

# Forms of LGBTQIAPN+ vulnerability in Brazil

Gabriel Mácola de Almeida<sup>1</sup>, Mayra Emanuele Magalhães Alves<sup>1</sup>, Raquel Rodrigues Bastos<sup>1</sup>, Pedro Bernardes da Silva<sup>2</sup>, Liliane Silva do Nascimento<sup>1</sup>, Érica Quinaglia Silva<sup>1,3</sup>

1. Universidade Federal do Pará, Belém/PA, Brasil. 2. Centro Universitário do Estado do Pará, Belém/PA, Brasil. 3. Universidade de Brasília, Brasília/DF, Brasil.

## Abstract

This integrative literature review identifies the forms of vulnerabilities experienced by lesbian, gay, bisexual, transgender individuals and as well as those of other identities in Brazil. The analysis of the five selected and classified articles revealed mental and physical vulnerabilities in contexts of violence, training environments, COVID-19, existence and deprivation of liberty. These vulnerabilities are historically associated with this community and have been accentuated over the years. Organization of social movements for this population and scientific production incentives are needed to afford greater visibility, reduce injustices and promote changes to the current scenario.

**Keywords:** Social vulnerability. Health vulnerability. Sexual and gender minorities.

## Resumo

### Formas de vulnerabilidade de pessoas LGBTQIAPN+ no Brasil

Por meio de revisão integrativa da literatura, busca-se identificar formas de vulnerabilidade evidenciadas na vida de pessoas lésbicas, gays, bissexuais, transgênero e mais no território brasileiro. A partir da análise de cinco artigos selecionados e classificados, foram elencadas formas de vulnerabilidade mental e física nos contextos de violência, ambientes formadores, covid-19, existir e privação de liberdade. As vulnerabilidades apresentadas são historicamente associadas a esta comunidade e acentuadas ao longo dos anos. Observa-se a necessidade de organização de movimentos voltados à causa e incentivo a produções científicas sobre o tema, na busca de maior visibilidade para reduzir injustiças e provocar mudanças no cenário atual.

**Palavras-chave:** Vulnerabilidade social. Vulnerabilidade em saúde. Minorias sexuais e de gênero.

## Resumen

### Formas de vulnerabilidad de las personas LGBTQIAPN+ en Brasil

Desde una revisión bibliográfica integradora, se pretende identificar las formas de vulnerabilidad que la comunidad de lesbianas, gays, bissexuales, transgénero y más vive en Brasil. Del análisis de cinco artículos seleccionados y clasificados, se enumeraron formas de vulnerabilidad mental y física en los contextos de violencia, ambientes formativos, COVID-19, existencia y privación de libertad. Las vulnerabilidades presentadas están históricamente asociadas a esta comunidad y se acentúan aún más a lo largo de los años. Es necesario organizar movimientos centrados en la causa y fomentar producciones científicas sobre el tema, en busca de una mayor visibilidad para reducir las injusticias y generar cambios en el escenario actual.

**Palabras clave:** Vulnerabilidad social. Vulnerabilidad en salud. Minorías sexuales y de género.

The authors declare no conflict of interest.

The political movement of lesbians, gays, bisexuals, transgender, and others (LGBTQIAPN+) emerged in Brazil following the establishment of similar political and social movements in North America and Europe. Originating in the 1980s, a period marked by the reopening of democratic processes after the military dictatorship, the movement gained significant momentum alongside endeavors aimed at enacting social reforms to mitigate inequalities<sup>1</sup>.

The LGBTQIAPN+ community frequently encounters instances of prejudice, violence, and societal marginalization, often perpetuated within institutional frameworks, including the realm of health care. This is primarily attributed to the prevailing binary, cisgender, and heteronormative societal framework, which marginalizes any deviations from its established norms<sup>2</sup>.

Given the context of vulnerability and inequality manifesting in both individual and collective contexts, this community has begun to advocate for improvements in quality of life, recognition of civil rights, and the pursuit of gender equality through political channels<sup>3</sup>.

Vulnerability can be characterized as the inability to safeguard one's interests<sup>4</sup> with groups being deemed vulnerable based on intrinsic and extrinsic factors. According to Rogers and Ballantyne<sup>5</sup>, intrinsic factors center on the individual, while extrinsic factors encompass the socio-economic milieu and unjust societal conditions, calling for various measures to safeguard the concerned population.

Gradually, tailored programs and policies have been formulated for the community. For instance, the implementation of the National Policy for Comprehensive Health Care for Lesbians, Gays, Bisexuals, *Travestis*, and Transsexuals (PNSILGBT) in 2012 aimed to enhance equity in the services provided by the Brazilian Unified Health System (SUS) and eliminate institutional biases and discrimination<sup>6</sup>. Initiatives such as "Brazil Without Homophobia," the establishment of a General Coordination for the Advancement of LGBTQIAPN+ Rights, and the National Plan for the Advancement of Citizenship and LGBT

Human Rights are some of the efforts to alleviate prevailing disparities<sup>7</sup>.

