







Profile of violence against lesbian, gay, bisexual, transvestite and transsexual people

Perfil das violências contra as pessoas lésbicas, gays, bissexuais, travestis e transsexuais

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-  Meggie Adriele de Albuquerque Melo¹
-  Gabriela de Sousa Pontes¹
-  Suely Deysny de Matos Celino²
-  Ardigleusa Alves Coelho¹
-  Valdecir Carneiro da Silva¹
-  Gabriela Maria Cavalcanti Costa¹

¹Universidade Estadual da Paraíba.
Campina Grande, PB, Brazil.

²Universidade Federal do Rio Grande do Norte.
Natal, RN, Brazil.

Corresponding author:

Meggie Adriele de Albuquerque Melo
Rua São Pedro, 289, Santa Rosa,
CEP: 58416-520. Campina Grande, PB, Brazil.
E-mail: meggie290902@gmail.com

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ASSOCIATE EDITOR: Jéssica de Castro Santos

ABSTRACT

Objective: to describe the profile of violence reports against lesbian, gay, bisexual, transvestite and transgender people. **Methods:** a cross-sectional, descriptive study using data from the Notifiable Diseases Information System on cases of violence against LGBT people ≥ 10 years old. To identify this population, the variables from the notification form were used in the study as follows: sexual orientation, gender identity and motivated violence. **Results:** of the total of 302 notifications against the LGBT population, 209 (62.2%) were victims of interpersonal violence, predominantly in the 20-59 age group (81.3%), 58.9% gay/lesbian and 16.3% transgender women. As for motivation, it is associated with homophobia/lesbophobia/biphobia/transphobia (54.3%), with more occurrences in their homes and perpetrated by men. **Conclusion:** the profile shows that the population has been victims of violence related to homophobia, lesbophobia, biphobia and transphobia, with the greatest occurrence in their homes and practiced by men. **Contributions to practice:** to reinforce the epidemiological relevance of compulsory violence notification, with an emphasis on filling in the options of sexual orientation and gender identity, in order to favor the tracking of information and the planning of actions to reduce the vulnerabilities that encompass them. **Descriptors:** Violence; Sexual and Gender Minorities; Health Information Systems.

RESUMO

Objetivo: descrever o perfil das notificações das violências contra as pessoas lésbicas, gays, bissexuais, travestis e transsexuais. **Métodos:** estudo transversal, descritivo, com dados do Sistema de Informação de Agravos de Notificação, sobre os casos de violência contra as pessoas LGBT, ≥ 10 anos de idade. Para a identificação desta população foram utilizadas no estudo as variáveis da ficha de notificação: orientação sexual, identidade de gênero e violência motivada. **Resultados:** do total de 302 notificações contra a população LGBT, 209 (62,2%) foram vítimas de violência interpessoal, predominantes na faixa etária de 20 a 59 (81,3%), sendo 58,9% gays/lésbicas e 16,3% mulheres transsexuais. Quanto à motivação está associada à homofobia/lesbofobia/bifobia/transfobia (54,3%), com maior ocorrência em suas residências e praticadas por homens. **Conclusão:** o perfil aponta que a população foi vítima de violência relacionada à homofobia, lesbofobia, bifobia, transfobia com a maior ocorrência em suas residências e praticadas por homens. **Contribuições para a prática:** reforçar a relevância epidemiológica da notificação compulsória da violência com destaque para o preenchimento das opções de orientação sexual e identidade de gênero, para favorecer o rastreamento das informações e o planejamento de ações para reduzir as vulnerabilidades que os abarcam. **Descritores:** Violência; Minorias Sexuais e de Gênero; Sistemas de Informação em Saúde.

Introduction

Violence is seen as a violation of human rights and is considered a public health problem. As a form of relationship and communication, it occurs when there is discrimination, intimidation, arrogance, anger and revenge, causing physical and psychological damage. It can be classified, according to the perpetrator, as self-inflicted, interpersonal or collective. Self-inflicted violence involves self-harm and suicidal ideation, as well as other forms of self-harm⁽¹⁾.

