

Violence in the affective-sexual trajectories of young gay men: “new” settings and “old” challenges

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Abstract *This paper discusses the phenomenon of violence in the affective-sexual trajectories of young, cisgender gay men, from popular strata, in the metropolitan region of Rio de Janeiro, Brazil. Brazilian literature on violence against gay men generally focuses on the discrimination suffered by this population. However, the violence they are submitted to among family relationships due to their sexual orientation, or even their relationships known as “dating” or “hookup”, is hardly discussed. This qualitative study used in-depth interviews based on a semi-structured guide to discuss violence during the young gay men’s affective-sexual trajectory. The results evidenced multiple faces of violence during childhood and adolescence in family relationships, spanning their affective-sexual relationships in adolescence and youth, including sexual, physical, psychological, and institutional violence. Support networks are limited, for example, to a few friends and access to blogs on the Internet. No health professional was cited as a helping source. There is a need to discuss the prevention of violence and discuss health promotion of this social group, expanding the perspective on the various contemporary ways of relating intimately.*

Key words *Youth, Violence, Trajectories, Masculinities, Gay*

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Introduction

Violence in affective-sexual relationships knows no geographical barriers, social strata, age groups, religions, ethnicities, or sexual orientations, resulting from a complex combination of historical, cultural, economic, institutional, interactional, and family factors in the lives of many young Brazilian people¹. However, marital, family, and institutional relationships marked by violence are guided by silence and secrecy, reinforcing a dichotomy between the public and the private and often pointing towards the trivialization, naturalization, and pathologization of the people involved². Thus, debating violence in affective-sexual relationships, especially among the youngest, becomes a crucial task and a challenge for health.

In the last decade, we have witnessed studies on violence faced by LGBT people daily in different contexts, from public spaces to institutions such as schools and health services³⁻⁵. Other studies analyze the experiences of violence against adolescent and young gay men in the process of revealing their sexual orientation to families⁶⁻⁸. However, various forms of violence have not been considered in the affective-sexual trajectories of young gay men, in relationships with the family, boyfriends, and “hookups”.

This paper aimed to analyze the violence in the affective-sexual trajectory of young gay cisgender men, from popular strata, in Rio de Janeiro: those that happen in family relationships, such as sexual abuse and assault upon disclosing their sexual orientation; those occurring in the “dating” and “hookup” relationships of these young gay men, including sexual, physical, and psychological violence; and institutional violence in health care. We also aimed to identify which support networks were used by them after the of suffering such violence.

We understand violence as the threat or the intentional use of force or power, encompassing acts of physical, psychological, and sexual abuse, based on social and cultural gender conceptions⁹. In turn, gender is understood through its performative setup and is produced in social relationships and living experimentations in articulation with body, sexuality, race, and social class, traversed by power relations. An intersectional discussion recognizes the plurality of singular and group manifestations of subjectivities, identifying which category is being focused on in specific disciplinary regimes and how it can create hierarchies and exclusions¹⁰.

Therefore, analyzing the relationships of young gay cisgender men from an intersectional perspective implies a dual process: understanding how the asymmetric processes of the gender domination axis are structured (even in same-sex relationships), with an interpretation compiling how gender intersects, which is reformulated and articulated with other privilege and oppression relationships¹⁰.

In this sense, some questions arise: what are the different types of violence experienced by young gay cisgender man during their affective-sexual trajectories? How can we discuss violence from an intersectional perspective, considering gender, race, and class markers? Who can young people count on to address such experiences?

Methods

This qualitative study aimed to understand the affective-sexual trajectory of 15 young gay cisgender men, from popular strata, living in the metropolitan region of Rio de Janeiro.

All research ethics requirements were complied with to ensure the subjects' confidentiality and security. The selection criterion was to be aged between 18 and 24 years¹¹. The first author of this paper used his network of contacts to approach initial research participants, considering the challenges of researching and “observing the familiar”¹². Subsequent indications were made employing the “snowball” technique¹³. Among the 15 young men, we listed the narratives of eight who reported situations of violence in their trajectories. The narratives were categorized based on the thematic analysis^{14,15}.

Sociodemographic characterization of the respondents

According to Chart 1, the young men were aged 19-24 years. Four of the eight young men in question self-declared as “black” and most lived in favelas. All finished high school in public schools, two young people were attending higher education, and one worked in a profession that required higher education.

Analysis and discussion of results

We list the following topics for discussion: 1) Sexual violence in childhood and adolescence;

Chart 1. Sociodemographic characterization.

