

Violence perpetrated against LGBT group: Interface with psychological and physiological disorders of victims.

Violência perpetrada contra o grupo LGBT: Interfaces com desordens fisiológicas e psicológicas nas vítimas.

Violencia perpetrada contra el grupo LGBT: Interfaces con desordes fisiológicos y psicológicos en las víctimas.

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RESUMO: Objetivou-se identificar a prevalência de distúrbios fisiológicos e psicológicos que acometem a população de Lésbicas, Gays, Bissexuais e Transgêneros (LGBT) como consequência da violência sofrida. Esta investigação trata-se de um estudo transversal realizado com 316 indivíduos LGBTs recrutados a partir do movimento reivindicatório intitulado Parada do Orgulho LGBT, nos municípios de Juazeiro do Norte e Crato, Ceará, Brasil. Os resultados demonstraram que a violência psicológica foi o tipo de violência mais prevalente (78,8%, n=249) em relação a violência física (31,3%) e sexual (18,4). Houveram consequências decorrentes da violência sofrida na maioria dos entrevistados (81,4%, n=257). No que concerne a estas consequências, houve forte destaque para a ocorrência de consequências psicológicas nos participantes, principalmente através da manifestação de tristeza (42,7%, n=135). Ademais, se mostrou bastante preocupante o elevado número de participantes que tentam cometer suicídio após manifestação de pensamentos suicidas (13,9%, n=44). Tais resultados demonstram que a violência contra a população LGBT produz desordens de caráter psicológico e fisiológico que ameaçam consideravelmente a qualidade de vida desse grupo, ao passo que repercutem negativamente em sua sociabilidade e realização de atividades de vida diária. Neste sentido, faz-se necessário combater a raiz de tais problemas a partir da garantia dos direitos humanos do grupo e enfrentamento aos ataques cotidianos contra a moral direcionados a esta população.

Palavras-chave: Homossexuais, Bissexuais, Violência, Sintomas Psíquicos.

ABSTRACT: The objective of this study was to identify the prevalence of physiological and

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psychological disorders that affect the lesbian, gay, bisexual, and transgender (LGBT) population as a consequence of violence. This research is a cross-sectional study carried out with 316 LGBT individuals recruited from the LGBT Pride Parade in the municipalities of Juazeiro do Norte and Crato, Ceará, Brazil. The results showed that psychological violence was the most prevalent type of violence (78.8%, n = 249) compared to physical (31.3%) and sexual (18.4%) violence. The violence suffered had consequences in the majority of interviewees (81.4%, n = 257), among which there was a strong emphasis on the occurrence of psychological consequences, mainly the manifestation of sadness (42.7%, n = 135). In addition, the high number of participants attempting suicide after suicidal thoughts (13.9%, n=44) was very worrisome. These results indicate that violence against the LGBT population produces disorders of a psychological and physiological nature that considerably threaten the quality of life of this group and negatively affect their sociability and daily activities. In this sense, it is necessary to fight these problems based on the guarantee of human rights to which this group is entitled and face the daily attacks against the morale directed to this population.

Keywords: Homosexuals, Bisexuals, Violence, Psychic Symptoms.

RESUMEN: Se objetivó identificar la prevalencia de disturbios fisiológicos y psicológicos que afectan a la población de Lesbianas, Gays, Bisexuales y Transgéneros (LGBT) como consecuencia de la violencia sufrida. Esta investigación se trata de un estudio transversal realizado con 316 individuos LGBT reclutados a partir del movimiento reivindicatorio titulado Parada del Orgullo LGBT, en los municipios de Juazeiro do Norte y Crato, Ceará, Brasil. Los resultados demostraron que la violencia psicológica fue el tipo de violencia más prevalente (78,8%, n = 249) en relación a la violencia física (31,3%) y sexual (18,4). Hubo consecuencias derivadas de la violencia sufrida en la mayoría de los entrevistados (81,4%, n = 257). En lo que concierne a estas consecuencias, hubo un fuerte destaque para la ocurrencia de consecuencias psicológicas en los participantes, principalmente a través de la manifestación de tristeza (42,7%, n = 135). Además, se mostró bastante preocupante el elevado número de participantes que intentan cometer suicidio tras manifestación de pensamientos suicidas (13,9%, n = 44). Tales resultados demuestran que la violencia contra la población LGBT produce desórdenes de carácter psicológico y fisiológico que amenazan considerablemente la calidad de vida de ese grupo, mientras que repercuten negativamente en su sociabilidad y realización de actividades de vida diaria. En este sentido, se hace necesario combatir la raíz de tales problemas a partir de la garantía de los derechos humanos del grupo y enfrentamiento a los ataques cotidianos contra la moral dirigidos a esta población.

