

Violence against transgender women: scenarios and strategies for access to healthcare

Violencia contra las mujeres transgénero: escenarios y estrategias para el acceso a la atención médica

Violência às mulheres transexuais: cenários e estratégias de acesso no atendimento em saúde

Janaína Pinto Janini^{1*}

ORCID: 0000-0003-2781-7427

Adriana Lemos²

ORCID: 0000-0001-9705-6200

Gisele Costa de Carvalho¹

ORCID: 0000-0003-0002-4953

Joelma Maria da Silva Pinto¹

ORCID: 0000-0001-9383-7368

Liliana Raquel Souza do Rosario Santos¹

ORCID: 0009-0000-1677-675X

Eric Rosa Pereira³

ORCID: 0000-0003-0202-6653

Lidiane Dias Reis⁴

ORCID: 0000-0001-6577-6545

¹Centro Universitário IBMR. Rio de Janeiro, Brazil.

²Universidade Federal do Estado do Rio de Janeiro. Rio de Janeiro, Brazil.

³Escola Nacional de Saúde Pública Sérgio Arouca/Fiocruz. Rio de Janeiro, Brazil.

⁴Universidade Veiga de Almeida. Rio de Janeiro, Brazil.

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*Corresponding author:

jjanini40@gmail.com

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Abstract

This study aims to describe the violence suffered by transgender women and health strategies to assist them. The methodological design consists of qualitative research with 90 transgender women who experienced episodes of violence after starting hormone therapy, using a semi-structured interview guide. The results revealed that transgender women experienced episodes of physical and psychological violence and neglect at work, in health units, and other social settings. The reports of violence are possibly caused by difficulties in understanding and accepting the gender identity of transgender women in the face of cis-heteronormative hegemony. The work considered the need for ongoing education for the health care of transgender women victims of violence, health education as a strategy to improve care in health institutions, highlighting the use of social names, psychosocial support, and educational actions in the community.

Descriptors: Transgender Persons; Gender-Based Violence; Gender Identity; Gender and Health; Health Education.

Resumen

Este estudio tiene como objetivo describir la violencia sufrida por mujeres transgénero y las estrategias de salud para brindarles apoyo. El diseño metodológico consiste en una investigación cualitativa con 90 mujeres transgénero que experimentaron episodios de violencia tras iniciar la terapia hormonal, utilizando una guía de entrevista semiestructurada. Los resultados revelaron que las mujeres transgénero experimentaron episodios de violencia física y psicológica, así como negligencia en el trabajo, en centros de salud y otros entornos sociales. Los informes de violencia posiblemente se deban a las dificultades para comprender y aceptar la identidad de género de las mujeres transgénero frente a la hegemonía cisheteronormativa. El trabajo consideró la necesidad de educación continua para la atención de la salud de las mujeres transgénero víctimas de violencia, la educación para la salud como estrategia para mejorar la atención en las instituciones de salud, destacando el uso de nombres sociales, el apoyo psicosocial y las acciones educativas en la comunidad.

Descriptores: Personas Transgénero; Violencia de Género; Identidad de Género; Género y Salud; Educación en Salud.

Resumo

Este estudo tem como objetivo descrever as violências sofridas por mulheres transexuais e estratégias em saúde para assistir às usuárias. O desenho metodológico constitui-se em pesquisa qualitativa com 90 mulheres transexuais que vivenciaram episódios de violências, após o início do tratamento hormonal, por meio de um roteiro de entrevista semiestructurado. Os resultados revelaram que as mulheres transexuais vivenciaram episódios de violências físicas, psicológicas e negligência, no trabalho, nas unidades de saúde e demais cenários sociais. Os relatos de violência têm como possíveis causas as dificuldades de entendimento e aceitação da identidade de gênero das mulheres transexuais frente à hegemonia cis heteronormativa. O trabalho considerou a necessidade de educação permanente para o atendimento em saúde das mulheres transexuais vítimas de violência, educação em saúde como estratégia de melhoria no atendimento das instituições de saúde, em destaque, uso do nome social, suporte psicossocial e ações educativas no território.

Descritores: Pessoas Transgénero; Violência de Género; Identidade de Género; Saúde de Género; Educação em Saúde.



