

Chapter 9

Victimization and Intentional Injury in Global LGBTQI Populations



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9.1 Victimization and Intentional Injury in LGBTQI Populations

Individuals who are lesbian, gay, bisexual, transgender, queer, questioning, and/or intersex (LGBTQI) historically and currently face significant inequality, violence, and discrimination based on sexual orientation, gender identity, and/or gender expression globally (Jones, 2018; Tat et al., 2015; Tobin & Delaney, 2019; Yon et al., 2017). LGBTQI individuals are often not afforded basic human rights and are ill-treated, attacked, tortured, and/or criminalized for not conforming to rigid socio-cultural gender and heteronormative ideals (Carrol & Mendos, 2019; Chiam et al., 2016). Experiences of intentional injury and victimization include but are not limited to adverse childhood experiences, violence, homicide, suicide, and bias-motivated harassment committed by a range of perpetrators such as families,

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intimate partners, other LGBTQI individuals, agents of the state, and colonial forces (Carrol & Mendos, 2019; Chiam et al., 2016; Jones, 2018; Sotero, 2006; Tat et al., 2015; Tobin & Delaney, 2019; Yon et al., 2017). While many forms of intentional injury and victimization overlap with experiences of broader populations, elevated levels of these detrimental experiences have been documented in LGBTQI populations relative to heterosexual, cisgender populations (Austin et al., 2016; Castro et al., 2019; Peitzmeier et al., 2020; Sabidó et al., 2015; Walters et al., 2011). Moreover, unique forms of victimization impact LGBTQI populations, including hate-motivated violence and criminalization of LGBTQI identities (Carrol & Mendos, 2019). While the bulk of this research has been conducted in the United States and Europe, LGBTQI research and community advocacy is growing in the Global South and spans every major region of the world. This chapter provides an introduction to this growing literature, including relevant frameworks, types of victimization, and interventions.

9.2 Frameworks for Understanding Intentional Injury and Victimization in LGBTQI Populations

Scholars have employed various frameworks for understanding experiences of victimization in LGBTQI populations. Some seek to address the etiology and multi-level influences on victimization (e.g., Syndemics and Minority Stress frameworks), while others seek to situate victimization in socio-historical contexts (e.g., perspectives on colonization and human rights). In either case, these frameworks highlight that disparities in victimization are a product of complex psycho-social/structural factors and are not inherent to LGBTQI populations. Here, we present an overview of some of these frameworks.

9.2.1 Syndemics

The Syndemics framework posits that two or more health conditions may mutually interface and exacerbate negative effects of one or more of the health conditions (Singer et al., 2017). Thus, Syndemic Theory situates victimization with other comorbidities including, but not limited to mental health, substance use, and HIV (Chakrapani et al., 2019; Logie et al., 2019) in dynamic, mutually reinforcing relationships that exacerbate adverse outcomes of these co-morbidities. The framework also suggests that syndemics are more likely to occur under conditions of structural violence, inequity, stigma, stress, and poverty (Singer et al., 2017). One such application examined mental health, intimate partner violence (IPV), binge drinking, and childhood sexual abuse and their deleterious effects on HIV risk among LGBTQI populations in Jamaica, finding that syndemics influenced perceived HIV risk,

number of sexual partners, and condom use self-efficacy (Logie et al., 2019). Similarly, a study in India found evidence for syndemics among men who have sex with men (MSM) and transgender women such that violent victimization, depression, and alcohol use were mutually associated, and experiencing multiple of these conditions was associated with inconsistent condom use (Chakrapani et al., 2019).

9.2.2 Minority Stress and Multilevel Influences

Virginia Brooks originally developed and applied the sexual minority stress framework among lesbian women (Brooks, 1981; Rich et al., 2020), and Meyer (2013) later popularized the framework. Since its development, the minority stress framework has been used to address a variety of LGBTQI populations and outcomes such as mental health, substance use, and violence (Balsam & Szymanski, 2005; Goldbach et al., 2014; Meyer, 1995; Testa et al., 2015). The framework posits that LGBTQI stigma (enacted, internalized, or anticipated) impacts cumulative stress and ultimately health outcomes (further described in the chapter on Mental Health, Chap. 3). The literature on minority stress has also been moving in the direction of recognizing multiple overlapping and intersectional stigmas (e.g., racism, sexual identity stigma, gender identity stigma, and HIV stigma) (for more on this see chapter on Stigma, Chap. 2).

While some applications of minority stress have focused on addressing mental health, the framework has also been used in relation to violence in global LGBTQI populations. Published literature documents associations between minority stress and perpetration and experience of violence. For example, Hershow et al. (2018) reported that gay and bisexual men in Vietnam who experienced enacted stigma were 3.5 times more likely to experience sexual violence. Stigma-motivated violence can also be conceptualized as enacted stigma and therefore a minority stressor. In another example, researchers observed that gay and lesbian women in Brazil who experienced enacted stigma (including community violence) were at higher risk for depressive symptoms (Logie et al., 2012). Ultimately, the minority stress framework has many potential applications across various types of violence and contexts.

9.2.3 Colonization, Intergenerational Trauma, and Historical Trauma

When considering LGBTQI experiences of violence, one would be remiss to neglect the role of colonization and colonizers in promoting heterosexism (Gilley, 2006; Hwang & Nuttbrock, 2014; Ristock et al., 2019). Theories have sought to explain the impacts of colonization through theoretical frameworks such as intergenerational trauma and historical trauma. Intergenerational trauma, which was originally

theorized to address trauma in families of holocaust survivors (Fosson et al., 2003; Kellerman, 2001), posits that traumatic stress (e.g., from war, genocide, colonization, slavery, or natural disasters) can be transmitted across multiple generations. When descendants of trauma survivors experience symptoms of post-traumatic stress, even though they may not have experienced a traumatic event firsthand, this is known as intergenerational (or transgenerational) trauma, which has been linked to a range of mental health symptoms in descendants of traumatized people (Sangalang & Vang, 2017). Historical Trauma Theory similarly conceptualizes colonization as a collective traumatic event, which is further exacerbated by continued collective traumatic exposures such as genocide, war, segregation, displacement, psychological violence, economic destruction, and cultural dispossession (Sotero, 2006). The ongoing effects of colonization in a “post-colonial” world have long-standing impact beyond the original act of colonization (Brave Heart, 2003; Brave Heart et al., 2011).

Research extends the phenomenon of intergenerational trauma to many other global communities, including: the experience of African American communities in relation to slavery and racism (Gump, 2010); surviving families of Jewish people who fled the Holocaust (Dashorst et al., 2019); Indigenous communities in Canada in relation to settler-colonial genocide and racism (Bombay et al., 2014); the children of refugees displaced from Southeast Asia due to war and genocide, including Chinese, Cambodian, Lao/Mien, Vietnamese, and Hmong communities (Han, 2006; Song et al., 2014; Spencer & Le, 2006); and children of those displaced by political instability and armed conflict in the Middle East, including Lebanon, Iraq, Syria, Egypt, and Morocco (Daud et al., 2005, 2008).