Palabras clave: Gay, Bisexuales, Violencia, Síntomas psíquicos.

INTRODUCTION

With the introduction of the notion of human dignity as a right of every citizen, the visibility of issues related to vulnerable social segments such as the lesbian, gay, bisexual and transgender (LGBT) population, is beginning to be awakened, although the formulation of public policies to

ensure the full exercise of citizenship to the group, as part of its rights, has been slow in practice, and the actions hitherto in force do not integrally contemplate the needs of this social segment.¹

Therefore, numerous demonstrations, movements, Non-Governmental Organizations (NGOs) and associations engaged in the militancy and defense of the rights of the LGBT class have emerged in Brazil, in the field of claims, through struggles for identity, equality, freedom of gender and expression, as well as denunciations violent acts directed to the group².

These violent acts, called homophobic (aversion to homosexuals) and their variants, such as lesbophobia (lesbian aversion) and transphobia (aversion to transgender people), are expressions of socially constructed representations and meanings about deviant sexual orientations in relation to the social norm, represented by hetero normativity, in which the experience of homosexuality and the expression of gender in disagreement with biological sex are marked by disrespect and discrimination², raising in this group a vulnerability to health problems.

As a result of this situation, the factors that generate health vulnerability in the LGBT population comprise physiological (eating disorders, sleep disorders, stress) and psychic aspects, as for example low self-esteem related to the prejudice internalized by this population, coming from social impositions and stigmatizations that contribute to trigger depressive episodes, feelings of guilt, fear, distrust, confusion, insecurity, anxiety, shame, social isolation, difficulties in establishing and maintaining loving relationships, sexual dysfunctions, hostility, alcohol and drug abuse, eating disorders, and suicidal behavior or suicidal ideation³.

As an example of this situation, it is known that although the LGBT group may use illicit drugs for the same reasons as heterosexual peers, researchers believe that this group is more likely to use illicit drugs in response to acts of rejection, stigma and social isolation to which they are exposed^{4,5}. Other established risk factors associated with high levels of drug use among LGBT members include history of sexual abuse⁶ and stressful life events⁷.

Thus, the evidences suggest that the exposure of the LGBT population to acts of homophobia and its variants, materialized in violent phenomena, have a strong association with the appearance of physiological and mental disorders, among which we can mention low self-esteem and increased suicidal ideation⁸.

Therefore, it is important to highlight the negative consequences in the lives of LGBT people resulting from acts of violence. The adopted behaviors thus become powerful tools for the understanding of the victims' reactions to violence and the abuse experienced, due to their mediating role between stimuli and individual responses⁹.

Taking into account this situation, this study aimed to identify the prevalence of physiological

and psychological disorders that affect the LGBT population as a consequence of violence suffered.

We believe that the study has relevance for contributing to a better understanding of the situations of risks and prejudice to which the LGBT group is exposed, since this action will contribute to identify its real health needs, and from a multidisciplinary perspective, to enable the reduction of its vulnerabilities, with respect to the homophobic and violent acts, thus reducing the existing gaps in the current public policies, based on the formulation of strategies that contemplate the specificities of this population.

METHOD

This is cross-sectional study that identified the main health consequences of the violence suffered by the LGBT group.

The research sample was didactically divided into three subgroups, following the nomenclature given to the group (LGBT), namely; the first group, composed of Lesbians (L) and Gays (G) identified with homosexual sexual orientation, the second group, composed of Bisexual (B) with bisexual sexual orientation, and the third group, composed by Transgender (T) individuals, subjects with homosexual sexual orientation. They present characteristics that are bodily alterations such as transvestites and transsexuals⁵, and a gender identity that diverges from the biological sex. The term gender identity refers to a person's perception of himself as being male, female or a combination of both, regardless of biological sex¹. According to the author, it is the intimate conviction of a person to be of male gender or feminine gender. Thus, gender identity refers to how individuals recognize themselves within the gendered patterns (male and female) socially established with their characteristics.

