator of violence was also frequent in compulsory notifications, with 32% (1,554). A distinction was identified in the proportions of physical and sexual violence between referrals: health network and almost all other referrals, except other police stations (p -value <0.001). In relation to other forms of violence, referrals followed similar characteristics (p -value <0.05).

Discussion

This study has as main limitations the risk of loss of some information, taking into account the possibility of inclusion of late notifications, in cases of violence that were still under epidemiological investigation during the collection period and the risks of inaccuracies in filling out the compulsory notification forms by health professionals, among them the limitations resulting from the self-identification of victims in relation to some variables, such as race/color and gender identity. Other potential limitation is the regionality of the facts. There may be divergences of findings in other capitals or cities with different socioeconomic profiles. The investigation has not focused on the comparative analysis of violence before and after the Brazilian Federal Superior Court's decision, which, in 2019, equated discriminatory, prejudiced attitudes and assaults against LGBT people to the crime of racism. However, the limitations do not make the findings impossible, as they bring important information about the characteristics of interpersonal violence against this population, which is still scarce in the literature.

Violence against this population seems to be a frequent and common phenomenon that crosses times and localities. The very search for self-knowledge of sexual identity, gender identity and the challenges of youth and early adulthood are factors that can cause suffering to those who do not fit the hetero and cisnormative model.

Moreover, interpersonal violence seems to be more common against people in the youth age group, a moment of life in which many values and affections are under construction and can be influenced by violent action.

A U.S. study⁽¹¹⁾ points out that the age group between 12 and 29 years is extremely sensitive for people with homosexual orientation, bisexual or gender identity other than biological sex. The research, developed with 2,209 people, showed a high suicide rate in this population, possibly associated with lasting psychological distress. Although there are distinctions between groups (homosexual (men), homosexual (women), bisexual and transgender people), the study concludes that LGBT youth have a higher specific risk for suicide than heterosexuals, and efforts are made to minimize situations of violence that boost psychological harm at this point in the life cycle.

A national study that assessed notifications of violence against LGBT people between 2015 and 2017 showed that cases of assault were more frequent against people with lower education (incomplete or complete elementary school).⁽¹²⁾ However, the territorial magnitude of Brazil and the great differences in access to education may justify this finding. On the other hand, capitals such as São Paulo, with a larger school education network, may have populations with a higher average of years of study, justifying the difference in the findings of this research. It is noteworthy, however, that transgender women and transvestites face another reality. Even in large urban centers, they abandon studies early, which is closely associated with situations of bullying or institutional violence.⁽¹³⁾

Another important information identified in data analysis was the higher prevalence of the disease against black and brown people (51.5%), as found in a study carried out in the countryside of northeastern Brazil⁽¹⁾ and another national,⁽¹²⁾ in which both identified greater victimization among people with brown and/or black skin colors. It is worth noting that the skin color described in the compulsory notification form is self-declared, but researchers have often looked at the differences between self-declared

skin color and that perceived by others. Due to varied cultural and social aspects, in Brazil there are brown people who commonly declare themselves white.^(14,15) Thus, it can be assumed that the number of black and brown people victims of violence may be even higher. Structural racism, social inequalities and historical aspects of class distinction through skin color can be factors that make brown and black people vulnerable to assault.^(15,16)

Physical violence as the most perpetrated against LGBT people is an indicator of high health risk in this population. Ecuadorian researchers⁽¹⁷⁾ point out that one of the forms of social retaliation to what is taken for “different” is physical assault, which may include the use of body strength, firearms or white weapons and beating, among other means. The association with psychological or moral assault can be harmful to victims’ lives, with potential damage or biopsychosocial sequel.

