ORIGINAL ARTICLE

VIOLENCE IN SAME-SEX RELATIONSHIPS AMONG ADOLESCENTS

HIGHLIGHTS

1. There was a predominance of male homosexual victims.
2. The violence took place mainly in the victim's home (78.3%).
3. Around 80% of the aggressors were boyfriends or spouses.
4. Sexual violence was most commonly reported (47.46%).

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ABSTRACT

Objective: to describe the profile of violence in same-sex relationships among adolescents in the state of Pernambuco-Brazil, reported between 2017 and 2021. **Method:** The sample consisted of adolescents aged between 10 and 19 (n=925), selected according to their sexual orientation. Data extracted from the individual notification forms for interpersonal/ self-inflicted violence in the Notifiable Diseases Information System. Descriptive statistics and Pearson's chi-square analysis of proportions were carried out. **Results:** victims were aged 15-19 (61.8%), male (93.9%), brown (77.5%), had up to eight years of schooling (51.7%) and lived in urban areas (77.2%). Most of the aggressors were male, boyfriends, and/or spouses. Sexual, physical, and psychological violence predominated. **Conclusion:** a profile of violence in same-sex relationships was drawn up, showing that men were the most likely to suffer and practice violence.

KEYWORDS: Adolescent; Homosexuality; Sexual and gender minorities; Intimate partner violence.

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INTRODUCTION

Intimate Partner Violence (IPV) is interpersonal violence, according to the WHO classification[1]. IPV is characterized by behavior that causes physical, sexual, or psychological harm through aggressive attitudes, sexual coercion, psychological abuse, and controlling conduct committed during or after the end of the relationship[2]. IPV is relevant to scientific production as it is frequently practiced among adolescents and young people.

Although studies on this subject have increased consistently since the 1970s, most studies focus on heterosexual relationships, making studies of IPV between same-sex/gender partners invisible, especially among adolescents. Some articles report that young people belonging to sexual minorities are at greater risk of IPV victimization[3].

In the face of the heteronormativity imposed by society, individuals with a gender identity and/or sexual orientation that differs from cis heterosexuals are made invisible due to discrimination and negative judgments[4]. The LGBTQIAPN+ community is made up of Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Pansexual, Non-binary and other identities and orientations[4-5]. The acronym has undergone changes to represent sexual minorities through the mobilization of this group through the debates held to encompass and portray the greatest possible diversity [4].

This population is a victim of violence and social exclusion in various areas of society. Given this, the Brazilian health system implemented Ordinance No. 2,836 of December 1, 2011, the National Policy for the Comprehensive Health of Lesbians, Gays, Bisexuals, Transvestites, and Transsexuals (LGBT), to provide comprehensive health, reduce inequalities, eliminate discrimination and institutional prejudice, by the principles of the Unified Health System (SUS)[5-6]. In this way, including fields on sexual orientation in public records allows for greater visibility for the LGBTQIA+ community, contributing to the guarantee of rights, recognition of the social name, and humanized care.

It is argued that homosexual adolescents, because of prejudice, can develop internalized homophobia, which presents itself as a feeling of shame and can affect the way couples develop intimate relationships. In addition, some studies point out that if there is a situation in which one partner reveals their gender identity and/or sexual orientation and the other does not, this could be a trigger for violence. In addition, age difference, financial factors, and HIV serological status, especially among men, are critical points involved in homosexual IPV[7].

In Brazil, notification of violence is mandatory in all health units. It involves filling out a form, which can be done by any health professional. This action enhances assistance, the recognition of risk factors, and the development of prevention strategies, enabling the inclusion of individuals in situations of violence in care settings[8-9].

Considering that IPV among adolescents is a subject with little visibility in society, it is believed that this scenario is aggravated in same-sex relationships. In this way, this study aims to contribute to the discussion of IPV and give greater visibility to violence among adolescents in same-sex relationships, highlighting the importance of reporting this type of violence. This study aims to describe the profile of violence in same-sex relationships among adolescents in the state of Pernambuco-Brazil, reported between 2017 and 2021.

METHODS

This is an observational, cross-sectional, population-based study. The official database of the Brazilian Ministry of Health was used.

