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Profile of notification of violence against Lesbian, Gay, Bisexual, Transvestite and Transsexual people recorded in the National Information System on Notifiable Diseases, Brazil, 2015-2017

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

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ABSTRACT: ***Objective:*** This study aimed to describe the profile of notifications of violence against LGBT people in Brazil, from 2015 to 2017. ***Methods:*** This is a cross-sectional descriptive study with secondary data on records of violence against LGBT people. The study population included individuals aged 10 and older with homosexual or bisexual orientation as well as transvestites or transgender identities. ***Results:*** Throughout the study period, 24,564 reports of violence were recorded. Regarding the victim's profile, 69.1% were 20 to 59 years old, 50.0% were black, 46.6% were transsexual or transvestites and 57.6% were homosexual, of which 32.6% were lesbian and 25.0%, gay. In all age groups, the most frequent nature of violence was physical violence (75.0%). The probable author was male in 66.2% of the cases, being intimate partners the most frequent aggressors (27.2%), followed by strangers (16.5%). ***Conclusion:*** This study expands knowledge of violence against LGBT people in Brazil, reinforces the need to report these events and improve quality of information on individual's sexual orientation and gender identity in order to produce evidence to support actions to tackle this problem.

Keywords: Violence. Health vulnerability. Health equity. Sexual and gender minorities.

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RESUMO: ***Objetivo:*** Este estudo objetivou descrever o perfil das notificações das violências contra pessoas lésbicas, *gays*, bissexuais, travestis e transexuais (LGBT) no Brasil, entre 2015 e 2017. ***Métodos:*** Estudo seccional descritivo, com dados secundários do Sistema de Informação de Agravos de Notificação, sobre o perfil de casos notificados de violência contra pessoas LGBT. A população do estudo incluiu indivíduos com 10 anos ou mais de idade e orientação homossexual ou bissexual, bem como identidades de gênero transexual ou travesti. ***Resultados:*** Nos três anos analisados, registraram-se 24.564 notificações de violências contra a população LGBT. Quanto ao perfil dos indivíduos, 69,1% tinham entre 20 e 59 anos de idade, metade era negra (50%), 46,6% eram transexuais ou travestis e 57,6% eram homossexuais, dos quais 32,6% lésbicas e 25% *gays*. Em todas as faixas etárias, a natureza de violência mais frequente foi a física (75%), e em 66,2% dos casos o provável autor é do sexo masculino, sendo o principal vínculo o de parceiro íntimo (27,2%), seguido do de desconhecido (16,5%). ***Conclusão:*** Este estudo amplia o conhecimento acerca das violências contra LGBT no Brasil e reforça a importância da notificação compulsória e a necessidade de preenchimento adequado dos campos sobre orientação sexual e identidade de gênero para a produção de evidências que subsidiem ações de enfrentamento ao problema.

Palavras-chave: Violência. Vulnerabilidade em saúde. Equidade em saúde. Minorias sexuais e de gênero.

INTRODUCTION

Violence is a global public health problem[1]. In addition, non-fatal violence affects tens of thousands of individuals daily. In Brazil, data from the 2013 National Health Survey showed that 3.1% of adults (≥18 years old) suffered some violence or aggression by an unknown person in the last 12 months prior to the interview, which corresponds to 4,604,000 Brazilians. The proportion of adults who were assaulted by an acquaintance was 2.5%, or 3,704,000 individuals[2].

According to the data from Dial 100 (*Disque 100*), a service that receives, analyzes and forwards reports of human rights violations, a total of 12,477 complaints involving 22,899 violations committed against lesbians, gays, bisexuals, transvestites and transsexuals (LGBT) were received in Brazil between 2011 and 2017[3]. The data refer to reported violations, which do not correspond to the total number of daily violence against LGBT people. It is noteworthy that this scenario is worrying due to the underreporting of data related to LGBTphobic violence.