Furthermore, violence is seen as an inextricable manifestation, capable of having various implications for the victim's physical and mental health⁽²⁾, and can also be differentiated into physical and symbolic violence. Thus, in the bodily dimension, violence materializes in acts of interpersonal violence, which can even culminate in homicide, committed because they are Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (LGBT)⁽³⁾. While symbolic violence has no physical consequences, both forms of violence are nonetheless consonant, as they aim to annihilate, erase and silence sexualities and gender expressions that diverge from cisheteronormativity⁽⁴⁾.

Violence against LGBT people is historical, reinforcing the archetypes and behaviors that have established the molds and morals of Brazilian society. Therefore, the violence directed at this population is justified by heteronormative ideologies, religious positions, among others, causing great suffering to the victims, denying them their rights⁽⁵⁾.

Violence against the LGBT population is generally characterized as homophobia, which encompasses the exclusion of individuals considered inferior or abnormal according to sexual orientations outside the heteronormative standard, namely: gays, lesbians and bisexuals. However, they also represent arbitrary and prejudiced manifestations based on gender identity, considered transphobia. Thus, homophobia/lesbophobia/biphobia and transphobia are discriminatory, violent or fearful manifestations called "hate crimes",

according to the sexual orientation and gender identity of the LGBT population⁽⁶⁾.

Under the Brazilian Unified Health System, interpersonal/self-inflicted violence is a compulsorily notifiable disease under the Notifiable Diseases Information System (SINAN). Thus, the existence of the sexual orientation and gender identity fields on the individual notification form is a step forward for the proper recording of violence against the LGBT community⁽²⁾. This made it possible to identify victims of violence by taking into account sexual orientation, a term that refers to how a person relates sexually and lovingly, and gender identity, which refers to the gender the person identifies with.

The non-fatal violent victimization rate for these people, including assaults, domestic violence, rapes and robberies, is more than double that of the non-LGBT population⁽⁷⁾. In Brazil, the main technical challenge for the effective implementation of public policies to tackle violence against the population is the limitations in data production⁽⁸⁾. Furthermore, considering that homicide can result from violence, with significant repercussions for public health indicators, published data highlights that of the 230 LGBT people who died violently, 158 occurred in the Northeast and Southeast regions, 79 in each, respectively⁽⁹⁾.

In order to reflect on the reality, contribute to tackling the problem and stimulate the implementation of government policies for the prevention and health care of victims, this study aimed to describe the profile of violence reports against lesbian, gay, bisexual, transvestite and transgender people.

Methods

This is a cross-sectional, descriptive study, based on the analysis of confirmed notifications of interpersonal violence against the LGBT population, aged 10 or over and living in João Pessoa, Brazil, contained in the Notifiable Diseases Information System (SINAN), for the years 2019 and 2020. The data was

collected following a request to the capital's Municipal Health Department, which made available the database of violence notification forms registered between 2019 and 2020, and was collected in the first half of 2021. The years are justified because it is the year immediately before and the first year of the Public Health Emergency of International Concern decree, which is the highest level of alert, as provided for in the World Health Organization's International Health Regulations.

To identify the plurality of the LGBT population who are victims of violence, three variables from the interpersonal and self-harm violence notification form were used: sexual orientation, gender identity and motivated violence. The sexual orientation variable included homosexuals (gay or lesbian) and bisexuals. In gender identity, transvestites, transsexual men or transsexual women; and motivated violence characterized as homophobia/lesbophobia/biphobia/transphobia. By considering the nuances of sexuality and gender performances, this study also included cases of violence against heterosexual people with a transsexual or transvestite gender identity, as well as cisgender individuals who are reported as gay/lesbian or bisexual.