Scholars have also linked colonization to the experiences of LGBTQI populations. *Two-spirit* is both a specific cultural identity and a label used to indicate sexual and gender minority populations among many Indigenous peoples of North America, including specific cultural understandings of sexual and gender variation (Ristock et al., 2019). In one qualitative study of two-spirit peoples in Canada, participants described how colonization damaged cultural understandings of sexual and gender identity in their Indigenous communities, particularly through the influence of the Catholic Church (Ristock et al., 2019). Another study in the United States found that two-spirit Indigenous people experienced more colonial trauma compared to heterosexual Indigenous people from the same population (Balsam et al., 2004). Scholars have argued that the context of colonialism is relevant to the understanding of other forms of violence experienced by Indigenous populations (Lindhorst & Tajima, 2008). Colonization may have also introduced homophobia and transphobia, which were then transmitted inter-generationally through family systems of Indigenous and other people of color (Gilley, 2006; Hwahng & Nuttbrock, 2014). Thus, colonization as a form of violence in itself impacts the ways that LGBTQI identities are understood within cultural contexts, and it has been linked to continued experiences of violence in Indigenous populations. Examples of these will be discussed throughout the chapter.

9.2.4 LGBTQI Rights as Human Rights

LGBTQI movements have seen increasing global attention and growing acceptance throughout the world (Kollman & Waites, 2009). Pressure for LGBTQI human rights has mounted over time. In 2006, global LGBT activists released the Declaration of Montreal and the Yogyakarta Principles (Kollman & Waites, 2009). In 2008, Argentina presented a declaration to establish LGBTQI rights as human rights among the United Nations (UN), and in 2010, South Africa presented a similar proposal; however, these proposals initially languished without proper support (including from Western nations; Langlois, 2020). Later, the UN set a goal to support equal rights for LGBTQI populations globally, including a 2013 media campaign titled, “Free and Equal,” and the appointment of an independent expert for sexual and gender identity in 2016 (Langlois, 2020). This has clear implications for state-sanctioned forms of violence such as the death penalty as well as prevalent forms of stigma-motivated community violence. While there is increasing transnational interest in advancing an LGBTQI rights agenda, the initiative is complicated by varying cultural norms and practices (Kollman & Waites, 2009).

As the understanding of LGBTQI rights as human rights becomes more widely accepted, criticism has arisen from some that LGBTQI rights and identities are based on Western and colonial ideals being forced on the Global South (Kollman & Waites, 2009). This ignores the unique cultural understanding of sexuality and gender both in history and modernity, and the colonial influence of anti-LGBTQI legislation (discussed in the State-Sanctioned Violence section). A broad understanding of sexuality and gender exists across most major regions in the world. For example, a number of identities and traditions have origins that predate colonization, such as *berdache* and *two-spirit* in North America (Picq & Tikuna, 2019), *Hijra* and *Kothi* in India (Dutta, 2012), and *Ngochani* in Zimbabwe (Epprecht, 2013; Muparamoto & Moen, 2020). Some cultural understandings do not neatly align with Western ideas of sexuality and gender as separate categories; instead, both gender and sexuality may be considered as overlapping (Picq & Tikuna, 2019). Despite attempts to homogenize these concepts with Western understandings, culturally specific identities like *Hijra* and *Kothi* remain distinct (Dutta, 2012). This highlights the complex interplay of local and transnational conceptualizations of LGBTQI experiences as well as the undermining and erasure of identities that are not rooted in a Western conceptualization of sexuality and gender.

While some may critique transnational human rights agendas as cultural imperialism (Nuñez-Mietz & Iommi, 2017), it stands that many, if not most, statutes criminalizing LGBTQI identities are products of colonization (Carrol & Mendos, 2019; Thapa, 2015) and continue to be upheld through relationships established during colonization such as the global influence of Western religious groups (Carrol & Mendos, 2019; Thapa, 2015). Such is the case with Uganda, which is discussed in more depth under the section *Criminalization and the Death Penalty*. Critiques are further complicated by the presence of localized LGBTQI rights movements and organizations that are also present across the globe (e.g., HELEM in Lebanon,

Grupo Gay da Bahia in Brazil, Sexual Minorities Uganda, and Humsafar Trust in India). For instance, in a qualitative study, local advocates in Namibia and South Africa framed local LGBTQI advocacy as decolonization (Currier, 2011). To these points, Waites (2019) has recently proposed a critical framework for understanding global LGBTQI politics meant to articulate thematic elements for understanding rights through a decolonizing perspective and highlighting the interplay between local and national influences and the implications of these power dynamics. Given the complexity of historical and social contexts pertaining to LGBTQI populations, an understanding of victimization within the context of colonial legacies and human rights movements requires complex and interdisciplinary analysis.

9.3 Types of Intentional Injury and Victimization

Intentional injury and victimization among global LGBTQI populations have a wide range of manifestations, which have both distinct and overlapping literatures. Here we introduce a range of forms of victimization with varying actors in different global contexts that affect LGBTQI populations (See Fig. 9.1). However, this chapter is not exhaustive (for more on suicide see Mental Health chapter, Chap. 3).

9.3.1 State-Sanctioned Victimization

State-sanctioned victimization may take various forms. In the following section, we emphasize the roles of governing bodies in victimization of LGBTQI people by discussing criminalization of LGBTQI identities, police violence, forced genital surgeries on infants with intersex variation, and victimization disparities among asylum seekers.

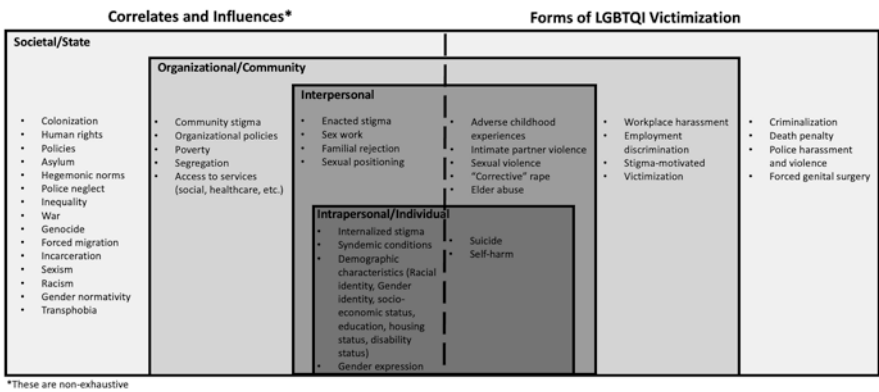


Fig. 9.1 Multilevel framework showing forms of LGBTQI victimization, correlates, and influences discussed in chapter

9.3.1.1 Criminalization and the Death Penalty

Unfortunately, same-sex practices and diverse gender identities and expressions remain criminalized in many parts of the globe. South Africa was the first country in the world to establish constitutional protections for LGBTQI individuals in 1996 (Carrol & Mendos, 2019), while most other countries, including many Western nations, still have not established explicit constitutional protections for LGBTQI individuals (Carrol & Mendos, 2019). As of the 2020 report by the International Lesbian and Gay Association, sexual orientation had constitutional protection in 11 UN member states and broad protection in another 57 (Carrol & Mendos, 2019). Legal gender recognition was available for transgender persons in at least 96 UN member states, with 25 allowing for legal gender recognition without any prohibitive requirements (Chiam et al., 2016). At the same time, same-sex sexual activity is criminalized in 67 UN member states and punishable by death in nine (Carrol & Mendos, 2019). Moreover, at least 13 UN member states criminalize transgender persons or non-conforming gender expression in some way (e.g., anti- “cross-dressing” laws), and few (only about 12 states) allow for non-binary gender markers (Chiam et al., 2016). Criminalization policies and the lack of protections have grave implications for the lives of LGBTQI populations through state-sanctioned violence and death. These policies also create environments that may exacerbate other health concerns including increasing social prejudice, increasing all forms of violence against LGBTQI populations, and reducing access to critical services such as healthcare (Nyato et al., 2018).