As for sexual orientation, a homosexual individual is considered one who manifests affective and sexual desires towards persons of the same sex¹⁰ and bisexual individual one who manifests affective and sexual desires towards people of both sexes¹⁰. Transvestites and transsexuals are referred in the literature by the term transgender referring to modalities of experiences and subjectivities where gender ambiguity prevails, insofar as they create identities not easily classifiable as masculine or feminine¹¹. Travestites is a term that refers to the term used to designate people who maintain in their gender identity the concomitant reference to both masculinity and femininity and in some cases may resort to modification of their bodies through hormone therapy and silicone application. Transsexual men and women do not identify themselves with their male or female biological genitalia, nor with their sociocultural attributions, and in some cases may, through transgender surgery, exercise their feminine or masculine gender identity in consonance with their bio-psycho-social welfare¹⁰.

The study involved 316 LGBT individuals who gave their informed consent and answered a

structured form that contained questions regarding the profile of the LGBT person, type of violence suffered and manifested consequences. Data collection was done during a protest movement (Gay Parade) in the municipalities of Juazeiro do Norte and Crato, Ceará, Brazil, in July 2013.

In order to screen for the occurrence of violence perpetrated against the LGBT population, the criterion “YES” or “NO” was used for the types of violence: psychological/verbal, physical and sexual. As for the type of consequence manifested in face of the violence suffered, a set of manifestations was divided into two subgroups: psychological and physiological, and the criterion of response “YES” or “NO” was adopted for the occurrence of such manifestations.

The results were organized and tabulated by frequency of response and presented in the form of tables. The results were presented by absolute frequency (af) and relative frequency (fr), the latter being represented in percentage values.

The discussion of the results was carried out in accordance with the relevant literature, and its analysis was carried out by comparing the results found with other investigations that dealt with aspects related to the violence perpetrated against the LGBT population and its consequences in order to identify possible consensual evidence and disagreements between investigations.

This study is part of a larger research entitled ‘LGBT health: LGBT phobia, violence, drugs and therapeutic itineraries in the quest for equal rights and exercise of citizenship’, approved by the Research Ethics Committee of the Medical School of the ABC under Opinion 346,679 in compliance with the principles of Resolution nº 466/12, of the National Health Council that provides guidelines and standards for conducting research involving human beings.

RESULTS

A total of 316 LGBT individuals participated in the study. They self-reported to be for the most part of the male biological sex (70.57%), male gender identity (63.29%), homosexual sexual orientation (80.1%), mean age (34.28%), with no formal work (54.46%), and with an average income of 972.18 Brazilian reais (Table 01).

Table 01. Profile of LGBT participants in the study. Juazeiro do Norte, Crato, Brazil, 2013.

Characteristics	n	%
Sex		
Male	223	70.6
Female	93	29.4
Identity		
Male	200	63.3
Female	113	35.8

Both	3	0.9		
Orientation*				
Homosexual	253	80.1		
Bisexual	63	19.9		
Color				
Yellow	2	0.6		
White	87	27.5		
Brown	196	62.1		
Black	31	9.8		
Schooling				
Complete elementary education	25	7.9		
Incomplete elementary education	25	7.9		
Complete high school	108	34.2		
Incomplete high school	72	22,8		
Complete higher education	27	8.5		
Incomplete higher education	45	14.3		
Post-graduation	14	4.4		
Marital status				
Not married	200	63.3		
Dating	72	22.8		
Stable union	29	9.2		
Married	12	3.8		
Divorced	1	0.3		
To be continued....				
Conclusion...				
Widowed	2	0.6		
Formal work				
No	171	54.5		
Yes	136	43.3		
Did not answer	7	2.2		
	Average	Stand. deviation	Min	Max
Income	972,18	1076,4	0	10000
Age	24,34	7	17	55

* As for homosexual sexual orientation, there were 162 Gay, 71 Lesbian and 20 Transgender participants.

Source: the authors.

Table 2 shows the amount of LGBT people who suffered violence (psychological, physical and sexual) and the amount who had consequences from the violence suffered. Psychological violence was the most prevalent (78.8%, n = 249) and the consequences were present in most interviewees (81.4%, n = 257) (Table 02).

Table 02. Types of violence suffered by LGBT participants in the study and presence of consequences. Juazeiro do Norte, Crato, Brazil, 2013.

	Yes		No	
	af	rf%	af	rf%
Psychological violence	249	78.8	67	21.1
Physical violence	99	31.3	217	68.7
Sexual Violence	58	18.4	258	81.6
Consequences of the violence suffered	257	81.4	59	18.6

Source: the authors.