The variables related to the characteristics of the person who suffered the violence [age (grouped by age group), race, color, disability/disorder, education], the victims' sexual orientation and gender identity, and the characteristics of the place and probable perpetrators (place of occurrence, motivated violence, number of people involved, gender of the probable perpetrator and life cycle of the probable perpetrator) were classified as dependent variables and whether the injury was self-inflicted was the independent variable. The chi-square test of proportions was used to check for differences between self-harm and the characteristics of the person who suffered the violence, sexual orientation and gender identity and the characteristics of the location and probable perpetrators.

After collection, a preliminary analysis was car-

ried out and a total of 302 notifications were found. From then on, the degree of completion of the fields analyzed was adopted as an eligibility criterion. Only eight of them (2.6%) did not have their education level filled in and it was decided to refer to this when presenting and discussing the data, but not to exclude it, considering the quality of the other information in the SINAN database, in terms of the completeness of the fields. Descriptive statistics were used to investigate the data, showing the absolute and relative frequencies of all the categorical variables analyzed in tables.

Considering that the research was carried out with databases, whose information is aggregated, without the possibility of individual identification, Resolution No. 510/2016 of the National Health Council, legislates indicating that the protocols should not be registered or evaluated by the Research Ethics Committee and the National Research Ethics Commission.

Results

The consolidated Non-Communicable Diseases Surveillance shows that between 2019 and 2020, 302 cases of interpersonal and self-inflicted violence against LGBT people were reported in the municipality of João Pessoa (PB). When analyzing whether lesbian, gay, bisexual, transvestite and transgender people were victims of self-inflicted injuries or not, it was observed that of the 302 notifications, 209 (69.2%) were victims of interpersonal violence (non-self-inflicted injury). It can be seen that the victims of interpersonal violence (Table 1) were predominantly people aged between 20 and 59 (81.3%), self-declared as brown (50.2%), without any disability or disorder 194 (92.8%), with completed secondary education (31.1%). There was statistical significant association between age and not having a disability or disorder and self-harm ($p < 0.001$), respectively. However, there was no significant difference between race/color ($p < 0.077$) and education ($p < 0.059$).

Table 1 – Bivariate analysis between the characteristics of lesbian, gay, bisexual, transvestite and transsexual people and self-harm. João Pessoa, PB, Brazil, 2019-2020

Characteristics	Was the injury self-inflicted?				p*
	Yes (%)	No (%)	Ignored (%)	Total (%)	
Age group (years old)					
10 - 14	14 (17.3)	5 (2.4)	2 (16.7)	21 (7.0)	0.001
15 - 19	16 (19.8)	32 (15.3)	2 (16.7)	50 (16.5)	
20-59	51 (63.0)	170 (81.3)	8 (66.7)	229 (75.8)	
≥60	-	2 (1.0)	-	2 (0.7)	
Race/Skin color					
White	17(21.0)	45 (21.5)	2 (16.7)	64 (21.2)	0.077
Black	7 (8.6)	52 (24.9)	4 (33.3)	63 (20.9)	
Asian	2 (2.5)	3 (1.4)	-	5 (1.6)	
Brown	55 (67.9)	105 (50.2)	6 (50.0)	166 (55.0)	
Indigenous	-	4 (1.9)	-	4 (1.3)	
Has some kind of disability/disorder					
Yes	17 (21.0)	12 (5.7%)	2 (16.7%)	31 (10.3)	0.001
No	63 (77.8)	194 (92.8)	9 (75.0)	266 (88.1)	
Unknown	1(1.2)	3 (1.4)	1 (8.3)	5 (1.6)	
Education					
1st to 4th grade of elementary school incomplete	2 (2.5)	4 (1.9)	1 (8.3)	7 (2.3)	0.059
Complete 4th grade of elementary school	2 (2.5)	2 (1.0)	1 (8.3)	5 (1.7)	
5th to 8th grade of elementary school incomplete	7 (8.6)	5 (2.4)	1 (8.3)	13 (4.3)	
Complete Elementary School	7 (8.6)	15 (7.2)	-	22 (7.3)	
Incomplete High School	18 (22.2)	34 (16.3)	2 (16.7)	54 (17.9)	
Complete High School	21 (25.9)	65 (31.1)	5 (41.7)	91(30.1)	
Higher education incomplete	5 (6.2)	39 (18.7)	1 (8.3)	45 (14.9)	
Complete higher education	2 (2.5)	16 (7.7)	1 (8.3)	19 (6.3)	
Unknown	14 (17.3)	24 (11.5)	-	38 (12.6)	
Unfilled	3 (3.7)	5 (2.4)	-	8 (2.6)	
Total	81 (100.0)	209 (100.0)	12 (100.0)	302 (100.0)	

