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Interpersonal violence against transgender and cisgender women in Brazilian municipalities: trends and characteristics

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Abstract *Violence against women is characterised by male symbolic domination underpinned by patriarchy and expressing gender inequality in society. This study examined reporting of interpersonal violence against cisgender and transgender women 20 to 59 years old in Brazilian municipalities, from 2015 to 2021. This repeat panel study used data from the information system, and time-trend analysis by the Prais-Winsten method. A total of 605,983 notifications were eligible, 1.8% of which involved transgender women. Notifications regarding cisgender women were recorded in 84.8% of the municipalities and transgender women, in 31.7%. Notifications involved predominantly women who were younger (71.9%) and black (55.3%), and proportionally more transgender women (p<0.001). Most notifications were of physical violence (84.8%), followed by psychological violence (40.1%), which was higher among cisgender women (p<0.001) and at shorter intervals among transgender women (β=-0.71; p=0.005). Notifications of violence still do not reflect the realities, particularly as regards transgender women. Psychological violence, however, which usually starts the cycle of aggression, now ranks second among notifications in Brazil, despite conservative reverses of recent years.*

Key words *Gender-based violence, Health Information Systems, Human Rights*

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Introduction

Interpersonal violence is behaviour in which an individual uses physical force, power or psychological influence to dominate or exclude another. Violent methods have been common since Antiquity, but it is only since the 19th century that have been discussed by researchers in various fields, when interpersonal violence began to be considered a social phenomenon[1].

In the health field, the first International Classification of Diseases (ICD) included violence as a cause of death in the chapter on conditions from external causes[2]. It was not until the late 20th century, however, that violence came to be regarded as an avoidable public health problem and a World Health Organization priority[3]. Before publication of the WHO's World Report on Violence and Health, Brazil had introduced a National Policy to Reduce Morbidity and Mortality from Accidents and Violence[4] and later set up a National Violence Prevention and Health Promotion Network[5].

Violence against women is characterised especially by male symbolic domination rooted in patriarchy and expressing the gender inequality that exists in society[6]. Violence against women gained a voice through feminist movements, leading to a number of gains, including implementation, in 1986, of Brazil's first specialised police station to assist women and, in 2003, of the federal Special Secretariat for Women's Policies[7]. It was not until 2005, however, that the criminal code was reformed so that the crime of sexual violence would no longer be annulled in the event the aggressor or another man married the rape victim. Articles on the crime of adultery by women and prejudiced terms such as "honest woman" and "virgin woman" were also excised[8]. The following year, the "*Maria da Penha*" law[9] was sanctioned to curb and prevent violence by instituting care and protection measures for women in situations of family and domestic violence. Violence against women is any gender-based action, in the public or private sphere, that causes physical, psychological or moral suffering or death. Almost ten years later, the term femicide was subsumed under qualified homicide, that is, murder of a woman because of her womanhood[10].

The rights of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (LGBT) were included on public policy agendas much later, particularly those of transvestites and transsexuals. Among the rights established were recognition for same-sex unions, the inclusion of social names in documents, access through Brazil's national health system (*Sistema* Único *de Saúde*, SUS) to specific healthcare policies and sexual reassignment surgery with follow-up throughout the transsexualisation process, as well as recognition that discrimination based on sexual orientation and gender identity is a crime under Brazil's anti-racism law. Brazil, however, appears still to be the country most intolerant of diversity[11], ranking fifth worldwide in violence against cisgender women[12] and first among countries that kill transgender people, most of whom are transvestites and transsexual women[13].

Reporting of self-inflicted and interpersonal violence was implemented gradually in Brazil, but not until 2011 did it feature on the compulsory reporting list[14] and entered the national Notifiable Diseases Information System (*Sistema de Informação de Agravos de Notificação* - Sinan). The variables "sexual orientation" and "gender identity" were not included on the notification form until 2015[15], to comply with the National Comprehensive Health Programme for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (*Política Nacional de Salud Integral LGBT*, PNSI LGBT)[16].