The study population consisted of 925 adolescents victimized by violence in same-sex relationships, reported in the state of Pernambuco-Brazil between 2017 and 2021. Individuals aged between 10 and 19, according to the World Health Organization (WHO) classification, were included and selected according to Sexual Orientation (homosexual and bisexual), considering cases in which the perpetrator and the victim were of the same biological sex and had some kind of affective relationship. Cases in which the information on the relationship between the aggressor and the victim, as well as the sex of the aggressor, was blank or unknown were excluded.

Because of the update to the individual notification form for interpersonal/self-inflicted violence in 2014, which included questions on sexual orientation, it became possible to investigate recent data related to the addition of these new fields to the notification form[8].

Among the 69 variables on the individual notification form, the following were analyzed: date of notification, age, gender of the victim, pregnant woman, race/color, schooling, municipality of residence, marital status/civil status, sexual orientation, disability/disorder, municipality of occurrence, area of occurrence, place of occurrence, recurrence, type of violence, number of people involved, relationship/degree of relationship with the person assisted, gender of the probable perpetrator of the violence, suspected alcohol use and referral. We used the Violence Surveillance System (VIVA) database, integrated with the Notifiable Diseases Information System (SINAN), made available by the Pernambuco State Health Department.

Some variables were recategorized: Pregnant (yes or no); Race/color (White, Black, Brown, Yellow-Indigenous); Schooling (Illiterate, Elementary School I - up to four years of study; Elementary School II - up to eight years of study; High School - up to 11 years of study; Higher Education/University); Disability or disorder (yes or no) and Marital status (single and married; widowed and separated are considered single). Concerning the characteristics of the aggressor, the link/degree of kinship with the victim was recategorized: Spouse (C), Ex-spouse (EC), Boyfriend (N), Ex-boyfriend (EN). Information from the field was evaluated. Others in an attempt to recover information about the link/degree of kinship with the victim. The most prevalent types of violence were analyzed: Sexual (S), Physical (F), and Psychological (P).

Descriptive statistics were analyzed using simple and relative frequencies, while proportions were compared using *Pearson*'s chi-square test. The significance level adopted was 5%. The data was analyzed using the *Statistical Package for Social Sciences* (SPSS) version 20.

This research is part of the larger project "Interpersonal and Self-inflicted Violence Against Adolescents in Pernambuco", approved by the Research Ethics Committee under opinion no. 5.181.078.

RESULTS

Between 2017 and 2021, 925 homosexual/bisexual adolescent victims of IPV were reported in the state of Pernambuco.

In 2018, there were 253 (27.4%) records, with a reduction of 103 (11.5%) in 2020, the year with the lowest reported cases. More than half of the adolescents, 572 (61.8%), were in the 15-19 age group. The majority of the victims, 869 (94%), were male, of brown race/color, 717 (77.5%), and were in elementary school, 408 (44.1%). Regarding sexual orientation, 919 (90%) declared themselves homosexual, and six (0.65%) were bisexual. Most of the victims lived in urban areas, 714 (77.2%). About the disability field, 17 (1.8%) were filled in as "yes", while 99 (10.7%) were unknown (Table 1).

Table 1 - General characteristics of young homosexual victims of IPV-Brazil, 2017-2021. Recife (PE), Brazil, 2022.

Variables	n	%
Year of notification		
2017	139	15
2018	253	27.4
2019	217	23.5
2020	150	16.2
2021	166	17.9
Age group		
10-14	353	38.2
15-19	572	61.8
Sex		
Male	869	94
Female	56	6.1
Race/color		
Brown	717	77.5
White	100	10.8
Black	86	9.3
Yellow/Indigenous	12	1.3
Ignored	10	1.1
Education*		
ESI	70	7.6
ESII	408	44.1
HS	163	17.6
HE	10	1.1
Ignored	274	29.6
Area of residence		
Urban	714	77.2
Rural	184	19.9
Peri-urban	05	0.5
Ignored	22	2.4
Sexual orientation		
Homosexual	919	99.4
Bisexual	06	0.7

Has a disability		
Yes	17	1.9
Ignored	99	10.7

*ES = Elementary School; HS = High School; HE = Higher Education.
Source: The authors (2020).