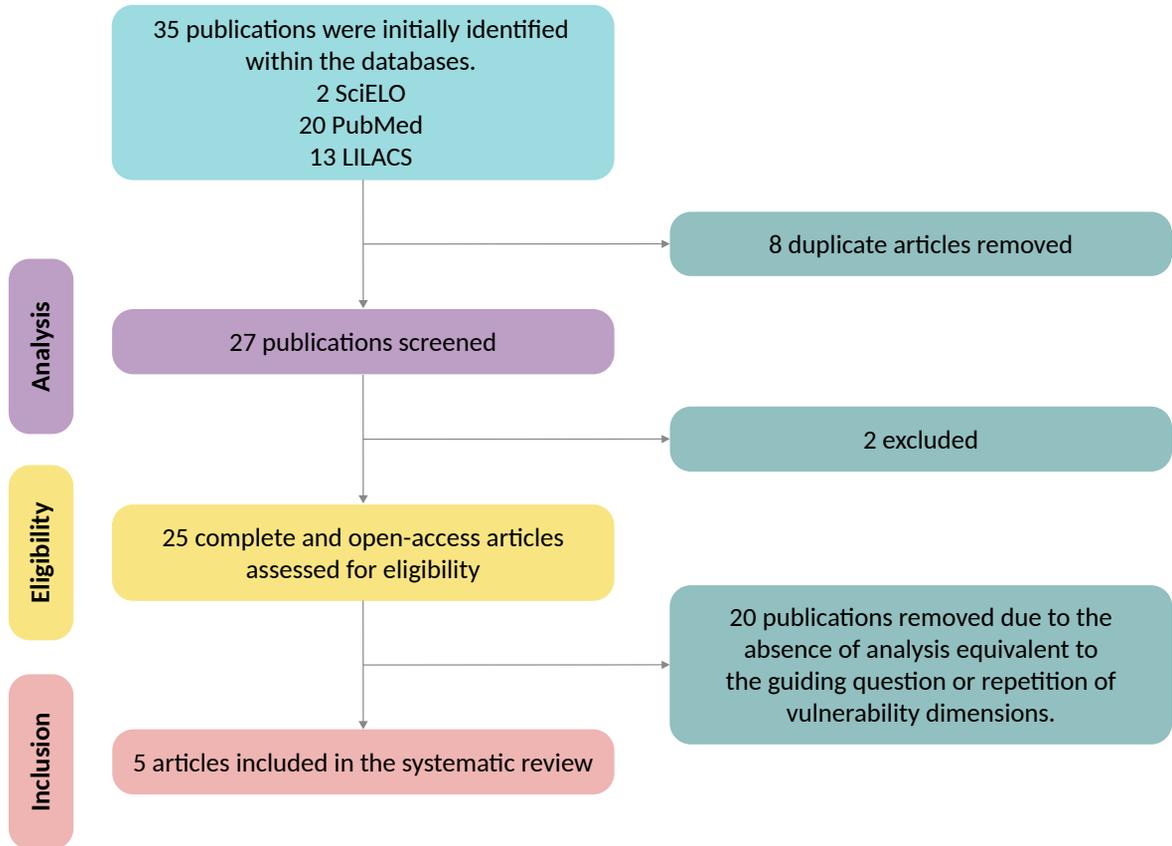
This study seeks to explore the primary manifestations of vulnerability affecting the LGBTQIAPN+ population within the Brazilian context. Given the outlined backdrop, a comprehensive assessment of key dimensions of vulnerability serves as a crucial instrument for spotlighting the issues at hand. This endeavor contributes to the broader endeavor of safeguarding the health, well-being, and overarching rights of this community.

### Method

This study undertook an integrative review approach. Departing from the identification of the central issue and the guiding question, the process involved delving into the scientific literature, determined by predefined inclusion criteria. Subsequently, the collected data were structured, analyzed, and the resultant findings were deliberated upon.

The study was carried out from September to October 2022, with a specific focus on the guiding query: What are the primary manifestations of vulnerability prevalent within the LGBTQIAPN+ community in Brazil? To address the subject, health science terminologies (DeCS/MeSH) were employed in combination with Boolean operators across databases such as SciELO, LILACS, and PubMed. The search queries included terms like "social vulnerability or health vulnerability and sexual and gender minorities and Brazil."

A succinct overview of the procedure for selecting and treating the chosen articles is outlined in Figure 1, employing a flowchart that aligns with the recommendations established by the Prisma group<sup>8</sup>. This research is aligned with the directives outlined in National Health Council Resolutions 466/2012<sup>9</sup> and 510/2016<sup>10</sup>. As it encompasses secondary data drawn from publicly accessible databases, it was not subject to submission to the Research Ethics Committee/National Commission on Ethics in Research (CEP/CONEP).