Acronym	Age	Skin color/ Ethnicity*	Residence	Schooling	Occupation	Religion	Body and gender characteristics**
RA	22	Black	Favela	Incomplete Higher Education	Unemployed	Evangelical	“Only” passive
AS	19	Brown	Favela	High School	“Uber Eats”*	No religion	“Effeminate”, “only” passive
VD	22	Black	Favela	High School	Human Resources	Roman Catholic	“Deaf-mute”, “only” passive
VB	22	White	Favela	High School	“IFood Delivery”	No religion	“Effeminate”, “chubby”, and “only” passive
MS	24	Black	Working-class neighborhood	High School	“Shopping attendant”*	Roman Catholic	“Very” thin, “only” active
EF	23	White	Favela	Higher Education	NGO teacher	Roman Catholic	“Very” effeminate
RT	22	White	Working-class neighborhood	High School	Tire shop attendant	Roman Catholic	“Very” effeminate and thin
IM	23	Black	Working-class neighborhood	Incomplete Higher Education	NGO Trainee	Roman Catholic	“Only” passive and “effeminate”

*Self-declared category; **Native category. N= eight young participants who participated in the survey identified according to the order of the interview.

Source: Empirical PhD research by the first author.

2) Intra-family violence in the process of revealing being gay; 3) Intimate partner violence; 4) Violence in the relationships with “hookups”: “stealth breeding”. Finally, the last theme, called support networks, circumscribes the type of help mentioned by young people in facing violent situations.

Sexual violence in childhood and adolescence

Three young men reported that they had suffered sexual abuse in childhood/adolescence. Sexual abuse is understood as the sexual act or game, a heterosexual or gay relationship whose perpetrator is older than the child/adolescent. These practices are imposed on the victim by physical violence, threats, or coercion¹⁶. Sexual abuse is smothered by a wall of silence, which includes family members, neighbors, and, sometimes, the professionals caring for the victims¹⁷.

According to them, sexual abuse occurred between ten and 16 years. One abuse occurred for three years, and the other two on a single occasion. The perpetrators were part of the victims'

social and family circle (cousins and cousin's friend). The young men who were abused were “passive” in the episode, and all cases did not include condom use:

I was abused when I was ten. I was raised with a cousin. He must have been about 20 years old. I had sex with him since I was a child. It took me a long time to understand what had happened, and it's hard because I think I liked it. I don't know how much I discovered myself being gay at that time. It seems that the sexuality of the deaf-mute does not exist. He didn't use condoms or anything. I was just passive with him. I stayed with this cousin for about three years. (VD, 22 years old).

I was abused in my first sexual intercourse. When I was 13, I went to my female cousin's house, and we dressed as women. It was just me, her and my cousin, her brother. My female cousin said she was going to the market, and I stayed there. I left the room, but I was dressed as a woman. My male cousin saw me and started making fun of me, calling me a fag and that I had to learn to become a man. I said it was just a joke, but he didn't even care. He grabbed me by the arms and said that he would tell everyone that I dressed as a woman if I

screamed or did something. He was about 20 years old! I just remember that he grabbed me and put me face down. He told me to be quiet and not to scream. It didn't even last five minutes. I lost my virginity there. I did not react at the time. I started to cry after he finished. He told me to shut up, or his sister would suspect (...) It was without a condom. She arrived, and I was crying, but I didn't say a word. I said that her mother's earring was hurting me, and I wanted to take it off. I left and forgot about the whole thing. (EF, 23 years old).

When I was 16, I was playing video games with a cousin and a friend of his. Then there was a chat about making fun, making exchanges. I said I had already sucked a boy's dick. My cousin asked whether I didn't mind sucking him too. So, I said yes. Then I started to suck him, and after a few minutes, I sucked his friend as well. My cousin took off my shorts and said he was going to fuck me, that I was a little fag, and that I was going to end up liking it. I said I didn't feel like it, that I was a virgin. However, his friend held me face down, and it started. I was abused. Then my cousin held my arms, and his friend abused me. It hurt a lot, and I was bleeding. Moreover, it was all without a condom. Then I started to cry, and they left (...) They were 23 years old! (RT, 22 years old).

Social markers also deserve to be highlighted besides the typical low age of all those who suffered abuse and the age difference between those involved. In the first narrative, VD22 reported that he was "deaf-mute" since his birth. In the account of his first sexual experience, he said the relationship was abusive and lasted three years. The relationships occurred in the family environment (with his older cousin), without the respondent's first understanding: "I was not to blame. It took me a long time to understand what had happened!"