The aspects of IPV suffered in relation to the place of occurrence, characteristics and link with the aggressor. The analysis revealed that 683 (73.8%) cases of IPV occurred in urban areas and 724 (78.3%) in the victim's home. It was found that 498 (53.8%) cases were repeat offenders, and in 754 (81.5%) cases, one aggressor perpetrated the violence. Regarding the relationship with the aggressor, the most prevalent relationships were boyfriend 375 (40.5%) and spouse 372 (40.2%). The perpetrator of the violence was predominantly male, 869 (93.9%) and 495 (53.5%) had no suspicion of alcohol use (Table 2).

Tabela 2 - Aspects of IPV suffered by young homosexuals about the place of occurrence, characteristics, and relationship with the aggressor in Pernambuco-Brazil, 2017-2021. Recife (PE), Brazil, 2022.

Variables	n	%
Area of occurrence		
Urban	683	73.8
Rural	189	20.4
Peri-urban	04	0.4
Ignored	49	5.3
Place of occurrence		
Residence	724	78.3
Public roads	57	6.2
Bar	03	0.3
Other	36	3.8
Ignored	105	11.4
It happened other times		
Yes	498	53.8
Ignored	181	19.6
Number of people involved		
One	754	81.5
Two or more	153	16.5
Ignored	18	1.9
Spouse relationship*		
Yes	372	40.2
Ignored	03	0.3
Ex-spouse relationship*		
Yes	107	11.6
Ignored	09	1.0
Boyfriend relationship*		
Yes	375	40.5
Ignored	08	0.9

Ex-boyfriend relationship*		
Yes	75	8.1
Ignored	10	1.1
Sex of the probable perpetrator		
Male	869	93.9
Female	56	6.1
Suspected alcohol use by the aggressor		
Yes	177	19.1
No	495	53.5
Ignored	253	27.4

*This variable allowed more than one option and a dichotomous answer.
Source: The authors (2020).

According to table 3, sexual violence was the most reported form of violence (n=439; 47.5%), followed by physical violence (n=402; 43.5%) and psychological violence (n=211; 22.8%), respectively.

About victims of sexual violence, the highest prevalence was in the 10-14 age group, 262 (74.6%), and pregnant women, 310 (76%). In terms of schooling, 42 (60%) of those with primary education and 236 (58.9%) with secondary education were the main victims of this type of violence. The study highlights that 258 (73.7%) victims were repeat offenders of this type of violence.

Concerning physical violence, the study pointed to statistical differences with the 15-19 age group, 379 (94.3%), male victims, 366 (91%), with a higher level of schooling, Elementary School II, 136 (51.5%). Most adolescents lived in urban areas, 338 (86.4%), and the violence occurred predominantly in this area, 324 (85.9%).

Regarding psychological violence, the study found significant differences between victims aged 15 to 19, 194 (91.9%), self-declared brown, 141 (67.5%), with elementary school education, corresponding to 74 (43.8%) of the notifications of physical violence when compared to the other forms of violence.

Table 3 - Characteristics of homosexual adolescent victims of intimate partner violence according to the type of violence and notified in Pernambuco-Brazil, 2017-2021. Recife (PE), Brazil, 2022.

	Sexual n (%)		*P-value*	**Physics n (%)**		*P-value*	**Psychological n (%)**		*P-value*
	Yes	No		Yes	No		Yes	No	
Age group									
10 -14	262 (74,6)	89 (25,4)	< 0,00	23 (6,7)	318 (93,3)	< 0,00	17 (5)	321 (95)	< 0,00
15 -19	177 (40,3)	378 (80,9)		379 (94,3)	188 (37,2)		194 (91,9)	359 (52,8)	
Sex									
Male	425 (96,8)	428 (91,6)	< 0,00	366 (91,0)	486 (96,)	< 0,00	197 (93,4)	641 (94,3)	0,63
Female	14 (3,2)	39 (8,4)		36 (9,0)	20 (4,0)		14 (6,6)	39 (5,7)	
Race/color									
Brown	348 (80,6)	356 (76,7)	0,11	304 (76,4)	402 (80,2)	0,39	141 (67,5)	554 (82,3)	< 0,00