Table 3 shows the main consequences of the three types of violence (psychological, physical and sexual violence) manifested by the LGBT group, with a strong emphasis on the occurrence of psychological consequences in the participants, mainly through the manifestation of sadness (42.7%, n = 135). It is important to highlight the high number of participants who attempted to commit suicide after suicidal thoughts (13.9%, n = 44) (Table 03).

Table 03. Consequences of violence suffered (psychological, physical and sexual) by LGBT participants in the study. Juazeiro do Norte, Crato, Brazil, 2013.

Psychological consequences			Physical consequences		
	af	rf%		af	rf%
Depression	71	22.5	Headache	99	31.3
Anxiety	94	29.7	Poor digestion	22	7
Panic	36	11.4	Heart problems *	13	4.1
Lack of concentration	51	16.1	Changes in intestinal habits **	19	6
Suicidal ideation	50	15.8	Urinary problems***	10	3.2
Suicide attempt	44	13.9			
1 attempt	15	4.8			
2 attempts	16	5.1	Others	5	1.5
3 attempts	8	2.5	Constant diarrhea	1	0.3
4 attempts	1	0.3	Seizures	1	0.3
5 attempts	1	0.3	Unapparent fever	1	0.3
8 attempts	1	0.3	Nervous gastritis	1	0.3
10 attempts	2	0.6	Inappropriate malaise	1	0.3
Sadness	135	42.7			
Social isolation	55	17.4			
Irritability	75	23.7			
Low self-esteem	98	31.0			

* Spontaneous appearance of tachycardia and sweating.

**Concomitant constipation and/or diarrhea.

*** Recurrent urinary tract infections.

Source: the authors.

DISCUSSION

The results obtained in the study clearly reinforce the worrying condition that affects the LGBT population: its greater vulnerability to health problems (psychological and physiological) as a result of prejudice and social stigmatization. In fact, the environmental, social and cultural context where LGBT individuals are inserted and the fact that they are subject to discrimination imply stress with social exclusion, anti-homosexual/bisexual hatred and high rates of violence¹².

‘Minority stress’ is a condition associated with adverse mental health outcomes in LGBT individuals, with negative psychological outcomes in family relationships, social acceptance, homo/lesbo/transphobia discrimination, victimization in school and work environments, loving relationships, health and financial/housing stability, internalized homo/lesbo/transphobia, and discomfort associated with the disclosure of sexual orientation¹³.

Thus, prejudice, social discrimination and violence against sexual minorities constitute important social stressors and result in negative impacts on the mental health and quality of life of LGBT people^{14,15}.

A Brazilian report on violence against LGBT revealed that in 2012 there were 3,084 reports to the Human Rights Call Center Service (HRCCS) out of a total of 9,982 violations of human rights related to the group, involving 4,851 victims and 4,784 suspected cases. In 2011 there were 1,159 complaints out of a total of 6,809 violations of human rights against LGBT that produced 1,713 victims and 2,275 suspected cases. The increase in complaints in 2011 was 166% and an increase of 46.6% in the number of violations, according to the records of the Human Rights Call Center Service¹⁰.

As for the victims’ profile and their sexual orientation, according to the 2012 report, 60.44% were gays, 37.59% lesbians, 1.47% transvestites and 0.49% transsexuals. In relation to the types of violence perpetrated against the group, psychological violence was the most reported (83.2%), followed by physical violence (32.68%)¹⁰, a datum that corroborates results obtained by this study where psychological violence prevailed (78.8%, n = 249), followed by physical violence (31.3%, n = 99) and sexual violence (18.4%, n = 58) in the sample studied. We also identified that the victims of these types of violence, for the most part, had negative health consequences (81.4%, n = 257), with special attention to psychological disorders, among them sadness, low self-esteem, anxiety and depression.

Violence and social prejudice cause low self-esteem in LGBT individuals, and this, in turn, can be considered a trigger of depressive episodes and its consequences are feelings of guilt, fear, distrust, confusion, insecurity, anxiety, shame, social isolation, difficulties in establishing and maintaining love relationships, sexual dysfunctions, hostility, eating disorders and use/abuse of psychoactive substances¹⁶. As a result of low self-esteem, sexual minorities have nearly six-fold

higher chances to experience depressive disorders¹⁷.

