

Cases of violence involving transvestites and transsexuals in a northeastern Brazilian city



Situações de violência contra travestis e transexuais em um município do nordeste brasileiro

Situaciones de violencia contra travestis y transexuales en una ciudad en el noreste de Brasil

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ABSTRACT

Objective: To analyze cases of violence against transvestites and transsexuals based on their sociodemographic profile.

Method: Cross-sectional, descriptive research performed in Cajazeiras / Paraíba, consisting of 16 transvestites and transsexuals. Data collection took place in April 2014 and was analyzed descriptively.

Results: The typology of violence that victimized transvestites and transsexuals were: verbal (91.96%), psychological (58.33%) and physical (33.33%), often between 24 hours and six months preceding the survey. Regarding the spatiality: the street, school and health services were all scenarios of aggression. With respect to the offending agent, the findings point towards neighbors, family members and health professionals. All forms of violence happened between agents and spaces of aggression.

Conclusions: Violence among this population, silence around the situations of abuse became more pronounced as did its invisibility in the social and institutional context, reflecting the inhibition of human rights and concealment of reality.

Keywords: Transgender people. Violence. Social vulnerability.

RESUMO

Objetivo: Analisar a partir do perfil sociodemográfico as situações de violência contra travestis e transexuais.

Método: Pesquisa transversal, descritiva, composta por 16 travestis e transexuais, realizada em Cajazeiras (PB). A coleta de dados ocorreu em abril de 2014 e os mesmos foram analisados de forma descritiva.

Resultados: A tipologia das violências que vitimaram travestis e transexuais foram: verbal (91,96%), psicológica (58,33%) e física (33,33%), com frequência entre 24 horas e seis meses anteriores à pesquisa. Quanto à espacialidade: a rua, a escola e os serviços de saúde configuraram os cenários das agressões. No que diz respeito ao agente agressor, os achados apontaram para vizinhos, membros da família e profissionais de saúde. Todas as formas indistintamente aconteceram entre os agentes e espaços da agressão.

Conclusões: Na violência efetuada nesta população, acentuou-se o silenciamento das agressões sofridas e sua invisibilidade no contexto social e institucional reflete a inibição dos direitos humanos e ocultamento da realidade.

Palavras-chave: Pessoas transgênero. Violência. Vulnerabilidade social.

RESUMEN

Objetivo: Analizar las situaciones sociodemográficas de la violencia contra travestis y transexuales.

Método: Se trata de un estudio transversal, descriptivo, compuesto por 16 travestis y transexuales, que se celebró en Cajazeiras/PB. La recolección de datos se llevó a cabo en abril de 2014 y se analizó descriptivamente.

Resultados: La tipología de la violencia que victimizaba travestis y transexuales era verbal (91,96%), psicológica (58,33%) y física (33,33%) a menudo entre las 24 horas y seis meses anteriores a la investigación. Cuanto a la espacialidad: la calle, los servicios escolares y de salud escenarios de agresión configurados. Con respecto al agente agresor, los resultados apuntaron a vecinos, familiares y profesionales de la salud. Todas las formas indistintamente ocurridas entre agentes y espacios de agresión.

Conclusión: En esta población se acentuó la violencia compuesta por el silenciamiento de estos abusos y su invisibilidad en el contexto social e institucional refleja la inhibición de los derechos humanos y la ocultación de la realidad.

Palabras clave: Personas transgénero. Violencia. Vulnerabilidad social.

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■ INTRODUCTION

Studies on gender and sexuality have long denoted heterosexuality as something essential, biologically determined and conditioned in the order of values and morals, constructed socially and historically by a network of meanings, which were naturalized, excluding other forms of experiencing sexuality ⁽¹⁾.