White	49 (11,3)	47 (10,1)		49 (12,3)	48 (9,6)		34 (16,3)	60 (8,9)	
Black	31 (7,2)	53 (11,4)		39 (9,8)	47 (9,4)		29 (13,9)	54 (8,0)	
Yellow/ Indigenous	4 (0,9)	8 (1,7)		6 (1,5)	4 (0,8)		5 (2,4)	5 (0,7)	
I was pregnant									
Yes	310 (76,0)	117 (29,2)	< 0,00	66 (19,7)	360 (74,8)	< 0,00	33 (17,5)	386 (63,3)	< 0,00
No	98 (24,0)	284 (70,8)		269 (80,3)	121 (25,2)		156 (82,5)	224 (36,7)	
Education									
ESI	42 (12,4)	28 (9,2)	< 0,00	27 (10,2)	43 (11,3)	< 0,00	21 (12,4)	49 (10,5)	< 0,00
ESII	236 (69,8)	165 (54,3)		136 (51,5)	268 (70,5)		74 (43,8)	322 (69,0)	
HS	57 (16,9)	105 (34,5)		94 (35,6)	68 (17,9)		68 (40,2)	93 (19,9)	
HE	3 (0,9)	6 (2,0)		7 (2,7)	1 (0,3)		6 (3,6)	3 (0,60)	
Area of residence					< 0,00				
Urban	334 (77,1)	362 (80,3)	0,18	338 (86,4)	362 (73)		169 (82,8)	516 (77,5)	0,26
Rural	98 (22,6)	85 (18,8)		51 (13)	131 (26,4)		34 (16,7)	146 (21,9)	
Peri-urban	1 (0,2)	4 (0,9)		2 (0,5)	3 (0,6)		1 (0,5)	4 (0,6)	
Marital status									
Single	290 (69,9)	274 (63,7)	0,06	247 (67,1)	316 (66,4)	0,82	153 (75)	403 (64,2)	< 0,00
Married/ stable union	125 (30,1)	156 (36,3)		121 (32,9)	160 (33,6)		51 (25)	225 (35,8)	
Sexual orientation									
Homosexual	436 (99,3)	464 (99,4)	0,94	400 (99,5)	502 (99,2)	0,7	210 (99,5)	675 (99,3)	< 0,00
Bisexual	3 (0,7)	3 (0,6)		2 (0,5)	4 (0,8)		1 (0,5)	5 (0,7)	
Has a disability									
Yes	8 (1,9)	9 (2,3)	0,71	9 (2,7)	8 (1,7)	0,32	6 (3,1)	11 (1,8)	0,28
Area of occurrence									
Urban	320 (76,2)	349 (79)	0,07	324 (85,9)	347 (71,5)	< 0,00	165 (82,1)	494 (76,2)	0,07
Rural	100 (23,8)	89 (20,1)		51 (13,5)	136 (28,0)		34 (16,9)	152 (23,5)	
Peri-urban	0 (0)	4 (0,9)		2 (0,5)	2 (0,4)		2 (1)	2 (0,3)	
Has it happened other times?									
Yes	258 (73,7)	233 (60,4)	< 0,00	211 (67,8)	282 (66,4)	0,69	155 (79,9)	330 (61,9)	< 0,00
No	92 (26,3)	153 (39,6)		100 (32,2)	143 (33,6)		39 (20,1)	203 (38,1)	

*Victims of other forms of violence notified in SINAN.
Note: more than one type of violence can be reported per occurrence.
Source: The authors (2020).

According to Table 4, the services most frequently called upon were the Health Network, 410 (42.4%), the Guardianship Council, 165 (17.1%), and other police stations, 105 (10.9%).

Table 4 - Referrals of IPV cases suffered by young homosexuals in Pernambuco-Brazil, 2017-2021. Recife (PE), Brazil, 2022.

Referral points	n (%)	Ignored n
Health Network	410 (42.4)	69

Guardianship Council	165 (17.1)	61
Other police stations	105 (10.9)	75
Women's Service Network	98 (10.6)	74
Social Assistance Network	72 (7.5)	75
Women's Police Station	69 (7.1)	73
Specialized Protection Police	24 (2.5)	77
Public Prosecutor's Office	09 (1.0)	76
Public Defender's Office	08 (0.9)	78
Education Network	04 (0.4)	76
Child and Youth Justice	01 (0.1)	78
Human Rights Center	01 (0.1)	76
Total sites referred*	966	888

*Each case can be referred to more than one service.
Source: Authors (2022).