From an intersectional perspective, we emphasize that the young man experiences social and sexual vulnerability. He had no one to communicate what he was living, indicating specific isolation due to his disability. Sexual episodes that occurred in childhood are understood as a mark of his "gay condition": "I don't know how much I discovered myself being homosexual at that time". In other words, the sexual act seems to be essential in building a sexual identity and is an important subjective landmark. This young man believes that there is a direct relationship between the first sexual act and the (current) experience of being gay as if he had "caught homosexuality".

In this sense, the relationship between being gay and with disability announces meaningful

theoretical discussions about sexuality. Authors¹⁸ mention that these subjects are established from two (or more) categories of belonging socially constructed in a less valuable space.

According to his narrative, "the deaf-mute sexuality seems not to exist", which seems to result in dual social invisibility between being gay and disabled. Disability is assumed as the main subject's feature; thus, his sexuality cannot exist. Other discriminations, such as gender, sexual orientation, race, and social class, are added in the face of disability.

As a result, people with disabilities are vulnerable to sexual violence for two reasons: first, because they are socially invisible; and, second, due to the perpetrator's awareness that the risk of reporting abuse is practically non-existent, as the disabled person will often be isolated and without (family and school) support¹⁹. Therefore, in the case of the deaf-mute, it is essential to emphasize that linguistic incompatibility with the prevailing listening community and the non-acquisition of sign language favor the emergence of abusive contexts and generate complex situations of vulnerability.

Two other young people, EF23 and RT22, considered themselves "very effeminate since they were little". The perpetrators utter a similar, typical sentence: "You are a little fag, you have to learn to become a man"; "You are a little fag, you will end up liking it (the abuse)". Such phrases refer to the hierarchy between the "active-abuser-man" and the "passive-victim-woman", and such abuse is called "corrective rape"²⁰⁻²² in the literature. Commonly referred to lesbians, this practice is committed under the pretext of "healing their sexual orientations and gender identities"²².

In the case of those young men, being "effeminate" makes the abuser understand that such abuse can be justified as a "lesson" as if the abuse were to "correct" their "non-heterosexuality" and teach the young man to "be heterosexual". The abuse runs only through the "effeminate" gender expression. In this direction, heteronormativity becomes a vital facet to see violence as a sanction and a pedagogical way of correcting a gender expression²³.

In a nutshell, sexual abuse and corrective rape are based on the abuser's non-conformity with the victims' sexuality, be it woman or man. It is a combination of machismo and homophobia. The abuser believes the victim's sexuality is a moral, biological and social rule transgression, and the idea is to "cure him"²⁴.

Thus, heteronormativity coupled with the hegemonic masculinity model²⁵, which establishes culturally and historically the valorization of heterosexual masculinity, configures power relationships between men and women and among men who escape current masculinity patterns, reflecting on sexual violence against gay and “effeminate” men.

Intra-family violence in the process of revealing being gay

Families, in particular the father and mother, had adverse reactions to the revelation of the sexual orientation (sexual orientation's revelation of these young men), showing little support and the use of violence:

My father once found a condom in my room and pressured me to find out whom I was having sex with. Then I ended up saying that I took a friend home. It was horrible! He hit me. He said he didn't raise a son to be a fag. My mother was at home crying, asking him not to hit me. The other day, he told me that I had to be at least active since I was gay! After I told them, they also forbade me to go out. I couldn't see my friends or leave the house. As if staying at home would make me stop being gay! (MS, 24 years old).

I decided to tell them because I didn't see any reason to hide anymore. I didn't think my parents were going to react that way. My father hit me very, very much. I don't even like to remember. The other day, my mother said it was better for me to live with my grandmother, that we couldn't live together anymore because I was gay and wouldn't accept a gay at home. I moved, and I still live with my grandmother. (RT, 22 years old).

I told my mom first. I said I was dating and said his name. She cried and said it was just a phase and I needed to find God again. She told me to stop listening to some female singers and stop playing volleyball. However, after about three months, I think she started to accept it. Then she said she was worried and that I wouldn't tell my father, that she was afraid of what he could do. (RA, 22 years old).

Violent reactions, such as insults, physical abuse, expulsion from home, control, and surveillance, were part of the process of “coming out” to the family. Such reactions are based on heteronormativity as a sexuality-regulating device, including negative moral and religious views on being gay, in which the social and sexual structure based on hetero/gay dualism, in order to prioritize heterosexuality through a device that naturalizes it while making it compulsory²⁶,

causing the family to distance itself from the young men when affirming their sexuality.