Introduction

The definition of gender is complex, with variables that contradict the understanding of cultures that define the existence of two sexes, male and female, as the sole and legitimate ways of living socially. Among these variables is gender identity, which relates to a person's affinity for the masculine, feminine, or neither^{1,2}.

From these concepts arises transsexuality, a term applied to people who do not identify with and do not feel represented by the sociocultural construct attributed to sex, identifying with the opposite gender or no gender at all from that assigned at birth, and seeking to achieve physical transition through hormone therapy and surgery².

Due to non-acceptance and nonconformity with social precepts, transgender people end up being targets of violence. In the eyes of society, transgender people transgress the social roles correlated to their biological sex, established by the heteronormative concept, being considered deviant and subjected to social exclusion and multiple forms of violence^{2,3}.

Violence originates from discrimination, a process of distinction, exclusion, and restriction based on the annulment or prejudice of an individual's recognition, including their inclusion in a group or category, or of their rights. The WHO defines violence in three categories. The first is interpersonal violence, perpetrated by family, partners, and the community. This includes two subcategories: family violence/violence between intimate partners and community violence. Collective violence refers to the administrative and exclusionary process at the political or economic level, perpetrated by institutions and/or the State. The third type of violence, self-directed violence, is practiced as self-harm, suicide, or similar acts^{4,5}. It is believed that self-directed violence can be triggered by experiences of interpersonal and social violence.

The discriminatory and exclusionary process to which transgender people are subjected is defined, more specifically, as gender-based violence, a term that emerged through the Charter of the World Conference on Women in Beijing⁶⁻⁸. In its definition, it encompasses acts of aggression of a physical, sexual, psychological, and patrimonial nature, including threats, omissions, and arbitrary coercion of freedom that occur in public or private life⁷.

Even though social organizations promoted the consolidation of public policies such as "Brazil without Homophobia," for the Program to Combat Violence and Discrimination against LGBT people⁹, Society itself directly contributes to gender-based violence against individuals, triggering impairments in the physical and mental health of transgender people⁷, therefore, these should be a healthcare need that must be properly investigated and analyzed to identify health demands, guide the efficiency of the health service in assisting victims of violence, and identify potential reorganization needs. Internationally, the World Health Organization created the manual on Interpersonal Violence: Approach, Diagnosis and Intervention in Health Services, which addresses the impact on the physical and mental health of victims.

In this sense, this work aimed to describe the violence suffered by transgender women and strategies in health.

Methodology

This work consists of qualitative field research entitled "(Re)integration of transgender people into society: social and health issues" carried out in a public institution of reference in endocrinological care, located in the municipality of Rio de Janeiro.

In this study, data collection took place between March and July 2020. The participants were 90 transgender women, and a semi-structured interview guide with 14 questions was used, including questions about identification, discoveries in childhood and adolescence, identity relationships, physical transition, family relationships, and work relationships. For a more in-depth analysis, the item referring to experiencing acts of discrimination and physical and/or symbolic violence was removed. The interviews were conducted at the multidisciplinary gender identity clinic in a state public health institution, a reference center for hormonal care. The interviews lasted an average of 30 minutes, conducted after an invitation to participate and referral to a private room to avoid exposure and embarrassment to the interviewees.

The inclusion criterion adopted was transgender women undergoing physical transition within the Public Health Policy of the Transgender Process. The exclusion criterion was transgender women who experienced disorientation in space and time, due to incoherence in their discourse and possible inability to sign the Informed Consent Form.

The term 'transgender women' is used to refer to people with a female gender identity and male biological sex, to respect their identities. The narratives of each interviewee were represented by the letter 'W' followed by a number. After the interviews, the statements were transcribed and subjected to material exploration, organized by similarity, and analyzed thematically, where the following thematic units were identified: 'Narratives of transgender women about exclusion and violence' and 'Health strategies'.

To support the data analysis, the theoretical framework of Michel Foucault was used¹⁰, in his work entitled 'Discipline and Punish', which discusses issues relating to the discipline of bodies, power, and social regulation.