Notification of interpersonal and self-inflicted violence, besides providing information, is a dimension of the line of care that can bring to light the problem of violence and inform public prevention policies, which is the first step towards overcoming the problem[17].

This study examined notification of interpersonal violence against cisgender and transgender women in Brazilian municipalities, from 2015 to 2021, as a contribution to the debate on action to combat violence.

Methods

This is a repeat panel study – a hybrid design combining cross-sectional and cohort studies[18] – on interpersonal violence against a population of 20 to 59 year old transgender and cisgender women, from 2015 to 2021, in Brazilian municipalities. Files of compressed anonymised microdata were downloaded from the website of the SUS Informatics Department (DATASUS), in the second fortnight of April 2022. The variables analysed with regard to socioeconomic and demographic characteristics of victims and aggressors, violence and motivation for violence were available on the notification forms. The study was exempted from ethics scrutiny by the research ethics committee of the Sérgio Arouca Nation-

al School of Public Health (*Escola Nacional de Saúde Pública Sérgio Arouca* - ENSP) of the Oswaldo Cruz Foundation (Fiocruz), as in opinion 03/2022 of 12 April, 2022.

Each category of each study variable was expressed as a percentage, which was then stratified by cisgender and transgender women. Pearson's chi-square test was used to assess for statistically significant differences between strata ($p \leq 0.05$), with Yates correction where necessary.

The time trend was described using year of notification as the independent variable and the proportions of types of violence reported, and other characteristics, for each population (transgender and cisgender women), as the dependent variable. The data were evaluated by applying a generalised linear model, with the Prais-Winsten method and respective statistical significance ($p \leq 0.05$). Also, the Durbin-Watson (d) statistic was used to assess for the existence of residual autocorrelation[19], with results between 1.356 and 2.644 confirming there is no autocorrelation, while values above 3.300 indicate the existence of negative autocorrelation, and below 0.700, positive autocorrelation. The intervals between the specified points are inconclusive (Indecision Zone) and thus cannot rule out autocorrelation. The data were analysed in the R statistical programme, version 3.4.3, using the *read.dbc*, *foreign*, *MASS* and *prais* libraries.

Results

A total of 2,107,819 cases of violence were reported during the study period, 605,983 (28.7%) of which were eligible for the study. Of these latter, 11,211 (1.8%) occurred against transgender women. Percentage reports of violence against transgender women was stable during the period ($p=0.406$): lowest in 2019 (1.7%) and highest in 2016 (2.2%).

Of the notifying municipalities, 84.8% recorded violence against cisgender women, ranging from 74.0% in the Northeast region to 92.7% in the Southeast (Table 1). Only 31.7% of the municipalities reported violence against transgender women, ranging from 20.2% in the Northeast to 46.9% in the Southeast, with highest percentages in municipalities of the state of Acre (54.5%) and Rio de Janeiro (60.9%). The percentage of municipalities notifying violence against transgender women increased in the study period in the states of Amazonas ($\beta=0.54$; $p=0.015$; $d=1.990$) and Rio de Janeiro ($\beta=0.84$; $p=0.018$; $d=1.572$). On the other hand, the percentage of municipalities reporting violence against transgender women declined in the states of Rio Grande do Norte ($\beta=-0.37$; $p=0.005$, $d=1.993$), Pernambuco ($\beta=-0.63$; $p=0.022$; $d=2.288$) and Tocantins ($\beta=-0.41$; $p=0.037$; $d=1.901$).

Table 2 shows the characteristics of cisgender and transgender women reporting interpersonal violence. Notifications related predominantly to women who were either younger, 20 to 39 years old (71.7%) or black (55.3%), and proportionally more numerous among transgender women, 74.8% and 59.8%, respectively ($p<0.001$). A high percentage of records left "Education" blank or gave "Unknown" (33.1%), especially among cisgender women (33.2%; $p<0.001$), but this remained stable over the period ($p=0.853$).