Even with growing movements toward repealing laws criminalizing LGBTQI identities, there is often continued risk for violence. One such example is Uganda, which received much international attention during the attempted repeal of the Anti-Homosexuality Act in 2015 followed by continued attacks and public murders of LGBTQI individuals through “mob violence” (Thapa, 2015, p. 3). Uganda is also an example of the influence of colonial forces on the development and codification of anti-LGBTQI hate in previously colonized countries. In Uganda, same-sex sexual acts were criminalized under British Colonial rule in Section 145 of Penal Code Act of 1950 (Thapa, 2015). External influence on these policies did not stop after Uganda’s independence, as Human Rights Campaign notes that specific conservative American Christian groups as well as Muslim religious leaders continue to advocate for anti-LGBTQI policies, which is mirrored in other parts of the world (Thapa, 2015). For many countries, criminalization of LGBTQI identities and expression is the most wide-reaching form of victimization layered on top of other forms of victimization and intentional injury.

9.3.1.2 Police Violence and Harassment

Police violence has a long history in LGBTQI communities, particularly among transgender and Black, Indigenous, and/or People of Color populations. Famous examples of police violence include the Queen Boat incident in Egypt, where gay

and bisexual men were subject to torture at the hands of police (Pratt, 2007). These dynamics have also been vividly documented in the film, *Call Me Kuchu*, which portrays the life and work of LGBT activists in Uganda, including the murder of David Kato (Wright & Zouhali-Worrall, 2012). Police violence is widespread and not relegated to the past or specific geographic boundaries. In some ways, this form of victimization may be amplified by the legal status of LGBTQI communities. In one study of police violence trends in Nigeria from 2014 to 2019, police violations against LGBTQI populations increased 214% following the passage of the Same-Sex Marriage Prohibition Act (Giwa et al., 2020). Moreover, a study in Kenya found that an estimated 20% of MSM experienced police violence in the preceding six months (National AIDS and STI Control Programme, 2017).

Police violence is sometimes in response to LGBTQI rights activism. For example, Ana-Maurine Lara (2018) documented accounts of police violence against protesters and LGBTQI activists in the Dominican Republic. Police sometimes neglect complaints, and in some cases, actively participate in community violence against LGBTQI individuals (Blake & Dayle, 2013) or even murders, such as in one report to Human Rights Watch in 2004 where police participated in the public murder of a gay Jamaican man (Schleifer, 2004).

Police-perpetrated violence against individuals in need of state support is a common theme across multiple studies in multiple regions and may dampen LGBTQI interest in seeking support in instances of other forms of violence. For example, in a qualitative study in Tajikistan, gay and bisexual men described police raids, harassment, police violence, sexual coercion, and sexual assault by police officers, which impacted their ability to report experiences of same-sex intimate partner violence as well as access to health and social services (Hall et al., 2020; Ibragimov & Wong, 2018). This means not only may LGBTQI populations be more at risk for intimate partner violence, but they may also face arbitrary arrests or additional violence if seeking support from police.

Police violence is widespread in contexts that are characterized by disparities in access to opportunities based on race, ethnicity, ancestry, and other identities rendering multiple sub-groups among LGBTQI populations at higher risk for police violence including racial minorities in multi-ethno racial contexts, transgender women, and people engaged in sex work. In the United States, reports of abuse or violence by police officers against non-incarcerated transgender individuals are as high as 47% (Mitchell-Brody et al., 2010; Stotzer, 2014), with transgender women of color being at higher risk relative to white transgender women (Mitchell-Brody et al., 2010; Woods et al., 2013). Similar patterns are observed in the Global South, such as in one study in Brazil, where 47.2% of transgender participants reported experiences of police violence (Magno et al., 2018), and transgender individuals recounted police violence in qualitative interviews from Brazil and India (Gomes de Jesus et al., 2020).

Moreover, growing evidence shows that risk of violence is also widespread among sex workers. For example, in a cross-sectional study in Jamaica, MSM who also engaged in sex work in the past 12 months had four times the odds of police harassment, and transgender women who were engaged in sex work in the past

12 months had twice the odds of police harassment relative to those who were not engaged in sex work (Logie et al., 2017). Similarly, in a qualitative study in India and Kenya, police were named as perpetrators of sexual coercion, sexual assault, harassment, arbitrary arrests, extortion, and physical violence against transgender and MSM individuals engaged in sex work (Ganju & Saggurti, 2017). Thus, LGBTQI sex workers may experience violence from clients and police.

9.3.1.3 Forced Surgeries on Children with Intersex Variations

Intersex variation refers to a range of traits that differ from hegemonic definitions of binary sex (e.g., male and female), including traits that may be imperceptible without in-depth medical examination (e.g., Androgen Insensitivity Syndrome). Also included are variations that may be immediately perceptible at birth, such as genital variations not easily categorized by binary definitions of sex (Davis, 2015; Reis, 2019). While there is a growing understanding of these traits as natural variations, they have been stigmatized and labeled as “disorders” in many contexts throughout time (Reis, 2019). Throughout the world, genital surgeries are often conducted on children with intersex variations to conform with normative ideas of binary genitalia before they are able to consent. Until very recently, this has unfortunately been the standard of care for children with intersex variations in the United States (Reis, 2019). A relatively decentralized global movement has been growing and spreading testimony from adults with intersex variations (Ammaturo, 2016; Carpenter, 2016; Reis, 2019). Moreover, global research on intersex variations has begun to diverge from medicalized accounts and move toward person-centered research and human rights framings (Jones, 2018), which highlight these policies as state-sanctioned violence against children with intersex variations. People with intersex variations have recounted experiences of nonconsenting disclosure of their variations and displaying their bodies for medical purposes (Jones, 2018). Yet only a handful of countries address these concerns through bodily autonomy laws (Ammaturo, 2016). In 2013, the Parliamentary Assembly of the Council of Europe adopted a resolution protecting intersex children from genital surgeries; however, it is not legally binding for member states (Ammaturo, 2016). Some countries in the Global South have begun to collect data about people with intersex variations. For instance, in 2017 Kenya’s National Commission on Human Rights (2018) formed a Taskforce on Policy, Legal, Institutional and Administrative Reforms regarding Intersex Persons in response to a mandate by the Kenyan Attorney General to compile data about persons with intersex variations and to develop recommendations for reforms to protect the interests of intersex people. Increasing intersex-focused research is crucial, because without systematic, empirical examination of global prevalence of genital surgeries on infants with intersex variations, the extent of their impact on the well-being of people with intersex variation worldwide is difficult to establish. However, mounting testimonies by people with intersex variations emphasize the urgency of this issue (Reis, 2019).