This study was duly approved by the Research Ethics Committee (CEP) of the Luiz Capriglione State Institute of Diabetes and Endocrinology (IEDE) through protocol CAAE No. 64975517.9.0000.5266, approved by opinion No. 1.989.462, as stipulated in Resolution No. 466/1212, which regulates research involving human beings. The research was developed using the authors' own funding, and there is no conflict of interest for the publication of this article.

Results and Discussion

Episodes of discrimination and acts of violence cannot be ignored as they are events that need to be



monitored and addressed within the healthcare system. Of the 90 transgender women interviewed, 51 reported experiencing violence and discrimination during the interview.

Interpersonal violence is divided into physical, psychological, sexual, and self-neglect. The first consists of attacks through physical contact, objects, or other means. Psychological violence occurs with acts that compromise the victim's mental health, through insults, humiliation, intimidation, deprivation of access to resources or healthcare, among others. Sexual violence is understood as the coercive practice of sex and deprivation, while deprivation and neglect refer to the curtailment of basic needs of the victims in the areas of health, education, affection, and security, among others.

The data will be discussed in relation to Michel Foucault's work "Discipline and Punish"¹⁰ that portrays discipline and imprisonment as social control policies applied by society. It presents four historical dimensions: torture, punishment, discipline, and imprisonment, and presents the form of natural punishment that persisted until the beginning of the 18th century in monarchical Europe. In torture, social control was carried out through the punishment of 'condemned' people, with physical suffering, mutilation, and other forms of torture¹⁰. It can be observed

In a second historical phase, the humanitarian period emerges, abandoning the violent model of social control through punishment and adopting a condemnation based on the typology of the criminal act, to discipline bodies and facilitate resocialization. This period aimed to align with the order of capital brought by the bourgeoisie, focusing on healthy bodies. The prison system is created as a strategy for surveillance and moral education, with prisoners subjected to rules and intense surveillance control to conform to what is stipulated and controlled by the moral order¹⁰. Violence takes on a form beyond the physical, being exercised in a confined environment where social practices are shaped within prison institutions through rigid rules and standards. In the prison system, those who deviated from its rules were sent to isolation areas, causing mental suffering.

Transgender women's narratives about exclusion and violence

The results revealed that, of the 51 transgender women who suffered interpersonal violence, 41 experienced psychological violence in social settings at work, using derogatory and pejorative nicknames (Chart 1):

Chart 1. Description of the Typology of Interpersonal Violence suffered by transgender women. Rio de Janeiro, RJ, Brazil, 2025

Interpersonal Violence			
Institutions	Physical	Psychological	Negligence
Work	-	41	-
Leisure	51	12	-
Public safety	1	31	3
School	6	25	14
Family	42	47	2
Health institution	-	27	-
Unspecified social spaces	13	35	-

The naturalization of heterosexuality, the understanding of the unique and exclusive existence of the male and female sexes, and the relationship between them as elements that fit together and were created for this purpose, create obstacles to the inclusion of transgender women in social settings¹¹. The binary relationship hinders the social understanding of gender identity, which is hegemonically linked to genitalia, functioning as a marker of bodies.

"[...] I work as a hairdresser and people there accept me normally, but they call me a 'flawed Beyoncé'" (W1).

"At my job I'm the target of jokes [...]. I feel uncomfortable because, besides not being recognized as a woman, I'm also ridiculed" (W6).

The system of control and training of bodies within the prison system reverberates throughout society¹⁰ and regulates work processes and functions such as expectations, skills, and behaviors, including roles regarding femininity and masculinity.

The work reaffirms the binary social model that establishes the relationship between woman and vagina and man and penis, creating a scenario of social control and reinforcing docile and disciplined bodies. Those who do not meet the hegemonic social requirements suffer stigmatizing, discriminatory, and exclusionary actions in the face of different behaviors and practices, as is the case with transgender women¹², which occur in various social segments, including the workplace.

The narratives of the interviewees refer to a process of structural exclusion, with deprivation and neglect widespread throughout society and practiced in various institutions, and Public Security was mentioned in 32 of the interviewees' narratives (Chart 1). Where rights should be guaranteed, they are violated^{12,13}, which leads transgender women to avoid accessing criminal justice for fear of suffering further discrimination¹³.

"[...] why I go to court? They don't do anything anyway [...]" (W4).