Violence is a complex, polysemic and multifactorial phenomenon, which can result in a myriad of consequences for the victim's physical and mental health. In order to monitor and give visibility to the problem, the Brazilian Ministry of Health implemented the Violence and Accident Surveillance System (*Sistema de Vigilância de Violências e Acidentes*-VIVA) and, in 2011, notification of violence became mandatory for all health services in the country[4,5].

Based on the understanding that gender and sexual diversity markers are part of the social determinants of the health and disease process, mainly due to discrimination resulting from

social conditions and representations associated to them, the National Comprehensive Health Policy for LGBT people (PNSILGBT) was instituted. This initiative is in line with the need for public policies focused on equity and defined through processes of social participation in the Unified Health System (*Sistema Único de Saúde*-SUS), such as LGBT health conferences[6,7].

Considering the deliberations from the 13th National Health Conference (2007), the Ministry of Health was responsible for including the questions of sexual orientation and gender identity in SUS information systems. Thus, in October 2014, new fields were included in the individual notification form of interpersonal/self-inflicted violence, such as social name, sexual orientation, gender identity and motivation of violence, making it possible to identify cases of violence towards the LGBT population[8].

Sexual orientation is understood as the ability to have, feel, or develop emotional, affective or sexual attraction for another person(s). The sexual orientations presented in the notification form are[8]: heterosexual, person who is attracted or has relationships with people of the opposite sex/gender; homosexual (gay/lesbian), person who is attracted or has relationships with people of the same sex/gender; bisexual, person who is attracted to or has relationships with people of both sexes/genders.

Gender identity is the expression of an identity constructed based on how persons recognize themselves or presents themselves in relation to their own gender, and which may or may not correspond to their biological body. Gender identity, in its different expressions, may or may not involve changes in appearance or body. The gender identities presented in the notification form and self-declared by the users of the services are[8]: transvestites and transsexual women, who were born in a body designated as male and, because they do not identify with the male socio-cultural attributions, identify themselves with the female gender, according to their biopsychosocial well-being; transsexual men, who were born in a body designated as female and, because they do not identify with the female socio-cultural attributions, identify with the male gender, according to their biopsychosocial well-being; and cisgender, a person whose gender identity identifies with the gender they were born, based on genital sex.

Studies show that assaults against the LGBT population are often lethal and preceded by symbolic violence[9,10]. However, one of the main challenges for the implementation of the PNSILGBT is the lack of official data on this population[11] and the consequent lack of knowledge of their reality, which makes public policy planning difficult.

Under this perspective, the present paper aims to describe the profile of notifications of violence against LGBT people in Brazil from 2015 to 2017. Thus, this analysis may contribute to raising awareness about the problem and to the implementation of public policies for its confrontation, in addition to supporting the prevention of violence and the promotion of a culture of peace.

METHODS

This is a descriptive study of epidemiological profile of notifications of interpersonal and self-inflicted violence in LGBT people. The data were extracted from the Information

System for Notifiable Diseases (*Sistema de Informação de Agravos de* Notificação-SINAN) and comprised the notifications registered by health services in Brazil from 2015 to 2017. This time frame refers to the years when it was possible to record information on sexual orientation and gender identity[8], according to changes made since October 2014. Access to the databases took place in August 2019 on the website of the Information Technology Department of the Brazilian Unified Health System (*Departamento de Informática do Sistema Único de Saúde do Brasil*-DATASUS).

Two different and independent variables from the notification form were used to contemplate the diversity that encompasses the LGBT population: sexual orientation and gender identity. For the study population, we selected notifications with the variable sexual orientation filled out as homosexual (gay/lesbian) or bisexual, and notifications with the variable gender identity filled out as transvestites, transsexual women, or transsexual men. Considering the intersections of sexualities and gender performances, notifications against heterosexual individuals are present in this study, as long as their gender identity is transsexual or transvestite, as well as cisgender individuals, as long as their sexual orientation is gay/lesbian or bisexual.