Most notifications were of physical violence (84.8%), and involved a larger proportion of transgender women (88.3%; $p<0.001$) (Table 3). Psychological violence was the second type most reported (40.1%), and again proportionally higher in cisgender women (40.2%; $p<0.001$). Also, the proportion of reports of psychological violence against transgender women decreased over the study period ($\beta=-0.71$; $p=0.005$; $d=1.981$). Torture accounted for 3.8% of reports, but the proportion of transgender women involved was greater (5.7%; $p<0.001$).

There were proportionally more reports of sexual violence against cisgender women ($p<0.001$), but these increased among transgender women over the period ($\beta=0.67$; $p=0.003$; $d=2.368$). Of the 53,336 notifications of sexual violence (8.8%), most were of rape (83.0%), with an upward trend among transgender women ($\beta=0.71$; $p=0.001$; $d=2.146$). Sexual exploitation was more common among transgender women (4.2%; $p<0.001$).

The most common reasons for the aggression were sexism (20.2%), particularly against cisgender women ($p<0.001$), and generational conflict (10.8%), which was proportionally higher against transgender women (14.8%; $p<0.001$) (Table 4). Both held stable over the study period ($p \geq 0.115$). Homophobia and transphobia were mostly against transgender women (7.1%; $p<0.001$) and tended to increase over the period ($\beta=0.96$; $p=0.003$; $d=2.004$). Xenophobia, which accounted for a small percentage of notifications (0.1%), was also more frequent among transgender women (0.2%; $p<0.001$), with a tendency to increase over the period ($\beta=0.21$; $p=0.021$). There was, however, a possibility of negative autocorrelation ($d=2.800$).

Table 1. Number and percentage of municipalities with reports of interpersonal violence against cisgender and transgender women, by states and respective macro-regions. Brazil, 2015 to 2021*.

Regions	States	Municipalities				
		Total	Cisgender women		Transgender women	
North	Rondônia	52	44	84.6%	15	28.8%
	Acre	22	20	90.9%	12	54.5%
	Amazonas	62	60	96.8%	30	48.4%
	Roraima	15	15	100.0%	6	40.0%
	Pará	144	118	81.9%	45	31.3%
	Amapá	16	14	87.5%	6	37.5%
	Tocantins	139	126	90.6%	38	27.3%
	Subtotal	450	397	88.2%	152	33.8%
Northeast	Maranhão	217	175	80.6%	45	20.7%
	Piauí	224	118	52.7%	21	9.4%
	Ceará	184	161	87.5%	57	31.0%
	Rio Grande do Norte	167	114	68.3%	23	13.8%
	Paraíba	223	113	50.7%	13	5.8%
	Pernambuco	185	176	95.1%	62	33.5%
	Alagoas	102	84	82.4%	33	32.4%
	Sergipe	75	42	56.0%	5	6.7%
	Bahia	417	344	82.5%	103	24.7%
	Subtotal	1,794	1,327	74.0%	362	20.2%
Southeast	Minas Gerais	853	847	99.3%	431	50.5%
	Espírito Santo	78	75	96.2%	27	34.6%
	Rio de Janeiro	92	89	96.7%	56	60.9%
	São Paulo	645	535	82.9%	268	41.6%
	Subtotal	1,668	1,546	92.7%	782	46.9%
South	Paraná	399	384	96.2%	148	37.1%
	Santa Catarina	295	254	86.1%	73	24.7%
	Rio Grande do Sul	497	457	92.0%	106	21.3%
	Subtotal	1,191	1,095	91.9%	327	27.5%
Midwest	Mato Grosso do Sul	79	73	92.4%	38	48.1%
	Mato Grosso	141	100	70.9%	41	29.1%
	Goiás	246	187	76.0%	62	25.2%
	Brasília	1	1	100.0%	1	100.0%
	Subtotal	467	361	77.3%	142	30.4%
Brazil	Total	5,570	4,726	84.8%	1,765	31.7%

*Preliminary data for 2020 and 2021.