This distance also reinforces the hegemonic model of masculinity, which establishes the valorization of heterosexual masculinity, subordinating those deviating from the standards of this masculinity²⁷. Therefore, violence, prejudice, and discrimination establish a relationship to maintain this masculinity, which needs to be reaffirmed and controlled.

In this sense, the various changes that have taken place in recent decades have not been able to deconstruct or eliminate the “closet”, understood as a device for maintaining the secrecy of gay sexuality, in which the subjects will constantly negotiate their visibility and the acceptability of their desires²⁸.

Intimate partner violence

A young man reported that he suffered sexual violence from his former boyfriend. Another narrated some moments when the abusive relationship was permeated by psychological and symbolic violence, including racism and fatphobia.

We understand sexual violence as an act or attempted sexual act, advances, or unwanted sexual comments against someone's sexuality through coercion⁹. On the other hand, psychological violence includes rejection, depreciation, discrimination, and prohibition of activities by perpetrators, emotionally and psychically affecting the victims²⁹. Symbolic violence is demarcated as “violence that is exercised with the tacit complicity of those who suffer it and also, frequently, of those who exercise it since both are unaware of exercising or suffering it”³⁰.

According to the young men:

I dated when I was 17, and he was 22. It was a perfect date, which lasted one year. In the end, it started to get bad. I discovered betrayals. It was a difficult year. I was fighting a lot with my mother, gained much weight, and failed at school. He kept saying that he was getting ugly and fat, and this was undermining my self-esteem. We started meeting less and stopped having sex. He cheated on me, called me a whale, and ugly. With great difficulty, I ended the relationship. After two months, he asked us to talk. He came and asked for us to get back again, but I said no. He started to be aggressive, then he held me and raped me. It didn't even last five minutes. I don't want to remember any of that. He held my arm and his body was on top of mine. I tried to resist, but he was stronger than me, and

I froze. Then I just picked up my stuff and left. I can only say that it was the worst thing in my life, and I had no sex for three years after that. (VB, 22 years old).

I dated a boy who always said he was going to replace with a whiter boy. He dated a boy before me who was white with bright eyes. He made a point of saying that I was not the color of his ex. He was blond, he was strong, and I was not. He kept putting me down by telling me that this ex was whiter than me. He said that the ex was introduced to his family, but I wasn't going to be because I wasn't white enough. He made a contract for me to sign that I would never break up with him. Moreover, I signed it. I didn't go out. I didn't see my friends. I just stayed with him. He decided everything, even if we were going to see each other on weekends. (IM, 23 years old).

Intimate partner sexual, psychological, and symbolic violence (IPV) is reported differently during their trajectories. IPV is a continuous abuse of an individual with whom a subject maintains or has had an intimate relationship, be it dating, a hookup, or a marriage between homo or heterosexuals¹. Recent studies have debated violence in gay couple relationships³¹⁻³⁴. These studies highlight that the invisibility of IPV among gay male couples is reinforced by the fear of pathologization perceived by this group due to the stigma experienced in our society³³. Also, prejudice favors its concealment, as IPV victims are afraid to report fearing they will suffer more humiliation, discrimination, and homophobia³¹.

We should also consider that dating between men is often seen as a “relationship among equals” with no power asymmetries. The perpetrators regularly use this myth to justify their violent conduct³⁴. Another critical factor is the idea that “dating is not a place of violence”³⁵, occurring only in more stable and lasting relationships, a situation that excludes “dating” and “hooking up”, common among adolescents and young people³⁵.

Violence in the relationships known as “hookups”: “stealth breeding”

One of the respondents reported another type of violence in an episodic sexual relationship: removing a condom by the partner without his consent in a “hookup”:

There have been times when I went to meet some guys, but I always made it very clear that sex would be only with condoms. However, I think these condoms things are harder for the passive.

It has happened twice that the guys take off the condom. Sometimes my back is facing away, and I don't see what he's doing. I can't always feel his condom is not on. There was a time when I went to a fancy hotel to have sex with a guy. He came inside me, and it was only after it was over that I saw it and found out! Being passive is more difficult for you to control the condom! (AS, 22 years old).

“Stealthing” is most debated in studies on heterosexual relationships. Recent studies³⁶⁻³⁸ suggest that it is common among heterosexual, sexually active young people and is controversial. Although it seems apparent that it is abusive for many women, others consider it “bad sex”. Many men believe that this is their “natural right” and disseminate the practice over the Internet, giving tips on removing condoms without their partner noticing³⁶. Such men anchor their actions in misogyny and the belief in male sexual supremacy, often citing the right of men to “spread their seed”³⁸.