The notifications were described according to the characteristics of people in situations of violence (age group, ethnicity/color, disability/disorder, education, sexual orientation and gender identity); the characteristics of violence and the probable perpetrators (place of occurrence, recurrent violence, if the injury was self-inflicted and types of violence, number of people involved, sex and link of the person served with the probable author), according to the age groups 10 to 14 , 15 to 19, 20 to 59 years and 60 years old or more. Information was obtained on the attempted suicide between reports of self-inflicted violence, based on the assessment of the type of violence variable[8].

To assess the quality of the variables: sexual orientation and gender identity, completeness analysis was performed, considering the percentage of filling out valid data (which does not include ignored or unfilled cases).

Considering that the study used public domain information, with aggregated information and without the possibility of individual identification, consideration by the Research Ethics Committee (CEP) was not needed, as provided by Resolution No. 510, of April 7, 2016.

RESULTS

In the period from 2015 to 2017, 778,527 notifications of interpersonal and self-inflicted violence were registered in SINAN: 227,901 of them in 2015, 243,259 in 2016 and 307,367 in 2017. There were 24,564 notifications of violence against LGBT people in the analyzed period, being 13,129 (53.4%) against homosexual and cisgender bisexual people or with ignored gender identity, 2,822 (11.5%) against transvestites and transsexuals with homosexual

or bisexual orientation, and 8,613 (35.1%) against transvestites and heterosexual transsexuals or with ignored sexual orientation.

From 2015 to 2017, the number of violence reports increased by 49.3% among lesbians (from 2,177 in 2015 to 3,251 in 2017), 38.5% among gays (1,787 in 2015 and 2,475 in 2017) and 101.4% among bisexuals (425 in 2015 and 856 in 2017). As to gender identity, there was a 77.9% increase in the number of reports of violence against transvestites (from 339 in 2015 to 603 in 2017), 22.7% against transsexual women (2,179 in 2015 and 2,673 in 2017) and 29.9% against transsexual men (613 in 2015 and 796 in 2017). The analysis of the evolution of completeness of these two fields between 2015 and 2017 shows that the percentage of valid data went from 62.2% to 69.2% in the variable sexual orientation, and from 55% to 62.2% in the variable gender identity.

Of the total reports of violence against LGBT people analyzed, 69.1% of the people served were adults and 24.4% were adolescents. Black ethnicity/color predominated in all age groups, reaching 57% among adolescents aged 10 to 14 years old. The presence of disability or disorder was higher among the elderly (13.7%). There was a higher proportion of individuals with the lowest level of education (up to elementary school) in the elderly (45.8%), and only 9.1% of adults with notification of violence attended higher education. The proportion of schooling ignored during the filling out increased with age, reaching 45.2% of cases among the elderly (Table 1).

As to sexual orientation, notifications among lesbians were predominant among the age groups of 10 to 14, 15 to 19 and 20 to 59, with 33.5, 31.9 and 33.9% of cases, respectively. Notifications among gays were higher among the elderly, accounting for 31% of cases. Regarding gender identity, most notifications, in all age groups, were for transsexual and transvestite people (46.6%), followed by those among cisgender people (option not applicable) (31.2%) and ignored (22.3%). With regard to transgenders, notifications among transsexual women were more frequent for all age groups, with adolescents aged 10 to 14 at 37%, elderly at 36.3%, adults at 31.8% and adolescents aged 15 to 19 at 28.2% (Table 1).

In all age groups, the main place of occurrence of the reported violence was the home, ranging from 54.6% among adolescents aged 15 to 19, to 78.9% among the elderly. Public spaces were the second most frequent ones, representing 26.7% of the notifications against adolescents aged 15 to 19. In the case of adolescents aged 10 to 14, school stands out as the third most important place (6.1%). The reported violence was repeated in more than a third of cases, in all age groups (Table 2).

