ABSTRACT

Background: Lesbophobia and biphobia are manifestations of homophobic violence directed at lesbian and bisexual women that results in daily violation of rights and social exclusion.

Aim: To describe experiences of the violence against lesbian and bisexual women in Brazil.

Methods: Sequential mixed methods study was carried out in 2 stages. In the first one, quantitative, an electronic questionnaire was applied to women from all regions, with questions about sociodemographic characteristics, self-identification and lesbophobic and biphobic events. In the second one, qualitative, lesbian and bisexual women were interviewed face to face about the violence suffered.

Outcomes: The chi-square test was applied to compare violence against lesbian and bisexual women (type of violence, place of aggression, gender and age range of the aggressor, bond with the aggressor, repetition of violence, and denunciation of violence) and the content analysis for qualitative data (main categories of analysis were events of violence, denunciation, and consequences of violence).

Results: The report of violence was present in 65% of the answers. There was a predominance of psychological violence (39.8%), in the public environment (63%), practiced by men (73.2%), by strangers (66.2%) and repeatedly (82%). Lesbian women, compared to bisexuals, were more prone to violence in the public environment (59.5% vs 39.5%) and with repetition (84.3% vs 60.6%). The narratives explained intimidating experiences in the family environment (insults, threat of suicide or homicide and false imprisonment) and public (harassment, beatings, and rape). Discriminatory attitudes, insults, and refusal of service in restaurants and bars were recurrent.

Clinical Implications: The data provide information that can serve to improve policy initiatives to reduce these episodes.

Strengths and Limitations: This is the first study of mixed methods, with national coverage, on lesbophobia and biphobia events in Brazil. Future studies should include women underrepresented in this research as trans women, non-white, less educated, and from the most distant regions of the country.

Conclusion: Lesbophobic or biphobic event has harmful repercussions for multiple aspects of these women’s lives, including mental health.

Rufino AC, Filho CEWBdeC, Madeiro A. Experiences of Violence Against Lesbian and Bisexual Women in Brazil. Sex Med 2022;10:100479.

Copyright © 2021 The Authors. Published by Elsevier Inc. on behalf of the International Society for Sexual Medicine. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Key Words: Gender-based Violence; Homophobia; Female Homosexuality; Sexism; Lesbian Woman

INTRODUCTION

Lesbophobia and biphobia are manifestations of homophobic violence directed at lesbian and bisexual women. These manifestations are motivated by the sexual orientation or gender identity of the non-heterosexual population.¹ However, homophobia is not limited to rejection of homosexuals, as it also covers their arbitrary qualification as inferior and abnormal individuals.²
Gays, lesbians, bisexuals, and transgender (LGBT) tend to be victims of discrimination and violence, which results in daily violation of their rights and social exclusion. The diversity that characterizes the LGBT population imposes specific names for homophobia against each of its members and, thus, the terms ‘lesbophobia’, ‘biphobia’ and ‘transphobia’ are used to better characterize and give visibility to violations against lesbians, bisexuals, transvestites and transsexuals, respectively.

Lesbian and bisexual women are often victims of double violence: gender and sexual orientation. The imposition of compulsory heterosexuality, of discriminatory social norms and gender roles naturally intended for women are the basis for lesbophobia and biphobia. Sexism determines a hierarchy between biological sexes (man and woman) and between genders (male and female). In these gender stereotypes, a social place of inferiority in relation to men is established for women, in addition to the naturalization and legitimization of male and female social roles. Women are destined for the role of wives, mothers and object of sexual desire of men. In turn, when imposing itself as a social norm, heterosexuality establishes its existence in a compulsory, legitimate and superior way in relation to other non-heterosexual sexualities, silencing and stereotyping female homosexuality and bisexuality.

Lesbian and bisexual women are identified as transgressors to the heterosexist logic and, therefore, destined to invisibility, subordination and precariousness of their lives. Thus, both the silence around non-hetero female sexualities and the visibility linked to heteronormative stereotypes in search of social recognition reinforce heterosexism, lesbophobia and biphobia. The restriction of non-straight sexualities to marginal social spaces is another heteronormative, lesbophobic and biphobic device. In general, the public exposure of relationships between lesbians or the assumption of homosexuality subverts the norm and triggers lesbophobic violence. Several studies included in a recent systematic review investigated violence against lesbian and bisexual women motivated by their sexual orientation or gender identity. The prevalence of having objects thrown at them ranged from 3.7 to 35%. By daring to transgress the limits of the heterosexist norm, lesbian and bisexual women are more subject to violence.

Lesbophobia is also manifested against women who have a physical stereotype or social behavior linked to the male gender. From a heterosexist perspective, mismatch between appearance of the bodies and gender roles for those who do not perform their gender properly are penalized through violence. When they exercise autonomy in choosing their object of sexual desire — for men, women or both — women become intolerable to heteronormative standards. Similarly, female insubordination to the naturalized social role for all women is easily linked to the assumption of homosexuality, functioning as a trigger for lesbophobic violence. Data from a survey of 909 lesbians and bisexual women from the United States and Canada in 2012 showed that those with physical attributes associated with the male gender (butches) experienced more events of lesbophobic discrimination than those who presented with female gender expressions (femmes).

Violence against lesbians and bisexual women can be expressed within a spectrum that includes physical, emotional and sexual abuse in the family, mistreatment in health services, sexual violence in the university environment, corrective rapes, torture and homicides. Similar to violence against heterosexual women, there is evidence that points men as the main aggressors, with the occurrence of episodes ranging from workplaces, leisure spaces, schools and the home environment to health institutions. In North American universities, men were singled out as sex offenders by 75% of lesbian women and 97.1% of bisexual women. Data from United States show that the prevalence of some type of discrimination throughout life against the LGBT population is high, ranging from 13.1%–67.6%. Lifelong sexual violence against lesbians and bisexual women was reported by 66% and 78% of women, respectively, compared with 38% of those exclusively heterosexual.