*Pearson's Chi-square

In relation to the victim's sexual orientation and gender identity associated with self-harm (Table 2), it can be seen that gays/lesbians were most affected by non-self-harm (58.9%), and among the cases reported with a record of gender identity, transgender women were the main victims of non-self-harm (16.3%). The

number of cases in which gender identity was not recorded is striking (225 cases/74.5%). Cases of interpersonal violence with unknown gender identity account for 75.1%. Statistical significant association (p<0.031) was found between sexual orientation and self-harm, especially among gay/lesbian men.

Table 2 – Bivariate analysis between the victim's sexual orientation and gender identity and self-harm in lesbian, gay, bisexual, transvestite and transgender people. João Pessoa, PB, Brazil, 2019-2020

Variable	Was the injury self-inflicted?				p*
	Yes (%)	No (%)	Ignored (%)	Total (%)	
Sexual orientation					
Heterosexual	22 (29.3)	42 (21.3)	4 (33.3)	68 (22.5)	0.031
Homosexual (gay/lesbian)	30 (37.0)	123 (58.9)	4 (33.3)	157 (52.0)	
Bisexual	17 (21.0)	28 (13.4)	2 (16.7)	47 (15.6)	
Unknown	12 (14.8)	16 (7.7)	2 (16.7)	30 (9.9)	
Gender identity					
Transvestite	6 (7.4)	8 (3.8)	1 (8.3)	15 (5.0)	0.722
Female transsexual	11 (13.6)	34 (16.3)	3 (25.0)	48 (15.9)	
Male transsexual	3 (3.7)	10 (4.8)	1 (8.3)	14 (4.6)	
Unknown	61 (75.3)	157 (75.1)	7 (58.3)	225 (74.5)	
Total	81 (100.0)	209 (100.0)	12 (100.0)	302 (100.0)	

*Pearson's Chi-square

The analysis of the characteristics of the place and probable perpetrators of violence in the LGBT population (Table 3) shows that the home is the main place where violence occurs (49.7%). And when analyzing whether the injury was self-inflicted, the home stands out in relation to self-inflicted violence (85.2%) and interpersonal violence (36.4%). Males are the likely perpetrators of violence in around 56.6% of reported cases. It is worth mentioning that this gender was responsible for 67% of interpersonal violence against lesbians, gays, bisexuals, transvestites and transsexuals.

In relation to the life cycle of the main probable perpetrator of the violence, in the majority of reported cases, the situation of violence is attributed to an

adult (39.4%), with interpersonal violence predominating in 45%.

The motivation for violence against lesbians, gays, bisexuals, transvestites and transsexuals is associated with homophobia/lesbophobia/biphobia/transphobia (54.3%). And in the cases where the injury was self-inflicted, it was clear that homophobia/lesbophobia/biphobia/transphobia was the main cause of the violence. Statistical significance was found in the variables that characterize the place of occurrence, the probable perpetrator of the aggression, the probable perpetrator's life cycle and the motivation for violence in the LGBT population according to self-harm ($p < 0.001$) (Table 3).