**Figure 1.** Flowchart illustrating the systematic procedure for article selection, following Prisma guidelines.

## Results

From the database search, a total of 35 texts were located. Out of these, two were closed-access articles, and eight were duplicates. Among the remaining 25, which were read in their entirety, 20 were rejected either for not addressing the

guiding question or for presenting vulnerability dimensions similar to those found in another study analyzed during the pre-selection phase. As a result, five articles were chosen for the integrative review (Chart 1). Findings from studies in which the reported vulnerabilities resembled those of other works were incorporated into the discussion section.

**Chart 1.** Summary of articles selected for discussion, including title, authors, year, database, study approach, objective, and identified vulnerabilities

Title	Authors; year	Database	Study approach	Objective	Identified vulnerabilities
"Perfil das notificações de violências contra lésbicas, gays, bissexuais, travestis e transexuais registradas no Sistema de Informação de Agravos de Notificação, Brasil, 2015 a 2017"	Pinto and collaborators; 2020 <sup>11</sup>	SciELO	Ecological-descriptive	To depict the profile of reported incidents of violence against lesbian, gay, bisexual, <i>travestis</i> , and transgender (LGBT) individuals in Brazil from 2015 to 2017.	Mental and physical vulnerability within the context of violence.

continues...

Chart 1. Continuation

Title	Authors; year	Database	Study approach	Objective	Identified vulnerabilities
“Diversidade sexual na escola: estudo qualitativo com estudantes do ensino médio do Município do Rio de Janeiro, Brasil”	Matta and collaborators; 2021 <sup>12</sup>	PubMed	Descriptive-exploratory	To examine how high school students perceive their peers from sexual minority groups and understand the school's and educators' attitudes towards sexual diversity.	Vulnerability within the context of formative environments.
“Pessoas LGBTI+ e a covid-19: para pensarmos questões sobre saúde”	Sousa and collaborators; 2021 <sup>13</sup>	LILACS	Theoretical-reflective	To engage in theoretical and critical reflection on the health situation of LGBTI+ individuals amidst the COVID-19 pandemic in Brazil.	Vulnerability within the context of COVID-19.
“Gênero, direitos sexuais e suas implicações na saúde”	Gomes and collaborators; 2018 <sup>14</sup>	PubMed	Theoretical-reflective	To critically examine aspects related to gender and sexual rights, as well as their implications in the realm of health.	Social vulnerability within the context of existence.
“Direito à saúde das pessoas LGBTQ+ em privação de liberdade: o que dizem as políticas sociais de saúde no Brasil?”	Souza and collaborators; 2020 <sup>15</sup>	LILACS	Theoretical-reflective	Initiating a discourse on the reality of securing healthcare for LGBTQ+ individuals in the pursuit of consolidating human rights through public health policies within the Brazilian penal system.	Exploring vulnerability in the context of imprisonment.

The articles were systematically organized into cells within the Microsoft Excel application. This arrangement took into account factors such as title, authors, publication year, database, research approach, objective, and identified vulnerabilities. All the works, spanning the years 2018 to 2021, were published in Brazil and encompassed a spectrum of study methodologies including ecological-descriptive, descriptive-exploratory, and theoretical-reflective analyses. Based on the insights gleaned from the studies, a definitive choice was made to classify forms of vulnerability into five distinctive dimensions: mental and physical vulnerability in the context of violence; vulnerability stemming from formative environments; vulnerability exacerbated by the COVID-19 pandemic; societal vulnerability in the context of existence; and vulnerability rooted in the experience of imprisonment.

## Discussion

As mentioned, studies yielding analogous outcomes to those chosen were harnessed to enrich the discussion. To encompass the

multifaceted realms within which the LGBTQIAPN+ population is positioned and thoughtfully reflect upon them, a deliberate choice was made to categorize dimensions or contexts to reflect upon and classify the diverse forms of vulnerability.

### **Mental and physical vulnerability within the context of violence**

The first study, signed by Pinto and collaborators<sup>11</sup>, works on a comprehensive examination of violence against lesbian, gay, bisexual, transgender, and queer individuals in Brazil. The authors underscore the most salient dimension of vulnerability afflicting this community—violence. By delving into the Notifiable Disease Information System, the authors ascertain a staggering 24,564 documented instances of violence against LGBTQIAPN+ individuals from 2015 to 2017. This encompasses cisgender homosexuals and bisexuals, alongside transgenders and *travestis*.

Notably, cases involving persons of Black ethnicity were prevalent across all assessed

age groups. Another pivotal revelation pertains to the venues in which these incidents predominantly occur: the domicile, trailed by public spaces and educational institutions<sup>11</sup>.