Loss of access, or actions resulting from loss of access, are exclusionary acts of negligence, abuses of power,



Janini JP, Lemos A, Carvalho GC, Pinto JMS, Santos LRSR, Pereira ER, Reis LD relatives, strangers, and intimate partners¹³. The result of this repression, when unsuccessful, is exclusion, a process of evasion, and the breakdown of family ties¹⁵.

and punishment that social institutions persistently employ against those who have not submitted to the rules and control throughout their lives.

The study did not report any cases of physical violence against transgender women; however, in leisure settings, 51 narratives mentioned this type of violence, as well as psychological violence (Chart 1). It is noteworthy that only one person contacted the Public Security service to file a report, suggesting this low rate as a possible cause of the violation of the security rights of transgender people in social institutions and by the State.

"It used to be worse, but we still suffer physical and mental abuse from society. I don't let it go unpunished! I call the police right away!" (W1).

Diverse bodies are still not considered eligible and functional in contemporary society; they are excluded from the job market, leisure activities, and other pursuits, hindering the exercise of citizenship. The family, as an integral part of society, often shares the same ideology.

The punishments, at the time described by Foucault¹⁰, as torture they suffered took the form of mutilation. It is important to highlight that there has been a shift in the handling of punishment against these bodies, not as a humanistic act, but to keep them functional for the labor market, brought about by capitalist society. Punishment constitutes an act of violence, an instrument of repression, and a great ally in the process of 'rehabilitating' transgender women, instigating processes ranging from boycotting the expression of gender identities to rendering them invisible.

The school, an environment that should promote and practice learning about diversity and inclusion in children, ends up functioning as a disciplinary and exclusionary structure, physically (6), psychologically (25), and through neglect (14), as shown in Chart 1. During the school years, transgender women are deprived or neglected of their right to access education^{8,12}.

The family constitutes the first obstacle for people who wish to present practices and behaviors distinct from the heteronormative. Transsexual people demonstrate family non-acceptance that prohibits the manifestation of gender identity, which generates fear among transsexual women in revealing their identity to family members¹³. In this sense, the family assumes an important social protagonism in controlling bodies and 'rehabilitation', practicing acts of physical violence (42), psychological violence (47), and neglect (2).

"My father kicked me out of the house [...]" (W48).

The family is one of the social institutions responsible for the intergenerational reproduction of the organizational arrangement and the roles to be played within the institution, correlated with ethical and moral values¹⁴. The attempt to discipline bodies is a possible explanation for the late gender transition of some transgender women, usually after reaching adulthood and independence, to avoid violence. Acts of domestic violence do not only occur with parents, but also with siblings,

Diverse bodies are still not considered eligible and functional in contemporary society; they are excluded from the job market, leisure activities, and other pursuits, hindering the exercise of citizenship. The family, as an integral part of society, often shares the same ideology. The traditional family has a vertical organizational process, with power and control over descendant members, whether through financial, emotional, or hierarchical means, and is socially authorized to define what is normal and abnormal within the established social order¹⁰.

Episodes of physical violence (13), psychological violence (35), and neglect (2) were described by the interviewees in unspecified settings, and manifested in social settings through the violation of rights to come and go, of their very existence as human beings, and the use of their chosen name (Chart 1):

"I was beaten up one night when I went out, and when I woke up I was on a hospital gurney with two broken ribs and a disfigured face. To this day, I don't understand why there was so much cruelty [...] (crying). My mother told me to leave the country because nobody here would accept me" (W26).

"People don't understand this identity issue [...] I just want to be seen as a woman" (W21).

Prejudice and discrimination against transgender women, as a specific risk factor, are potent and manifest themselves in overt or subtle ways through discrimination, prejudice, and unfair treatment¹⁶. This is because there is a persistent refusal to understand what Foucault calls the "science of functioning," with force being seen as a better strategy for achieving victory in the social order. Force is not merely a physical act. It can apply a systematized technology of control in the form of continuous and systematic discourses to curb binary thinking¹⁰.

Negligence permeates the conceptual issues surrounding the socially encompassed views of masculinity and femininity. The establishment of roles to be played by the sexes serves as a mechanism of regulation and oppression over diverse bodies¹⁷. Exclusion is a powerful tool for neglect, with normative regulation.