Source: Authors, based on data from MS\DATASUS\VIVA.

The aggressors were mainly men (76.9%), proportionally more so against cisgender women (84.1%; p<0.001) (Table 5). By aggressors' relationship, spouses (33.8%) and former spouses stood out against cisgender women, while transgender women mainly reported spouses (27.4%) and strangers (19.2%). Aggression against transgender women caused by a child declined over the period (β=-0.61; p=0.050; d=1.870) and, by a sibling, increased (β=0.88; p=0.002; d=1.949). Aggression against transgender women caused by bosses decreased (β=-0.34; p=0.008), but there is the possibility of negative autocorrelation (d=2.82).

Discussion

Only 1.8% of notifications of interpersonal violence against women were found to relate to transgender persons, a proportion that remained stable throughout the study period. Moreover, only 31.7% of municipalities reported violence against transgender women. Nonetheless, Bra-

Table 2. Characteristics of cisgender and transgender women reporting interpersonal violence. Brazil, 2015 to 2021*.

Characteristics	Total		Cisgender women		Transgender women		p
	N	%[H]	N	%[H]	N	%[H]	
Age range (years)							
20 to 39	434,561	71.7	426,178	71.7	8,383	74.8	<0.001
40 to 59	171,422	28.3	168,594	28.3	2,828	25.2	
Race/skin colour							
White	238,751	43.1	234,713	43.1	4,038	38.2	<0.001
Black (Black or Brown)	306,548	55.3	300,231	55.2	6,317	59.8	
Black	60,318	10.9	59,088	10.9	1,230	11.6	-
Brown	246,230	44.4	241,143	44.3	5,087	48.1	-
Yellow	4,495	0.8	4,414	0.8	81	0.8	-
Indigenous	4,770	0.9	4,639	0.9	131	1.2	-
Unknown or blank[I]	51,419	8.5	50,775	8.5	644	5.7	<0.001
Education							
Illiterate	5,926	1.5	5,817	1.5	109	1.4	
Incomplete lower secondary	121,752	30.0	119,049	30.0	2,703	34.3	
Complete lower secondary	46,780	11.5	45,947	11.6	833	10.6	<0.001
Incomplete and complete upper secondary	180,018	44.4	176,579	44.4	3,439	43.8	
Incomplete and complete higher education	50,847	12.5	50,065	12.6	782	10.0	
Unknown or blan[kI]	200,660	33.1	197,315	33.2	3,345	29.8	<0.001
Total	605,983	100.0	594,772	100.0	11,211	100.0	-

*Preliminary data for 2020 and 2021; [I]Excludes data unknown; [H]Comparison with the complement.

Source: Authors, based on data from MS\DATASUS\VIVA.

Table 3. Notification of interpersonal violence against cisgender and transgender women, by type. Brazil, 2015 to 2021*.

Type of violence[I]	Total		Cisgender women		Transgender women		p[H]
	N	%	N	%	N	%	
Physical	513,612	84.8	503,716	84.7	9,896	88.3	<0.001
Psychological	243,267	40.1	239,140	40.2	4,127	36.8	<0.001
Sexual	53,336	8.8	52,475	8.8	861	7.7	<0.001
Torture	22,870	3.8	22,234	3.7	636	5.7	<0.001
Traffic	388	0.1	374	0.1	14	0.1	-
Financial	15,444	2.5	15,221	2.6	223	2.0	<0.001
Negligence	6,299	1.0	6,208	1.0	91	0.8	-
Legal	858	0.1	823	0.1	35	0.3	<0.001
Work-related	11,420	1.9	11,102	1.9	318	2.8	<0.001
Others	7,880	1.3	7,709	1.3	171	1.5	0.038
Total	605,983	100.0	594,772	100.0	11,211	100.0	-

*Preliminary data for 2020 and 2021; [I]Non-exclusive categories; [H]Comparison with the complement.