Following physical harm, psychological or mental violence emerges as the foremost category in reported notifications<sup>11</sup>. Instances of mental violence, characterized predominantly by humiliation, verbal derogation, prejudiced speeches, as well as threats, bear considerable potential for long-term issues. These may lead to traumas or enduring “triggers” persisting throughout an individual’s life. Moreover, such aggressions give rise to barriers and patterns that extend into other physical and psychological consequences, thus engendering a pernicious cycle of harm<sup>12,16</sup>.

While violence directed at the LGBTQIAPN+ community, or LGBTphobia, is the most conspicuous manifestation of vulnerability to which this minority is exposed, it is essential to recognize that this community still lacks access to full security and rights<sup>17</sup>. Notably, in June 2019, the Brazilian Supreme Federal Court deemed LGBTphobia a criminal offense through Law 7,716/1989<sup>18</sup>, which addresses discrimination based on race or color, until more exclusive legislation is formulated. However, the pressing need for protective strategies and measures remains.

It is vital to underscore that the data analyzed by the authors pertain solely to reported cases within the system. Therefore, acknowledging that the underreporting of incidents conceals the true reality is of paramount importance. In the backdrop of apprehension regarding prejudice and other forms of mistreatment<sup>19</sup>, healthcare practitioners must assist victims of violence and meticulously document such incidents, aligning with the tenets of the PNSILGBT<sup>6</sup>.

### **Vulnerability within the context of formative environments**

Matta and collaborators<sup>12</sup> undertook a qualitative analysis study examining the perceptions of high school students concerning sexual diversity. Drawing from a sample of 132 students from both public and private schools, the study noted a level of acceptance and visibility toward sexual minorities. Additionally, a notable share of students identified themselves as non-heterosexual.

The school milieu carries substantial potential for engaging with this theme and plays a pivotal role during formative years, particularly high school, in fostering understanding and broadening perspectives. Although contexts that involve increased interaction with LGBTQIAPN+ individuals tend to mitigate instances of LGBTphobia<sup>20</sup>, the prevalence of vulnerability factors since early schooling is still noteworthy. Despite the gradual acceptance of the notion of sexual diversity, educational environments still serve as a breeding ground for prejudiced viewpoints and initial encounters with LGBTphobia<sup>21</sup>.

This assertion is bolstered by the findings of Pinto and collaborators<sup>11</sup>, which identified schools as the third most prevalent setting for instances of violence. Matta and collaborators<sup>12</sup> also highlight that instances of intolerance are chiefly directed at students who deviate from cis-heteronormative expectations. Students interviewed express discomfort with gestures, clothing, and comments from peers that express attributes incongruent with their biological sex.

In response, educational institutions should formulate strategies to counter and eradicate prejudiced perspectives, introducing initiatives or educational programs focused on sexual diversity and tackling bullying<sup>22,23</sup>. This includes combating the selective discrimination that is present even within the LGBTQIAPN+ community, where individuals who identify as gay, *travesti*, or transgender with strong feminine behaviors encounter higher degrees of prejudice than those conforming to conventional masculine standards<sup>24</sup>.

### **Vulnerability within the context of the COVID-19 pandemic**

The emergence of the COVID-19 pandemic in late 2019 and early 2020 reverberated across various aspects of people’s lives, posing novel challenges within the realm of health. Moreover, this health crisis exacerbated existing vulnerabilities, magnifying the disparities for those already struggling with precarious situations<sup>25</sup>.

Sousa and collaborators<sup>13</sup> expound upon the repercussions of the pandemic on the lives of LGBTQIAPN+ persons. Given the plethora of vulnerabilities inherent in the day-to-day experiences of these individuals, the pandemic has triggered adverse effects, accentuating disparities

across various domains, including personal relationships and the healthcare milieu.

One fragility underscored in a study<sup>13</sup> pertains to domestic vulnerability, which was exacerbated by the pandemic situation. The strategy of social isolation implemented to curb the spread of the SARS-CoV-2 virus led to extended periods of confinement at home. LGBTphobia present within familial contexts manifests through a lack of acceptance and acknowledgment of sexual orientation and/or gender identity, resulting in verbal altercations, physical confrontations, and emotional distress<sup>26</sup>.

The prolonged social isolation during the pandemic also led to the constriction of access to secure spaces and a sense of belonging. In cases where familial support systems are fragile, seeking refuge becomes even more challenging<sup>27</sup>, rendering individuals more susceptible to abuse and violence within their own homes. This reality is further illuminated by a Pinto and collaborators' study<sup>11</sup>, which revealed that even before the pandemic, the primary site for occurrences of violence was inside the familial space.