9.3.1.4 Forced Surgeries on Gay and Bisexual Adults

There is growing attention on forced genital surgeries on gay and bisexual men in other contexts. An example that has attracted growing media attention is Iran, where some surgeries are described as being intended to eradicate homosexuality (Carter, 2010; Hodge, 2020; Kyriacou, 2020). While homosexuality remains illegal in Iran, gender-affirming surgery was legalized in 1987 (Hodge, 2020). As of 2020, Iran reportedly carried out 4000 gender confirmation surgeries annually, and the government subsidized most of them (Hodge, 2020). Reporting suggests that these surgeries are sometimes forced with the intention to change the gender of people with same-sex attraction to eliminate homosexuality in Iran (e.g., a gay man “becoming” a heterosexual woman through surgery) (Hodge, 2020). For example, gay men report transitioning due to fear of being hanged (Hodge, 2020). There are also reports of psychiatrists attempting to convince gay men they are, in fact, transgender despite their firm identity as cisgender gay men (Terman, 2014). Sometimes in the context of a same-sex couple, societal pressure, and fear of violence lead to the decision that one partner should undergo a gender transition (Terman, 2014). Surgery does not eliminate stigma or ensure safety. Transgender people and people who are forced to have genital surgeries face family rejection, unemployment, and threats of community violence without continued medical or mental health support post-operation (Hodge, 2020; Terman, 2014). Thus, the treatment of LGBTQ individuals in Iran and forced genital surgeries in particular, remain a threat to the well-being of LGBTQ Iranians.

9.3.1.5 LGBTQI Asylum Seekers

Due to state-sanctioned violence, in certain circumstances, LGBTQI individuals may be eligible for asylum in some nations (e.g., South Africa and the United States). Although asylum is available to various populations, disparities are observed among LGBTQI asylum seekers relative to their heterosexual and cisgender peers. Hopkinson et al. (2017) conducted a study where LGBTQI asylum seekers reported more violence relative to non-LGBTQI asylum seekers (sexual assault: 66% vs. 24%, familial persecution: 37% vs. 0%, adverse childhood experiences: 63% vs. 37%) (Hopkinson et al., 2017). A similar qualitative study conducted by the UN described child and adolescent abuse among LGBT refugees/asylum seekers and found common themes of abuse by family members, caregivers, classmates, and teachers beginning from a young age. Family rejection and lack of protection and support at home were described by multiple participants, many of whom had high levels of depression, anxiety, traumatic stress, and suicide attempts as adults (Alessi et al., 2017).

The fact that LGBTQI asylum seekers are more likely to experience abuse by family members is significant in several ways. First, asylum seekers by definition have experienced traumatic or life-threatening events that have led to forced migration (Bhagat, 2018; Siriwardhana & Stewart, 2013); by nature of this migration,

they are at risk for experiencing symptoms of traumatic stress. However, asylum seekers who migrate with the support of their families and communities can often find safety and solace with migrants from their country of origin (Schweitzer et al., 2006). Because of embedded homophobic and transphobic beliefs in certain cultures, countries, and religions, LGBTQI asylum seekers are often left without this source of support (Hopkinson et al., 2017). Thus, in addition to likely experiencing state-sanctioned violence and childhood victimization and abuse, they are less likely to benefit from the support structures that cisgender and heterosexual asylum seekers may utilize, further compounding traumatic experiences of forced migration.

9.3.2 Community and Organizational Victimization

Community and organizational victimization often exist in relation to community-level stigma (see Stigma chapter, Chap. 2). In the next section, we discuss one relevant form of community-level violence (stigma-motivated assault and homicide) and one form of organizational victimization (employment discrimination and workplace harassment).

9.3.2.1 Stigma-Motivated Assault and Homicide

Stigma-motivated community violence such as assault or homicide due to perceptions of sexual or gender identity has been documented throughout the world. In a global systematic review from 2018, stigma-motivated experiences of violence among sexual minorities were as high as 31% overall (36% among men, and 25% among women; Blondeel et al., 2018). In other studies, an estimated 31% of MSM in the Caribbean and 35% in Latin America were physically assaulted for their sexual orientation (Beck et al., 2015), and 43.4% of LGBTQI individuals in Kenya reported hate-motivated violence (Harper et al., 2021). Stigma-motivated victimization can also include verbal assault, physical abuse, sexual abuse, and even torture or so-called honor killings (United Nations General Assembly, 2011).

While all LGBTQI individuals are subject to high levels of physical abuse and assault, multiple studies have demonstrated that transgender and gender-diverse individuals are at further increased risk. In a global systematic review, up to 68% of transgender people reported hate-motivated assaults (Blondeel et al., 2018). This may be due in part to increased visibility of gender non-binary individuals, who may be more easily identified as LGBTQI, which can lead to mob violence and harassment in the street and community (Hunter-Gault, 2015; Zingsheim et al. 2017). Moreover, hate-motivated crimes against transgender individuals tend to be extreme in their violence, and perpetrators often describe a great deal of stigma toward transgender people (Kidd & Witten, 2008). In multiracial societies like the United States, these murders are particularly elevated among Black, Latina/x transgender women, and two-spirit people (Dinno, 2017; James et al., 2016; Ristock

et al., 2019). For example, the odds of a young, Black transgender woman in the United States being murdered is 1 in 2600; the odds of murder in the general population of comparable age are 1 in 12,000 (Momen & Dilks, 2020). Transphobia, racism, and hate crimes are inextricably linked, and stigma-related victimization serves to strike fear in LGBTQI community members and uphold these social systems.

9.3.2.2 Victimization Through Employment Discrimination and Workplace Harassment

Workplace discrimination of LGBTQI individuals presents challenges all over the globe (see Stigma chapter, Chap. 2). Widespread job discrimination, stigma, and harassment have been reported among LGBTQI individuals worldwide (Bilgehan Ozturk, 2011; Perraudin, 2019; World Bank Group, 2018; Zurbrugg & Miner, 2016;), which can have devastating economic impact on those affected. Employment discrimination is common, such as in India (Badgett, 2014), Indonesia (Badgett et al., 2017), and in Thailand, where 77% of transgender, 52.6% of lesbian, and 49% of gay male survey respondents reported employment discrimination (World Bank Group, 2018). About 81 countries had workplace discrimination laws for LGBTQI groups in 2020 (Carrol & Mendos, 2019); however, even in countries where there are protections, harassment remains a problem. For example, 70% of LGBTQI people experience workplace harassment in the UK (Perraudin, 2019). In the United States, LGBTQI employees at the National Institutes of Health faced some of the highest levels of harassment even though US federal employees enjoyed some of the most stringent protections (Cech & Pham, 2017). Among a qualitative sample of Two Spirit Indigenous people in Canada, stories of employment discrimination at the intersection of LGBTQI stigma and race are salient (Ristock et al., 2019). In South Africa, where sexual minority women are at the highest risk for workplace incivility (Zurbrugg & Miner, 2016), LGBTQI victims of workplace harassment fear retaliation and hold a lack of confidence in legal mechanisms (Nath, 2011). Employment discrimination and workplace harassment present a formidable barrier to the advancement of LGBTQI populations globally.

9.3.3 Interpersonal Victimization Across the Life Course

From adverse childhood experiences (ACEs) to elder abuse, a growing literature highlights experiences of interpersonal victimization in LGBTQI populations across the life course. In this section, we address ACEs, intimate partner violence (IPV), sexual violence, stigma-motivated sexual violence, and elder abuse.

9.3.3.1 Adverse Childhood Experiences

The form of victimization that likely occurs the earliest in the life course of most LGBTQI individuals is ACEs, which can take the form of physical, sexual, or emotional violence and are often perpetrated by the family of origin (Schneeberger et al., 2014). A systematic review incorporating studies from both Global North and Global South countries indicates that LGBTQ people are at higher risk for ACEs relative to their heterosexual, cisgender counterparts (Schneeberger et al., 2014). One possible explanation for elevated ACEs is that LGBTQ children may be more likely to have non-conforming gender expressions and that perpetrators may target non-conforming gender expression (Roberts et al., 2012). It should be noted that there is not a precise unifying definition for ACEs, and these experiences may vary by cultural context (Schneeberger et al., 2014). Understandings of ACEs continue to center on Western populations. In a global systematic review, only 5.5% of the studies captured originated from the Global South (Schneeberger et al., 2014). Ranges of prevalence varied by sex, form of ACEs, and populations, with as many as 71% of MSM and 68% of women who have sex with women (WSW) reporting ACEs (Schneeberger et al., 2014).