Source: Authors, based on data from MS\DATASUS\VIVA.

zil ranks first among the countries that kill most LGBT people, especially transsexual women and transvestites[13,20]. The conservative groups brought to power in Brazil's 2018 elections have worked, using aggressively homophobic, sexist and racist discourse, to foster an extreme right-

Table 4. Reasons for interpersonal violence against cisgender and transgender women. Brazil, 2015 to 2021*.

Reason for violence[I]	Total		Cisgender women		Transgender women		p[II]
	N	%	N	%	N	%	
Sexism	122,253	20.2	120,969	20.3	1,284	11.5	<0.001
Homophobia/Lesbophobia	2,548	0,4	1,748	0,3	800	7,1	<0.001
Biphobia/Transphobia							
Racism	463	0.1	446	0.1	17	0.2	0.006
Religious intolerance	489	0.1	474	0.1	15	0.1	0.067
Xenophobia	386	0.1	367	0.1	19	0.2	<0.001
Generational conflict	65,718	10.8	64,064	10.8	1,654	14.8	<0.001
Street situations	12,737	2.1	12,143	2.0	594	5.3	<0.001
Disability	4,037	0.7	3,942	0.7	95	0.8	0.020
Others	146,952	24.3	143,979	24.2	2,973	26.5	<0.001
Unknown	250,400	41.3	246,640	41.5	3,760	33.5	<0.001
Total	605,983	100.0	594,772	100.0	11,211	100.0	-

*Preliminary data for 2020 and 2021; [I]Non-exclusive categories; [II]Comparison with the complement.

Source: Authors, based on data from MS\DATASUS\VIVA.

Table 5. Characteristics of aggressors of cisgender and transgender women. Brazil, 2015 to 2021*.

Aggressor characteristics	Total		Cisgender women		Transgender women		p
	N	% [II]	N	% [II]	N	% [II]	
Sex							
Masculine	466,259	76.9	457,731	84.1	8,528	80.7	<0.001
Feminine	72,575	12.0	70,848	13.0	1,727	16.3	
Both	15,687	2.6	15,376	2.8	311	2.9	
Unknown or blank	51,462	8.5	50,817	8.5	645	5.8	<0.001
Number of attackers							
One	446.084	73.6	438,655	80.0	7,429	70.3	<0.001
Two or more	112,645	18.6	109,505	20.0	3,140	29.7	
Unknown or blank	47,254	7.8	46,612	7.8	642	5.7	<0.001
Aggressor relationship[I]							
Father	7,543	1.2	7,352	1.2	191	1.7	<0.001
Mother	6,343	1.0	6,207	1.0	136	1.2	0.089
Stepfather	3,053	0.5	2,968	0.5	85	0.8	<0.001
Stepmother	706	0.1	694	0.1	12	0.1	0.875
Spouse	204,289	33.7	201,218	33.8	3,071	27.4	<0.001
Former spouse	85,518	14.1	84,490	14.2	1,028	9.2	<0.001
Boyfriend	27,178	4.5	26,662	4.5	516	4.6	0.559
Former boyfriend	19,899	3.3	19,625	3.3	274	2.4	<0.001
Son	18,091	3.0	17,837	3.0	254	2.3	<0.001
Brother	21,843	3.6	21,385	3.6	458	4.1	0.006
Friend	67,212	11.1	65,412	11.0	1,800	16.1	<0.001
Unknown	65,981	10.9	63,828	10.7	2,153	19.2	<0.001
Caregiver	652	0.1	632	0.1	20	0.2	0.031
Employer/boss	2,097	0.3	2,037	0.3	60	0.5	<0.001
Institutional relationship	3,478	0.6	3,394	0.6	84	0.7	0.016
Police officer /law enforcement	2,534	0.4	2,416	0.4	118	1.1	<0.001
Others	42,238	7.0	41,473	7.0	765	6.8	0.551
Total	605,983	100.0	594,772	100.0	11,211	100.0	-

*Preliminary data for 2020 and 2021; [I]Non-exclusive categories; [II]Comparison with the complement.