Another aspect highlighted by Sousa and collaborators<sup>13</sup> is social vulnerability, evident in the precariousness of employment opportunities, which are largely informal and were further compromised during the pandemic. This economic hardship has driven individuals to resort to extreme measures, including engaging in sex work. However, this choice introduces additional vulnerabilities, including a heightened susceptibility to sexually transmitted infections (STI)—such as HIV/AIDS or even COVID-19 itself<sup>28</sup>.

Within the health domain, the landscape shaped by the rapid transmission of the novel coronavirus, coupled with delayed governmental interventions and the backdrop of stigma against the LGBTQIAPN+ population, has engendered additional obstacles in accessing healthcare. This is particularly pertinent for those who rely on SUS for treatment of STI, leading to the marginalization of specific needs<sup>29</sup>.

Pre-existing frailties are evident in health promotion and disease prevention strategies targeting the LGBTQIAPN+ community, and the COVID-19 situation has further exacerbated this state of affairs. It becomes clear that instituting awareness and information dissemination

strategies is pivotal in furnishing the necessary support for novel coping mechanisms.

### Social vulnerability within the context of existence

Gomes and collaborators<sup>14</sup> delve into the construction of gender identity expression and its significance in acknowledging and accommodating the needs and distinctiveness of individuals who do not conform to the cisgender heteronormative paradigm. However, socio-cultural constructs still deem identities that do not conform to cis bodies and/or a binary system of sex as pathological and, therefore, outside the norm<sup>30</sup>.

Throughout history, the LGBTQIAPN+ movement has been defined by the endeavor to secure recognition for the existence of these individuals. The notion of the “non-subject,” as explored by Butler<sup>31</sup>, originates from deviating from the enforced pattern of heteronormativity. This socially constructed regulatory mechanism is built upon predetermined behavioral norms, where any deviations or traits that deviate (biological sex, sexuality, gender identity) are deemed abhorrent, unseen, and dehumanizing<sup>32</sup>.

Consequently, individuals outside this imposed framework are marginalized and vulnerable across all domains, with their rights denied due to their lack of acknowledgment. Those straying from the cisgender heteronormative paradigm are even more susceptible to instances of violence and vulnerability compared to LGBTQIAPN+ individuals who conform to this construct.

Additional exacerbating factors, such as structural racism, disproportionately target black LGBTQIAPN+ individuals<sup>33</sup>. According to the study by Matta and collaborators<sup>12</sup>, these characteristics manifest within educational institutions through the intolerance faced by homosexuals who do not align with the heteronormative standard. This hostility compels these individuals to conceal or mask their sexual orientation and/or gender identity.

The operation of the cis-heteronormative and binary model is evident within the realm of public health, where gender identity serves as a significant determinant of health. The healthcare system cannot still educate professionals and formulate tailored strategies to enhance the well-being of this demographic<sup>34</sup>.

### Vulnerability in the context of imprisonment

Souza and collaborators<sup>15</sup> explore the challenges of providing healthcare assistance to LGBTQIAPN+ individuals within the Brazilian prison system through a comprehensive review of literature and documents. Their analysis paints a somber picture of the reality faced by the community, often relegated to the fringes of society and occasionally forced into prostitution and criminality.

Within the context of incarceration, conditions mirror those experienced in the broader daily life of the LGBTQIAPN+ community. However, these difficulties are compounded by individual, societal, and systemic vulnerabilities specific to the prison environment. This includes disregard for fundamental rights guaranteed by the Constitution, such as access to healthcare<sup>15</sup>.

Similar to the public healthcare system, the prison environment also aligns with the cis-heteronormative model, leading to elevated rates of violence, bias, and isolation. This strips individuals who diverge from the norm of their basic rights<sup>35</sup>. Consequently, aside from being rendered invisible, this population becomes more susceptible to complications arising from illnesses, particularly HIV/AIDS<sup>36</sup>.

### Final considerations

Despite Brazil's rich demographic diversity, persistent inequality prevails due to a negative outlook toward minority communities. The LGBTQIAPN+ population in the country, while sizable, continues to grapple with challenges related to the assertion of their rights and fundamental conditions for their existence, including access to healthcare, equitable job opportunities, safety, and respect.

Embedded within Brazil's historical social norms, the oppression propagated by the cis-heteronormative system is evident. This system humanizes solely those bodies that align with the anticipated norm of sexual orientation and gender identity. Such an oppressive mechanism views sexual and gender diversities as deviations from the prescribed norm, relegating individuals to invisibility and undermining their social rights. This process engenders vulnerabilities that jeopardize both an individual's physical well-being and societal integration.