Self-inflicted injuries accounted for 29.9% of notifications among adolescents aged 15 to 19, 24.8% among adults, 18.4% in the 10-14-year age group, and 12.1% among the elderly (Table 2). Among the 6,043 notifications of self-inflicted violence, 29% were suicide attempts, which mainly occurred to adolescents aged 15 to 19 (22.7%) and adults (71%).

Table 1 Characteristics of lesbian, gay, bisexual, transvestite and transsexual (LGBT) people in situations of violence reported in the Information System for Notifiable Diseases (SINAN), according to age groups, Brazil, 2015–2017.

Characteristics	Age group (years old)								Total	
	10 to 14		15 to 19		20 to 59		60 or more			
	n	%	n	%	n	%	n	%	n	%
Total	1,667	6.8	4,565	18.6	16,974	69.1	1,358	5.5	24,564	100
Ethnicity/Color										
White	553	33.2	1,899	41.6	7,116	41.9	601	44.3	10,169	41.4
Black (Black+*parda*)	950	57.0	2,270	49.7	8,415	49.6	646	47.6	12,281	50.0
Other (Yellow/Indigenous)	32	1.9	93	2.0	295	1.7	25	1.8	445	1.8
Ignored	132	7.9	303	6.6	1,148	6.8	86	6.3	1,669	6.8
Disability/Disorder										
Yes	125	7.5	474	10.4	1,777	10.5	186	13.7	2,562	10.4
Education										
Until elementary school	1,070	64.2	1,444	31.6	5,348	31.5	622	45.8	8,484	34.5
High school	128	7.7	1,818	39.8	4,899	28.9	83	6.1	6,928	28.2
University	0	0.0	142	3.1	1,539	9.1	39	2.9	1,720	7.0
Ignored	469	28.1	1,161	25.4	5,188	30.6	614	45.2	7,432	30.3
Sexual orientation*										
Heterosexual	492	29.5	1,120	24.5	4,893	28.8	548	40.4	7,053	28.7
Lesbian	558	33.5	1,457	31.9	5,766	33.9	214	15.8	7,985	32.6
Gay	342	20.5	1,218	26.7	4,157	24.5	421	31.0	6,138	25.0
Bisexual	142	8.5	461	10.1	1,152	6.8	63	4.6	1,818	7.4
Does not apply	52	3.1	81	1.8	199	1.2	33	2.4	365	1.5
Ignored	81	4.9	228	5.0	807	4.8	79	5.8	1,195	4.9
Gender identity										
Transvestite	49	2.9	270	5.9	1,023	6.0	74	5.4	1,416	5.8
Transsexual woman	616	37.0	1,286	28.2	5,395	31.8	493	36.3	7,790	31.7
Transsexual man	115	6.9	385	8.4	1,536	9.1	193	14.2	2,229	9.1
Does not apply	561	33.7	1,560	34.2	5,169	30.5	367	27.0	7,657	31.2
Ignored	326	19.6	1,064	23.3	3,851	22.7	231	17.0	5,472	22.3

Source: SINAN/Ministry of Health[30].
*It was not possible to categorize sexual orientation as lesbian or gay in seven notifications (six in the 15 to 29 age group and one in the 30 to 59 age group) due to ignored sex.

Table 2 Characteristics of violence reported in the Information System for Notifiable Diseases (SINAN) in the population of lesbians, gays, bisexuals, transvestites and transsexuals (LGBT), according to age groups, Brazil, 2015–2017.