Source: Authors, based on data from MS\DATASUS\VIVA.

wing worldview[21]. That view has also contributed to reversals of social protection policies and the dismantling of government action programmes and policies[22-25], which may have restrained any expansion of notifications of violence against this population.

Notifications of violence against younger and black women, especially transgender women, were proportionally more numerous. Disproportionate rates of violence against black women form part of a complex process based on heteronormative, patriarchal racism, that is, a strongly sexist and LGBT-phobic phenomenon, especially as regards lesbian, transsexual and transvestite women[26].

Unfortunately, about one third of the "Unknown" records in study period related to education, which undermined analysis of this variable. Poor education contributes to social vulnerability, particularly from difficulty in obtaining formal work or any kind of preparation for the employment market. School dropout is also a very present factor in the lives of the poorest population, who need to work from very early on to help their families. This is especially true of the transgender population, adding to the prejudice they experience in the school environment[27,28]. Also, they end up with prostitution, especially at night, being their only means of support, thus subjecting themselves to the risks posed by that profession[29,30]. Many difficulties, however, still prevent the barriers from being brought down, so that they can secure employability and success[20].

Most assaults were committed by acquaintances, but the proportion of assaults by strangers against transgender women was proportionally higher than against cisgender women. Studies have shown that transgender women often suffer violence in public places, mainly because of their vulnerability as sex workers[20]. However, one meta-analysis that included articles published until 2019 found that transgender women were more likely to experience intimate partner violence than cisgender women[31].

Most notifications were of physical violence. This type of violence was more frequent in studies based on notifications[32] and women's police stations[33,34]. Physical violence is generally visible, which facilitates identification and finding care, particularly in more serious cases, and is therefore more likely to be reported than other types of violence which require that both victims and professionals be aware of its scope. Violence against women, however, is an ongoing process of various kinds of violence, including verbal, psychological and other aggressions, often interspersed with non-violent periods[35]. Such processes can lead to irreparable physical and/or emotional trauma[36] or culminate in femicide. This study also found proportionally more reports of physical violence against transgender women, probably because notification mechanisms made no provision for this group until later[15].

Psychological violence, the second most reported, accounting for fewer than half the notifications of physical violence, was proportionally greater against cisgender women. This type of violence tends to be more prevalent in studies based on interviews of healthcare users, whose requirements do not necessarily relate directly to violence[37], signalling that the magnitude of the problem must be much greater. However, a study based on notification data for interpersonal violence against the LGBT population in the city of São Paulo found proportionally more psychological violence against homosexual and bisexual women[38]. A study of 16 transvestites and transsexuals found that verbal aggression was most frequent, followed by psychological violence, and that both occurred also in health services[39]. Also, health services' and staffs' prejudice and unpreparedness in providing care to transgender populations reveal discriminatory processes that can lead to dropout from treatment for various illnesses[40].

Many women, however, have difficulty realising that they are suffering psychological violence and arrive at health units with symptoms including chronic pain, depression, eating disorders and so on[41]. Health personnel also have difficulty recognising the violence experienced by their patients and report that women do not address the issue[42]. This difficulty may relate to a lack of training and the very nature of the violence experienced[43]. Training of health personnel, particularly doctors, has also not contemplated gender-based violence[44]. This unpreparedness results in missed opportunities for interventions that could help break the cycle of violence. Decades of activism, however, have contributed to greater social understanding, making the "expression of violence" less acceptable and more visible. Also, strategies have been proposed to train personnel in providing better informed primary care in family, particularly marital, conflicts, as well as to structure and extend an inter-sector network to guarantee quality, comprehensive care[45].

Sexual violence accounted for 10% of the physical violence reported, with most notifications being of rape. It was proportionally more

common against cisgender women, but increased in transgender women in the study period. A study of 284 transvestites and transgender women found that about half had suffered sexual violence[46].