Brazilian data on homophobic violence are scarce. Homophobic events collected in newspapers, magazines, news, blogs, radio, television and Dial 100 (Dial Human Rights) showed a 166% increase in complaints between 2011 and 2012, with lesbians being 37.6% of victims. Among the violations, psychological violence (83%) was the most prevalent against all sexual minorities. Lesbian women also reported discriminatory attitudes by doctors after disclosure of sexual orientation, resulting in abbreviated consultations and uncomfortable gynecological exams. Between 2014 and 2017, it was noted that the cases of murder of lesbians motivated by hatred, revulsion and discrimination increased by 150% in the period, predominating among young women and residents of countryside cities.

Studies on violence against heterosexual women have pointed out its high prevalence in the national scientific production; however, at the same time, they also show the difficulties faced by women in seeking comprehensive and specific assistance in health services. Among other obstacles, health professionals fail to recognize the intersection of the various inequalities of gender, race and/or ethnicity, and social class. However, there are gaps in studies on lesbophobic and biphobic violence, and it is possible that violent events may have similar magnitude and difficulties to those of heterosexual women. There are no national investigations on the subject, nor empirical research that characterizes lesbophobic and biphobic events, such as the profile of women, aggressors and the episodes that culminated in violence. This article describes experiences of violence against lesbian and bisexual in Brazil.

METHODS

Study Design and Ethical Aspects

This is a mixed sequential method, nationwide study in Brazil, conducted in two stages, with lesbians over 18 between January and June 2015 in the five regions of the country. In the first
stage of a quantitative character, an electronic questionnaire was applied, and in the second, of a qualitative nature, in-depth interviews were conducted.

The research was approved by the Research Ethics Committee (CAAE 30603314.7.0000.5209). The informed consent form of the quantitative phase was obtained by electronic agreement, as a prerequisite for completing the questionnaire, and written in the qualitative phase, before the beginning of the interviews.

**Research Participants and Data Collection.** Population-based survey estimated the population of lesbian and bisexual women in Brazil between 1.7%-3%. This result may have been underestimated by some variables such as social stigma and homophobia influencing women’s desire not to be socially identified for their practices, behaviors and sexual identities. At the time of the current survey, there was no national data on the population of lesbian and bisexual women to provide a probabilistic and random sample.

In order to invite lesbian and bisexual women to participate in this study, information relevant to this research project was communicated with local LGBT groups in capitals of the 5 regions of the country for dissemination. Contact details and email address to access the questionnaire through social networks were also made available. In addition, through the “snowball” mechanism, women who responded to the research instrument indicated others to participate in the study, a procedure already used in other investigations on sexuality of lesbians and bisexuals. By e-mail, women who have expressed an interest in participating in the study were offered an electronic address with access to the free and informed consent form and an anonymous and structured questionnaire.

**Research Instrument and Pre-test.** The questionnaire contained closed questions about sociodemographic characteristics (age group, education, race/ethnicity, income, and region of the country), self-identification (sexual orientation and gender appearance) and about lesbophobic and biphobic events (presence of lesbophobic or biphobic violence, type of violence, location of the aggression, sex of the aggressor, age of the aggressor, bond with the aggressor, denunciation of the violence, repetition of the violence). The event was considered lesbophobic when the participant identified herself as a woman and reported any violent manifestation (discrimination, psychological aggression, physical aggression and/or sexual aggression) motivated by her lesbian sexual orientation. In turn, biphobia was defined when the participant identified herself as a woman and reported any violent manifestation (discrimination, psychological aggression, physical aggression, and/or sexual aggression) motivated by her bisexual sexual orientation. Both lesvophobia and biphobia were measured throughout life.

A pilot project made it possible to test and improve the online survey instrument. At first, three researchers specialized in gender studies evaluated the questionnaire instructions, the clarity of the statements, the relevance of the questions and the adequacy to the research objectives. Then, the questionnaire was analyzed by 20 lesbian and bisexual women to assess the difficulties in accessing the electronic questionnaire, understanding the questions and submitting responses. After adjustments to the instrument, responses to the pre-test were excluded.

**Interviews and Data Analysis.** After applying the questionnaires, in-depth interviews were conducted to obtain more detailed data on the events of lesbophobic and biphobic violence in the cities of Brasilia (Federal District), Sao Paulo (Sao Paulo) and Teresina (Piauí). The women were selected due to their interest in being interviewed during the collection of quantitative data, when they provided the contacts by e-mail and telephone. The interviews were scheduled for a place and time pre-established by women in their cities, without the presence of other adults. All interviews were conducted by a researcher with experience in gender violence and LGBT health, trained to embrace the suffering caused by revelations of violence, in addition to referring them to competent services, if necessary. All were recorded, transcribed in full and the audio recording was then destroyed. A script with 10 semi-structured questions was used, organized into three topics, starting with warm-up questions about self-identification, family arrangements, education, work, practice, and sexual orientation. The second topic addressed issues related to the violence suffered, such as the perception of violent events throughout life, the motivation and identification of the aggressors. The third topic asked about the decision-making process to report violence, when there was any. The interviews lasted from 26 minutes to 1 hour and 40 minutes, with an average of 45 minutes.