"I have a particular group of friends, mostly cisgender [...] when I came out of the closet, many people stopped talking to me and stopped inviting me to social events" (W40).

The 'natural' interest of people in maintaining interpersonal connections with the manifestation of a gender identity by a transgender woman ends up extinguishing the relational interest of those communicating, due to the intangible need to maintain traditional binary representations, incompatible with the transformations of such perceptions brought about by transsexuality¹⁵.

Health institutions are also settings for psychological violence (27), Chart 1. Although the policy for the transsexualization process has existed since 2008 and establishes care for transgender people within the scope of



the Unified Health System (SUS), there are still difficulties in applying it in its entirety, due to a lack of adherence from institutional and professional care¹⁵.

The healthcare model also presents an obstacle to healthcare institutions that wish to provide humane and non-violent care. Even though the Brazilian Unified Health System (SUS) establishes social control over health and the protagonism of users, the understanding of the body as an object and passive entity, and the power of the healthcare institution to control or correct bodies, persists^{4,11,18}. Foucault argues that systematic technologies of control are applied in specialized institutions, such as those in healthcare, which reinforce or reorganize internal mechanisms of power¹⁰, visible in the healthcare services provided to transgender women, who are forced to endure violations of their right to use their chosen name.

It is therefore understood that health institutions are unprepared to welcome and care for transgender women, leading to difficulties in access, discrimination, and prejudice, which demonstrates the urgent need for ongoing education for health professionals¹⁸.

Health strategies

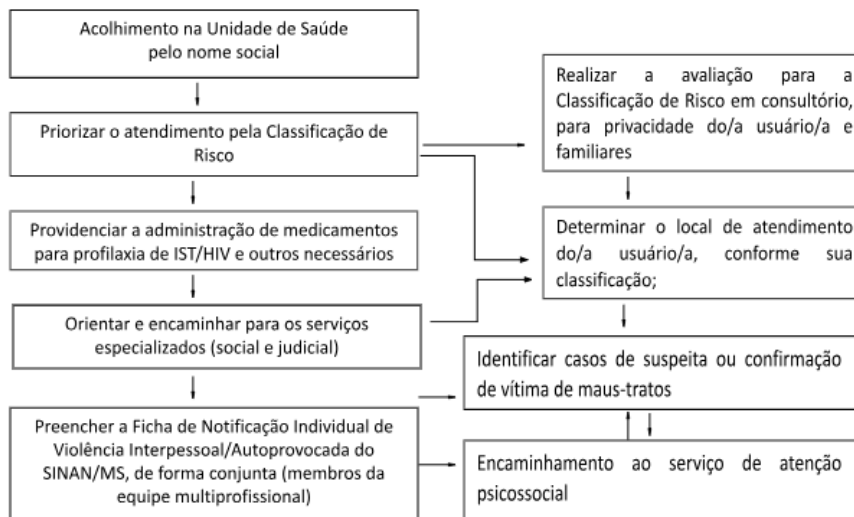
Following an experience of violence, transgender women may need support to promote mental health and/or other needs, including ensuring safe housing, filing a police report, and coping with mental distress. However, assisting this population is complex due to interpersonal and structural violence. All types of help can be discouraged by

In this sense, the first strategy for action with transgender women who are victims of violence is to provide support, offered at such a delicate moment for transgender women, guaranteeing their right to humane treatment, free from discrimination based on sexual orientation or gender identity, and affirming the use of their chosen name (Figure 1).

The care provided to victims of violence in healthcare institutions needs to be accompanied by notification in the Notifiable Diseases Information System (SINAN), a platform for registering and reporting interpersonal violence, and aims to understand the social dynamics and the success of the intervention process created to resolve the results presented in the territory. In the last ten years, there has been an exponential increase in reports of violence against transgender women¹⁹, which demonstrates both the lack of educational work in the territory and the social resistance to accepting diverse bodies.

The Interpersonal and Self-Inflicted Violence Notification Form of the Notifiable Diseases Information System (SINAN), used by the Ministry of Health to report violence, has included, since 2015, spaces for the inclusion of social name, sexual orientation, and gender identity, which minimizes the discomfort of transgender women, in addition to the violence suffered²⁰.