Violence targeting LGBTQIAPN+ individuals, manifesting as the most conspicuous manifestation of these vulnerabilities, initiates within educational environments and intensifies within contexts that restrict avenues of escape. It becomes even more pronounced in settings where already fragile fundamental rights fail to extend protection to these individuals. National policies like the PNSILGBT endeavor to mitigate inequalities in healthcare but call for further enforcement. Moreover, continual training and education for healthcare professionals are imperative, focusing on enhancing their aptitude for providing an inclusive and attentive environment for specific groups. This is pivotal for fostering comprehension and guiding these socially vulnerable populations.

The uncovered studies hold immense value in comprehending and delving into the realm of vulnerabilities experienced by the LGBTQIAPN+ community, as well as the nuances associated with delivering care within social and healthcare networks. Presently, there is a discernible momentum and significance attached to this agenda, underscoring the demand for more research and propositions addressing this subject matter. Such studies should aspire to decrease disparities and usher in transformative changes within the current landscape.

*Érica Quinaglia Silva is a research productivity fellow of the National Council for Scientific and Technological Development of Brazil.*

### References

1. Bezerra MVR, Moreno CA, Prado CA, Santos AM. Política de saúde LGBT e sua invisibilidade nas publicações em saúde coletiva. *Saúde Debate* [Internet]. 2020 [acesso 1 ago 2023];43(8 esp):305-23. DOI: 10.1590/0103-11042019S822

2. Figueiredo R. Diversidade sexual: confrontando a sexualidade binária. *Bol Inst Saúde* [Internet]. 2018 [acesso 1 ago 2023];19(2):7-18. DOI: 10.52753/bis.2018.v19.34587
3. Programa Conjunto das Nações Unidas sobre HIV/Aids. Cartilha de Saúde LGBTQI+: políticas, instituições de saúde em tempos de covid-19 [Internet]. [local desconhecido]: TODXS; 2021 [acesso 1º ago 2023]. Disponível: <https://bit.ly/3P4vXqD>
4. Ribeiro AP, Moraes CL, Sousa ER, Giacomini K. O que fazer para cuidar das pessoas idosas e evitar as violências em época de pandemia? *Abrasco* [Internet]. 14 maio 2020 [acesso 1 ago 2023]. Disponível: <https://bit.ly/3E0fTQB>
5. Rogers W, Ballantyne A. Populações especiais: vulnerabilidade e proteção. *RECIIS* [Internet]. 2008 [acesso 1 ago 2023];2(1):865. DOI: 10.3395/reciis.v2i0.865
6. Brasil. Ministério da Saúde. Política nacional de saúde integral de lésbicas, gays, bissexuais, travestis e transexuais [Internet]. Brasília: Secretaria de Gestão Estratégica e Participativa; 2013 [acesso 1 ago 2023]. Disponível: <https://bit.ly/45Bvj9G>
7. Moraes Neto AC, Tagnin LH, Araújo AC, Sousa MIO, Barra BGA, Hercowitz A. Ensino em saúde LGBT na pandemia da covid-19: oportunidades e vulnerabilidades. *Rev Bras Educ Méd* [Internet]. 2020 [acesso 1 ago 2023];44(supl 1):e157. DOI: 10.1590/1981-5271v44.supl.1-20200423
8. Moher D, Liberati A, Tetzlaff J, Altman DG. Preferred reporting items for systematic reviews and meta-analyses: the Prisma statement. *PLoS Med* [Internet]. 2009 [acesso 1 ago 2023];6(7):1000097. DOI: 10.1136/bmj.b2535
9. Brasil. Ministério da Saúde. Resolução nº 466, de 12 de dezembro de 2012. Aprova as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. *Diário Oficial da União* [Internet]. Brasília, nº 12, p. 59, 13 jun 2013 [acesso 1 ago 2023]. Seção 1. Disponível: <https://bit.ly/45Bt0N>
10. Brasil. Conselho Nacional de Saúde. Resolução nº 510, de 7 de abril de 2016. Dispõe sobre as normas aplicáveis a pesquisas em Ciências Humanas e Sociais cujos procedimentos metodológicos envolvam a utilização de dados diretamente obtidos com os participantes ou de informações identificáveis ou que possam acarretar riscos maiores do que os existentes na vida cotidiana, na forma definida nesta Resolução. *Diário Oficial da União* [Internet]. Brasília, nº 98, p. 44, 24 maio 2016 [acesso 1 ago 2023]. Seção 1. Disponível: <https://bit.ly/3qEEhNG>
11. Pinto IV, Rodrigues LL, Santos MAS, Marinho MMA, Benício LA, Correia RSB *et al.* Perfil das notificações de violências em lésbicas, gays, bissexuais, travestis e transexuais registradas no Sistema de Informação de Agravos de Notificação, Brasil, 2015 a 2017. *Rev Bras Epidemiol* [Internet]. 2020 [acesso 1 ago 2023];23(supl 1):e200006. DOI: 10.1590/1980-549720200006.supl.1
12. Matta TF, Taquette SR, Souza LMBM, Moraes CL. Diversidade sexual na escola: estudo qualitativo com estudantes do ensino médio do município do Rio de Janeiro, Brasil. *Cad Saúde Pública* [Internet]. 2021 [acesso 1 ago 2023];37(11):e00330820. DOI: 10.1590/0102-311X00330820
13. Sousa AR, Cerqueira CFC, Porcino C, Simões KJF. Pessoas LGBTQI+ e a covid-19: para pensarmos questões sobre saúde. *Rev Baiana Enferm* [Internet]. 2020 [acesso 1 ago 2023];35:e36952. DOI: 10.18471/rbe.v35.36952
14. Gomes R, Murta D, Facchini R, Meneghel SN. Gênero, direitos sexuais e suas implicações na saúde. *Ciênc Saúde Colet* [Internet]. 2018 [acesso 1 ago 2023];23(6):1997-2006. DOI: 10.1590/1413-81232018236.04872018
15. Souza LPS, Minucci GS, Alves AM, Roama-Alves RJ, Fernandes MM. Direito à saúde das pessoas LGBTQI+ em privação de liberdade: o que dizem as políticas sociais de saúde no Brasil? *Cad Ibero Am Direito Sanit* [Internet]. 2020 [acesso 1 ago 2023];9(2):135-48. DOI: 10.17566/ciads.v9i2.582
16. Fontanari AMV, Schneider MA, Soll B, Costa AB. Tobacco use among transgender and gender non-binary youth in Brazil. *Ciênc Saúde Colet* [Internet]. 2021 [acesso 1 ago 2023];26(supl 3):5281-92. DOI: 10.1590/1413-812320212611.3.35272019
17. Silva AS, Luna MS. Travestis e transgêneros e sua inserção no mercado formal de trabalho. *Cad Gên Tecnol* [Internet]. 2019 [acesso 1 ago 2023];12(39):303-18. DOI: 10.3895/cgt.v12n39.9506
18. Brasil. Lei nº 7.716, de 5 de janeiro de 1989. Define os crimes resultantes de preconceito de raça ou de cor. *Diário Oficial da União*. Brasília, 5 jan 1989.
19. Ferreira BO, Pereira EO, Rocha MB, Nascimento EF, Albuquerque ARS, Almeida MMS, Pedrosa JIS. “Não tem essas pessoas especiais na minha área”: saúde e invisibilidade das populações LGBT na perspectiva de agentes comunitários de saúde. *Reciis* [Internet]. 2019 [acesso 1 ago 2023];13(3):496-508. DOI: 10.29397/reciis.v13i3.1703