Two concepts are often misinterpreted through this scope. On the one hand, the sexual orientation of an individual relates to the sense of sexual desire, be it with people of the opposite sex, the same sex or both; thus, a person can be considered heterosexual, homosexual or bisexual. Through another perspective, gender identity is usually less understood, and often confused with the concept of sexual orientation. However, the term refers to how individuals recognize themselves within the gender patterns that are socially established. This means that besides the existent rooted concepts of man and woman, the trans population can also be included, and is conceptually defined as people with genders opposite to their biological gender, as are transvestites and transsexuals. Trans people are, in majority, individuals who live experiences between genders ⁽²⁻³⁾.

It is noteworthy that among the population of Lesbian, Gay, Bisexual and Transgender persons (LGBT), transvestites and transsexuals are the most affected by prejudice and discrimination within the family and social environment, and by extension, the health services, among others, in which the difficulty of acceptance and employment predominates. They are left, therefore, with informal work, such as that of sex workers, resorting to prostitution, a space recognized as one of aggression in general, and where there are multiple forms of violence highlighted routinely ⁽⁴⁾.

The violence to which they are subjected, whether psychological or physical, is considered naturalized in the social imaginary, formulated through meanings of what it is to be a transvestite or transsexual and generalized based on the prejudice and discrimination in this category's universe ⁽⁵⁻⁶⁾. This statement can be confirmed through the data on violence suffered by this group in Brazil, where 10% of the interviewees declared in an investigation ⁽⁷⁾ that they feel hatred and disgust for trans people, with a higher number of confessions coming from men. When considering only the dislike of the public, the figures rise to 46%.

Analogous to an escape route for survival, people with transgender identities are "not visible" in the social and corporate experiences, escaping the social norm and therefore being renounced to a hidden subsistence, victimized by prejudice imposed by social norms. This means

that despite constitutional guarantees and achievements and other rights obtained by the LGBT population, Brazil appears as one of the countries with the strongest intolerance towards this segment. The typological diversity of intolerance and violence vary increasingly from bullying, discrimination to death ⁽⁴⁾.

Based on what is hereby exposed, and the necessary equity in health, the following is questioned: (1) What are the main types of violence suffered by the transvestite and transsexual population? (2) What are the spaces in which aggression occurs? (3) Who are the main perpetrators of this community?

Faced with the concealment of forms of violence, the silence imposed on trans individuals in their daily experiences, the lack of health strategies directed towards this population and their vulnerability, their inclusion in risk groups regarding violence, sexually transmitted diseases and crime, this study is presented as an approximation of the social condition of transvestites and transsexuals within this complex phenomenon, considering the lack of information and precise data in this area of knowledge.

It intends, therefore, to contribute to the formation of a *corpus* of knowledge that is able to support and expand the visibility and theoretical-practical discussion on the subject. In this sense, this article aims to analyze situations of violence against transvestites and transsexuals based on their sociodemographic profile.

■ METHODS

A cross-sectional descriptive study, with a quantitative approach, developed with 16 transvestites and transsexuals living in the midsize city of Cajazeiras, located in the high backlands of Paraíba, Brazil, and as the research site has as a defining characteristic, in addition to resident researchers, an organized LGBT Social Movement funded by community leaders. Subjects were randomly, although intentionally selected, from a network of contacts provided by the social movement, according to the following criteria: inclusion – be a transvestite or transsexual, over 18 years of age and a citizen of the study area; exclusion – in transit through the city or in the process of moving to another location at the time of data collection during the month of April, 2014.

After initial contact, and once the objectives and procedures of the study were clarified, the signing of the Free and Informed Consent form (TCLE) by the subjects of the research and researchers occurred. This act was followed by the technical data collection performed through a semi-structured interview consisting of two parts: identification and characterization of the study, object of this ar-

ticle; semi-structured questions based on the questioning and objectives proposed under review.

The computer program *Microsoft Office Excel 2013*[®] with descriptive statistics was used for the database and statistic treatment, in order to describe and summarize the data, allowing the researchers to summarize, organize and interpret numerical information through percentage rates⁽⁸⁾.