Focusing on countries in the Global South (China, Brazil, Turkey, India, Jamaica, and Mexico), estimates of ACEs were as high as 57% (Carballo-Diéguez et al., 2012; Choudhry et al., 2018; Eskin et al., 2005; Guanzhi Chen et al., 2012; Logie et al., 2019; Semple et al., 2017). Disparities relative to heterosexual populations have been noted. For example, one study in Turkey showed that individuals who reported same-sex experiences were more likely to report ACEs compared to those who did not report same-sex sexual experiences (Eskin et al., 2005). Adult LGB persons in the United States are between twice and three times more likely to report ACEs than heterosexuals depending on the type of victimization (Austin et al., 2016).

Literature addressing ACEs in transgender populations is less common. In a 2019 systematic review of ACEs literature for transgender individuals, rates were as high as 100% in the 14 articles that were identified; however, none of the articles were from the Global South (Tobin & Delaney, 2019). One study in the United States also found that Black and Latinx trans feminine people were significantly more likely to experience ACEs during adolescence, as well as perpetration of ACEs by family members, compared to White trans feminine people (Hwahng & Nuttbrock, 2014). Although articles addressing ACEs in the Global South do exist, these articles may be left out due to the operationalization of ACEs in these reviews. It also may be that in the global literature childhood experiences of abuse are not always identified under the concept of ACEs, but rather as individual exposures. For example, in a Jamaican sample, 34% of transgender women experienced childhood sexual abuse (Logie et al., 2019), and in Brazil, 33% of transgender participants reported being sexually assaulted by someone 4+ years older at their first sexual experience (Carballo-Diéguez et al., 2012). More research is needed to understand the etiology and prevention of ACEs in LGBTQI populations worldwide.

9.3.3.2 Intimate Partner Violence

Intimate Partner Violence (IPV) is one of the more established topics relative to other forms of victimization in LGBTQI global literature and has been documented in many countries. Estimates of IPV among MSM in the Global South are as high as 55% (Castro et al., 2019; Harper et al., 2021; Logie et al., 2019; Ogunbajo et al., 2020). IPV can span a range of behaviors, and prevalence is dependent on how IPV is measured, such as in a sample of MSM in Nigeria who reported experiencing emotional violence (45%), physical violence (31%), sexual violence (20%), monitoring behaviors (55%), and controlling behaviors (22%) (Ogunbajo et al., 2020). Whether these behaviors are labeled as “abuse” in study instruments also may influence estimates of prevalence. According to a literature review of WSW in the Global South, prevalence ranged from 9–52% when asked about “abusive relationships,” and 12–73% when using behavioral measures (Badenes-Ribera et al., 2016).

Disparities by sexual identity have been observed. Recent studies out of the United States have identified bisexual women as being at particular risk for IPV relative to both lesbians and heterosexual women (Edwards et al., 2015; Walters et al., 2011). Disparities have also been identified between MSM and heterosexual men (Finneran & Stephenson, 2013). For example, in Brazil, 11.4% of MSM reported IPV compared to 7.5% among heterosexual men (Castro et al., 2019). Prevalence can also be higher in unique sub-populations such as MSM engaged in sex work, as was the case in one study out of China (57% of MSM engaged in sex work relative to 45% of MSM not in sex work) (Dunkle et al., 2013).

Transgender populations are also at higher risk for IPV. In a 2020 systematic review, transgender individuals were 1.7 times more likely to experience IPV overall, 2.2 times more likely to experience physical IPV, and 2.5 times more likely to experience sexual IPV relative to cisgender populations (Peitzmeier et al., 2020). Of the 74 studies identified, 73% were conducted in the United States, but additional studies were from the Global South (Peitzmeier et al., 2020). There is considerable variation; for example, in a study examining HIV risk factors in a sample from China, transgender women were nearly five times more likely to experience IPV (economic, physical, sexual, threats) compared to cisgender MSM (Zhang et al., 2016). Unlike the literature on other forms of victimization, it is possible to draw comparisons across various transgender identities. Studies included in the review covered transgender women, transgender men, and non-binary gender identities, but did not observe statistically significant differences in IPV across these identities (Peitzmeier et al., 2020).

9.3.3.3 Sexual Violence

Sexual violence has been observed among various LGBTQI populations and across geographic contexts (Aho et al., 2014; Braun et al., 2009; Chakrapani et al., 2019; Hall et al., 2020; Peitzmeier et al., 2015; Sabidó et al., 2015; Sleath & Bull, 2010; Walters et al., 2011). In a 2018 systematic review, estimates of sexual violence

victimization were as high as 17% for gay/bisexual men, 13% for lesbian/bisexual women, and 49% for transgender people (Blondeel et al., 2018). Sexual violence disparities have been observed, such as in one Brazilian study where gay men were 2.63 times more likely to experience sexual violence than heterosexual men (Sabidó et al., 2015). Some research in the United States has begun to document disparities among disaggregated identities such as bisexual populations relative to both gay/lesbian and heterosexual populations (Ford & Soto-Marquez, 2016; Walters et al., 2011). Disparities have also been observed for sex workers. For example, an India-based study showed MSM who participated in sex work were more than twice as likely to report sexual violence as compared to MSM not in sex work (Shaw et al., 2012).

A unique form of stigma-motivated sexual assault is often referred to as “corrective rape.” The notion of *corrective rape* has been conceptualized as when a sexual assault is motivated by the desire to punish someone for their LGBTQ+ identity or change the identity of the targeted victim (Hunter-Gault, 2015). While this has received significant press coverage, the nuances of “corrective rape” have often been misunderstood. “Corrective rape” is portrayed as sexual assault that can only happen to so-called butch (i.e., masculine presenting) women who are perceived as a threat to traditional masculine gender norms and perpetrated by people assigned male at birth (Human Rights Watch, 2011; Lock Swarr, 2012). While this is sometimes the case, Lock Swarr points out that this simplified narrative ignores the complex gender and social norms that contribute to and minimize this type of gender-based violence and crime. Bisexual and lesbian women are certainly victimized in this manner, but transgender and gender non-binary individuals are similarly victimized in an attempt to punish them for violating gender norms (Reisner & Murchison, 2016). Since the root of “corrective rape” stems from a desire to punish perceived violations of gender role and gender expression, this form of violence is experienced not only by lesbian women but also by people who hold various LGBTQI identities. Reports of “corrective rape” have been documented in countries across the world (e.g., South Africa, Jamaica, and India, to name a few) (Bowling et al., 2016; Logie et al., 2018; Logie et al., 2020; Mampane, 2020; Smith, 2018).