However, removing a condom during sexual intercourse without the partner's consent is not exclusive to heterosexual relationships. According to some international studies³⁹⁻⁴¹, this is called “stealth breeding”.

The practice is considered sex without a condom among men, known as a “bareback”. However, it is characterized by the non-consensual removal of the condom by the active male in the relationship. Interestingly, studies on “stealth breeding” are non-existent in Brazil despite the growing literature on bareback practice in the last ten years^{42,43}.

AS22, a *favela* resident, went to meet his partner in an “expensive and fancy” hotel near his home. The young man stressed that he felt “fetishized” for being a *favela* resident since many men thought he was a drug dealer or “that he only mingled with outlaws”. Therefore, it is essential to consider how the different markers of belonging intertwine in this setting. The encounter between a boy living in the *favela*, brown and “only passive”, and another boy, an “asphalt” dweller, of privileged social class and “active”, puts in check oppressive relationships, in which power and domination by young, high social class people can neutralize the power of negotiation concerning the non-use of condoms. It is a perspective that addresses the coercive effects of power relations, showing that the relationship between two men can be pretty asymmetrical. Therefore, the power axes established by patriarchy, racism, and class struggle intersect as avenues in which traffic flow defines the multiple oppressions to which a person is subjected⁴⁴.

Discussing the removal of condoms without the partner's consent is fundamental for the debate on the experience of healthy sexuality. Stealth breeding transforms a "consensual" sexual relationship into a "non-consensual" one, with victims sometimes not even realizing their partner's behavior during the act. In this sense, it is essential to consider it as a case of violence.

As a result of what happened, the young man went to a health unit to seek Post-Exposure Prophylaxis (PEP), a prevention technology that consists of using antiretrovirals for 28 days, starting within 72 hours after possible sexual exposure to HIV, made available by SUS⁴⁵. When seeking PEP, he was faced with the disrespect of the health professional, which translated as institutional violence⁴⁶. Regarding service:

It was not very good. I had no difficulty getting medication, but the nurses – I think they were nurses – were a little bit judgmental, you know? The first question she asked was if I had been irresponsible and had sex without a condom. So, I didn't want to tell the guy's whole story, that I didn't choose to do so. I just said yes. With a hideous face, she asked if I had a relationship with a man or a woman. I said that it was with a man (...) Then, with a very mocking face, she said: "It had to be, right?" (...) So, it is obvious that she was thinking that I was an irresponsible fag who had sex without a condom and was going there to take the medication. (AS, 22 years old).

As can be seen in the narrative, obtaining the PEP still has barriers such as discrimination for those seeking it. Authors^{45,47,48} indicate that despite the importance of such a prophylaxis strategy, one must consider the persistent moral judgment and stigma around sexuality and the outlook of growing Brazilian conservatism. Therefore, the challenges for the provision of prevention in health services must consider the individual perspective of health professionals and users and the organizational and structural dimension of the services.

Support Networks

The social support network is understood as the set of relationships that a subject perceives as significant in times of stress, such as situations of violence⁴⁹. Thus, depending on how they are established and their availability and effectiveness in daily life, the social support networks can strengthen bonds of protection to ensure the rights of adolescents and young people and better respond to the complex demands brought

about by the violence perpetrated against young gay men⁵⁰. The young men narrated:

When I was raped, I didn't go to therapy, but I read a lot on the Internet. I read that abused people tend to blame themselves, and many say that they were afraid and ashamed to report it. One website caught my attention. I don't remember the name. It addressed the abuse of gay adults, but there were a lot of older adults there and people who didn't want to be gay. So, they blamed being gay because they had been abused as a child. It was heavy, but reading everything made me realize that I was not abused as a child, you know. I didn't want to understand why I was gay and put the blame on that. I just wanted to understand why I let it happen, which was not my fault. However, then I read and saw that they were going through this, that there is much rape in relationships. However, that's it. It felt good reading things about those who had already gone through this type of abuse in dating, although they were all women. I didn't read anywhere about rape in dating between men. (VB, 22 years old).

I am part of a Facebook support group for those who are deaf or deaf-mute who help me a lot in this regard. I saw that many deaf-mutes went through the same thing, that is, abuse as a child. I also saw that it is common for abuse to start in the family. I saw that no one talking to us about sex or anything else is common. I never told my mother or any friend. I was always ashamed. (VD, 22 years old).

I think that all the support I had was on the Internet. I read many blogs after the abuse, and I always looked online for something I was curious about. I didn't want to tell anyone that I was dressed as a woman when I was abused. I was always ashamed. I read on the Internet that many women were abused by acquaintances. When I read the statements, I identified myself because I could see that other people had been through the same thing as me. (EF, 23 years old).

