

Gender inequalities in violence against sexual minorities in Brazil: An analysis of associated factors

Desigualdades de gênero na violência contra minorias sexuais no Brasil: uma análise dos fatores associados

Nádia Machado de Vasconcelos¹, Gisele Nepomuceno de Andrade¹, Deborah Carvalho Malta¹

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ABSTRACT This study aimed to analyze the factors associated with violence against Brazilian LGB+ population, stratified by sex, using data from the 2019 National Health Survey. The prevalence was estimated, and the proportions of characteristics related to subtypes of violence (psychological, physical, and sexual) were calculated for each sex. A multivariable model using Poisson regression with robust variance was then applied to assess the association between violence and socioeconomic and health-related factors, also stratified by sex. The prevalence of violence in the LGB+ population was high, reaching 42.51% among women and 40.67% among men. It was observed that most LGB+ women experienced psychological and physical violence within the home and that Black women had a 68% higher prevalence of violence when compared to white women. Among LGB+ men, the highest percentage was for recurrence of psychological violence (63.89%), with significantly higher prevalence among younger individuals. In both sexes, violence was associated with negative self-rated health and a diagnosis of depression. The findings show that the violence experienced by the LGB+ population varies by sex, with different factors associated with exposure to violence among LGB+ women and men.

KEYWORDS Sexual and gender minorities. Health inequities. Gender-based violence. Health surveys.

RESUMO Este estudo teve como objetivo analisar os fatores associados à violência na população LGB+ brasileira, com estratificação por sexo, a partir da Pesquisa Nacional de Saúde 2019. Estimou-se a prevalência e calcularam-se as proporções de características relacionadas aos subtipos de violência (psicológica, física e sexual) para cada sexo. Em seguida, foi aplicado modelo multivariável de Regressão de Poisson com variância robusta, a fim de avaliar a associação da violência com fatores socioeconômicos e de saúde, também por sexo. A prevalência da violência na população LGB+ foi elevada, sendo de 42,51% entre as mulheres e de 40,67% para os homens. Observou-se que a maioria das mulheres LGB+ sofreu violência psicológica e física dentro da residência, e que mulheres pretas apresentaram prevalência de violência 68% maior do que mulheres brancas. Entre os homens LGB+, o maior percentual foi de recorrência da violência psicológica, com 63,89%, além de prevalências significativamente maiores entre os mais jovens. Em ambos os sexos, observou-se associação entre violência e autoavaliação negativa da saúde, bem como diagnóstico de depressão. Os resultados mostram que a violência vivenciada pela população LGB+ apresenta diferenças por sexo, com distintos fatores associados à exposição à violência entre mulheres e homens LGB+.

PALAVRAS-CHAVE Minorias sexuais e de gênero. Desigualdades de saúde. Violência de gênero. Inquéritos epidemiológicos.

¹Universidade Federal de Minas Gerais (UFMG) - Belo Horizonte (MG), Brasil.
nadiamv87@yahoo.com.br



Introduction

Heteronormativity is a dominant cultural pattern that defines heterosexuality as the norm, establishing a mandatory correspondence between biological sex, gender identity, and sexual orientation¹. This normativity not only guides behaviors considered socially acceptable, but it also operates as a power system that defines who has the legitimacy to exist¹.

Prejudice against sexual diversity is included in this context, understood as the disqualification of sexualities, identities, and behaviors that do not align with the heterosexual norm². Such prejudice manifests itself at multiple levels: in socially shared ideas that reinforce stigmas, in institutional structures that deny rights, and in individual attitudes that reproduce and legitimize exclusion³.

The population of Lesbian, Gay, Bisexual, and other sexual minority (LGB+) people, by challenging these norms and breaking with the patterns of heteronormativity, becomes the target of discrimination, invisibility, and violence. This is a group historically marked by rejection, exclusion, and symbolic or physical attacks³. In this scenario, violence is not an eventuality, but rather a systematic risk, fueled by norms that regulate and hierarchize sexualities and bodies⁴.

Violence against LGB+ people is a prevalent phenomenon in various regions of the world, although there is still a scarcity of systematic studies on the subject. Research conducted by the European Union indicated that 14% of LGBTI people reported having suffered physical and/or sexual violence over a five-year period³. In the USA, a study showed a prevalence of 7.11% of violence among LGB+ people, as compared to 1.92% among heterosexual people⁵. In nine African countries, more than half of the LGB+ people reported having experienced this type of violence throughout their lives, with about a third having suffered it in the last year⁶.