Table 3 – Bivariate analysis between the characteristics of the location and the probable perpetrators and self-harm in lesbian, gay, bisexual, transvestite and transgender people. João Pessoa, PB, Brazil, 2019-2020

Characteristics	Was the injury self-inflicted?				value*
	Yes (%)	No (%)	Ignored (%)	Total (%)	
Occurrence locus					
Home	69 (85.2)	76 (36.4)	5 (41.7)	150 (49.7)	0.001
Collective housing	-	3 (1.4)	-	3 (1.0)	
School	3 (3.7)	16 (7.7)	2 (16.7)	21 (7.0)	
Bar or similar	-	2 (1.0)	-	2 (0.7)	
Public roads	3 (3.7)	59 (28.2)	1 (8.3)	63 (20.9)	
Shops/Services	-	3 (1.4)	-	3 (1.0)	
Other	4 (4.9)	30 (14.4)	-	34 (11.3)	
Unknown	2 (2.5)	20 (9.6)	4 (33.3)	26 (8.6)	
Gender of the probable aggressor					
Male	25 (30.9)	140 (67.0)	6 (50.0)	171 (56.6)	0.001
Female	50 (61.7)	18 (8.6)	1 (8.3)	69 (22.8)	
Both genders	-	14 (6.7)	1 (8.3)	15 (5.0)	
Unknown	6 (7.4)	37 (17.7)	4 (33.3)	47 (15.6)	
Life cycle of the main perpetrator of the violence					
Child	1 (1.2)	-	-	1 (0.3)	0.001
Adolescents	30 (37.0)	7 (3.3)	1 (8.3)	38 (12.6)	
Young	25 (30.9)	59 (28.2)	2 (16.7)	86 (28.5)	
Adult person	21 (25.9)	94 (45.0)	4 (33.3)	119 (39.4)	
Unknown	4 (4.9)	49 (23.4)	5 (41.7)	58 (19.2)	
Violence motivated by:					
Sexism	2 (2.5)	15 (7.2)	1 (8.3)	18 (6.0)	0.001
Homophobia/lesbophobia/biphobia/transphobia	24 (29.6)	133 (63.6)	7 (58.3)	164 (54.3)	
Racism	-	4 (1.9)	-	4 (1.3)	
Religious intolerance	-	2 (1.0)	-	2 (0.7)	
Generational conflict	1 (1.2)	1 (0.5)	-	2 (0.7)	
Disability	-	2 (1.0)	-	2 (0.7)	
Others	24 (29.6)	29 (13.9)	1 (8.3)	54 (17.9)	
Not applicable	13 (16.0)	10 (4.8)	2 (16.7)	25 (8.3)	
Unknown	17 (21.0)	13 (6.2)	1 (8.3)	31 (10.3)	
Total	81(100.0)	209 (100.0)	12 (100.0)	302 (100.0)	

*Pearson's Chi-square

Discussion

The data analyzed showed a decrease of 214 notifications of violence perpetrated against LGBT people recorded in João Pessoa's SINAN in 2020, compared to 2019, although one study reveals that all occurrences of violence against homosexuals and bisexuals in the country have increased⁽¹⁰⁾.

Nonetheless, the figures showed a drop in the number of complaints. However, it must be considered that the analysis interval is compatible with the duration of the COVID-19 pandemic, which due to municipal, state and/or federal decrees limited the movement of people recognizing the public health emergency, which may have contributed to the non-occurrence of the phenomenon or to the underreporting of cases of violence in the study context. Some researchers have pointed out that the official public security sector responsible for capturing deaths recorded around 50% fewer deaths of LGBT people than the unofficial ones⁽⁸⁾.

The highest number of notifications was observed among gays/lesbians and transgender women. This data showed the existence and maintenance of the existing male/female binarism, and that which goes beyond this duality is socially excluded⁽¹¹⁾. Furthermore, in Brazil, among the homicides of LGBT people, gays and transgender people are the most affected by violence⁽¹²⁾.

In relation to age, the data differs from studies which have shown that among homosexuals, around 60% are between 10 and 29 years old, and among transvestite and trans victims, 45% are between 15 and 29 years old. It was observed that around 80% are in the 20-59 age group⁽¹³⁾.

In relation to the race/color variable, a higher percentage of cases of violence were identified among self-declared black and brown people⁽¹⁴⁾, however, in the current study, a higher percentage of cases of interpersonal violence were identified among self-declared brown people. It should be noted that the number of self-declared black and brown people may

be even higher than that shown, due to issues linked to prejudice, and people may find it difficult to recognize themselves as black and/or brown individuals⁽¹⁵⁾.