The study followed the recommendations contained in Resolution 466/12 of the National Health Council, with approval through Opinion No. 615 770 of April 14, 2014 approved by the Research Ethics Committee of the Santa Maria College (FSM), CAAE No 30333514.3.0000.5180. Furthermore, it should be emphasized that this article originated from the Final Paper (TCC) entitled "*Trans Population and violence: a study from the user's perspective*"⁽⁹⁾, contemplated through a scholarship included in the Scientific Initiation Scholarships Institutional Program of the Santa Maria College (FSM).

■ RESULTS

Analysis was performed descriptively, using both absolute and percentage frequencies and parametric measurement (mean and median) for quantitative variables and presented through tables. The discussion of the results took into account results from other regional, national and international studies with the same theme.

The data highlights the profile of the 16 participants, identifying elements that contribute to the discussion and reflection related to violence that transvestites and transsexuals suffered and that were identified in this study, such as age, gender identification, use of a social name, ethnicity, marital status, education and main occupation (Table 1).

Regarding the age of the participants, 75% (n = 12) were in the age group between 18 and 30 years old, representing the highest percentage, the mean age was 23.5 years and the median 23 years, with a variance covering 18-34 years. It was observed that there was a predominance of a transvestite gender identity with a frequency of 81.25% (n = 13). Regarding the use of a social name, 68.75% (n = 11) used a social name that corresponded to their declared, not biological gender.

It was observed that, regarding ethnicity, 62.5% (n = 10) stated that they were brown and 31.25% (n = 05) black, according to their sense of belonging. Regarding marital status, 68.75% (n = 11) were unmarried at the time of data collection, and 6.25% (n = 1) separated / divorced, which resulted in a sum of 75%, and may indicate a preference. As for schooling, 56.25% (n = 09) had only finished high school. The sum of years of education among those

Table 1 – Subject distribution according to sociodemographic characteristics. Cajazeiras-Paraíba, 2014

Sociodemographic characteristics	n	%
Age		
18 – 30	12	75
> 30	04	25
Gender identity		
Transvestite	13	81.25
Transsexual	03	18.75
Use of social name		
Yes	11	68.75
No	05	31.25
Ethnicity		
Brown	10	62.5
Black	05	31.25
White	01	6.25
Marital Status		
Single	11	68.75
Stable union	03	18.75
Married	01	6.25
Divorced / Separated	01	6.25
Education		
High School	09	56.25
Incomplete Elementary School	03	18.75
Incomplete High School	02	12.5
Complete Elementary School	01	6.25
Incomplete Higher Education	01	6.25
Main occupation		
Hairdresser	06	37.5
Call girl	05	31.25
Housekeeper	02	12.5
Does not work	02	12.5
Student	01	6.25
Total	16	100

Source: Survey data, 2014.

who have not completed high school corresponded to 31.25% (n = 05). Pertaining to the main labor occupation of the subjects, 37.5% (n = 06) were hairdressers and 31.25% (n = 05) were call girls during the period of investigation, where 68.75% is the sum of those who did not have a regulated occupation.

Table 2 – Distribution of subjects according to characteristics of vulnerability to violence. Cajazeiras-Paraíba, 2014

Vulnerability to violence	n	%
Have experienced violence		
Yes	12	75
No	04	25
Type of violence*		
Verbal	11	91.96
Psychological	07	58.33
Physics	04	33.33
Sexual	03	25
Neglect	01	8.33
Site of the event*		
Street	09	75
School	08	66.66
Health Care Services	06	50
At home	05	41.66
Other Public Services	05	41.66
Other environments	02	16.66
Offenders*		
Neighbor or stranger	09	75
Family members	05	41.66
Healthcare professional	04	33.33
Other public officials	04	33.33
Others	01	8.33

Source: Survey data, 2014.

Key: *n because of those who had already suffered some form of violence (n = 12), which allowed to choose more than one alternative in the indicated items.