The comparison between these studies, however, is hampered by the heterogeneity in definitions, the types of violence considered,

and the reference periods. A previous systematic review highlighted the low methodological quality of the available studies, pointing to such problems as the absence of standardized measures and the use of small and non-probabilistic samples⁷. These findings reinforce the need for more research with robust and comparable designs, which allow us to understand the magnitude and specificities of violence against the LGB+ population in different contexts.

In Brazil, the inclusion of a question about sexual orientation in the National Health Survey (NHS), a national population-based survey, has allowed for new studies on the LGB+ population⁸. Data from this survey showed a prevalence of approximately 40% of violence in 2019 among LGB+ people, with a 2.5 times greater chance of suffering some type of violence, when compared to the heterosexual population⁹. In addition, higher chances of violence were observed among younger, non-white people with low levels of education¹⁰.

However, studies analyzing the factors associated with violence against LGB+ people in Brazil from a gender perspective are still scarce. Intersectionality, a concept that describes how the overlapping or intersection of social categories combine to shape people's identities and experiences, becomes essential in this analysis, as it highlights how multiple forms of discrimination, power, and privilege are reflected in experiences at the individual level¹¹. Thus, it is possible to understand that violence directed at LGB+ people results from the articulation between different social markers, which shows them as transgressors of gender norms and heteronormativity. Lesbian women, for example, simultaneously face sexism and LGBTphobia, being the target of practices such as 'correction' through sexual violence³, while gay men are subjected to symbolic and physical punishments for challenging the standards of hegemonic masculinity³.

Considering that exposure to violence is not evenly distributed within the LGB+ community, this study aimed to analyze the factors

associated with violence in the Brazilian LGB+ population, stratified by sex, based on the 2019 NHS. Investigating the specificities and inequalities among the different groups within this population will contribute to a better understanding of the complex vulnerability to which they are exposed, helping to make the most marginalized experiences visible and impacting the formulation of public policies aimed at promoting the health and quality of life of this social minority.

Material and methods

Design, data source, and participants

This is a cross-sectional study with a quantitative approach and an analytical character. Data from the 2019 NHS were used.

The NHS is a household survey conducted by the Ministry of Health in partnership with the Brazilian Institute of Geography and Statistics (IBGE), with a representative sample of the population residing in permanent households in Brazil. Sampling was carried out by clusters in three selection stages: census tracts, households, and residents. In 2019, 90,846 interviews were conducted with individuals, aged 15 or older. Additional details are available in a prior publication¹².

For this study, individuals, aged 18 or older, who self-identified as homosexual, bisexual, or of another sexual orientation were included, according to their response to the question: 'What is your sexual orientation?', contained in the Sexual Activity (Y) module, totaling 1,554 individuals. The sex of the participants was used as a proxy for gender, as the NHS does not have a specific question for the gender identity of its participants.

Variables

The questions related to exposure to three subtypes of violence, which occurred in the 12

months prior to the interview, were analyzed:

– Psychological (V2): In the last 12 months, did someone: offend, humiliate, or ridicule you in front of other people? Yell at you or insult you? Use social media or a cell phone to threaten, offend, insult, or expose images of you without your consent? Verbally threaten to hurt you or someone important to you? Destroy something of yours on purpose?

– Physical (V14): In the last 12 months, did someone: slap or punch you? Push you, hold you forcefully, or throw something at you with the intention of hurting you? Punch, kick, or drag you by the hair? Attempt to or actually strangle, asphyxiate, or burn you on purpose? Threaten or injure you with a knife, firearm, or some other weapon or object?

– Sexual (V27): In the last 12 months, has anyone: touched, manipulated, kissed, or exposed parts of your body against your will? Threatened you or forced you to have sexual relations or any other sexual acts against your will?

For this study, the participant was considered to have suffered some type of violence in the 12 months prior to the interview when they answered 'yes' to at least one of the alternatives in each subtype.

Among those participants who reported violence, the following variables, derived from the questions by subtype of violence, were analyzed¹²:

- Type of aggressor: intimate partner; family member; acquaintance, and others.
- Location of occurrence: residence; work-place/study place; public place and other.
- Recurrence of violence: yes or no.