Quantitative data were exported to an electronic spreadsheet and analyzed using descriptive statistics through absolute and frequency distribution. The groups of lesbian and bisexual women were compared, with the difference in the proportion of responses on violence (type of violence, place of aggression, gender and age range of the aggressor, bond with the aggressor, repetition of violence, and denunciation of violence) being assessed by Pearson’s chi-square test, using the STATA software version 12.1. Qualitative data were explored using the content analysis technique, thematic modality, by two researchers independently, with extraction of similar codes and identification of recurring issues and differences in the narratives. The researchers compared the main themes found and disagreements were mutually resolved. In this article, representative quotes from the women’s speeches were made to illustrate the main aspects of each theme.

**RESULTS**

**Quantitative Phase**

Of a total of 448 accesses, 437 (97.5%) women across Brazil answered the questionnaire. All women identified themselves as
Table 1. Characteristics of lesbian and bisexual women in Brazil (n = 437)

| Variables | n  | %  |
|-----------|----|----|
| **Age group** |     |    |
| 18-19     | 66 | 15.1 |
| 20-29     | 237| 54.2 |
| 30-39     | 89 | 20.4 |
| 40-49     | 28 | 6.4  |
| > 50      | 17 | 3.9  |
| **Education** |    |    |
| Elementary School | 6 | 1.4 |
| High School | 92 | 21.0 |
| Higher Education | 339 | 77.6 |
| **Race/ethnicity** |   |    |
| White | 260 | 59.5 |
| Black | 115 | 26.3 |
| Yellow | 49 | 11.2 |
| Indigenous | 13 | 3.0 |
| **Income (minimum wages)** |     |    |
| Up to 2 | 78 | 17.8 |
| > 2 to 4 | 152 | 34.8 |
| > 4 to 10 | 135 | 30.9 |
| > 10 | 72 | 16.5 |
| **Region** |    |    |
| North | 30 | 6.9 |
| Northeast | 155 | 35.4 |
| Midwest | 59 | 13.5 |
| Southeast | 148 | 33.9 |
| South | 45 | 10.3 |
| **Sexual orientation** |    |    |
| Lesbian | 253 | 57.9 |
| Bisexual | 143 | 32.7 |
| Free sexual orientation | 35 | 8.0 |
| Other* | 6 | 1.4 |
| **Gender Appearance** |    |    |
| Female | 258 | 59.0 |
| Male | 40 | 9.2 |
| Undefined | 117 | 26.7 |
| Other† | 22 | 5.1 |
| **Lesbophobic or biphobic violence** |    |    |
| Yes | 284 | 65.0 |
| No | 153 | 35.0 |
| Total | 437 | 100 |

*Pansexual/queer.
†Gender appearance: how the woman identified her appearance/performance in relation to binary gender (female/male) or non-binary gender (neither female/nor male), which could be read by the aggressor as identification of the non-heterosexual orientation.
‡With two genders, own style or feminine, but with masculine appearance.

Qualitative Phase

During the quantitative phase, 185 women expressed interest in participating in the qualitative phase. At the time of its completion, 80 lived in cities where the interviews would not be conducted, 72 did not respond to contacts, 18 reported lack of availability and 15 gave in-depth interviews. Most women reported age <35 years (n = 15), incomplete higher education (n = 10), lesbian sexual orientation (n = 9) and white ethnicity (n = 12). Three themes and subthemes were identified in the interviews: events of violence (including types, aggressors, and environments), denunciation and consequences of violence (Table 4).

Violence Events: Environments, Aggressors, and Types

Mostly, there were narratives of self-perception of sexual orientation in adolescence, with experiences of violence already in the family environment and at school. When present, family violence was shown to be daily and recurrent throughout the life of women, but it improved with financial independence and separation from the family. In the public environment, events were more common on public roads or in socializing environments, such as restaurants, bars, and parties.
According to the women’s report, the family environment was predominantly marked by “aggressions”, “rejection” and “punishment”. When the non-straight sexual orientation was questioned by the parents, the disclosure resulted in discriminatory and pathologizing statements: “I’d rather you or whore or dead than lesbian. You are not normal!” (23 years old, student). Bisexuality, on the other hand, was named as “aberration”, “indecision” and “promiscuity”, as attested by a woman (31 years old, doctor) who heard from her father that “she was a prostitute, promiscuous” and that “He would kill her and her girlfriend”. Psychological violence, with speeches and threats of suicide, was perpetrated by mothers

Table 2. Characteristics of violence against lesbian and bisexual women, in Brazil (n = 284)

| Variables                                      | n   | %   |
|-----------------------------------------------|-----|-----|
| Reason for aggression                         |     |     |
| Having been identified as a lesbian           | 152 | 53.5|
| Having been identified as bisexual            | 42  | 14.8|
| Having been identified with a masculine       |     |     |
| appearance                                    | 50  | 17.6|
| Having been identified with a feminine        |     |     |
| appearance                                    | 5   | 1.8 |
| Having been identified with undefined         |     |     |
| appearance                                    | 7   | 2.5 |
| More than one reason                          | 28  | 9.8 |
| Type of aggression                            |     |     |
| Discrimination                                | 56  | 19.7|
| Psychological                                 | 113 | 39.8|
| Physical                                      | 54  | 19.0|
| Sexual                                        | 24  | 8.5 |
| More than one kind                            | 37  | 13.0|
| Psychological violence (n = 122)              |     |     |
| Humiliation                                   | 53  | 43.3|
| Harassment                                    | 23  | 18.9|
| Slander, Libel and Defamation                 | 9   | 7.4 |
| Threats                                       | 29  | 23.8|
| More than one kind                            | 37  | 13.0|
| Physical violence (n = 59)                    |     |     |
| Bodily injuries                               | 39  | 66.1|
| Mistreatment                                  | 8   | 13.6|
| Attempted homicide                            | 9   | 15.2|
| More than one kind                            | 3   | 5.1 |
| Sexual violence (n = 27)                      |     |     |
| Sexual harassment                             | 14  | 51.9|
| Rape                                          | 12  | 44.4|
| More than one kind                            | 1   | 3.7 |
| Place of violence                             |     |     |
| Public environment                            | 179 | 63.0|
| Private environment                           | 96  | 33.8|
| Public + private environment                  | 9   | 3.2 |
| Gender of the aggressor*                      |     |     |
| Male                                          | 208 | 73.2|
| Female                                        | 23  | 8.1 |
| Male + female                                 | 51  | 18.0|
| Age group of the aggressor (years)            |     |     |
| < 18                                          | 26  | 9.2 |
| 18-29                                         | 114 | 40.1|
| 30-49                                         | 89  | 31.3|
| > 50                                          | 22  | 7.7 |
| More than one age group (multiple aggressors) | 30  | 10.6|
| Bond with the aggressor                       |     |     |
| Unknown                                       | 188 | 66.2|
| Familiar                                      | 42  | 14.8|
| Intimate partner (male or female)             | 5   | 1.8 |
| Known                                         | 41  | 14.4|