DISCUSSION

IPV can occur at any time during human development, but it is more worrying for adolescents. This fact, which derives from adolescence, corresponds to the period of identity construction in interpersonal relationships, making it more likely that violent attitudes will be perpetuated in adulthood[10].

Some studies show that cases of IPV increase during adolescence, with higher occurrence rates among LGBTQIA+ people between the ages of 15 and 17, which may be associated with heteronormativity and homophobia in society, leading young people from sexual minorities to postpone the start of their affective-sexual lives[3]. This is in line with the current study. IPV can be experienced in different ways, and socially marginalized young people are more likely to experience it, either by committing or being victims of violence[10].

Males were more likely to be victimized, in line with a study that found that Latino and Hawaiian men of Gay, Bisexual, and Queer (GBQ) sexual orientation were the most likely to experience IPV. In addition, gay men are at greater risk of physical aggression in intimate relationships than women[10-11].

In addition to internalized homophobia and heteronormative behavior patterns, other factors related to IPV among homosexuals include the age group of those involved, economic status, and positive HIV serology[7,12]. However, other research has found that young LGBTQIA+ women are more likely to be victimized by physical violence than men[3].

The majority declared themselves to be of brown race/color, which is compatible with the characteristics of the population of the state of Pernambuco, according to the demographic census carried out by the Brazilian Institute of Geography and Statistics (IBGE)[13]. In line with the results of this research, several authors have concluded that LGBT people who declare themselves as non-white are more likely to experience IPV due to the association of various minority statuses[3].

A lower level of education and having a disability also constitute vulnerabilities for IPV. Adolescents with a lower level of education are less prepared to identify and combat violent behavior in relationships. In addition, adolescents with disabilities become a more vulnerable target due to characteristics such as high dependence on others and difficulty in communicating, socializing, and defending themselves[14].

Most cases of IPV occur in the home. The domestic environment concentrates a large part of the violence against the LGBTQIA+ population, in which the home loses its role as a welcoming and protective unit, aggravating the consequences of IPV and amplifying social homophobia[8].

In addition, the findings showed a recurrence of aggression, corroborating other studies that have pointed to a significant number of young people who have suffered or practiced IPV more than once[7,10]. Jealousy and possessiveness can be interpreted as natural by adolescents, exempting the aggressor from answering for their actions[15]. The misconception that same-sex relationships are based on equality and equal power contributes to the formation of a justification by aggressors for the violence practiced[16-17].

Most of the aggressors were in an emotional relationship with the victim at the time of the aggression, which may be associated with closer and more continuous contact, as well as the presence of other factors, such as internalized homophobia and the minority stress theory. As a consequence, violence can occur through attempts to resolve obstacles in the relationship[7,18]. Disclosure of gender identity and sexual orientation by only one partner can increase the occurrence of IPV[7]. According to the Minority Stress Theory, marginalized and discriminated groups are more vulnerable to IPV[10].

The dominant public in the perpetration of IPV is male. This may be a consequence of "toxic masculinity", a contemporary term that gives males a position of domination and power. Thus, men with aggressive behavior can more easily target vulnerable people and members of minority groups[11].

Another factor that represents a risk for IPV among young people is the use of alcohol, which can potentiate violent behavior on the part of the aggressor[3]. Several authors have pointed out that sexual minority groups are more likely to abuse alcohol than heterosexuals. This reinforces that LGBTQIA+ individuals should be considered as a priority population in health services to prevent alcohol use[19].

Sexual violence was more prevalent among young people aged 10 to 14 and males with a lower level of schooling living in rural areas and most of the victims had already suffered some form of sexual violence.

The characteristics of victims of physical violence include being female and having a secondary or higher education degree. Some authors have pointed out that female sexual minorities are consistently at greater risk of physical IPV victimization than male sexual minorities in adolescence[3]. In this sense, a survey conducted in the United States in 2019 revealed that 9.3% of women and 7.0% of men surveyed had suffered physical IPV in the last 12 months[10].