Data relating to the violence and the frequency of the event, as shown in Table 2, respectively, can be found below.

It was found that 75% (n = 12) of the subjects had suffered some kind of violence. On the violence typology suffered by these individuals, 91.96% (n = 11) reported having suffered verbal violence, followed by psychological at 58.33% (n = 07), 33.33% physical (n = 04), 25% sexual (n = 03) and, less often, neglect 8.33% (n = 01).

Regarding the space where this violence occurred, the street was the most frequent, with 75% (n = 09) of cases. The sum of institutionalized spaces such as schools, health services, other public services and residences amounted to 199.98% (n = 24). Neighbors and strangers amounted to 75% of assaults, and members of the family to 41.66%, followed by 33.33% on the part of health professionals, and 33.33% of other public service professionals.

The data pertinent to the frequency of occurrence of victimization by their attackers were intentionally highlighted and presented in view of the Likert Scale (Table 3) for better visualization of the findings and depth of the issue, now in focus.

Regarding the types (Table 3), it was observed that verbal violence occurred throughout the period prior to the survey among the listed possibilities, i.e. 24 hours prior and more than six months ago, with 91.96% (n = 11) of cases, followed by 58.33% (n = 07) of cases of psychological violence that occurred between the previous month and more than six months prior to the data collection, with physical violence present in 33.33% (n = 04) of the episodes, and occurred between the previous week and more than six months preceding the survey.

■ DISCUSSION

With respect to age, the subjects were considered as being within a productive age when considering the work

Table 3 – Frequency of the event violence among transvestites and transsexuals. Cajazeiras-Paraíba, 2014

Violence typology	24 hours ago		Last week		Last month		During the last 6 months		More than 6 months ago		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Verbal	01	9.1	03	27.27	03	27.27	02	18.18	02	18.18	11	91.96
Psychological	0	0	0	0	01	14.28	02	28.57	04	57.14	07	58.33
Physical	0	0	01	25	02	50	0	0	01	25	04	33.33
Sexual	0	0	0	0	0	0	0	0	03	100	03	25
Neglect	0	0	0	0	0	0	1	100	0	0	01	8.33

Source: Survey data, 2014.

market, corroborating another study that traced the profile of transvestites regarding vulnerability to HIV / AIDS by identifying a population mostly under 40 years of age with a range of variation of 39 years of age, attributing the fact that many die early due to AIDS infection and violence ⁽¹⁰⁾ to this profile.

Transvestites were considered as individuals who modify their body and behavior so that it resembles the opposite sex, without, however, claiming the subjectivity of this sex ⁽¹¹⁾. Transsexuals were considered as those who do not identify with their biologically assigned gender, with a lack of adaptation of the body to the way they think and feel. For transsexuals, it is essential to fully live with gender identification and its subjectivities, be it in the social and professional acceptance of the social name by which one identifies them self, or in the use of the bathroom corresponding to their declared identity, among other things ⁽¹²⁻¹³⁾.

It is noteworthy that the social name is to be understood as the name by which transvestites and transsexuals prefer to be identified, as opposed to the name registered on their birth certificate, ensuring the fundamental right to respect and the particularity of each individual in how they wish to be recognized ⁽⁴⁾.

The importance of using a social name in the recognition of the individual in relation to the way he or she perceives him or herself according to the person's presumed body image is observed. This right also contributes to their reintegration and recognition in society, included and ensured in health care by the SUS (Unified Public Health system) Users' Bill of Rights, which ensures that users should be treated and registered under their name of choice ⁽¹⁴⁾.

This study recognizes the limitations of the instruments adopted since it was not possible to identify the reason for 31.25% of individuals to choose not to use a social name, which gives rise to further study. However, it appears that the stigma they face when they are presented with a name that refers to their gender identity and is at odds with their sex in various social sectors generates the possibility for these persons to fall victims to embarrassing situations and violence, such as those identified in this study, and also to the non-acceptance / recognition of the community of this social and gender identity argument. In this case, individuals may feel more comfortable giving in to a social imposition of gender norms and introduce one's self according to a birth certificate, reducing the embarrassment and the types of alleged violence they may suffer.