Concerning the support networks, it is clear that young people did not go to the police station for fear and shame of denouncing their partner. They did not tell the family about what happened, and almost no friends knew about it, nor did they have any psychological support. They read blogs on the Internet as a way of accepting and elaborating on what happened, indicating a limited institutional and personal support network for their needs.

In a generation of adolescents and young people born connected to the Internet⁵¹, the Internet is a prominent tool in all interviews. Despite the limitation, blogs enabled a contact that,

while distant, seems to be intimate and close, in which young people perceived “up close” that other people (mostly women) had already had the same experience. Thus, the Internet emerged as a receptive place, something they did not find outside the “virtual world”. It is worth suggesting that this “culture of sharing experiences of violence” is expanded by its articulation with cyberculture and expresses the aspiration of a social bond centered around a common interest and open collaborations⁵².

This contact becomes even more critical for young gay men from low-income groups, who, without financial conditions, limit themselves to using the Internet to feel supported. These young men consider this space “protected by anonymity”, without the need for significant exhibitions.

It is also noteworthy that all young people reported that their experiences were similar to the experiences of several Brazilian women, which may indicate invisibility in violence among/against gay men in sexuality. Therefore, such invisibility highlights the importance of the social support network as a protective factor against the vulnerabilities to which gay children, adolescents, and young people are exposed. When they perceive themselves to be “different” from their peers, they may have negative thoughts about themselves, internalizing homophobia and often blaming themselves for the situation of violence that has occurred⁸.

As shown in the present research, the lack of social support can be associated with greater loneliness after violence in childhood or a relationship during youth. Moreover, this study can also indicate that a social network composed of a small group of peers without the presence of the family seems to derive from experiences of homophobia and discrimination in our society.

Final considerations

Violence is complex and multi-causal and a severe violation of human rights. However, further studies are required on the dynamics of violence to which young gay cisgender men are exposed. Violence in intimate relationships, including family and intimate partners, exposes the level of prejudice, discrimination, and stigma arising from sexual orientation or gender expressions that dissent from heteronormativity and traditional masculinity models. From an intersectional perspective, attention is drawn to the intersection of social markers known to be oppressed and subordinated in Brazilian society, such as social class, race, disability, or feminine gender expressions, which place these young people in situations of greater vulnerability.

It is noteworthy that these countless facets of violence and their articulation with the social markers of difference are not restricted to interpersonal relationships but are also present in the conduct of health professionals pointed out in the case of institutional violence. Once again, prejudice against homosexuality is clear. In this sense, the fact that these young gay men have an impoverished support network and use blogs and other digital media searching for help and experience sharing is not surprising.

We highlight the need to outline public policies to promote care for gay cisgender adolescents and young men, which are supportive in addressing situations of violence and the vulnerabilities to which they are continuously exposed in their intimate relationships. We understand that a multisectoral social support network is essential for tackling violence, thus minimizing the vulnerability to violence and, consequently, increasing the protective factors in the health and well-being of these young people.

Collaborations

W Ferrari was responsible for reviewing the literature, collecting, organizing, and analyzing the empirical material of the research, and final review of the text. MAF Nascimento was responsible for the literature review, analysis of the empirical material of the research, and joint organization in discussing the data, and the final review of the paper. C Nogueira and L Rodrigues were responsible for the joint organization in discussing data and final review of the paper.