Table 3. Characteristics of violence against lesbian and bisexual women

| Variables*                                    | Lesbians | Bisexual | P   |
|------------------------------------------------|----------|----------|-----|
| Type of violence: discrimination              | 40.7     | 33.1     | 0.072|
| Type of violence: psychological               | 32.8     | 44.5     | 0.021*|
| Type of violence: physical                    | 10.2     | 9.4      | 0.543|
| Type of violence: sexual                      | 6.4      | 6.8      | 0.438|
| Place of aggression: public environment       | 59.5     | 39.5     | 0.028*|
| Place of aggression: private environment      | 32.9     | 47.9     | 0.041*|
| Gender of the aggressor: male                 | 73.5     | 75.7     | 0.632|
| Gender of the aggressor: female               | 8.6      | 9.5      | 0.301|
| Age range of the aggressor: 18-29 years       | 42.5     | 44.5     | 0.431|
| Age range of the aggressor: 30-49 years       | 36.0     | 33.1     | 0.291|
| Bond with the aggressor: unknown              | 50.4     | 44.2     | 0.078|
| Bond with the aggressor: known                | 10.5     | 21.2     | 0.032*|
| Bond with the aggressor: familiar             | 13.2     | 12.6     | 0.403|
| Repetition of violence                        | 84.3     | 60.6     | 0.018*|
| Denunciation of violence                      | 12.5     | 11.3     | 0.530|

*P value < .05 (chi-square test/Fisher’s exact test)

According to the women’s report, the family environment was predominantly marked by “aggressions”, “rejection” and “punishment”. When the non-straight sexual orientation was questioned by the parents, the disclosure resulted in discriminatory and pathologizing statements: “I’d rather you or whore or dead than lesbian. You are not normal!” (23 years old, student). Bisexuality, on the other hand, was named as “aberration”, “indecision” and “promiscuity”, as attested by a woman (31 years old, doctor) who heard from her father that “she was a prostitute, promiscuous” and that “He would kill her and her girlfriend”. Psychological violence, with speeches and threats of suicide, was perpetrated by mothers.
Table 4. Themes, subthemes, and examples about events of violence reported by lesbian and bisexual women

| Themes | Subthemes | Examples |
|--------|-----------|----------|
| 1. Events of violence | Environments | “I’d rather you or whore or dead than lesbian. You are not normal!” |
| | Family: recurrence of feelings of rejection and punishment. | “Everyone laughed at me. I was harassed and isolated. I was terrified for months”. |
| | School: events of threats, discrimination and hostilities. | “This is a traditional place, a family place. People can be bothered and you cannot be kissing”. |
| | Public: discrimination, swearing, hostilities, physical and sexual assaults. | “Filthy lesbian. Keep quiet, don’t look in the eyes. Don’t touch anything with your hands dirty with a woman’s pussy”. |
| | Psychological violence: threats of loss of affection, of friends and family. Report of false imprisonment by parents. Description of hostility and loneliness. Threat of murder directed at them and their partners. | “There is a private detective who knows where his girlfriend lives and we can hire someone to kill her”. |
| | Physical violence: punches to the face by the mother. Narratives of slaps, punches, beatings in a public environment. | “Calm down, lad, we are not offending you. I’m already on the floor. I’m already bleeding”. |
| | Sexual violence: harassment in public environments. Report of corrective rape at parties. | “Look, I’m going to teach you how to be a woman. Because no man made you a woman”. “Ah, you are a whore, a butch who will now learn to be a woman. You will become a woman now”. |
| | Aggressors | “You destroyed my life, my will to live and my family” (mother). “She was a prostitute, promiscuous” (father) “He would kill her and her girlfriend” (father) |
| | Parents | “I don’t hook up with bisexual women. You suck, you are promiscuous, you exchange us for a man”. |
| | Colleagues | “You destroyed my life, my will to live and my family” (mother). “She was a prostitute, promiscuous” (father) “He would kill her and her girlfriend” (father) |
| | Strangers | “You destroyed my life, my will to live and my family” (mother). “She was a prostitute, promiscuous” (father) “He would kill her and her girlfriend” (father) |
| 2. Denunciation | Physical violence brought revictimization for lack of listening and hospitality in police station. | “We denounced with the help of my family and judicialized the lawsuit”. |
| | Violence in a restaurant. | “Ah, it was a street fight. It will take about four hours to make the police report”. “You have to look for your place. I was listened to and welcomed with respect”. |
| 3. Consequences of violence | Negative impact on mental health: anxiety, depression, suicidal ideation and symptoms of post-traumatic stress. | “I have nightmares that I am beaten on the street and expelled from the hospital where I work”. “I already wanted to kill myself”. |
| | Feeling of restriction of freedom to express their sexual identity in environments. | “It sucks to live with restriction of freedom to be who you are”. “I used to live in fear of being who I was”. |
| | Socialization compromised by the feeling of constant threat. | “Feeling of daily threat”, “need to be attentive” in all socialization environments”. “I felt my life was threatened”. |
| | Stories of binge eating and smoking associated with stress. | “I had depression, morbid obesity and smoked a lot”. |
| | Feeling of guilt (blame) for the events of violence and feeling of low self-esteem. Report of loss of affection and family. | “I spent months waking up with minimal noises, imagining that my mother had committed suicide”. “I’m afraid of being abandoned and excluded by my parents”. |
arguing that “you destroyed my life, my will to live and my family” (27 years old, autonomous). Associated with the father figure, stories of persecution, threats of physical aggression and homicide were more present, with one parent saying that “there is a private detective who knows where his girlfriend lives and we can hire someone to kill her” (26 years old, lawyer).