Regarding ethnicity, brown and black individuals presented themselves as those most representative in the group studied, and although both ethnicities present African descent, a question is found in health services by fail-

ing to recognize their very own origin, since some diseases are most evident in the five ethnic groups established in the country. In this sense, this study generates more information about the principle of equality advocated by the National Health System.

The associative evidence of social determinants is made evident, in this case the prejudice against transvestites and transsexuals and racism – one of the main structural factors of inequality that affect society and, hence, is elected as a designer / legitimating factor for other forms of prejudice either by gender, social class or other forms of discrimination. Thus, an alert is made to the planning and implementation of policies and actions that should consider ethnic determinants of transvestites and transsexuals and their interaction with prejudice ⁽¹⁰⁾.

Regarding marital status, the number of single (68.75%) and separated / divorced (6.25%) transvestites and transsexuals, which together (75%) may indicate a preference, therefore, a personal choice, but also a means or mechanism of survival in face of social prejudice in relation to *homoaffective* marriages, in which, often, for fear of oppression, a relationship is sustained before society. Thus, individuals opt for the concealment of this relationship as a mechanism of protection against victimization in the areas of social circulation, or because they are sex workers, having a partner could compromise their survival and decrease profits ⁽¹¹⁾.

The extent of education in which high school or incomplete high school predominate are highlighted, pointing to the type of work and occupation held by the individuals involved in this study. It is inferred, therefore, that a low level of education is related to prejudice and discrimination, experienced at an early age through *school bullying*, an act that redefines the space in which transgendered people live and that leads to school evasion through everyday exclusion technologies, either by *transphobic* or homophobic violence or the inadequacy of educational planning, experimenting daily massacres whilst attempting to survive school ⁽¹⁵⁾.

On the main labor occupation of the interlocutors, they were mostly hairdressers and call girls. Transvestites and transsexuals have been considered in Brazil as the main targets of violence on the streets, combined with low skills and the lack of opportunity in the formal work market, with a large number having found a means of income in prostitution, making themselves a target for deaths from external factors ⁽¹⁰⁾.

Corroborating the findings, a study on the territorial violence against transvestites and transsexuals compared the relationship between the occupation and the place of

death, identifying, in turn, that the main victims were the ones who prostituted themselves, followed by hairdressers, and the streets and residence were the predominant sites⁽¹⁶⁾.

Regarding the experience of violence, most of the interviewees declared that they had been the victim of some kind of violence. These data confirm the strong intolerance against transgender people and the numerous cases of *transphobic* violence reported daily in the media.

The data mentioned above are added to the report that continually points to Brazil as the world champion "*homo-transphobic*" crimes. The report states that, according to international agencies, 40% of murders of transsexuals and transvestites in 2013 around the world happened in Brazil, with the Northeast region being the one considered most violent, with 43% of homicides⁽¹⁷⁾.

The figures show the immediate need for the criminalization of "*lgbtphobia*" as a protective measure to all those who are in vulnerable situations. Homophobia is connected to the way people perceive the differences between men and women. Regardless of sexual orientation, it is the clothes, the gestures and the male and female stereotypes that arouse prejudice⁽¹⁸⁾.

Focusing on the type of violence suffered because of their gender identity, the participants revealed verbal violence at some point in their lives, but also psychological, physical, sexual violence and neglect, which can also be considered a form of aggression, and becomes more common in when accessing public services. Among the consequences of this violence are damages to self-esteem, identity or the person's full development. A striking characteristic of violence is the ability it has to spread and impose worldviews^(10,16).