The explanatory variables selected for analysis of associated factors were:

1. Age range: 18 to 24 years, 25 to 39 years, 40 to 59 years, 60 years or more;

2. Education: no schooling and incomplete primary education, complete primary education and incomplete secondary education, complete secondary education and incomplete higher education, higher education;
3. Skin color: white, black, brown, other (yellow and indigenous);
4. Region of residence: North, Northeast, Southeast, Midwest, South;
5. Per capita household income: up to 1 minimum wage (MW), more than 1 up to 3 MW, above 3 MW;
6. Place of residence: urban or rural;
7. Marital status: single, married, widowed, divorced, legally separated;
8. Social support network (understood as the presence of friends or family members the person can count on): none, 1 person, 2 people, 3 people or more;
9. Self-assessment of health: very good or good, fair, poor or very poor;
10. Abusive alcohol consumption (consumption of at least five drinks on a single occasion in the last month): yes or no;
11. Depression (diagnosed by a doctor or mental health professional): yes or no;
12. Sexually Transmitted Infections (STIs): medical diagnosis, in the last 12 months, of an STI/disease (yes or no).

Data analysis

In the descriptive analysis, prevalences and their respective 95% Confidence Intervals (95% CI) were calculated for the subtypes of violence, stratified by sex. The proportions of variables derived from the questions by subtype of violence were

also calculated, and the prevalences between categories were compared, with differences where there was no overlap of the 95% CI being considered statistically significant.

In the statistical analysis, the prevalences of violence were estimated according to the explanatory variables, with 95% CI. To identify factors associated with violence, the Prevalence Ratio (PR) was calculated using Poisson Regression with robust variance. Initially, bivariate analyses were performed between violence (outcome) and each explanatory variable, with an estimation of the crude PR (PRb). Next, all variables that presented at least one category with a p-value < 0.20 were included in a multivariate analysis, which estimated the adjusted PRs (PRa). The final model considered the variables that remained with a p-value < 0.05.

Due to the complex sampling design and the distinct selection probabilities, IBGE defines sample weights for the selected households and residents, which correspond to the product of the inverse of the selection odds expressions for each stage of the sample and include the correction for non-responses and adjustments to the population totals¹³. The analyses were performed in the Software for Statistics and Data Science (Stata), version 14.0, using the survey module, which considers the effects of the previously defined sampling plan.

Ethical aspects

The NHS was submitted to and approved by the National Research Ethics Committee in August 2019, under Opinion No. 3,529,376, issued on August 23, 2019.

This study used secondary data, which is publicly accessible, and was therefore exempt from review by a Research Ethics Committee.

Results

A total of 88,531 individuals responded to the Violence and Sexual Activity module of the 2019 NHS, of which 1,554 self-identified as

LGB+, representing 1.89% of the sample. Of these, the majority had completed high school or had some higher education, resided in the

Southeast region, in an urban area, regardless of gender (*table 1*).

Table 1. Sociodemographic characteristics of the studied sample (n = 1,554). National Health Survey, 2019

Variables	Female (n = 758)	Male (n = 796)
Age range		
18 to 24 years	43.41 (36.92 - 50.13)	37.50 (31.02 - 44.46)
25 to 39 years	37.84 (32.08 - 43.96)	38.41 (32.55 - 44.62)
40 to 59 years	16.41 (12.95 - 20.57)	20.60 (16.73 - 25.10)
60 years or over	2.35 (1.52 - 3.62)	3.49 (2.32 - 5.22)
Educational level		
No education and incomplete elementary education	8.18 (5.80 - 11.44)	10.24 (7.29 - 14.20)
Complete elementary education and incomplete secondary education	19.05 (13.32 - 26.48)	20.18 (14.30 - 27.69)
Complete secondary education and incomplete higher education	46.79 (40.57 - 53.12)	41.86 (35.64 - 48.35)
Higher education	25.97 (21.31 - 31.26)	27.73 (22.67 - 33.42)
Race/skin color		
White	46.13 (39.81 - 52.58)	37.23 (31.06 - 43.85)
Brown	41.83 (35.55 - 48.39)	48.19 (41.52 - 54.92)
Black	9.80 (6.83 - 13.86)	13.42 (9.14 - 19.28)
Other	2.24 (1.00 - 4.93)	1.16 (0.56 - 2.38)
Region of residence		
North	6.89 (5.28 - 8.96)	8.90 (9.50 - 16.27)
Northeast	20.02 (16.19 - 24.49)	23.73 (19.09 - 29.10)
Southeast	48.44 (42.09 - 54.85)	47.89 (41.20 - 54.67)
South	17.48 (13.66 - 22.10)	12.50 (9.50 - 16.27)
Midwest	7.16 (5.34 - 9.55)	6.89 (5.28 - 9.17)
Household income		
Up to 1 minimum wage	42.61 (36.53 - 48.92)	39.54 (33.07 - 46.40)
From 1 to 3 minimum wages	39.30 (33.06 - 45.91)	38.15 (31.69 - 45.07)
Above 3 minimum wages	18.09 (13.66 - 23.56)	22.30 (17.59 - 27.85)
Place of residence		
Urban	94.66 (91.35 - 96.75)	92.41 (88.45 - 95.08)
Rural	5.34 (3.25 - 8.65)	7.59 (4.92 - 11.55)