In the family environment, discrimination, psychological and physical violence occurred. Reports of physical aggression, private imprisonment, threats of suicide and homicide occurred in families that professed some religion. One of the lesbian women (26 years old, sociologist) said that, at 18, she was in private prison for three days after revealing that she was a lesbian. The violent script included punches to the face by the mother and sent to live abroad for eight months, with the passport confiscated by the father. Upon returning, she was greeted with the speech: “filthy lesbian. Keep quiet, don’t look in the eyes. Don’t touch anything with your hands dirty with a woman’s pussy.” Another lesbian woman (20 years old, student) reported that, being locked up at home for months without access to her cell phone, her mother would curse her and say: “you are mentally sick and need treatment”.

It was common in the narratives to describe the school as an environment for socializing and experiencing the first relationships and, at the same time, a space for lesbophobic and biphobic violence. One of the bisexual women (26, lawyer) said that at 16 she was threatened by a group of colleagues for four months to have her sexual orientation revealed to her parents, the whole school, and the city. Excerpts from e-mails exchanged with her girlfriend were released by the class in which she studied. She informed: “Everyone laughed at me. I was harassed and isolated. I was terrified for months”. She had violent parents and was very afraid of being thrown out of her home in a small town: “I felt my life was threatened. I used to live in fear of being who I was”.

The public environment was also described by lesbian and bisexual women as discriminatory and threatening. Both public roads and means of transport, bars and parties were portrayed as dangerous for the non-straight population. Even in LGBT settings, women described harassment of men with tug of hair, palpated on the body and rape in the bathrooms. Attitudes of discrimination, insults, and refusal to serve them in restaurants and bars were recurrent. The speech is repeated in situations in which women express affection for their partner, such as “this is a traditional place, a family place” (31 years old, physician) or “people can be bothered and you cannot be kissing” (27 years old, researcher). Inside a taxi, the driver said to two lesbian women (21 years old, student): “Can you stop? I don’t have to see that!”. They said that they were holding hands and that they got off halfway, in an unsafe place, due to the driver’s attitude.

One of the most perverse aspects of violence against lesbian and bisexual women was present in the narrative of a bisexual woman (26 years old, political advisor), who was subjected to corrective rape when she was still a virgin. She reports that, at 16, she told a boy at a party that she wanted to be with girls. He raped her saying: “Look, I’m going to teach you how to be a woman. Because no man made you a woman”. Even with her screaming, he held her and threatened her: “Ab, you are a whore, a butch who will now learn to be a woman. You will become a woman now”. Left in the middle of the night in a deserted place, she remained threatened by him for months.

Physical aggression and death threats on the street were described by a lesbian woman (35 years old, a militant lesbian) and her girlfriend. They were kissing near the subway when they were approached by three men coming out of a bar. In addition to spitting on the floor and causing vomiting, they referred to them with derogatory expressions: “Bro, how disgusting! Woman kissing”. The interviewee had a disfigured face, a broken foot and a broken finger while she said: “Calm down, lad, we are not offending you. I’m already on the floor. I’m already bleeding”. The beating continued for some time, until the woman was rescued by garbage collectors who recognized her for her social work with homeless people in that part of the city.

### Denunciation

Only 2 of the 15 women interviewed reported the violence. Family violence did not result in a complaint. One of the lesbian women (21 years old, student) was discriminated against in a renowned restaurant, denounced with the help of the family and judicialized the lawsuit. There was favorable verdict and great media visibility. Another lesbian woman (35 years old, militant), assaulted on the street, said that she made a tour of three police stations. In the first one, she heard from the employee: “Ab, it was a street fight. It will take about four hours to make the police report”. In the second, a woman’s police station was informed that she could not be seen there, since she had not been beaten by her husband. The official said: “You have to look for your place”. In the third, already in a specialized police station, she said that she had a dignified service, being “listened to and welcomed with respect”.