Characteristics	Age group (years old)								Total	
	10 to 14		15 to 19		20 to 59		60 or more			
	n	%	n	%	n	%	n	%	n	%
Total	1,667	6.8	4,565	18.6	16,974	69.1	1,358	5.5	24,564	100.0
Place of occurrence										
Home	1,055	63.3	2,491	54.6	10,358	61.0	1,072	78.9	14,976	61.0
Collective housing	20	1.2	30	0.7	189	1.1	15	1.1	254	1.0
School	102	6.1	112	2.5	103	0.6	4	0.3	321	1.3
Bar or similar	14	0.8	152	3.3	802	4.7	23	1.7	991	4.0
Public space	224	13.4	1,219	26.7	3,484	20.5	131	9.6	5,058	20.6
Other	127	7.6	351	7.7	1,344	7.9	69	5.1	1,891	7.7
Ignored	125	7.5	210	4.6	694	4.1	44	3.2	1,073	4.4
Repeated violence										
Yes	646	38.8	1,539	33.7	6,332	37.3	463	34.1	8,980	36.6
Self-inflicted violence										
Yes	306	18.4	1,368	29.9	4,205	24.8	164	12.1	6,043	24.6
Type of violence*										
Physical	765	45.9	3,233	70.8	13,434	79.1	992	73.1	18,424	75.0
Psychological	372	22.3	1,102	24.1	5,197	30.6	366	26.9	7,037	28.7
Sexual	679	40.7	669	14.7	1,366	8.1	33	2.4	2,747	11.2
Financial	8	0.5	34	0.7	263	1.5	85	6.3	390	1.6
Neglect	181	10.9	163	3.6	141	0.8	376	27.7	861	3.5
Other	160	9.6	729	15.9	2,089	12.3	71	5.2	3,049	12.4
Number of people involved										
One	1,218	75.1	3,110	69.7	11,968	72.4	871	65.9	17,167	71.7
Two or more	337	20.8	1,143	25.6	3,932	23.8	387	29.3	5,799	24.2
Ignored	68	4.2	211	4.7	631	3.8	63	4.8	973	4.1

Continue...

Table 2. Continuation.

Characteristics	Age group (years old)								Total	
	10 to 14		15 to 19		20 to 59		60 or more			
	n	%	n	%	n	%	n	%	n	%
Sex of the probable perpetrator										
Male	1,042	62.5	2,831	62.0	11,581	68.2	802	59.1	16,256	66.2
Female	433	26.0	1,272	27.9	3,981	23.5	297	21.9	5,983	24.4
Both sexes	104	6.2	192	4.2	399	2.4	153	11.3	848	3.5
Ignored	88	5.3	270	5.9	1,013	6.0	106	7.8	1,477	6.0
Link with the probable perpetrator**										
Family	464	29.4	627	14.5	1,208	7.5	498	38.5	2,797	12.0
Intimate partner	247	15.7	660	15.3	5,267	32.5	178	13.8	6,352	27.2
Friend/Acquaintance	351	22.3	721	16.7	2,514	15.6	165	12.8	3,751	16.1
Unknown	166	9.9	891	19.5	2,799	16.5	194	14.3	4,050	16.5
Other	160	8.2	231	5.1	952	5.6	169	12.4	1,488	6.1

Source: SINAN/Ministry of Health[30].
*The type of violence variable is multiple choice and the totals for each age group were: 10 to 14 years old=2,239; 15 to 29 years old=16,999; 30 to 59 years old=12,463; 60 years old or more=1,995; total=33,696. **The link between victim and probable perpetrator of the aggression variable is multiple choice and the totals for each age group were: 10 to 14 years old=1,490; 15 to 29 years old=9,428; 30 to 59 years=7,250; 60 years or more=1,230; total=19,398.

Regarding the type of violence, physical violence was the most frequent in all age groups, being thus distributed according to the life cycle: physical (45.9%) and sexual (40.7%) against adolescents aged 10 to 14; physical and psychological/moral against people aged 15 to 19 (70.8 and 24.1%) and also against adults (79.1 and 30.6%); and physical (73.1%) and neglect/abandonment (27.7%) against the elderly (Table 2).