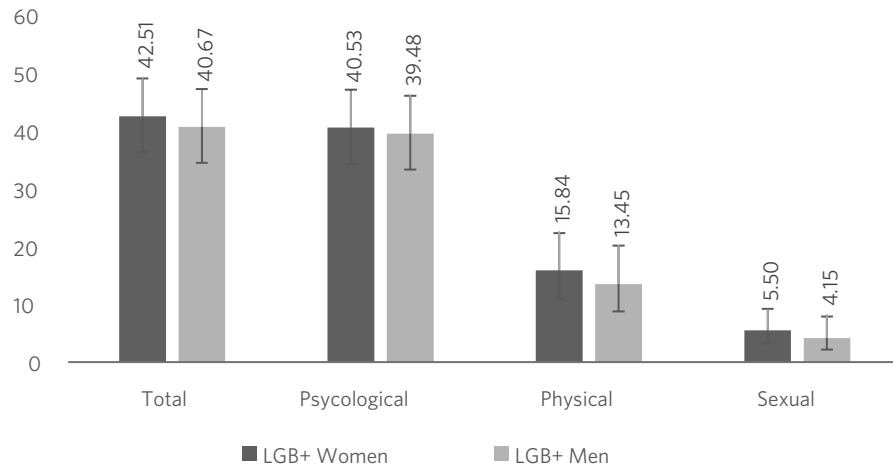
Source: Created by the authors.

MS = Minimum Salary.

They reported exposure to some type of violence in the 12 months prior to the interview: 42.51% (95% CI: 36.26-49.01) of LGB+ women and 40.67% (95% CI: 34.46-47.19) of LGB+ men. The most frequent subtype was psychological violence, affecting 40.53% (95% CI: 34.29-47.09) of women and 39.48% (95%

CI: 33.26-46.06) of men. This was followed by physical violence, with 15.84% (95% CI: 10.99-22.28) among women and 13.45% (95% CI: 8.74-20.13) among men; and lastly, sexual violence, with 5.50% (95% CI: 3.23-9.20) among women and 4.15% (95% CI: 2.15-7.86) among men (graph 1).

Graph 1. Prevalence of violence against the LGB+ population in Brazil. National Health Survey, 2019



Source: Created by the authors.

Regarding the characteristics of the subtypes of violence, the majority of LGB+ women reported having suffered psychological and physical violence at home – 49.85% (95% CI:

39.25-60.46) and 65.59% (95% CI: 48.57-79.37), respectively. Among LGB+ men, the recurrence of psychological violence was predominant (63.89%; 95% CI: 52.82-73.66) (table 2).

Table 2. Characteristics associated with violence, by subtype of violence. National Health Survey, 2019

Variables	Female						Male					
	Psychological Violence n = 280		Physical Violence n = 98		Sexual Violence n = 35		Psychological Violence n = 278		Physical Violence n = 81		Sexual Violence n = 22	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Perpetrator												
Intimate partner	22.17	14.99-31.50	35.46	21.03-53.13	41.76	17.95-70.16	16.57	8.21-30.61	29.65	10.76-59.55	12.42	3.60-34.99
Family member	31.00	20.79-43.47	43.54	24.36-64.87	0	*	12.54	7.70-19.77	15.22	5.73-34.65	17.85	4.64-49.23
Acquaintance	23.43	16.33-32.41	9.56	4.19-20.33	22.8	8.97-46.95	31.25	22.25-41.94	27.37	11.91-51.23	14.12	3.40-43.47
Other	23.41	16.05-32.82	11.44	5.62-21.89	35.44	16.87-59.75	39.64	29.10-51.24	27.76	14.20-47.15	55.61	26.05-81.67

Table 2. Characteristics associated with violence, by subtype of violence. National Health Survey, 2019