Bisexual women highlighted the specificity of biphobia. They reported that they are asked to have a monosexual and binary definition of sexual orientation, “needing to choose” between being heterosexual or lesbian. They also said that they resent having their sexual orientation denied and discriminated against by other lesbian women. One of them (24 years old, student) heard from a lesbian friend: “You still need to find yourself. You didn’t get a real woman”. “Undecided”, “crazy”, “perverse” and “sick” were some of the labels heard by them when they declared themselves as bisexual. They said that they are often identified as lesbians when they are in relationships with women, but one of them (26 years old, lawyer) has already heard from a lesbian friend: “I don’t hook up with bisexual women. You suck, you are promiscuous, you exchange us for a man”. Often, one of them said, “biphobia is neither recognized nor named. There is no even a swear word for biphobia” (29 years old, student).
Consequences of Violence

The adjective of the consequences of the most commonly used violence events was "painful" and "perennial." A common point in many reports, the commitment to mental health was highlighted as a "feeling of daily threat", "need to be attentive" in all socialization environments and "restriction of freedom to be who you are". Many narratives included anxiety, depression, blame, symptoms of post-traumatic stress, suicidal ideation, binge eating, feelings of low self-esteem and habits such as smoking. One of the bisexual women (26 years old, lawyer) reported that she spent months waking up with minimal noises, imagining that her mother had committed suicide. Another, also bisexual, said that she has nightmares that she is beaten on the street and that her mother had committed suicide. Another, also bisexual, that she spent months waking up with minimal noises, imagining... "the violence made me more rebellious to create lesbian and bisexual visibility events. Make meetings, listen to each other, talk about our experiences. When we don’t speak, we get sick. That way, we get stronger".

DISCUSSION

This article reported experiences of lesbian and bisexual women, from all Brazilian regions, who suffered violence due to their sexual orientations and/or gender appearance. The data show a high prevalence and different expressions of lesbophobia and biphobia at different times in the daily lives of women. Differences were also observed in the violence experienced between lesbian and bisexual women, with those more prone to recurrence and aggression in the public environment. In turn, the narratives obtained through face-to-face interviews allowed integration with the quantitative data, highlighting how and why lesbophobic or biphobic events brought harmful repercussions to multiple aspects of these women’s lives, including mental health.

Similar to the current study, other studies have found a high prevalence of violence due to sexual orientation or gender appearance among lesbian and bisexual women. Although there are no nationwide studies for comparison, two surveys carried out among lesbian and bisexual women during LGBT Pride Parades in São Paulo/SP (2005) and Recife/PE (2006) show lower percentages (11.9% and 10.7%, respectively) of at least one violent event in life. Despite the discrepancy in terms of the population of women studied, the reasons for the aggressors and the definitions of violence used, data from a systematic review showed that the prevalence of physical and sexual violence motivated by perception of sexual orientation and gender identity throughout life ranged from 4.6% to 25.1%, being lower (3.1% to 19.2%) when only bisexual women were included.

There was a predominance of psychological violence and discrimination among women in this study. It is well documented that verbal aggression and discrimination are the most reported experiences of violence by lesbian and bisexual women, notably among those with a masculine appearance, who suffer physical violence and in the public environment more frequently. Among the participants in this research, there was no difference in the proportion of sexual violence, but there is evidence that bisexual women are at higher risk of sexual assault than lesbians. As noted in one of the narratives, it is possible that this is due to the stereotype attributed to bisexual women of being lesbians in doubt or heterosexual women who are experiencing it, often leading to corrective rape.

No lesbian or bisexual woman is exempt from lesbophobic or biphobic violence. As highlighted in the interviews, the episodes can be triggered by the repulsion to sexual orientation or gender appearance, whether in the public or family environment, whether at school, at work or at leisure places, and, regardless of schooling and social class. However, the literature records some patterns with respect to the circumstances of lesbophobia and biphobia. First, there is a male predominance among the aggressors, with emphasis on family members, in the case of lesbians, and partners with whom women had some previous marital involvement, among bisexuals. Second, violence in the public environment is more frequent among male-looking lesbians, despite the fact that the family sphere is also a common place of aggression. Third, among the situations that usually trigger the violent episode, the disclosure of sexual orientation to family members and expressions of affection with the partner in public areas stand out.

Data from other countries also highlight the great recurrence of violent events against lesbian and bisexual women reported in this study by 82% of the women interviewed and with a higher proportion among lesbians. Such events that promote discrimination, harassment and physical violence can trigger behaviors in an attempt to avoid them, both by increasing surveillance and by concealing sexual orientation and/or gender identity. Experiences of discrimination throughout life also negatively impact the decision of lesbian and bisexual women to reveal their sexual orientation in medical consultations, resulting in precarious health care.

There is consensus that, experienced as a chronic burden, the daily violence that LGBT people suffer results in poorer quality of life and worse physical and mental health indicators. There is a wide range of health disparities, especially obesity, smoking and excessive drinking, cardiovascular diseases, use of psychoactive substances and mental disorders, when compared to heterosexuals. These disparities directly affect the female sexual function, acting as predisposing and maintainers of sexual dysfunctions.

In the long run, many respondents in this study highlighted some harmful consequences of violence in their lives. Lesbian and bisexual women are more vulnerable to experiencing race and gender discrimination than heterosexual women. Simultaneous discrimination by race, sexual orientation and gender was strongly associated with substance abuse disorders. Among the...
lesbian and bisexual women, the most prevalent outcomes of depression, anxiety, suicidal ideation, suicide, use of alcohol and illicit drugs are well known.\textsuperscript{8,15,16,29} This evidence indicates the negative impact of intersecting vulnerabilities that lesbian and bisexual women may be subjected to on a daily basis. Health care providers must be able to identify these vulnerabilities and individualize health care.

As emphasized in one of the stories, lesbophobia was experienced as a physical assault that resulted in a beating and death threat. Although not explored in this investigation, homicide is the cruelest result of lesbophobia and biphobia. Unlike femicide, the so-called lesbocide is predominantly committed in public settings, with the largest number of cases occurring among male-looking lesbians.\textsuperscript{19} Even if the experience of lesbophobia or biphobia is a serious event, it can also contribute to greater women’s empowerment and better coping with scenarios of violence. For this, it is known that social support, bonding with the community and family support are essential, promoting greater self-esteem and greater resilience.