20. Venturi G, Bokany V, Zambrano E, Seffner F, Calazans G, Rodrigues J *et al.* Diversidade sexual e homofobia no Brasil [Internet]. São Paulo: Editora Fundação Perseu Abramo; 2011 [acesso 18 out 2022]. Disponível: <https://bit.ly/3sj8R6L>
21. Barbosa VD, Ferraz TC. A LGBTIfobia como determinante e produto cultural: um enfoque na agência de controle educação. *Cad Psicol* [Internet]. 2019 [acesso 1 ago 2023];1(1):319-39. Disponível: <https://bit.ly/3OIRzAT>
22. Junqueira RD. Currículo heteronormativo e cotidiano escolar homofóbico. *Espaço do Currículo* [Internet]. 2010 [acesso 1 ago 2023];2(2):208-30. DOI: 10.15687/rec.v2i2.4281
23. Altmann H. Diversidade sexual e educação: desafios para a formação docente. *Sex Salud Soc (Rio J)* [Internet]. 2013 [acesso 1 ago 2023];(13):69-82. Disponível: <https://bit.ly/3OL405M>
24. Sousa D, Iriart J. “Viver dignamente”: necessidades e demandas de saúde de homens trans em Salvador, Bahia, Brasil. *Cad Saúde Pública* [Internet]. 2018 [acesso 1 ago 2023];34(10):e00036318. DOI: 10.1590/0102-311X00036318
25. Natividade MS, Bernardes K, Pereira M, Miranda SS, Bertoldo J, Teixeira MG *et al.* Social distancing and living conditions in the pandemic covid-19 in Salvador/Bahia, Brasil. *Ciênc Saúde Colet* [Internet]. 2020 [acesso 1 ago 2023];25(9):3385-92. DOI: 10.1590/1413-81232020259.22142020
26. Braga IF, Oliveira WA, Silva JL, Mello FCM, Silva MAI. Violência familiar contra adolescentes e jovens gays e lésbicas: um estudo qualitativo. *Rev Bras Enferm* [Internet]. 2018 [acesso 1 ago 2023];71(supl 3):1220-7. DOI: 10.1590/0034-7167-2017-0307
27. Gibb JK, DuBois LZ, Williams S, McKerracher L, Juster RP, Fields J. Sexual and gender minority health vulnerabilities during the covid-19 health crisis. *Am J Hum Biol* [Internet]. 2020 [acesso 1 ago 2023];32(5):e23499. DOI: 10.1002/ajhb.23499
28. Magno L, Silva LAV, Veras MA, Pereira-Santos M, Dourado I. Estigma e discriminação relacionados à identidade de gênero e à vulnerabilidade ao HIV/aids entre mulheres transgênero: revisão sistemática. *Cad Saúde Pública* [Internet]. 2019 [acesso 1 ago 2023];35(4):e00112718. DOI: 10.1590/0102-311X00112718
29. Macedo Neto AO, Silva SAG, Gonçalves GP, Torres JL. Covid-19 vulnerability among Brazilian sexual and gender minorities: a cross-sectional study. *Cad Saúde Pública* [Internet]. 2022 [acesso 1 ago 2023];38(8):e00234421. DOI: 10.1590/0102-311XEN234421
30. Winter S, Diamond M, Green J, Karasic D, Reed T, Whittle S *et al.* Transgender people: health at the margins of society. *Lancet* [Internet]. 2016 [acesso 1 ago 2023];388(10042):390-400. DOI: 10.1016/S0140-6736(16)00683-8
31. Butler J. Regulações de gênero. *Cad Pagu* [Internet]. 2014 [acesso 1 ago 2023];42:249-74. DOI: 10.1590/0104-8333201400420249
32. Silva JWSB, Silva Filho CN, Bezerra HMC, Duarte KVN, Quinino LRM. Políticas públicas de saúde voltadas à população LGBT e à atuação do controle social. *Rev Saúde Pública Paraná* [Internet]. 2017 [acesso 1 ago 2023];18(1):140-9. Disponível: <https://bit.ly/45xopIE>
33. Moutinho L. Diferenças e desigualdades negociadas: raça, sexualidade e gênero em produções acadêmicas recentes. *Cad Pagu* [Internet]. 2014 [acesso 1 ago 2023];(42):201-48. DOI: 10.1590/0104-8333201400420201
34. Popadiuk GS, Canavese D, Signorelli MC. A Política nacional de saúde integral de lésbicas, gays, bissexuais e transgêneros (LGBT) e o acesso ao processo transexualizador no Sistema Único de Saúde (SUS): avanços e desafios. *Ciênc Saúde Colet* [Internet]. 2017 [acesso 1 ago 2023];22(5):1509-20. DOI: 10.1590/1413-81232017225.32782016
35. Corpora en Libertad. Situación de los derechos humanos de las personas LGBT+ privadas de la libertad en América [Internet]. San José: Corte Interamericana de Derechos Humanos; 2021. Disponível: <https://bit.ly/45Enfos>
36. Sánchez A, Simas L, Diuana V, Larouze B. Covid-19 nas prisões: um desafio impossível para a saúde pública? *Cad Saúde Pública* [Internet]. 2020 [acesso em 19 set 2022];36(5):e00083520. DOI: 10.1590/0102-311X00083520