In this sense, recently published analyses have shown that 55.3% of homosexual victims of violence are black. In relation to trans and transvestite victims, 58% are black trans women and 56% are black trans men, while in relation to whites they are 35% and 31% respectively⁽⁸⁾. In addition, when it comes to violence against the general population, black people, regardless of their sexual orientation or gender identity, are the majority of victims⁽¹⁶⁾. When we look at issues of structural racism, added to social inequalities⁽¹⁷⁾, we see that they can intensify the vulnerability of the LGBT community.

The education variable highlights the frequency of individuals with complete secondary education, unlike those where there was a greater repetition of cases of violence against LGBT individuals with less education (incomplete or complete primary education)⁽²⁾. However, in the capital São Paulo, in line with this study, the absolute frequency of cases is higher among LGBT individuals with completed high school⁽¹⁴⁾.

Furthermore, the education variable also points to the quality of completion, since it was the only variable that found forms without the proper information, as well as the relevant percentage of ignored information, similarly to the study on incomplete completion⁽¹⁸⁾. As with the education variable, the gender identity and sexual orientation variables also draw attention to the quality of the information provided, not because of a lack of information, but because of the high rate of use of the not applicable and ignored options, respectively.

However, gender identity is understood as the gender (male or female) with which a person perceives themselves, which may or may not include physical complexion changes⁽²⁾. Thus, the option does not apply must be filled in for cases in which the individual self-identifies with their biological gender, i.e. cis-gender people. Thus, using the options not applicable and ignored to fill in the gender identity variable may

indicate an exclusion of queer people (people who are not within the binary notions of gender and sexuality, being used for the various possibilities of gender⁽¹⁹⁾, and also other nuances that are part of the LGBT community. Filling in this variable properly on the violence notification form would help to describe the profile of these victims.

In addition, the incompleteness of the gender identity and sexual orientation variables, evidenced by the high number of ignored options, may demonstrate the lack of understanding and difficulties encountered by health professionals in addressing these issues. This can lead to incomplete data collection that does not reflect reality⁽¹⁸⁾.

In view of this, it can be seen that the lack of understanding of gender and sexuality issues on the part of professionals can be an important factor in keeping the population away from this service. In Teresina, the interpretation of the meanings attributed by 15 nurses from seven Basic Health Units to health care for lesbians revealed a lack of understanding of gender and sexuality issues and that prejudice and discrimination by professionals are obstacles that keep this population away from health services⁽²⁰⁾. However, there has been an increase in the search for health services by the LGBT population in the state, with the opening of reference services for the population, such as the Paraíba State Reference Center for LGBT Rights and Combating LGBTphobia (*Espaço LGBT*) and the Comprehensive Health Outpatient Clinic for Transvestites and Transsexuals (*Ambulatório TT*), which have been operating since 2011 and 2013, respectively.

The Ministry of Health recently changed the attribute in procedures of the Table of Procedures, Medications, Orthotics/Prosthetics and Special Materials of the Unified Health System and trans men and women can undergo treatments and exams that previously had gender restrictions. By changing the gender classification of procedures, it has the clear intention of widening access to public treatment for transgender people. We believe in the development of truly effective policies to prevent violence against LGBT people⁽²¹⁾.

When it comes to recording the places where violent acts against the LGBT population most often occur, the recorded data revealed that the home and the public highway are the main ones. Cases of violence at home suggest silent, everyday actions, whether homophobia, lesbophobia, biphobia or transphobia, which can be a form of family control over sexual orientation, "affectations" and the judgment of the other as inferior⁽¹⁴⁾. The assaults took place in shared spaces and were triggered by public displays of softness and/or expressions of gender identity that were at odds with biological gender⁽²²⁾.