It is a fact that LGBT individuals experience higher levels of depressive symptoms when compared to heterosexual peers¹⁸. Depressive symptomatology in Lesbian, Gay, Bisexual, Transvestite and Transsexual people is associated with a number of negative health consequences, including drug experimentation/abuse and suicide attempts^{12,19}. Thus, the evidence indicates that psychic suffering raises vulnerability to the adoption of risk behaviors in LGBT people, who report high levels of depressed mood and high levels of internalized homophobia²⁰.

A comparative study of 7,403 respondents in England on the prevalence of mental health outcomes based on sexual orientation showed that negative psychological outcomes were significantly more prevalent in people who identified themselves as non-heterosexual, with a chance of developing general neurotic disorder (OR = 1.47), high depressive episode (OR = 1.80), psychosis (OR = 3.75), drug dependence in the previous year (OR = 1.70), alcohol dependence in the last six months (OR = 2.05), suicidal thoughts (OR = 1.85), suicide attempts (OR = 2.21) and self-mutilation (OR = 2.82)²¹.

Regarding suicidal thoughts in the study sample, it is important to highlight the high number observed among those who thought about committing suicide (15.8%, n = 50) and those who actually tried it at some point in their lives (13.9%, n = 44). Such data corroborate a study carried out with 2,282 high school adolescents in three cities of Western São Paulo (Presidente Prudente, Assis and Ourinhos) in Brazil about suicidal ideations and attempts, noting that non-heterosexual adolescents in the sample presented approximately double chance of thinking about suicide, compared to heterosexuals. In relation to suicidal attempts, it was found that non-heterosexuals presented a triple chance of attempting the act compared to their peers²².

Not less important, although little debated, are the problems of a physiological nature. These problems often arise as a somatization of the psychological problems experienced daily as a result of the violence. Somatization, basically, is a manifestation of psychological conflicts and anxieties through bodily symptoms. Somatization is a tendency that individuals have to experience and communicate their anguish in a somatic way, that is, through the manifestation of physical symptoms that do not have actual pathological evidence, and are attributed to organic diseases. It is believed that somatization emerges as a response to psychosocial stresses arising from conflicting situations. It is important to emphasize that somatization is not a psychiatric disorder or a diagnostic category, but rather a general concept that can be presented by various clinical phenomena, usually associated with anxiety and depressive disorders²³.

Such physiological manifestations resulting from possible somatization in LGBT people and identified in this study point to negative impacts on the quality of life of the group, especially headache, poor digestion and altered eating habits.

There are numerous factors that point to possible causes of headache. Among these, stress stands out, because small events of daily life to events with a high degree of stress, such as violence, may contribute to the beginning of this problem²⁴. Studies have shown that stress can increase pain sensitivity and affect all the processing by the Central Nervous System²⁵.

The association between violence, psychological problems and eating disorders in LGBT people is still poorly studied. Although present in clinical practice, the association is usually underdiagnosed and under-treated²⁶ although it cannot be said that eating disorders in sexual minorities are exclusively associated with mental disorders and/or suffered violence²⁷. Despite this condition, studies reveal that in the United States about 20% of the male homosexual population suffers from some type of eating disorder²⁸.

The present data confirm the magnitude of the problem that occurs among the LGBT group, often demanding the search for health services for resolution and/or mitigation of the manifested symptoms. In this sense, special attention should be directed to the group, based on the applicability of guidelines and assumptions of the Comprehensive Health Care Policy for LGBT people, focusing in particular on combating the violence directed at the group and its consequences.

FINAL CONSIDERATIONS

The findings of the study allowed characterizing the health consequences of the violence suffered by LGBT people, a situation that is configured as an important public health problem.

Disorders of a psychological and physiological nature considerably threaten the quality of life of the group, while negatively affecting its sociability and ability to carry out activities of daily living. In this sense, it is necessary to fight the root of these problems based on the guarantee of human rights and facing the daily attacks against the morale directed to this population.

Regarding the limitations of the research, the cross-sectional methodological design made it impossible to establish a causal association between types of violence suffered and types of consequences manifested. Among the strong aspects of this study is the methodological innovation that, according to the authors' knowledge, is the first study carried out in the Cariri region, i.e. the first study on violence against the LGBT population.

We expect, therefore, that the information collected and discussed here may contribute to the construction of actions and interventions in the field of public policies aimed at combating violence against sexual minorities and its consequences, as well as to fill the lack of local scientific data on the subject, allowing the directed action in favor of reducing the problem.