**Gabriel Mácola de Almeida** – Master’s student – gabrielalmeida1401@hotmail.com

 0000-0002-0618-829X

**Mayra Emanuele Magalhães Alves** – Undergraduate – mayra.emanuele.ma@gmail.com

 0000-0001-5767-9251

**Raquel Rodrigues Bastos** – Undergraduate – raquel.bastos@ics.ufpa.br

 0000-0001-8754-7727

**Pedro Bernardes da Silva** – Graduate – pedro.bernardes12@gmail.com

 0000-0003-2361-1368

**Liliane Silva do Nascimento** – PhD – profaliliane@ufpa.br

 0000-0002-5943-6314

**Érica Quinaglia Silva** – PhD – equinaglia@hotmail.com

 0000-0001-9526-7522

#### Correspondence

Gabriel Mácola de Almeida – Trav. Nove de Janeiro, 2.110, Centro Profissional Wall Street, sala 701 CEP 66055-310, Belém/PA, Brasil.

#### Participation of the authors

Gabriel Mácola de Almeida was involved in the conception, planning, data collection, and data interpretation, as well as manuscript writing and revision. Mayra Emanuele Magalhães Alves contributed to data analysis, data interpretation, scientific writing, and manuscript revision. Raquel Rodrigues Bastos participated in data analysis, data interpretation, scientific writing, and manuscript revision. Pedro Bernardes da Silva collaborated in the critical review of content, drafting, revision, and textual formatting. Liliane Silva do Nascimento played a role in guiding the conception, planning, critical review, and textual revision of the manuscript. Érica Quinaglia Silva provided guidance in the conception, planning, critical review, and textual revision of the manuscript.

**Received:** 1.4.2023

**Revised:** 8.2.2023

**Approved:** 8.14.2023