Variables	Female						Male					
	Psychological Violence n = 280		Physical Violence n = 98		Sexual Violence n = 35		Psychological Violence n = 278		Physical Violence n = 81		Sexual Violence n = 22	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Location												
Residence	49.85	39.25-60.46	65.59	48.57-79.37	42.41	19.59-69.00	15.52	9.99-23.31	16.41	6.83-34.46	18.64	5.26-48.61
Workplace/Study place	15.15	9.46-23.38	4.29	1.85-9.67	9.36	2.20-32.11	28.6	20.08-38.97	19.69	7.61-42.19	10.25	2.48-33.90
Public place	20.84	14.27-29.39	28.99	16.71-45.38	47.91	25.27-71.44	34.4	24.19-46.29	62.65	40.57-80.48	40.14	15.68-70.74
Other	14.16	8.84-21.90	1.13	0.20-6.18	0.32	0.00-2.43	21.49	12.47-34.46	1.24	0.17-8.31	30.97	7.49-71.32
Frequency												
Yes	55.2	43.76-66.11	39.03	23.75-56.81	47.07	23.63-71.87	63.89	52.82-73.66	37.64	19.57-59.96	26.57	8.80-57.55
No	44.8	33.89-56.24	60.97	43.19-76.25	52.93	28.13-76.37	36.11	26.34-47.18	62.36	40.04-80.43	73.43	42.45-91.20

Source: Created by the authors.

95% CI: 95% Confidence Interval.

The prevalence of violence against LGB+ people was high across all variables analyzed. Even among LGB+ men with self-rated good or very good health, the prevalence was 31.59% (95% CI: 25.67-38.17), reaching 70.17% (95% CI: 56.14-81.22) among LGB+ women diagnosed with depression (table 3).

Table 3. Prevalence and crude prevalence ratio, with 95% CI, of violence against LGB+ individuals, according to potential associated factors, by sex. National Health Survey, 2019

Variables	Female			Male		
	Prevalence (95% CI)	RPb (95% CI)	p-Value	Prevalence (95% CI)	RPb (95% CI)	p-Value
Age range						
18 to 24 years	52.21 (40.89-63.30)	1.90 (0.87-4.14)	0.11	55.76 (42.95-67.85)	4.17 (1.34-12.95)	0.01
25 to 39 years	38.59 (30.14-47.78)	1.41 (0.64-3.07)	0.39	34.64 (26.47-43.83)	2.59 (0.84-7.95)	0.10
40 to 59 years	28.07 (18.47-40.20)	1.02 (0.44-2.37)	0.96	29.08 (20.91-38.86)	2.17 (0.67-7.01)	0.19
60 years or more	27.43 (11.91-51.38)	1.00 (-)		13.37 (4.11-35.74)	1.00 (-)	
Educational level						
No education and incomplete elementary education	51.61 (35.08-67.80)	1.50 (0.97-2.32)	0.07	56.60 (40.01-71.83)	1.66 (1.15-2.40)	0.01
Complete elementary education and incomplete secondary education	44.00 (25.40-64.46)	1.28 (0.74-2.21)	0.38	41.86 (23.99-62.15)	1.23 (0.72-2.08)	0.45
Complete secondary education and incomplete higher education	44.81 (36.29-53.64)	1.30 (0.92-1.84)	0.14	40.55 (31.11-50.75)	1.19 (0.85-1.67)	0.32
Complete higher education	34.42 (25.33-44.81)	1.00 (-)		34.10 (26.90-42.12)	1.00 (-)	

Table 3. Prevalence and crude prevalence ratio, with 95% CI, of violence against LGB+ individuals, according to potential associated factors, by sex. National Health Survey, 2019