The violence perpetrated by two or more authors represented 24.2% of the notifications, varying from 20.8% among adolescents aged 10 to 14 to 29.3% among the elderly. Most of the probable perpetrators of the violence were male, ranging from 59.1% among the elderly to 68.2% among adults (Table 2).

Family members were the most frequent authors of violence reported against adolescents aged 10 to 14 (29.4%) and the elderly (38.5%). Among adolescents aged 15 to 19, the aggressors of intrafamilial relationships (29.8%, considering family members and intimate partners) and strangers (19.5%) stand out. In adults, violence by intimate partners was more frequent (32.5%) (Table 2).

DISCUSSION

There was a progressive increase in the number of notifications of violence against LGBT people registered in SINAN, which demonstrates the growing sensitivity of the health sector to situations of violence against this population. From 2015 to 2017, there were, on average, more than 22 notifications of interpersonal and self-inflicted violence per day, which means almost one notification per hour for LGBT people in Brazil. It is noteworthy that the highest number of notifications were found among lesbians and transsexual women. Such data reinforces the fact that, when the expressions of sexuality and gender break with the norms of society, this estrangement can be manifested in a violent way[12].

However, this record refers only to the cases that requested assistance from the health services and in which the professionals proceeded with the notification. In other words, the data presented here constitute only a picture of the violence seen in health services against the LGBT population and are subject to the underreporting of events.

The high percentage of ignored cases in the variables sexual orientation and gender identity can be a consequence of prejudice and difficulties in the approach of these issues by health professionals. The report of discriminatory practices in establishments is recurrent, which negatively impacts the access of the LGBT population to health services, especially of transvestite and transgender people. Thus, it is stated the need for constant training of health teams for humanized care and guided by the PNSILGBT, as well as training for the proper filling out of the notification form.

A study carried out in the capital of Northeastern Brazil with analysis of the meanings attributed by 15 community health agents (CHA) to health care for the LGBT population showed that there is stigma and prejudice in health care and that the professionals interviewed bring traditional and heteronormative concepts to their job. In addition, little knowledge of the equity policy, low implementation of its guidelines in primary care and scarce provision of training for CHA were identified[13].

In another study with 12 managers from a city in Paraíba State to assess their conceptions about the LGBT population, there was a lack of knowledge and some confusion about trans identity, limitations in understanding the affective-sexual experiences of lesbians, gays and bisexuals and blaming of the LGBT community for situations of violence and restrictions on access to health services[14].

In most of the notifications analyzed, LGBT people identified themselves as black and were in the 20 to 59 age group. Divergent sexuality, which shifts from the normative cis heterosexual pattern, combined with structural racism, makes the LGBT black person even more vulnerable to situations of violence. However, it is believed that the experiences of violence and discrimination occur differently for lesbians, gays, bisexuals, transvestites and transsexuals, in which the social markers of ethnicity/color, class, generation, sexual orientation and gender operate intersectionally[15].

The main places of occurrence of violence against LGBT people were the home and the street. In cases where there is violence in the private sphere, it is considered that the family or intimate unit does not function as a support and protection network, potentiating the damage caused by social discrimination experienced in public spaces. An ethnographic study with transvestites carried out in Santa Maria City (Rio Grande do Sul State) in 2012 exposed that the home is the place where violent attitudes of prejudice, discrimination and physical aggressions manifest early, culminating in the person being expulsed from home[16].

Among adolescents, school was also a scenario for the occurrence of violence. The school environment is of fundamental importance in the life experience of adolescents and young people and, for people who demonstrate homo-affective behaviors, discriminatory practices and bullying are recurrent, reinforcing the social exclusion of students[17]. For the promotion of a plural and inclusive education, sexual and gender diversity must be debated in schools and continuing education on the topic are needed for teachers and professionals working in the education of children, adolescents, young people and adults[18].