Domestic violence is the most common practice in various populations and age groups, with around 72% of cases of violence against children taking place in the victim's home⁽²³⁾. However, in the LGBT population it is even more frequent and often perpetuated for a long time⁽¹⁴⁾. The higher self-harm rate among adults aged 20 to 59 may be directly linked to prejudice and rejection of sexual orientation and gender identity in various areas of life. It can be seen as a way of coping with conflicts such as violence, abuse and loss⁽²⁴⁾. In addition, the high percentage of self-harm among adolescents aged 10 to 19 may be related to some kind of rejection by the family, since this group generally depends on their family and this can affect them in various ways.

Rejection of sexual orientation and gender identity by family members can be closely linked to self-harm, such as self-mutilation, so acts against oneself suggest escape valves from the reality in which they live⁽²⁾. Young LGBT people between the ages of 12 and 29 are the most sensitive age group, with a high suicide rate in this population compared to heterosexuals⁽²⁵⁾. In addition, self-inflicted violence is strictly linked to homophobia, prejudice and family non-acceptance⁽²⁶⁾. Among the victims who recognize themselves as homosexuals, 59.3% are between the ages of 10 and 29. A similar age range applies to transvestite and transgender victims, where 45% of all victims are aged between 15 and 29⁽⁸⁾. In this sense, records of self-inflicted violence among homosexuals have shown a decline since 2020⁽⁸⁾. However, it should be bor-

ne in mind that this event may be due to the fact that the sexual orientation and gender identity fields were only introduced in 2015, and due to the low quality of their completion.

In relation to the perpetrator of violence against the LGBT population, the predominance worldwide is still male and with regard to the life cycle of the probable perpetrator of violence, adults aged between 25 and 59 prevailed⁽¹⁵⁾, corroborating the results found in this study. The use of alcohol by aggressors can be considered a driver of violence against LGBT people, as it leads to a decrease in self-control. Thus, the findings of this study confirm the data on the continued prevalence of men among aggressors⁽¹⁰⁾.

Finally, we should reflect on the findings regarding self-harm. This percentage is a sign of the state of mental health of the LGBT population⁽²⁷⁾. Just as in the general population, the number of deaths from suicide is the second leading cause of death for people aged between 15 and 29⁽²⁸⁾, and it also occurs among the LGBT population. One study considers that the simultaneous confrontation of rejection by society and the family is a common narrative in LGBT biographies, and are precipitating factors that affect socially underrepresented and vulnerable segments⁽²⁷⁾.

Study limitations

As the analysis of notifications of violence was carried out in the 2019-2020 period, the pandemic period may have a potential bias or inaccuracy, not expressing a true picture of the reality of violence suffered by the LGBT population. For this reason, generalizations of the results of this study may be limited.

Contributions to practice

The hope is to give visibility to the violence perpetrated against the LGBT community in order to mobilize for a more accurate diagnosis, based on official data, and consequently reduce gender and sexual orientation vulnerabilities related to the violence to which they are exposed. Addressing public policies

must be linked to improving the way professionals fill out notification forms. There is no effective public policy if the data produced is not qualified. Only in this way will it be possible to write a history that reveals that the struggles of social movements have had an impact on the social, political and scientific spheres in Brazil.

Conclusion

The profile shows that the population has been victims of violence related to homophobia, lesbophobia, biphobia and transphobia, most often in their homes and perpetrated by men. In addition, they point to the need to commit to the development of evidence, such as the monitoring of violence, which can support actions to tackle the problem and public policies that encourage a culture of peace, people's freedom and the adoption of care protocols or standard operating procedures in health services, as provided for in the National LGBT Comprehensive Health Policy and the National Human Rights Program.

Authors' contributions

Conception and design or analysis, interpretation of data, relevant critical review of the intellectual content and final approval of the version to be published, and agreement to be responsible for all aspects of the manuscript: Melo MAA, Pontes GS, Costa GMC. Analysis and interpretation of data, writing of the manuscript, final approval of the version to be published, and agreement to be responsible for all aspects of the manuscript: Celino SDM, Coelho AA, Silva VC.

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