Figure 1. Recommendations for the care of transgender women victims of violence, adapted from the Protocol for the care of people in situations of violence. Rio de Janeiro, RJ, Brazil, 2025



Note: "Acolhimento na Unidade de Saúde pelo nome social": "Reception at the Health Unit using social name". "Priorizar o atendimento pela Classificação de Risco": "Prioritize service based on Risk Classification". "Providenciar a administração de medicamentos para profilaxia de IST/HIV e outros necessários": "Provide medication for STI/HIV prophylaxis and other necessary treatments". "Orientar e encaminhar para os serviços especializados (social e judicial)": "Guide and refer to specialized services (social and judicial)". "Preencher a Ficha de Notificação Individual de Violência Interpessoal/Autoprovocada do SINAN/MS, de forma conjunta (membros da equipe multiprofissional)": "Complete the Individual Notification Form for Interpersonal/Self-Inflicted Violence from SINAN/MS, jointly (members of the multidisciplinary team)". "Realizar a avaliação para a Classificação de Risco em consultório, para privacidade do/a usuário/a e familiares": "Conduct the risk assessment in the office, ensuring the privacy of the user and their family". "Determinar o local de atendimento do/a usuário/a, conforme sua classificação": "Determine the user's service location, according to their classification". "Identificar casos de suspeita ou confirmação de vítima de maus-tratos": "Identify suspected or confirmed cases of abuse victims". "Encaminhamento ao serviço de atenção psicossocial": "Referral to psychosocial care services".



For effective access to healthcare, care must be continuous through discussion of the situation of transgender women in interdisciplinary meetings, evaluation of follow-up on prophylactic medication treatment, home visits to monitor the situation of transgender women experiencing violence, and coordination with the service network, such as health, social services, and the justice system. All these actions must be recorded in the medical record, available to all healthcare professionals to provide information about the users and carry out their complementary actions²¹.

To guarantee comprehensive healthcare, transgender women who are victims of violence may be referred to more than one facility within the healthcare network and should be informed about the care pathway, including procedures such as forensic medical examinations, shelters, legal protection, and psychosocial support²¹.

Institutional protocols should be tailored to the specific needs of transgender women, avoiding actions aimed at cisgender women, such as legal abortion and early screening for cervical cancer. Furthermore, care for this population should extend beyond physical transition, seeking actions that deconstruct binary concepts and promote acceptance of gender diversity.

Educational initiatives are powerful strategies for confronting violence in the territory, requiring dialogue between scientific knowledge and the experiences of users. It is a horizontal process where knowledge is sought to be transmitted, through an understanding of discriminatory and exclusionary obstacles, acting more effectively to resolve the problems¹⁸. Information about transsexuality can be a game-changer in mitigating violence in general if it can deconstruct binary concepts in the workplace. Health education can use media campaigns and actions, illustrative brochures clarifying issues related to transsexuality and

However, health education is only possible when the professionals who apply it are guided towards acquiring knowledge and filling care gaps, enabling them to meet the demands of violence, provide humane and timely care, and avoid psychosocial and physical impairments resulting from the absence or lethargy of care¹⁸.

Although there are inclusive mechanisms in place to care for transgender women, it is observed that they are not effective in healthcare services for addressing situations of violence, making it necessary to guide best practices to ensure adequate, safe, and respectful care^{15,18}.

Final Considerations

Transsexuality presents a significant challenge for health authorities in terms of assisting those experiencing violence, who are victims of multiple forms of abuse. This violence occurs in various social segments, such as at work, in public, private, and family spaces, leading to psychological suffering and loss of autonomy and dignity, hindering their well-being and health. A limitation of this study is its location. It is believed that other realities experienced by the target population may exist in different settings across the country. Providing psychosocial support to transgender users and health education initiatives are necessary to build professional knowledge, which is acquired through seeking information and interacting with the population. It is also important to disseminate information in a way that minimizes resistance to non-normative bodies, as well as their existence in the community. Welcoming, providing healthcare, and reporting to the National System of Notifiable Diseases (SINAN) are actions that should be considered by healthcare professionals.

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