Variables	Female			Male		
	Prevalence (95% CI)	RPb (95% CI)	p-Value	Prevalence (95% CI)	RPb (95% CI)	p-Value
Skin color						
White	37.46 (29.16-46.56)	1.00 (-)		38.84 (30.54-47.84)	1.00 (-)	
Brown	46.06 (35.82-56.64)	1.23 (0.89-1.71)	0.22	40.28 (30.99-50.32)	1.04 (0.74-1.44)	0.83
Black	55.69 (38.51-71.61)	1.49 (1.01-2.19)	0.05	45.93 (27.30-65.77)	1.18 (0.72-1.94)	0.51
Other	22.66 (7.30-52.16)	0.60 (0.21-1.73)	0.35	55.98 (24.35-83.40)	1.44 (0.76-2.75)	0.27
Region						
North	30.58 (20.45-43.01)	0.75 (0.47-1.20)	0.23	35.20 (20.63-53.16)	1.08 (0.57-2.05)	0.80
Northeast	44.48 (33.98-55.50)	1.09 (0.75-1.58)	0.65	52.23 (40.99-63.25)	1.61 (1.00-2.59)	0.05
Southeast	45.38 (34.48-56.74)	1.11 (0.76-1.62)	0.58	38.00 (27.91-49.24)	1.17 (0.70-1.95)	0.55
Midwest	33.29 (22.98-45.51)	0.82 (0.52-1.27)	0.37	41.37 (29.40-54.45)	1.27 (0.76-2.15)	0.36
South	40.80 (30.03-52.53)	1.00 (-)		32.46 (20.47-47.31)	1.00 (-)	
Household income						
Up to 1 minimum salary	46.11 (37.56-54.90)	1.45 (0.92-2.30)	0.11	46.69 (35.97-57.72)	1.24 (0.85-1.82)	0.26
More than 1 up to 3 minimum salaries	43.56 (32.50-55.31)	1.37 (0.84-2.25)	0.21	36.32 (26.44-47.51)	0.97 (0.63-1.47)	0.88
Above 3 minimum salaries	31.75 (20.18-46.11)	1.00 (-)		37.55 (27.10-49.32)	1.00 (-)	
Place of residence						
Urban	42.24 (35.82-48.94)	1.00 (-)		40.91 (34.44-47.72)	1.00 (-)	
Rural	47.29 (24.26-71.54)	1.12 (0.64-1.97)	0.70	37.70 (19.13-60.76)	0.92 (0.50-1.69)	0.79
Marital status						
Single	45.52 (38.34-52.89)	1.00 (-)		41.80 (34.97-48.96)	1.00 (-)	
Married	30.20 (17.07-47.64)	0.66 (0.38-1.15)	0.14	30.16 (17.65-46.53)	0.72 (0.43-1.21)	0.22
Widowed	0	*	*	27.91 (4.47-76.20)	0.67 (0.14-3.09)	0.61
Divorced, legally separated or separated	29.71 (15.99-48.41)	0.65 (0.36-1.17)	0.15	41.46 (21.04-65.31)	0.99 (0.55-1.80)	0.98
Social support network						
None	32.10 (9.95-66.92)	1.00 (-)		31.31 (12.11-60.11)	1.00 (-)	
1 person	41.91 (23.78-62.53)	1.31 (0.47-3.65)	0.61	34.75 (19.03-54.68)	1.11 (0.43-2.89)	0.83
2 people	53.62 (29.37-76.28)	1.67 (0.56-4.99)	0.36	53.71 (33.53-72.74)	1.72 (0.69-4.26)	0.24
3 or more people	41.58 (34.83-48.67)	1.30 (0.48-3.52)	0.61	40.49 (33.83-47.51)	1.29 (0.56-2.99)	0.55
Self-assessment of health						
Very good or good	34.59 (28.54-41.19)	1.00 (-)		31.59 (25.67-38.17)	1.00 (-)	
Fair	53.37 (40.08-66.20)	1.54 (1.13-2.11)	0.01	71.22 (57.76-81.75)	2.25 (1.73-2.94)	0.00
Poor or very poor	81.37 (56.37-93.66)	2.35 (1.76-3.15)	0.00	86.16 (64.26-95.56)	2.73 (2.07-3.59)	0.00

Table 3. Prevalence and crude prevalence ratio, with 95% CI, of violence against LGB+ individuals, according to potential associated factors, by sex. National Health Survey, 2019

Variables	Female			Male		
	Prevalence (95% CI)	RPb (95% CI)	p-Value	Prevalence (95% CI)	RPb (95% CI)	p-Value
Alcohol abuse						
No	38.24 (30.73-46.37)	1.00 (-)		40.99 (32.87-49.63)	1.00 (-)	
Yes	50.66 (39.59-61.66)	1.32 (0.98-1.80)	0.07	40.16 (30.66-50.47)	0.98 (0.71-1.36)	0.90
Depression						
No	35.60 (29.32-42.42)	1.00 (-)		38.43 (31.66-45.69)	1.00 (-)	
Yes	70.17 (56.14-81.22)	1.97 (1.52-2.56)	0.00	58.43 (44.25-71.34)	1.52 (1.11-2.08)	0.01
STI						
No	43.28 (36.98-49.80)	1.00 (-)		39.94 (33.36-46.91)	1.00 (-)	
Yes	22.52 (6.42-55.19)	0.52 (0.17-1.60)	0.26	51.95 (28.77-74.33)	1.30 (0.77-2.19)	0.32

Source: Created by the authors.

95% CI: 95% Confidence Interval; RPb: Crude Prevalence Ratio; MS: Minimum Salary.