9.3.3.4 Elder Abuse

Despite as many as 83% of individuals not disclosing their LGBTQI identity worldwide, there is an increasingly visible segment of the population that identifies as LGBT (Pachankis & Bränström, 2019). Another global trend is an aging global population in all regions of the world that is set to increase from 9% to 16% before 2050 (World Health Organization [WHO], 2020). A growing area of concern among LGBTQI populations is aging and more particularly elder abuse. While the bulk of research on elder abuse remains in Europe and the Americas, a recent systemic review documented elder abuse in at least 26 different countries across the major regions of the world, with the highest meta-analytic prevalence in the Middle East

and Asia (Yon et al., 2017). Yet, LGBTQI populations are only mentioned in the review when addressing areas for further research.

LGBTQI elder abuse research is largely nascent and incomplete; however, estimates from the United States document abuse in older adults with as much as 7% abuse overall (9% among bisexual men, 14% among bisexual women, and 15% among transgender elders) (Fredriksen-Goldsen, 2011). There is a passing reference of LGBTQI elder abuse in South African published literature, with qualitative research documenting neglect of LGBTQI elderly due to stigma and disempowerment by an unequal care dynamic based on LGBTQI status (Reygan & Henderson, 2019; Reygan & Khan, 2019). Indeed, researchers suggest that LGBTQI elder abuse is entangled with systemic stigma and LGBTQI-specific abuse tactics (Cook-Daniels, 2017). While the literature on LGBTQI elder abuse remains quite nascent, with growing populations of LGBTQI elders, this is an area of research that may see growth in the coming decades.

9.3.4 *Polyvictimization*

It should be noted that experiences of victimization for any given individual can span across various actors and forms of violence (e.g., ACEs, IPV, elder abuse, enacted stigmas, etc.). Experiencing multiple forms of victimization is sometimes called *polyvictimization*, which can be measured as a simple count of types of victimization (Sterzing et al., 2017) or as qualitatively different combinations of victimization types (Xavier Hall et al., 2022). In a United States sample, researchers observed polyvictimization as defined as having multiple experiences of violence among cisgender MSM (prevalence: 33%), cisgender WSW (35%), transgender men (48.9%), transgender women (63.4%), and gender queer populations (assigned male at birth: 71.5%, assigned female at birth: 49.5%) (Sterzing et al., 2017). The conceptualization of polyvictimization is important because experiencing multiple forms of victimization can amplify adverse outcomes. Polyvictimization has been linked to substance use (Xavier Hall et al., 2022) and adverse mental health outcomes (Sterzing et al., 2017) in LGBTQI populations in the United States. Polyvictimization has also been linked to adverse health outcomes in the Global South, such as HIV risk behaviors among transgender women engaged in sex work in Jamaica (Logie et al., 2020).

9.4 Risk Factors for Victimization

Observed risk factors for victimization among LGBTQI populations range from structural, communal, and individual factors. Structural factors such as criminalization and police violence put LGBTQI populations at risk for other forms of violence with limited options for recourse (Logie et al., 2016). Reviews of the literature also

highlight structural factors related to IPV among transgender populations such as homelessness, immigration status, and incarceration (Peitzmeier et al., 2020). As mentioned earlier, asylum or refugee status is also associated with various forms of violence (Hopkinson et al., 2017). The deep stigma associated with being an LGBTQI individual in countries where it is illegal and/or heavily penalized allows sexual abuse, “corrective rape”, and victimization to continue unchecked (Alessi et al., 2017).

Community factors such as stigma put LGBTQI populations at risk for a variety of victimization experiences. For example, in Brazil, MSM who experienced discrimination had 3.1 times the odds of experiencing sexual violence than those who had not experienced discrimination (Sabidó et al., 2015). Stigma is also associated with suicidal ideation (Stahlman et al., 2016), community violence (Blondeel et al., 2018), elder abuse (Cook-Daniels, 2017), and IPV (Edwards & Sylaska, 2013) in LGBTQI populations.

Individual-level factors are probably the most examined in the literature. Examples of risk factors at the individual level include disability status, race, gender identity, education, participation in sex work, sexual positioning, and substance use, to name a few (Peitzmeier et al., 2020; Shaw et al., 2012). In many cases, a single risk factor is associated across multiple forms of violence such as how participation in sex work is associated with police violence (Stotzer, 2014), IPV (Dunkle et al., 2013), and sexual violence (Shaw et al., 2012). Similarly, substance use is associated with IPV (Chong et al., 2013), suicidal ideation (Wolford-Clevenger et al., 2018), and sexual violence (Chakrapani et al., 2019). Lastly, one form of victimization can be a risk factor for others. For example, re-victimization has been a risk factor for sexual violence among lesbian and bisexual women in the United States such that those who experience sexual victimization in childhood were more likely to experience sexual violence as an adult (Morris & Balsam, 2003).

9.5 Health Consequences of Victimization

Victimization experiences can lead to a range of health consequences, including negative mental health outcomes (Dame et al., 2020), HIV (Logie, Wang, et al., 2020), further victimization (Morris & Balsam, 2003), substance use (Xavier Hall et al., 2022), physical injury, and death (Momen & Dilks, 2020). While these outcomes may be seen across LGBTQI populations, differences across individual identities are important to note. For instance, the risk of HIV acquisition may be less obvious to cisgender women who identify as lesbian, gay, or queer because they may not perceive themselves at risk of an infection thought to be transmitted through penis-in-vagina sex. The need for testing and treatment of HIV may not be considered a priority for lesbian, gay, or queer women, and early opportunities for treatment may be missed. Moreover, significant barriers exist for accessing supportive care among LGBTQI individuals who experience violence including stigma, police violence, criminalization of LGBTQI identities, and criminalization of sex work

(Chynoweth et al., 2020; Ibragimov & Wong, 2018; Logie et al., 2016). These barriers may further exacerbate the effect of violence on the well-being of LGBTQI individuals.

9.6 Prevention and Interventions

The growing evidence of violence experienced by global LGBTQI populations presented in this chapter highlights the dire need for prevention and intervention work. Given the wide array of multi-level influences of violence, these interventions may be conceptualized at multiple levels of the social ecology such as structural and policy interventions, organizational or community interventions, and individual-level interventions. Given the breadth of this field, it is impossible to address the full array of possible interventions across all forms of violence in the present chapter; however, we highlight examples of interventions at each level.

While there is no existing systematic review of interventions addressing all forms of violence faced by LGBTQI individuals, most systematic reviews point to a relative dearth of rigorous evidence for violence interventions among LGBTQI populations. Recent systematic reviews of relevant literature replicate the finding of scant to no evidence addressing interventions for LGBTQI victimization overall, but more specifically in the Global South (Coulter et al., 2019; Edwards et al., 2021; Kiss et al., 2020; Mengtong Chen & Chan, 2015; Peitzmeier et al., 2020; Tat et al., 2015). Thus, the need for rigorous LGBTQI violence prevention and intervention research is underlined by this apparent dearth, particularly in the context of the Global South.