In addition to physical and psychological violence, females were also more associated with financial violence, and younger people were associated with sexual violence. Studies highlight that young LGBT people and women are more vulnerable to multiple forms of violence, closely associated with sexism, suggesting that the phenomenon is better addressed in public prevention policies and also in measures to control gender-associated violence.^(17,18)

The analysis of data on the profile of victims of interpersonal violence points to intersectionality between race/color, poverty and gender as a generator of inequities and greater individual and programmatic vulnerability. The concept of vulnerability points out that some health phenomena need to be understood much broader than their association with risk factors or casualties.⁽¹⁹⁾ In the case of violence against the study population, there are aspects that interrelate such as victims’ low educational education and experience of prejudice regarding sexual orientation and/or gender identity, brown or black skin color, and the difficulty of implementing protective policies and guarantees of rights by the State. These elements are added and generate favorable conditions for the perpetration of abuses.⁽²⁰⁾

Assaults committed by strangers were common, especially on public roads. Unfortunately, most violent situations occurred in victims' homes, and were committed by family members, spouses or former partners. It is important to highlight that domestic violence is one of the most frequent forms among different populations. In the case of LGBT people, this type of violence is even more common practice, sometimes perpetuated for a long time.

Violence resulting from homophobia and/or transphobia can be a form of family control over sexual orientation, affectation and the judgment of the other as inferior, making clear the notion of power relations between the aggressor and the victim.^(20,21) Such relationships can also be justified by age differences or generational conflicts, such as the findings of this study. These conflicts are understood as sharp divergences or disagreements between people of different age groups, whose opposition of interests and values cause disturbances in interpersonal relationships and predispose to violent actions.⁽²²⁾ In the present study, a high number of motivations of violence described as "others" was identified (23%), the justifications may be associated with the limitations of the notification or notifying professionals' unpreparedness about the magnitude of the detailed record of this data for planning and implementing public policies, as indicated by other researchers.^(1,12)

As in other international studies,^(23,24) the predominant perpetrator of situations of violence was men. Worldwide men are often the main aggressors of LGBT people. However, Latin American countries and those with cultures not open to gender equality tend to have higher numbers of violence against people understood as "different" or more fragile, reflecting hegemonic sexist behavior highly detrimental to human rights and gender equality.⁽²³⁾

Alcohol consumption by the aggressor can also be a potentiating agent of violence against LGBT. This type of consumption usually lead to decreased self-control behaviors, which can trigger violent attitudes against those who unconsciously predict the aggressor as more fragile, such as gays and lesbians.⁽²⁰⁻²⁴⁾ Scholars cite that alcohol abuse causes harm not only to those who consume it, but

to people close to them, to family members, and to society in general.^(25,26)

As in other studies,^(1,12,27) in cases of sexual violence, the referrals made by the notifying professionals were to services of the health care network and police stations. It was also noted that sexually transmitted infections and HIV prophylaxis was implemented, but with low adoption of measures to prevent hepatitis B virus infection and emergency contraception. Sexual violence exposes victims to psychosocial complications that may never be done. However, biological risks can be greatly diminished if the measures taken are rapidly and assertively adopted.

The research points to new information on the subject, characterizing violence reported by health professionals against LGBT people. It contributes to nursing and other sciences to the extent that identifying sociodemographic profile allows reflection on the greatest conditions of vulnerability and allows implementing more assertive public policies for violence prevention and control.

Conclusion

Young people, brown or black, with schooling until high school were the main victims of interpersonal violence, especially physical violence, also associated with homosexual orientation and being a man. Psychological or moral violence was associated with women, homosexual or bisexual people. The motivations of violence were homophobia and/or transphobia as well as generational conflicts. The aggressors were men, older than the victim, with close or unknown relationship, acting in their own residence or on public means. Situations of sexual violence occurred in all sexual orientations and identities, with greater association between bisexuals and transgender women. Referrals to the health network were common, with the prevalent adoption of measures to sexually transmitted infections and HIV prophylaxis, in cases of sexual violence. Unfortunately, not all situations of violence against LGBT people are reported to health services. However, the registration of compulsory notifications on interpersonal

violence is an important tool to profile victims and aggressors, allow for the effective implementation of public policies and reduce structural violence that so affects basic needs and human rights, especially of social minorities.

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Collaborations

Fernandes H, Bertini PVR, Hino P, Taminato M, Silva LCP, Adriani PA and Ranzani CM contributed to study conception, data analysis and interpretation, article writing, relevant critical review of intellectual content and approval of the final version to be published.

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