References

1. Minayo MCS, Assis SG, Njaine K, organizadores. *Amor e violência: um paradoxo das relações de namoro e do “ficar” entre jovens brasileiros*. Rio de Janeiro: Editora Fiocruz; 2011.
2. Nascimento M. Masculinidade, Juventude e Violência contra a Mulher: articulando saberes, práticas e políticas. In: Blay E, organizadora. *Feminismos e Masculinidades: novos caminhos para enfrentar a violência contra a mulher*. São Paulo: Cultura Acadêmica; 2014. p. 211-225.
3. Apostolo MVA, Moscheta MS, Souza LV. Discursos e posicionamentos em um encontro de diálogo sobre violência a LGBTs. *Psicol USP* 2017; 28(2):266-275.
4. Soares L. *Cuidado em saúde e transfobia: percepções de travestis e transexuais de duas regiões do Rio de Janeiro: Maré e Cidade de Deus, sobre os serviços de saúde* [dissertação]. Rio de Janeiro: ENSP/Fiocruz; 2018.
5. Souza LV, Moscheta MS, Scorsolini-Comin F. Grupos de Conversações Públicas como Recurso contra a Violência à População LGBT. *Paideia* 2019; 29:e2905.
6. Albuquerque GA, Garcia CL, Alves MJH, Queiroz CMHT, Adami F. Homossexualidade e o direito à saúde: um desafio para as políticas públicas de saúde no Brasil. *Saude Debate* 2013; 38(98):516-524.
7. Soliva T, Silva Jr JB. Entre revelar e esconder: pais e filhos em face da descoberta da homossexualidade. *Sex Salud Soc* 2014; 17:124-148.
8. Braga IF, Oliveira WA, Silva JL, Mello FCM, Silva MAI. Violência familiar contra adolescentes e jovens gays e lésbicas: um estudo qualitativo. *Rev Bras Enferm* 2018; 71(Supl. 3):1220-1227.
9. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editores. *World Report on violence and health*. Geneva: WHO; 2002.
10. Nogueira C. *Interseccionalidade e psicologia feminista*. Salvador: Editora Devires; 2017.
11. World Health Organization (WHO). *What about boys? A literature review on the health and development of adolescent boys*. Geneva: WHO; 2000.
12. Velho G. Observando o familiar. In: Velho G. *Individualismo e cultura: notas para um a antropologia da sociedade contemporânea*. Rio de Janeiro: Jorge Zahar; 1987.
13. Turato ER. *Tratado da Metodologia da Pesquisa Clínico-Qualitativa*. Petrópolis: Vozes; 2003.
14. Braun V, Clarke V. Using thematic analysis in psychology. *Quali Res Psychol* 2006; 3(2):77-101.
15. Braun V, Clarke V, Weate P. Using thematic analysis in sport and exercise research. In: Smith B, Sparkes AC, editores. *Routledge handbook of qualitative research in sport and exercise*. Londres: Routledge; 2016. p. 191-205.
16. Cara AT, Neme CMB. Estudo documental de crianças vítimas de violência sexual: avaliação dos indicadores de comprometimento emocional segundo Koppitz. *Acad Paul Psicol* 2016; 36(91):383-399.
17. Braun S. *A violência sexual infantil na família: Do silêncio à revelação do segredo*. Porto Alegre: Age; 2002.
18. Maia ACB, Ribeiro PRM. Desfazendo mitos para minimizar o preconceito sobre a sexualidade de pessoas com deficiências. *Rev Bras Educ Espec* 2010; 16(2):159-176.