9.6.1 *Decolonization*

An area of growing interest is decolonization in the study of global LGBTQI victimization. Decolonization is fundamentally rooted in the promotion of Indigenous sovereignty and the return of land to Indigenous peoples in settler colonial states (Tuck & Yang, 2021). Scholars have extended post-colonial thought such as applications of Indigenous Postcolonial Theory (Battiste, 2000), in which power dynamics between scholars and Indigenous communities are recognized and addressed through centering Indigenous voices, knowledge, and well-being (Browne et al., 2005). Integrating decolonialist and post-colonialist perspectives into LGBTQI rights discourse emphasizes the roles of local LGBTQI communities and advocates in dismantling anti-LGBTQI laws that were established by colonial powers even as these local actors interact with global transnational LGBTQI rights movements (Waite, 2019). This theoretical reorganization dispels myths that uphold Western

societies as morally superior in the case of LGBTQI rights and recognizes the Indigenous knowledge and movements of LGBTQI communities across the Global South (Currier, 2011). This is demonstrated by qualitative work highlighting the conceptualization of decolonization by local LGBTQI advocates in Namibia and South Africa, who view their work as decolonization and see leaders' decisions to uphold anti-LGBTQI laws and rhetoric as a selective embrace of colonial influence (Currier, 2011). Decolonization of knowledge production (Connell, 2014) in public health efforts to address LGBTQI victimization in the Global South is crucial, particularly in relation to developing interventions. Such efforts should center the perspectives of LGBTQI populations in relevant communities through strategic academic-community partnerships that address inherent power structures that are in part a colonial legacy (Browne et al., 2005).

9.6.2 Structural/Policy Interventions

Clear implications for policy exist, the first being decriminalization of LGBTQI identities (Carrol & Mendos, 2019; Chiam et al., 2016), as well as the decriminalization of sex work, which is associated with as much as a 30% decrease in violence against workers (Cunningham & Shah, 2018). Decriminalization is only the first step, as 68+ countries (e.g., South Africa, Angola, Australia, Mongolia, Bolivia, and Mexico) have begun to adopt protections for LGBTQI populations such as instituting employment protections, creating hate crime protections, banning incitement to hatred, establishing constitutional protections, and banning conversion therapy (see Mental Health chapter, Chap. 3; Carrol & Mendos, 2019). Other national policies may include adopting a comprehensive violence response strategy as was done in Kenya in relation to improving HIV prevention in key populations such as MSM (Bhattacharjee et al., 2018). Kenya's response included trainings for providers, awareness campaigns, building networks between service sectors, improving documentation of violence, police trainings, and advocacy meetings. These changes reached more than 60,000 MSM between 2013 and 2017 and resulted in a reduction in reports of violence among MSM (Bhattacharjee et al., 2018). Given the clear influence of policy and government actors, policy interventions are a natural starting point in preventing LGBTQI populations; however, transnational efforts should be aware of potential backlash when decriminalization efforts are perceived as a threat to the sovereignty of states that criminalize LGBTQI identities. One such example is former US president Obama's visit to Senegal in 2013, where he emphasized the need to decriminalize LGBTQI identities. His comments were met with marked criticism from some, including academics that highlighted the asymmetric power differential in the dynamic between a Western nation, such as the United States, and Global South countries (Bertolt & Masse, 2019) as well as criticism from President Macky Sall of Senegal (Nossiter, 2013).

9.6.3 Organizational or Community Interventions

Community-level interventions have been developed to address some forms of violence in broader populations. For instance, the OAK Foundation and the US Centers for Disease Control and Prevention have released a review of the global literature addressing childhood sexual abuse prevention efforts, which includes addressing broader environments (laws, norms, etc.) and parent/caregiver support, economic strengthening, and response/support services (Saul & Audage, 2007; Ligiero et al., 2019). While some strategies have promising evidence or demonstration of effectiveness such as community mobilization programs, these programs primarily target cisgender girls without consideration for sexual identity and still have limited evidence overall (Ligiero et al., 2019).

The case is similar regarding interventions that address stigma-related violence or IPV. One US-based study examined a multi-pronged approach to improving interventions for partner violence and stigma-motivated violence among lesbian and bisexual women. The approach involved partnership with police to improve responsiveness, a police liaison, the implementation of “soft reporting” where a liaison would contact possible victims and connect them with appropriate resources, partnering with social service organizations aimed at survivors of violence to improve their approach to supporting lesbian and bisexual women, and advocating for state-level hate crime legislation (Rose, 2003).

Other interventions have sought to assist with processing trauma through creative means. Saul (2013) identified the important role of storytelling in genocide survivors, indicating that both open communication and collective narration may be important components of collective healing. As such, opportunities for collective narration of collective traumas may be an important facet of community healing and resilience. Likewise, returning to cultural practices that have been lost through colonization or displacement has been identified as essential aspect of healing from historical trauma (Gone, 2013). Additionally, theater and performance art have been identified as important healing interventions for intergenerational trauma. The genre of gay theater became complexly intertwined with themes of HIV/AIDS, trauma, and identity starting in the early 1980s, which can be understood as an organic process of crafting and sharing a collective narrative (Gavrila, 2013).

9.6.4 Individual Interventions

Some evidence suggests a survivor-centered approach that is responsive to specific experiences and needs of survivors may be more effective than generic clinical interventions, such as in the case of survivors of ACEs (Qi et al., 2016). This may be particularly true of individual interventions among LGBTQI individuals who experience violence. For instance, an exploratory study examined why male refugees from Myanmar, the Democratic Republic of the Congo, and South Sudan who

experienced sexual violence did not seek support from existing services. The study found that laws criminalizing LGBTQI identity and stigma in service providers were major barriers to seeking one-on-one services (Chynoweth et al., 2020).

Some have looked to the development of electronic applications to promote safety planning among populations that face violence (Campbell & Glass, 2009); however, these tend to be in Western nations and for heterosexual women. That being said, some preliminary data on feasibility, usability, and appropriateness for an e-health intervention for WSW have been reported (Bloom et al., 2016). One known e-health intervention addressed safety planning in low- and middle-income countries, but it targeted heterosexual women in Kenya (Decker et al., 2020). Its promising results suggest that similar electronic applications may be adapted for LGBTQI populations. Researchers and practitioners may need to look to existing violence interventions among general populations and existing interventions among LGBTQI populations that address other outcomes such as stigma, HIV, or substance use for inspiration, all while working closely with communities to ensure efficacious interventions are developed.

9.7 Conclusions and Highlighting Gaps in the Literature

Overall, victimization among LGBTQI populations is widespread, prevalent, and interrelated. In Fig. 9.1, we depict the multi-level nature of LGBTQI victimization, including known correlates and influences. This figure highlights that LGBTQI victimization does not occur in isolation, nor is it limited to individual occurrences of interpersonal victimization. Rather, LGBTQI victimization is part of a broader network of phenomena affecting the social and material worlds of LGBTQI populations globally, which notably include colonization and widespread stigma. Violence is perpetrated by multi-level actors (intrapersonal, interpersonal, communal, societal, and international) and will require solutions at multiple levels of the social ecology. Thus, an understanding of LGBTQI victimization requires complex frameworks such as minority stress, syndemics, post-colonial, and human rights frameworks. Researchers may need to adapt or integrate frameworks to understand interrelated forms LGBTQI victimization and to create effective interventions at multiple levels of the social ecology.

Victimization impacts a range of LGBTQI identities across the lifespan as well as intersectional populations such as Indigenous groups, asylum seekers, and racial minority populations. While research pertaining to LGBTQI victimization in the Global South is growing, it remains nascent, particularly research regarding specific sub-populations (e.g., transgender, non-binary, intersex, and bisexual populations) as well as research regarding prevention and intervention development. Thus, this chapter also serves as a call to action for researchers, practitioners, and community advocates to build upon existing bodies of knowledge on LGBTQI victimization. Researchers should emphasize addressing subpopulations such as transgender, non-binary, bisexual, intersex, LGBTQI elders, and LGBTQI populations of color.

Moreover, future research and intervention development should center perspectives from the Global South and employ decolonial and post-colonial frameworks.