In terms of schooling, victims of physical and psychological violence had more years of schooling. This coincides with the age of the victims: in cases of physical violence, the 15-19 age group predominated, while in sexual violence, the 10-14 age group predominated.

Physical and psychological violence were more prevalent among young people aged 15 to 19. This is corroborated by a study carried out in Canada, which revealed that physical violence is perpetrated mainly by adolescents aged between 16 and 17. Regarding psychological violence, some studies have shown that it increases steadily until the end of adolescence, around the age of 19 when young people are in higher education[10]. Characteristic behaviors include insulting and ridiculing the partner, trying to cause jealousy, threatening to end the relationship, and questioning the partner's routine[20].

Adolescents who experience family violence or witness IPV among family members are more likely to be victimized and perpetrate aggression in intimate relationships due

to the difficulty in developing essential mechanisms for solving problems and maintaining healthy relationships[21].

Living in the urban area showed a statistical difference only for physical violence. As in most of the country, the urban population in Pernambuco is now larger than the rural population. Around 80% of the state's inhabitants live in urban areas[13].

There was a higher prevalence of violence among single young people, especially sexual and psychological violence. It is understood that this status allows them to experiment with different sexual partners, which could increase the chances of meeting an aggressor during encounters. Thus, being single makes it possible for victims to be more exposed to violence and increases the risk of bodily aggression, unprotected sex, and non-consensual sex[3].

In addition to bodily injury, IPV can also have an impact on education, such as impaired academic performance, social interaction, and mental health[3]. Other consequences include isolation, risky sexual behavior, and suicidal ideation, the last two of which are more prevalent among non-white and LGBTQIA+ adolescents[11].

Some studies report that adolescents who are not effectively monitored have worse outcomes and a higher risk of IPV[20]. In this sense, various actors must work together, including social assistance, health, education, defense, and protection services, to create a well-structured network that meets the needs of each case[22].

This study points to the Health Network and the Guardianship Council as the most frequently referred. The intrasectoral network (for health services) is called upon because of the need to treat injuries resulting from physical violence suffered by victims and because the general population[1] more easily knows these establishments. As this is a compulsorily notifiable event, the case must be reported to the Guardianship Council and/or the competent authorities under the Statute of the Child and Adolescent (SCA)[23].

In addition to the fact that violence is known to be underreported, this study also highlights the poor filling in of some variables, such as schooling, race/color, and place of occurrence of violence. The probable contributing factors to this reality are prejudice, the difficulty health professionals have in identifying signs suggestive of IPV, inadequate completion of the notification form, fear of reporting, and fear of disclosing sexuality when reporting the violence experienced[9].

Much of the information was ignored, and it can be inferred that it doesn't reach the information system or that the professionals don't value reporting it, leading to discontinuity of care.

Health professionals must be trained to identify and provide care, reducing the underreporting of violence in this specific population and creating shelters where victims can be referred and receive legal and protective guidance and health care[22], like what exists in Brazil for women and children who are victims of domestic violence.

As a limitation of this study, we found a lack of national studies related to homosexual IPV among adolescents. This makes it difficult to relate the findings to the Brazilian reality since most of the studies used are international and reflect the characteristics of IPV in terms of cultural and social diversity.

FINAL CONSIDERATIONS

Males were the most likely to suffer and practice violence in same-sex relationships, with sexual violence being the most reported and the 15-19 age group the most victimized.

The study envisages further research on the subject, including the occurrence of sexual violence against homosexual pregnant women. Therefore, more research on IPV among young people in sexual and gender minority groups is important to promote appropriate interventions and cultural changes to benefit mental health and well-being. In addition, this study points to the need for greater investment in the protection network by formulating public safety policies for these groups.

In the health field, the study highlights the importance of professional training in the detection and notification of IPV, which contributes to reliable apprehension and, consequently, the fight against this social problem.

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Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - **Silva LMP da, Santos TMB dos**. Drafting the work or revising it critically for important intellectual content - **Silva LMP da, Silva GW da, Silva MS da, Cardoso MD, Santos TMB dos, Beserra MA.** Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - **Silva LMP da, Santos TMB dos.** All authors approved the final version of the text.

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