Repeated violence was observed in more than a third of the analyzed notifications. Health professionals must be trained to act in a humanized and efficient way in health care, promoting comprehensive care for people in situations of violence and articulating the network of protection and guarantee of rights to prevent new cases of aggression. In view of the complexity of the events, which take place both in private spaces, with people of intimate and affectionate relationships, as well as in public environments, the integrated performance of various sectors of the State and civil society is essential to tackle gender inequities and investment in actions to prevent and promote a culture of diversity[19,20].

Physical violence was the most common type of aggression in all life cycles. However, in adolescents, sexual violence was the second most reported type. A survey conducted in three cities in the countryside of São Paulo State in 2009 showed a prevalence of victimization for sexual violence approximately twice as high among non-heterosexual adolescents compared to heterosexuals[21].

Psychological/moral violence was the second most recorded type of notifications of violence against LGBT people in adolescents aged 15 to 19 and adults. Quite prevalent in the family and in the collective sphere, psychological violence is characterized by situations of humiliation, verbal aggressions and threats motivated by a prejudiced and heteronormative discourse that disqualifies LGBT people[22,23]. Neglect, identified in a higher percentage among the elderly, involves a multiplicity of motivations and varies from abandonment, the removal of family members due to the lack of appreciation for aging, to the cut-off by partners and discrimination by society[24].

The most frequent perpetrator of the violence against adolescents and the elderly reported were family members. In adults, the most frequent perpetrators were intimate partners. The family's difficulty in accepting the sexual orientation and gender identity of adolescents has repercussions on psychological suffering throughout their lives.

Thus, the family environment can present itself as the first space for discrimination and experiencing violence for LGBT adolescents. In the case of homo-affective and non-binary experiences, members can be considered deviant from the hegemonic rule and the family now has violent mechanisms for reprehending and complying with the norm.

It is observed the use of coercive, corrective, punitive practices and the violation of rights in the intrafamily environment, which can lead to death[25,26]. In this sense, the escape from the family context appears as a common way to maintain the mental and physical health of LGBT people. In addition, the practice of self-inflicted violence can be related to the rejection of sexual orientation and gender identity of individuals in the context of family relationships.

The presence of the sexual orientation and gender identity fields in the SUS violence notification form is an advance, serving as a reference for other similar initiatives in health information systems. The act of notifying triggers the process of inserting the person in a situation of violence into the care line and the safety net. The adequate record of violence against gays, lesbians, transsexuals, and transvestites in health services is articulated with the principles of universality and equity of SUS. It also has the role of generating evidence to support the development of guidelines and actions aimed at reducing inequities in an intersectional manner, closer to respect for human rights and the achievement of social justice[27-29].

This study represented an important step towards expanding knowledge of violence against the LGBT population in the country. From 2015 to 2017, notifications of violence against lesbians and transgender women stood out, most of them carried out at home and perpetrated by people from family, intimate or affectionate relationships.

Health services are strategic places for the reception of people in situations of violence. In the case of the LGBT population, it is essential that health teams provide humanized care, considering the markers of gender, ethnicity/color, and sexual orientation to overcome inequities. Thus, constant training on the PNSILGBT in health services and a better understanding of the notification form and its role in the network to confront violence are of utmost importance.

As a limitation of this study, the data presented must be highlighted for representing a picture of the violence attended and reported in health services. Therefore, it is assumed that there is underreporting of cases and that the data presented does not reveal the prevalence of violence experienced by the LGBT population. Studies are suggested to assess the factors associated with interpersonal and self-inflicted violence in this group to identify risk factors and prevention strategies. It is also recommended to study the lethal violence against LGBT people, as well as the economic impact of this problem.

Finally, it is believed that it is the duty and role of the State to foster a culture of recognition of differences, and social and economic redistribution in the face of social injustices arising from intolerances to sexual diversity and gender expressions. In this way, the fields of health and education can contribute greatly to overcoming LGBTphobia, guided by strategies that promote a culture of peace, plural and inclusive education and prevention of violence, in guaranteeing respect for individual freedom and human dignity.

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