19. Ferreira WB. Vulnerabilidade à violência sexual no contexto da escola inclusiva: Reflexão sobre a invisibilidade da pessoa como deficiência. *Rev Iberoam Calidad Eficacia Cambio Educ* 2008; 6(2):120-136.
20. Sánchez FL. *Homossexualidade e Família: Novas Estruturas*. Porto Alegre: Editora Artmed, Editora AS; 2009.
21. Contreras JM, Bott S, Guedes A, Dartnall E. *Violência sexual na América Latina e no Caribe: uma análise de dados secundários*. Iniciativa de Pesquisa sobre Violência Sexual; 2010.
22. Campos CH, Machado LZ, Nunes JK, Silva AR. Cultura do estupro ou cultura antiestupro? *Rev Direito GV* 2017; 13(3):981-1006.
23. Carrara S. Políticas e direitos sexuais no Brasil contemporâneo. *Bagoas* 2010; 5:131-147.
24. Cavalcanti VRS, Santos BC, Lacerda LA. Estupro corretivo na América Latina: analisando a violência sexual contra pessoas LGBTQI. In: ME Calazans, ES Piñeiro, organizadoras. *As desigualdades de gênero e raça na América Latina no século XXI*. Porto Alegre: Editora Fiocruz; 2019. p. 233-262.
25. Connell R. *Gender and Power*. Cambridge: Polity Press; 1987.
26. Butler J. *Problemas de gênero*. Rio de Janeiro: Civilização Brasileira; 2003.
27. Connell R. *Masculinities*. Berkeley: University of California Press; 1995.
28. Saggese G. *Quando o Armário é Aberto: visibilidade e estratégias de manipulação no coming out de homens homossexuais* [dissertação]. Rio de Janeiro: Universidade do Estado do Rio de Janeiro; 2019.
29. Signorini H, Brandão E. *Psicologia jurídica no Brasil*. Rio de Janeiro: Nau; 2004.
30. Bourdieu P. *Sobre a televisão*. Paris: Liber-Raison d'agir; 1996.
31. Cezario ACF, Fonseca DS, Lopes NC, Lourenço LM. Violência entre parceiros íntimos: uma comparação dos índices em relacionamentos hetero e homossexuais. *Temas Psicol* 2015; 23(3):565-575.
32. Moreira AM. *A violência por parceiro íntimo em casais homoafetivos masculinos: visibilizando o fenômeno* [dissertação]. Belo Horizonte: Universidade Federal de Minas Gerais; 2017.
33. Santos AM, Caridade S. Violência nas relações íntimas entre parceiros do mesmo sexo: estudo de prevalência. *Temas Psicol* 2017; 25(3):1357-1371.
34. Elísio R, Neves S, Paulos R. A violência no namoro em casais do mesmo sexo: discursos de homens gays. *Rev Critica Cien Soc* 2018; 117:47-72.
35. Gomes R. Invisibilidade da violência nas relações sexuais afetivas. In Minayo MSC, Assis SG, Njaine K. *Amor e violência: Um paradoxo das relações de namoro e do 'ficar' entre jovens brasileiros*. Rio de Janeiro: Editora Fiocruz; 2011. p. 141-151.
36. Soares R. *Retirar o preservativo durante o ato sexual constitui crime? Stealthing analisado à luz do Código Penal Brasileiro* [Internet]. JusBrasil; 2017 [acessado 2020 mar 10]. Disponível em: <https://renansoares7127.jusbrasil.com.br/artigos/455520761/retirar-o-preservativo-durante-o-ato-sexual-constitui-crime>.
37. Lima JD. *Sobre o "stealthing", a prática de retirar a camisinha durante a relação sem consentimento da parceira* [Internet]. 2017 [acessado 2020 mar 10]. Disponível em: <https://arquivoradical.wordpress.com/2017/05/09/sobre-o-stealthing-a-pratica-de-retirar-a-caminsinha-durante-a-relacao-sem-consentimento-da-parceira/>.
38. Nunes DH, Lehfeld LS. Stealthing: aspectos acerca da violência de gênero e afronta aos direitos fundamentais. *Rev Libertas Direito UFOP* 2018; 3(2):93-108.
39. Brennan J. Stealth breeding: bareback without consent. *Psychol Sex* 2017; 8(4):318-333.
40. Ebrahim S. I'm Not Sure This Is Rape, But: An Exposition of the Stealthing Trend. *SAGE Open* 2019; 9(2):e2158244019842201.
41. Latimer RL, Vodstrcil LA, Fairley CK, Cornelisse VJ, Chow EPF, Read TRH. Non-consensual condom removal, reported by patients at a sexual health clinic in Melbourne. *Plos One* 2018; 13(12):e0209779.
42. Barreto VHS. Risco, prazer e cuidado: técnicas de si nos limites da sexualidade. *Ava Rev Antropol* 2017; 31:119-142.
43. Bezerra VP, Giacomini S. Sem capa: notas sobre o trabalho de campo de uma etnografia sobre o sexo bareback entre homens na cidade do Rio de Janeiro. *Teoria Cult* 2020; 15:16-31.
44. Crenshaw K. Documento para o Encontro de Especialistas em Aspectos da Discriminação Racial Relativos ao Gênero. *Estud Fem* 2002; 10:171-188.
45. Maksud I, Fernandes NM, Filgueiras SL. Tecnologias de Prevenção do HIV e desafios para os serviços de saúde. *Rev Bras Epidemiol* 2015; 18(Supl. 1):104-119.
46. Faleiros VP. Uma experiência de supervisão na área psicossocial: desafios teórico-práticos. *Rev Katálisis* 2009; 12(2):258-267.
47. Bezerra VP. Cenários políticos brasileiros, conquistas e desafios para as políticas públicas de saúde no contexto da prevenção e tratamento do HIV/AIDS e ISTs. *O social em questão* 2019; 45:43-66.
48. Monteiro S, Brigeiro M. Prevenção do HIV/Aids em municípios da Baixada Fluminense, Rio de Janeiro, Brasil: hiatos entre a política global atual e as respostas locais. *Interface (Botucatu)* 2019; 23:e180410.
49. Sluzki C. *A rede social na prática sistêmica: Alternativas terapêuticas*. São Paulo: Casa do Psicólogo; 1997.
50. Deslandes SF. Redes de proteção social e redes sociais: uma práxis integradora. In: *Violência faz mal à saúde*. Brasília: MS; 2004.
51. Oliveira GM. *Geração Z: Uma nova forma de sociedade*. Ijuí: UNIJUÍ; 2010.
52. Lévy P. *Cibercultura*. São Paulo: Editora 34; 1999.

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