The crime of sexual exploitation, which corresponded to less than 2% of reports of sexual violence, was proportionally more common against transgender women. Navas[47] argued that trafficking for the purpose of sexual exploitation is different for transsexual and transvestite women. Because of their vulnerability, they are more easily co-opted by groomers, are generally aware that they will be subjected to exploitation and sexual servitude and do not recognise this to be criminal act, because they give their consent. Rejection by the family, difficulty entering the job market and the endeavour to modify their bodies are the main reasons for their vulnerability to trafficking for sexual exploitation[20].

Sexism stood out among motivations for violence, particularly against cisgender women, followed by generational conflict, especially involving transgender women. Sexism hinges on a rationale of male domination present in institutions, as well as in public and private environments, and continues to be expressed in Brazilian culture, but remains difficult to combat, since it is not easily recognisable[48].

The third most-reported motivation for violence against transgender women was transphobia and/or homophobia, which trended upward during the study period. Transphobia against trans women falls within the scope of gender violence, as it attempts to show what it is to be a woman and primarily to deny that trans women are also women independent of the sex-gender system where gender is given by genitals[20].

One of the limitations of this study was that the prevalence of violence could not be estimated, because the LGBT population was of unknown size. Despite pressure from social movements and the Victim Support Centre of Acre State Public Attorney's Office to include the variables "sexual orientation" and "gender identity" in the 2022 Demographic Census questionnaire, Brazil's official bureau of statistics, the *Instituto Brasileiro de Geografia e Estatística* (IBGE), went to court arguing that, for technical, operational and financial reasons, this was not yet possible[49]. The questionnaire only offered the option to indicate, in the item "Relationship or cohabitation with the person responsible", that the spouse or partner was of the same sex[50]. The 2019 National Health Survey, a probability sampling survey conducted every five years, only considered sexual orientation as a variable of the adult population. In that survey, 1.9% responded that they were homosexual or bisexual[51]. A survey by the Data Folha Research Institute of 5,858 adults from Brazil's state capitals, metropolitan regions and the federal district estimated that 4.4% reported being homosexual or bisexual[52]. The difference between the surveys may reflect the influence of prejudice and lack of information.

Underreporting was another limitation. This occurs in relation to several diseases familiar to health personnel and the public, generally when symptoms are mild or clinical signs are absent or from non-compliance by health personnel. Nonetheless, it continues to be strategically essential to understand its magnitude and characteristics and is thus fundamental to support public policies. Reporting of violence poses other challenges, such as health staffs' lack of knowledge and prejudice[53]. Staff unpreparedness, lack of proper care and receptiveness can mean that women avoid approaching institutions, which prevents reporting of aggression, leading to underreporting of cases.

The violence notification form, however, has one peculiarity: since 2015, it is completed not only by health personnel and institutions, but requires agreement with various municipal institutions[15]. It is essential to include LGBT Reference Centres, general and specialised Social Assistance Reference Centres, schools and non-governmental organisations in this process in order to minimise existing underreporting. On the other hand, the notification form enables only part of the LGBT+ population to be identified: asexual and intersexual people, for example, are not yet covered.

Reporting of violence still does not reflect the actual situation, particularly as regards transgender women. Meanwhile, psychological violence, which usually begins the cycle of aggression and can culminate in femicide, now ranks second among reports in Brazil, despite the reverses of recent years. Investment in extending the range of reporting institutions beyond the health field, as is planned, can help minimise existing underreporting and improve the quality of information.

There is a need for research and policymaking in this field of study, mainly in the public health domain, to foster understanding of social representations of women as a mechanism in gender-based violence in order to develop efficient practices and preventive measures to address and

combat that violence. With time, many rights have been attained in different areas, enabling what was long silenced now to be heard, studied and reflected on.

Collaborations

KRE Marinho Neto: study conception, data analysis and interpretation, writing of the article and approval of the final version for publication. VR Girianelli: study design, data analysis and interpretation, critical review of the article and approval of the final version for publication.

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