The frequency of the verbal, psychological and physical violence had greater constancy, being present from 24 hours prior to data collection to more than 6 months prior, suggesting that violence is crystallized as an everyday life situation for these individuals, so ordinary and banal that it falls in the dimension of inequalities, since it is unmistakably always presented as an essential variable in other studies to understanding the universe of relationships that impose limitations to the life of transvestites and transsexuals^(10,19).

Violence against the transgender public happens in various spaces. The street can be found in this study as the place where violence occurs more frequently, a space traditionally designed for those who are socially invisible and a main zone for prostitution. However, institutional violence, including among family, schools, health care and other services is observed, subject to

the possibilities of multiple choice as a danger zone for transvestites and transsexuals.

Regarding the spatiality of violence, it is observed that on the one hand, violence that occurs on the streets is a given common denominator in the daily lives of transgender individuals. On the other hand, the social / institutional facilities are sources of violence. Also noteworthy is the school as a great intermediate of practices that reduce the field of sexuality to the heterosexual experience. The manifestations of sexuality, in particular of transvestites and transsexuals, is a subject usually treated with some discomfort. Discriminatory actions directed at students that distance themselves from the ideal of masculine or feminine normality are abundant in the school environment, and some of the consequences are school evasion or expulsion, factors that contribute to the lack of professionalization and the marginalization of the segment⁽¹⁵⁾.

Little publicized by the media, cases of violence and discrimination against transvestites and transsexuals occur in health services and by the professionals working in the sector. Based on empirical data, they are not accepted in a humane way, and do not have their needs met. Therefore, the bias of health professionals regarding transgender people disqualifies health care in this population's perspective, showing that discriminatory processes permeate the health care system⁽⁴⁾.

There is a gap found in this study due to the lack of information about Police Reports or notification in databases. However, the various forms of violence experienced in the trajectory of transvestites and transsexuals are perpetuated as symbolic manifestations in places where they should be defended and protected, such as among family, health services and the police, where, according to the study, when in need of such services, forms of violence are replicated by the exact services they seek, aggravating the suffering, which, simultaneously implies less demand for these services⁽¹⁹⁾.

It is added that neighbors and strangers and family members are the main aggressors identified by the study group, followed by health care workers and other public officials, befitting the local results with those contained in annual homophobic violence report in Brazil⁽²⁰⁾.

The experience of prejudice and discrimination begins in the social life environment and spaces that should traditionally be a refuge from daily violence. However, it is within the family atmosphere that transvestites and transsexuals experience violence as a child, when children are forbidden from having certain postures without being reprimanded by parents who establish the division between "boy things" and "girl things"⁽¹⁰⁾ at an early age.

■ FINAL CONSIDERATIONS

The profile of transvestites and transsexuals who suffer violence in the city studied is young, with a prevalence among the transvestite genre that makes use of a social name, with brown or black ethnicity, single, low level of education, who are mostly call girls and hairdressers. These individuals faced verbal, psychological, physical and sexual violence, accentuated on the street, at schools and in health services, with main aggressors being their neighbors and strangers, family members and health professionals.

Considering the data and facts analyzed, there is a growing need to organize health care networks for the mentioned group, aiming at an equitable and healthy integration into the community, which would favor a valuation of sexual diversity and the deconstruction of stigmatizing standards where transvestites and transsexuals can be the protagonists of their choices.

Furthermore, the limitations of the study are recognized in the small number of participating subjects, which does not make the study any less relevant, for it still brings this group into social visibility and makes this cutout a scientific element that comprises individuals who are part of a wider group of transvestites and transsexuals, and are routinely silenced and neglected by the same indexes, relegated to a culture of horror. Therefore, the investigation becomes relevant to identifying patterns of inequities and aiming to end them.

In this sense, the study aims to highlight the importance and relevance of the results to Nursing as a profession where the care processes are combined with doctrinal and operational principles of the Unified Health System, particularly as a fruitful field to ensuring actions for equality, integrality and universality.

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