9.8 Case Study: Experiencing Violence and Victimization: Transgender Women in Brazil

In many places worldwide, violence against transgender women is an epidemic, and Brazil's rate is among the highest. Over 375 transgender people were killed globally in 2021, and over 40 percent were in Brazil (ANTRA & IBTE, 2022). Of the documented and verified murders of transgender people in Brazil in 2021, 96 percent of them were transgender women, and suspects were identified in less than a quarter of cases (ANTRA & IBTE, 2022). An analysis conducted by the Associação Nacional De Travestis E Transexuais Do Brasil (ANTRA, The National Association of Transsexuals of Brazil) reported that the murders disproportionately affected young transgender women, with 58 percent of 2021 victims under the age of 30, with the average age of victims at 29 years old (ANTRA & IBTE, 2022).

The rates of violence against transgender women in Brazil directly connect to their self-reported feelings and experiences of victimization. According to the US National Center for Victims of a Crime, "the trauma of victimization is a direct reaction to the aftermath of a crime" (National Center for Victims of a Crime, 2008). Additionally, crime victims can "suffer a tremendous amount of physical and psychological trauma," with their primary injuries grouped into three categories: physical, financial, and emotional (National Center for Victims of a Crime, 2008). Transgender women in general, and especially in Brazil, have several risk factors that increase their risk of being victimized, including lower educational attainment, higher rates of homelessness or housing insecurity, and higher risk sexual behaviors such as survival sex work (ANTRA & IBTE, 2022). Regarding education, ANTRA & IBTE (2022) estimates that 56 percent of transgender women in Brazil have only an elementary school level of education, while 27 percent of transgender women have a high school degree. Additionally, the estimated age at which transgender girls are forced to leave their homes and find their own housing due to their gender identity is 13 years old (ANTRA & IBTE, 2022). The normalization of childhood and adolescent neglect and victimization of young transgender girls and women contributes to their involvement in sex work.

ANTRA & IBTE (2022) reports that around 90 percent of transgender women in Brazil use sex work as a source of personal income. These activities directly relate to their risk of victimization because 78 percent of transgender murder victims in 2021 were sex workers (ANTRA & IBTE, 2022). Transgender women also commonly experience other treatments that may lead to them feeling victimized. Markers of violence can be subtle, such as not being allowed to use the restroom corresponding to their gender identity, or more obvious, like being denied necessary medical care because of their gender identity (ANTRA & IBTE, 2022). While there

Brazil map showing major cities as well as parts of surrounding countries and the Atlantic Ocean. (Source: Central Intelligence Agency, 2021)



are no official suicide statistics in Brazil, one organization called Grupo Gay da Bahia estimates that approximately 100 gay and transgender people in Brazil committed suicide in 2018, which was almost four times the number in 2016 (Lopez, 2019). Suicidality and suicidal thoughts are directly related to feelings of victimization, especially when there is fear of violence involving weapons (Bouris et al., 2016).

Remedying these extremely high rates of violence and victimization of transgender women in Brazil is not a simple task. One way to begin the necessary social change is through legal regulation of certain behaviors. The Maria da Penha Law on Domestic and Family Violence, passed in 2006, was the first federal law in Brazil to regulate violence against women and punish offenders (Gattegno et al., 2016). Although it does not specifically name protections for sexual and gender minorities, in 2015 this law was successfully used to defend violence against a transgender woman that was perpetrated by her partner (Santos, 2015).

In the past two decades, several laws have been passed or adapted in Brazil more specifically to protect people based on their sexual orientation or gender identity, including transgender women in their scope. While no constitutional amendment prohibits discrimination based on sexual orientation or gender identity, several states within Brazil have local laws that prohibit such discrimination (ILGA World, 2020). Regarding the specific prohibition of discrimination in employment, similarly, no federal law protects people based on their sexual orientation or gender identity. Nevertheless, approximately 70 percent of Brazil's population lives in an area that has a local law prohibiting employment discrimination (ILGA World, 2020). Protections against employment discrimination are important because if transgender people are discriminated against, it could mean they turn to less safe income pursuits such as survival sex work. However, protection against discrimination in employment does little to protect transgender women, as only approximately four percent are in formalized career paths that would be covered under this law (ANTRA & IBTE, 2022).

Theoretically, the laws that protect transgender women from general discrimination, discrimination in employment, and intimate partner violence should serve to decrease their fears and feelings of victimization based on their gender identity. However, the laws of the country and the practices of the citizens are incongruent. Although these laws have been in place for several years, the murder rates of transgender women in Brazil remain the highest in the world, and other types of serious violence committed against these women are prevalent. In an important and promising move that has the potential to help protect transgender women, the Federal Supreme Court ruled in June 2019 that Brazil's Law No. 7,761 about crimes motivated by racial prejudice encompasses crimes motivated by sexual orientation and gender identity until a more specific law is drafted (ILGA World, 2020). This ruling would theoretically lead to criminal liability for those offenses committed against people based on their sexual orientation or gender identity, a potentially powerful consequence that could decrease transgender women's fear of victimization (ILGA World, 2020). Following the ruling, ANTRA and Associação Brasileira de Lésbicas,

Gays, Bissexuais, Travestis, Transexuais e Intersexos (ABGLT) published a guide for LGBTQ people on how to use the new ruling to their benefit to fight homophobia and transphobia (ANTRA & ABGLT, 2020). However, since the ruling went into effect over two years ago, there has been no public reporting on prosecution of discrimination based on sexual orientation or gender identity. ANTRA and ABGLT (2020) report that while the Supreme Court ruled in favor of protecting LGBTQ people, the government is ultimately against them and has thus put no additional measures into place to protect LGBTQ people after the ruling.

Many organizations in Brazil are working steadfastly to support transgender women, track the rates of violence against them, and fight for justice for this population. For example, Rede Trans Brasil, or the National Network of Brazilian Trans People, founded in 2016, represents transgender people in Brazil and supports them in their fight for equal human rights and ending discrimination (Rede Trans Brasil, 2019). They prioritize advocating for the implementation of policy measures to protect transgender people at all levels of government, as well as monitoring the enactment of existing legislation (Rede Trans Brasil, 2019).

Another organization called the Associação Nacional De Travestis E Transexuais Do Brasil (ANTRA, 2019) represents 127 different organizations that came together for the purpose of advocating for transgender people in Brazil (ANTRA & IBTE, 2022). Their major areas of work are creating positive public portrayals of transgender people; collaborating with other networks to advocate for transgender people's right to health, education, and public safety; supporting actions to improve quality of life for transgender people and decrease rates of sexually transmitted infections; and disseminating information about violence and victimization of transgender people in Brazil (ANTRA, 2022). Finally, the Instituto Brasileiro Trans De Educação (IBTE, 2019), or the Brazilian Trans Education Institute, works to combat transphobia in the educational environment. In teaching younger children about transphobia and its consequences and working to improve the acceptance of transgender people earlier in life, this organization seeks to decrease transgender women's victimization later in life (IBTE, 2019).

The work being done by these organizations, and others within Brazil and internationally, is extremely promising. However, there is much progress to be made to protect transgender women in Brazil from being victimized at the current rates. The situation for this marginalized group is dire, and it is, quite frankly, a question of life and death for them, as the life expectancy for transgender women in Brazil is only 35 years old (VMly&R Brazil, 2019). Stronger public support and better enforcement of laws protecting transgender women will lead to a wider social and cultural shift toward acceptance of transgender individuals.

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