Regarding potential associated factors, multivariate analysis showed that, among LGB+ women, those who self-identified as Black had a 1.68-fold (95% CI: 1.15-2.46) higher prevalence of violence when compared to white women. LGB+ women who self-rated their health as fair (PRa: 1.49; 95% CI: 1.10-2.00) or poor or very poor (PRa: 1.70; 95% CI: 1.28-2.25) had a higher prevalence of exposure to violence than those who self-rated their health as very good or good. Finally, the prevalence of exposure to violence was also higher among LGB+ women who reported alcohol abuse (PR: 1.50; 95% CI: 1.16-1.94) and among those diagnosed with depression (PR: 1.84; 95% CI: 1.43-2.38) (table 4).

For LGB+ men, multivariate analysis showed that those aged 18 to 24 years (PR: 4.51; 95% CI: 1.67-12.21) and those aged 25 to 39 years (PR: 3.09; 95% CI: 1.14-8.36) had a higher prevalence of violence when compared to those aged 60 years or older. LGB+ men who self-rated their health as fair (PR: 2.02; 95% CI: 1.58-2.59) and poor or very poor (PR: 2.26; 95% CI: 1.75-2.92) showed a higher prevalence of violence when compared to those who self-rated their health as very good or good. Finally, LGB+ men diagnosed with depression (PR: 1.50; 95% CI: 1.16-1.94) also showed a higher prevalence of violence (table 4).

Table 4. Adjusted prevalence ratio, with 95% CI, of violence against LGB+ individuals, according to potential associated factors, by sex. National Health Survey, 2019

Variables	Female		Male	
	RPa (95% CI)	p-Value	RPa (95% CI)	p-Value
Age range				
18 to 24 years			4.51 (1.67-12.21)	0.00
25 to 39 years			3.09 (1.14-8.36)	0.03
40 to 59 years				
60 years or more			1.00 (-)	
Skin color				
White	1.00 (-)			
Brown				
Black	1.68 (1.15-2.46)	0.01		
Other				
Self-assessment of health				
Very good or good	1.00 (-)		1.00 (-)	
Fair	1.49 (1.10-2.00)	0.01	2.02 (1.58-2.59)	0.00
Poor or very poor	1.70 (1.28-2.25)	0.00	2.26 (1.75-2.92)	0.00
Alcohol abuse				
No	1.00 (-)			
Yes	1.50 (1.16-1.94)	0.00		
Depression				
No	1.00 (-)		1.00 (-)	
Yes	1.84 (1.43-2.38)	0.00	1.50 (1.16-1.94)	0.00

Source: Created by the authors.

95% CI: 95% Confidence Interval; RP: Adjusted Prevalence Ratio.

Discussion

The present study analyzed the factors associated with violence against sexual minorities in Brazil, stratified by sex. It was observed that psychological violence was the most prevalent subtype, followed by physical violence. LGB+ women showed a higher proportion of domestic violence, while LGB+ men showed a higher recurrence of psychological violence. Black women had a higher prevalence of violence,

as did younger LGB+ men. In addition, individuals with worse self-rated health and the presence of depressive disorder were associated with greater exposure to violence.

The present study highlights the high prevalence of violent acts directed at the Brazilian LGB+ population, almost double the prevalence observed in the general population⁹. This finding corroborates previous studies, which show greater vulnerability of this population to violence¹⁴⁻¹⁶. Violence against LGB+ people

has structural roots linked to gender and sexuality norms, often motivated by homophobic discrimination. However, the use of the term ‘homophobia’ has been the subject of critical review, as it suggests a reaction based on fear, when in fact it is a sociocultural and historical violence¹⁷. The patriarchal and heteronormative system that Brazilian society reproduces attempts to dictate what is expected of behaviors appropriate to masculinity and femininity, encouraging exclusively heterosexual relationships⁴. In this way, violence arises as a way of rejecting people who break with these norms and may even assume a ‘corrective’ intention¹⁷.

LGB+ women experienced a high proportion of psychological and physical violence occurring within the home, primarily perpetrated by family members. This pattern of victimization has been associated with attempts by family members to control sexual orientation, expressing power dynamics and violations of autonomy that particularly affect these women¹⁸. Furthermore, because they are women, they are already more vulnerable to violence in the private sphere, a pattern also observed among heterosexual women¹⁹, suggesting that gender inequalities continue to operate structurally in shaping the violence experienced by these individuals.