Denunciation of violence was reported by only 11.6\% of the participants. Part of the explanation for this was given by one of the interviewees, who narrated the tour by three police stations until she managed to register the aggression suffered. Despite the obstacles to reporting at the police stations, violence is an offense of compulsory notification in the health services in Brazil. Health professionals may be the first to receive a woman who is a victim of violence and they should be oriented about the channels available for their reception and protection by the State. A survey conducted in the National Information System for Notifiable Diseases showed an increase of 49.3\% in notifications of violence against lesbians from 2015 to 2017.\textsuperscript{36} However, considering that these cases relate only to those who reached the services and were notified by health professionals, there is a clear underreporting of lesbophobic and biphobic events. In addition, it is noteworthy that until 2018 only three states had a police station specialized in crimes of LGBT phobia.\textsuperscript{37} Thus, it is possible that the results of this study show only a part of the dimension of lesbophobia and biphobia in the country.

The study has some limitations. First, the small convenience sample, the geographic location of potential interviewees, and the profile of women connected to the LGBT community may not have been representative of Brazilian lesbian and bisexual women, making it difficult to generalize the results. However, the non-use of a probabilistic sample can be justified by the difficulties of access to this population of women.\textsuperscript{24} Second, the use of an electronic questionnaire may have hindered access by women with lower schooling and living in localities or regions with less access to the internet. On the other hand, in view of the extension of the country, it enabled a high proportion of responses and cost reduction. Third, the interviews did not explore the intersection with other vulnerability markers common to violence, such as race ethnicity and use of alcohol/illegal substances,\textsuperscript{8,15,16} focusing on the circumstances of the aggression. Fourth, exposure to violence in childhood and adulthood was not measured separately, even though the long-lasting consequences of prejudice and discrimination may differ depending on the age of exposure.\textsuperscript{38,39}

CONCLUSIONS

Although evidence on violence against heterosexual women has grown in the national scientific literature, little is known about the victimization of lesbians and bisexuals. This is the first study of mixed methods, with national coverage, on lesbophobia and biphobia events in Brazil, whose data add information about the magnitude of manifest experiences of violence and of perceived negative attitudes and treatments. In addition to being cruel and inhumane, such acts expose the precariousness of real lives, to the point that the possibility of suffering lesbophobic and biphobic violence has been described as a constituent part of the lives of women participating in the research. However, it is necessary to expand knowledge about lesbophobic and biphobic violence suffered by women underrepresented in this research as trans women, non-white, less educated, and from the most distant regions of the country. The suggestion to recruit them is to expand access to local LGBT communities that can facilitate finding this representation. Understanding the specifics of the phenomenon and the characteristics of women who have experienced discrimination and violence is the first step towards a global approach on the issue of guaranteeing the rights and promoting citizenship of lesbian and bisexual women.

Corresponding Author: Andréa Ruffino, Avenida Coronel Costa Araújo, 3033, Teresina, Piauí, Brazil, 64049-460. Tel: 5586994522797; Fax: 558632213170;

Conflict of Interests: The authors report no conflict of interest.

Funding: None.

STATEMENT OF AUTHORSHIP

Conceptualization, A.C.R., C.E.W.B.C.F. and A.M.; Methodology, A.C.R., C.E.W.B.C.F. and A.M.; Investigation A.C.R., C.E.W.B.C.F. and A.M.; Writing — Original Draft, A.C.R., C.E.W.B.C.F. and A.M.; Writing — Review & Editing, A.C.R., C.E.W.B.C.F. and A.M.; Resources, A.C.R., C.E.W.B.C.F. and A.M.; Supervision, A.C.R. and A.M.

REFERENCES

1. United Nations. Protection against violence and discrimination based on sexual orientation and gender identity. HRC/RES/32/2. Geneva: United Nations Human Rights Council; 2016.
2. Borrillo D. Homofobia: história e crítica de um preconceito. Belo Horizonte: BAutêntica; 2010.
3. Blondeel K, Vasconcelos S, García-Moreno C, et al. Violence motivated by perception of sexual orientation and gender
identity: A systematic review. Bull World Health Organ 2018;96:29–41.

4. Brazil. Ministry of Women, Racial Equality and Human Rights. Special Secretariat for Human Rights. Report on homophobic violence in Brazil: 2013 [internet]. Brasilia; 2016. Available at: http://www.direito.mprr.mp.br/arquivos/File/RelatorioViolenciaHomofobiaBR2013.pdf. Accessed May 5, 2020.

5. Butler J. Regulaciones de género. La Ventana 2005;23:7–35.

6. Tomsen S. Homophobic violence, cultural essentialism and shifting sexual identities. Soc Leg Stud 2006;15:389–407.

7. Foucault M. Sobre a história da sexualidade. In: Foucault M, editor. Microfísica do poder. 26. ed São Paulo: Graal; 2008. p. 243–276.

8. Hequembourg A, Livingston JA, Parks KA. Sexual victimization and associated risks among lesbians and bisexual women. Violence Against Women 2013;19:634–657.

9. Levitt HM, Puckett JA, Ippolito MR, et al. Sexual minority women’s gender identity and expression: Challenges and supports. J Lesbian Stud 2012;16:153–176.

10. Mcgeough BL, Sterzing PR. A systematic review of family victimization experiences among sexual minority youth. J Prim Prev 2018;39:491–528.

11. Mellins CA, Walsh K, Sarvet AL, et al. Sexual assault incidents among college undergraduates: Prevalence and factors associated with risk. PLoS One 2017;12:e0186471.

12. Mayer KH, Bradford JB, Makadon HJ, et al. Sexual and gender minority health: What we know and what needs to be done. Am J Public Health 2008;98:989–995.