Black LGB+ women showed an even higher prevalence of violence. A previous national study had already shown a high prevalence of domestic violence against LGB+ women and that they are more vulnerable to gender and race discrimination than heterosexual women²⁰. These results reinforce the idea that the intersection of gender, sexual orientation, and race reproduces and potentiates oppression and social exclusion¹¹. Sexism, racism, and homophobia, in this case, are interconnected and amplify the multiple forms of violence that these women face²¹, producing specific vulnerabilities that demand sensitive public policies capable of promoting more effective and equitable responses to structural inequalities.

The findings of this study indicate that violence against LGB+ men is more prevalent in

younger age groups, especially the recurrence of psychological violence. This vulnerability can be understood in light of the performance of hegemonic masculinity, which imposes restrictive behavioral patterns on men and marginalizes those who do not align with dominant heterosexual norms²². A previous Brazilian study showed that young LGB+ men, when challenging these expectations, face family and school rejection, with episodes of bullying motivated by their sexual orientation²³. In addition, it has already been observed that violence directed at LGB+ men is often made invisible, due to the social expectation that men should be resilient, which makes it difficult to identify and confront these episodes²⁴. These results highlight the need for public policies that address homophobia from the earliest stages of socialization, promoting more inclusive and safe school and community environments for the diversity of gender and sexual expressions.

The data from this study also identified an association between violence against the LGB+ population and indicators of poorer mental health. LGB+ individuals reported higher levels of depressive disorder, which is consistent with previous findings that point to higher levels of depressive symptoms and suicidal ideation among young people belonging to sexual minorities, when compared to heterosexual youth²⁵. National and international studies have already demonstrated that this process may be associated with minority stress theory²⁶, which suggests that stigma, prejudice, and marginalization lead to increased vulnerability, which directly influences the mental health of this population¹¹.

Finally, poorer self-rated health was also associated with greater exposure to violence. The occurrence of violence can affect the physical, mental, and spiritual health of any individual, either directly or indirectly, which alters their perception of well-being. Institutional barriers to accessing health services persist, such as the

lack of specific training for professionals to welcome the LGB+ population and the presence of stigma and discrimination in the care environment²⁷. Unlike their heterosexual counterparts, the LGB+ population tends to avoid health services, partly out of fear of prejudice and social discrimination, and partly because they do not perceive that their needs are adequately met²⁸.

The last decade has seen several advances regarding the rights of this population, with anti-discrimination laws that contribute to the acceptance and respect for LGB+ individuals. However, it is still necessary to expand the political representation of this group, to ensure that the rights of this population are on the agenda and that public policies directed at them consider the training and capacity building of all sectors in the face of the needs and particularities of these individuals²⁹.

This study's main limitation is that the NHS data on sexual orientation are classified as experimental and should therefore be interpreted with caution. Furthermore, the absence of information on gender identity in the survey contributes to the invisibility of transgender people, a historically marginalized population. Nonetheless, the 2019 NHS represented a milestone, being the first nationwide survey to include a question on sexual orientation, highlighting the relevance of collecting this data for the production of scientific evidence. Future editions that incorporate questions related to gender identity could broaden knowledge about the reality of these people and consolidate the formulation of more inclusive public policies that are sensitive to their specific needs.

Final considerations

In conclusion, this study showed that LGB+ women and men face high levels of violence, reflecting specific vulnerabilities associated with sexual orientation, gender, race, and age. Among LGB+ women, Black women face higher levels of violence, particularly episodes occurring in the home environment. Among LGB+ men, violence was more frequent among younger individuals, with a high recurrence of psychological aggression.

These findings reinforce the importance of incorporating an intersectional perspective into public policies for the prevention and tackling of violence, recognizing the multiple dimensions of vulnerability that permeate the lives of LGB+ people. This requires coordinated efforts across the health, justice, education, and social assistance sectors, among others, with the formulation of more inclusive and specialized strategies to promote equity and guarantee rights.

Authorship contributions

Vasconcelos NM (0000-0002-2323-3064)* contributed to the conception and design of the work, data analysis and interpretation, writing and approval of the final version of the manuscript. Andrade GN (0000-0003-0433-8351)* contributed to the conception and design of the work, data interpretation, writing and critical review, and approval of the final version of the manuscript. Malta DC (0000-0002-8214-5734)* contributed to the conception of the work, data interpretation, critical review and approval of the final version of the manuscript. ■

*Orcid (Open Researcher and Contributor ID).

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- Editor in chief:** Ana Maria Costa, Universidade do Distrito Federal, Escola Superior de Ciências da Saúde, Brasília, Distrito Federal (DF), Brasil. Lattes: <http://lattes.cnpq.br/7288065169001393>, Orcid: <https://orcid.org/0000-0002-1931-3969>, e-mail: dotorana@gmail.com