13. Eliason MJ, Dibble SL, Robertson PA. Lesbian, gay, bisexual, and transgender (LGBT) physicians’ experiences in the workplace. J Homosex 2011;58:1355–1371.

14. Herek GM. Hate crimes and stigma-related experiences among sexual minority adults in the United States: Prevalence estimates from a national probability sample. J Interpers Violence 2009;24:54–74.

15. McCabe SE, Bostwick WB, Hughes TL, et al. The relationship between discrimination and substance use disorders among lesbian, gay, and bisexual adults in the United States. Am J Public Health 2010;100:1946–1952.

16. Hughes T, Szalacha L, Johnson T, et al. Sexual victimization and hazardous drinking among heterosexual and sexual minority women. Addict Behav 2010;35:1152–1156.

17. Brazil. Ministry of Justice. Human Rights Secretariat. Report on homophobic violence in Brazil: the year 2011 [internet]. Brasília; 2012. Available at: http://www.abglt.org.br/docs/Relatorio-LGBT_SDH.pdf. Accessed June 2013.

18. Rufino AC, Madeiro A, Trinidad AS, et al. Disclosure of sexual orientation among women who have sex with women during gynecological care: a qualitative study in Brazil. J Sex Med 2018;15:966–973.

19. Peres M, Soares S, Marques MC. Dossiê sobre lesbocídio no Brasil: de 2014 até 2017 2018.

20. Schraiber LB, d’Oliveira AFPL, França-Júnior I, et al. Prevalence of intimate partner violence against women in regions of Brazil. Rev Saude Publica 2007;41:797–807.

21. Rodrigues NCP, O’Dwyer G, Andrade MKN, et al. The increase in domestic violence in Brazil from 2009–2014. Cienc Saude Colet 2017;22:2873–2880.

22. d’Oliveira AFPL, Schraiber LB, Hanada H, et al. Comprehensive health (care) services to women in gender violence situation: An alternative to primary health care. Cienc Saude Colet 2009;14:1037–1050.

23. García-Moreno C, Hegarty K, d’Oliveira AFPL, et al. The health-systems response to violence against women. Lancet 2015;385:1567–1579.

24. Barbosa RM, Koyama MAH. Mulheres que fazem sexo com mulheres: Algumas estimativas para o Brasil. Cad Saude Publica 2006;22:1511–1514.

25. Marrazzo JM, Koutsy LA, Kiviat NB, et al. Papanicolaou test screening and prevalence of genital human papillomavirus among women who have sex with women. Am J Public Health 2001;91:947–952.

26. Kerker BD, Mostashari F, Thorpe L. Health care access and utilization among women who have sex with women: Sexual behavior and identity. J Urban Health 2006;83:970–979.

27. Carrara S, Facchini R, Simões J, et al. Política, direitos, violência e homossexualidade: Pesquisa 9a Parada do Orgulho LGBT — São Paulo 2005. Rio de Janeiro: Centro Latino-Americano em Sexualidade e Direitos Humanos; 2006.

28. Carrara S, Ramos S, Lacerda P. Política, direitos, violência e homossexualidade: Pesquisa 5ª Parada da Diversidade — Pernambuco 2006. Rio de Janeiro: Centro Latino-Americano em Sexualidade e Direitos Humanos; 2007.

29. Schulman JK, Erickson-Schroth L. Mental health in sexual minority and transgender women. Med Clin North Am 2019;103:723–733.

30. Rufino A. Lesbofobia: violência e precarização da vida. In: Diniz D, Oliveira RM, editors. Notícias de homofobia no Brasil. Brasília: Letras Livres; 2014.

31. Fredriksen-Goldsen KJ, Kim H, Barkan SE, et al. Health disparities among lesbian, gay, and bisexual older adults: Results from a population-based study. Am J Public Health 2013;103:1802–1809.

32. Blosnich JR, Horn K. Associations of discrimination and violence with smoking among emerging adults: Differences by gender and sexual orientation. Nicotine Tob Res 2011;13:1284–1295.

33. Ward BW, Dahlhamer JM, Galinsky AM, et al. Sexual orientation and health among U.S. adults: National Health Interview Survey. Natl Health Stat Report. 2014 2013;77:1–10.

34. Althof S, Needle RB. Psychological and interpersonal dimensions of sexual function and dysfunction in women: An update. Arab J Urol 2013;11:299–304.

35. McLaughlin KA, Hatzenbuehler ML, Keyes KM. Responses to discrimination and psychiatric disorders among black,
hispanic, female, and lesbian, gay, and bisexual individuals. Am J Public Health 2010;100:1477–1484.

36. Pinto IV, Andrade SSA, Rodrigues LL, et al. Profile of notification of violence against Lesbian, Gay, Bisexual, Transvestite and Transsexual people recorded in the National Information System of Notifiable Diseases, Brazil, 2015-2017. Rev Bras Epidemiol 2020;23(suppl. 1):E200006.

37. Brazilian Public Security Yearbook 2019. Brazilian Public Security Forum [internet]. 2019. Available at: http://www.forumseguranca.org.br/wp-content/uploads/2019/09/Anuario-2019-FINAL-v3.pdf. Accessed June 20, 2020.

38. Flynn AB, Johnson RM, Bolton SL, et al. Victimization of lesbian, gay and bisexual people in childhood: Associations with attempted suicide. Suicide Life Threat Behav 2016;46:457–470.

39. Schneeberger AR, Dietl MF, Muenzenmaier KH, et al. Stressful childhood experiences and health outcomes in sexual minority populations: A systematic review. Soc Psychiatry Psychiatr Epidemiol 2014;49:1427–1445.

SUPPLEMENTARY MATERIALS

Supplementary material associated with this article can be found in the online version at doi:10.1016/j.esxm.2021.100479.