REFERENCES

1. Albuquerque, GA et al. Homossexualidade e o direito à saúde: um desafio para as políticas públicas de saúde no Brasil. *Saúde em Debate*. 2013; 38(98): 516-24.
2. Lionço T. Atenção integral à saúde e diversidade sexual no Processo Transexualizador do SUS: avanços, impasses, desafios. *Physis*. 2009; 19(1): 43-63.
3. Nunan, A. Violência doméstica entre casais homossexuais: o segundo armário? *Psico*. 2004; 35(1), 69-78.
4. Harper GW, Schneider M. Opressão e da discriminação entre as pessoas e as comunidades de lésbicas, gays, bissexuais e transgêneros: Um desafio para a psicologia comunitária. *Jornal Americano de Psicologia Comunitária* 2003; 31:243-252.
5. Meyer IH. Minority estresse e saúde mental em homens homossexuais. *Jornal de Saúde e Comportamento Social*. 199; 36 :38-56.
6. Hughes TL, Eliason MJ. Uso e abuso de drogas em populações de lésbicas, gays, bissexuais e transgêneros. *Jornal de Prevenção Primária*. 2002; 22: 263-298.
7. Rosario M, Schrimshaw EW, Hunter J. Preditores de uso de substância ao longo do tempo entre jovens gays, lésbicas e bissexuais: Uma análise de três hipóteses. *Addictive Behaviors*. 2004; 29.
8. Huebner DM, Rebchook GM, Kegeles SM. Experiências de assédio, discriminação e violência física entre os homens gays e bissexuais jovens. *American Journal of Public Health*. 2004; 94:1200-1203.
9. Marques TM, CMFD. Atribuição de causalidade e reações de mulheres que passaram por episódios de violência conjugal. *Temas psicol*. 2010; 18(1): 205-218.
10. BRASIL, MS. Secretaria de Direitos Humanos. Relatório sobre violência homofóbica no Brasil: ano de 2012. Brasília, 2012. 98p.
11. Garcia, MRV. Alguns aspectos da construção do gênero entre travestis de baixa renda. *Psicologia USP*. 2009 20(4), 597-618.
12. King, M et al. A systematic review of mental disorder, suicide and deliberate self-harm in lesbian, gay and bisexual people. *BMC Psychiatry*. 2008; 8(70), 1.333-1.345.
13. Wong CF, Weiss G, Ayala G, Kipke, MD. Harassment, Discrimination, Violence and Illicit Drug Use among Young Men Who Have Sex with Men. *AIDS Education and Prevention: Official* ISSN 1982-8829 *Tempus, actas de saúde colet*, Brasília, 11(4), 171-183, dez, 2017. Epub Ago/2018

Publication of the International Society for AIDS Education. 2010; 22(4), 286-298.

14. O'Donnell S, Meyer IH, Schwartz S. Increased Risk of Suicide Attempts Among Black and Latino Lesbians, Gay Men, and Bisexuals. *American Journal of Public Health*. 2011; 101(6), 1055-1059.

15. Moody C, Smith NG. Suicide Protective Factors Among Trans Adults. *Archives of Sexual Behavior*. 2013; 42(5), 739-752.

16. Cardoso MR; Ferro, LF. Saúde e população LGBT: demandas e especificidades em questão. *Psicologia: Ciência e Profissão*. 2012; 32 (3), 552-563.

17. Ryan C, Huebner D, Diaz RM, Sanchez J. Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*. 2009; 123 (1), 346-352.

18. Hatzenbuehler ML. How Does Sexual Minority Stigma “Get Under the Skin”? A Psychological Mediation Framework. *Psychological Bulletin*. 2009; 135(5), 707-730.

19. Hatzenbuehler ML, McLaughlin KA, Nolen-Hoeksema S. Emotion regulation and internalizing symptoms in a longitudinal study of sexual minority and heterosexual adolescents. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*. 2008; 49(12), 1270-1278.

20. Nyamathi, A, Branson CM, Idemudia FE, Reback CJ, Shoptaw S, Marfisee M, Yadav K. Correlates of Depressed Mood among Young Stimulant-Using Homeless Gay and Bisexual Men. *Issues in Mental Health Nursing*. 2012; 33(10), 641–649.

21. Chakraborty A, McManus S, Brugha TR, Bebbington P, Kin M. Mental health of the non-heterosexual population of England. *The British Journal of Psychiatry* Jan 2011, 198 (2) 143-148;

22. Teixeira-Filho FS, Rondini CA. Ideações e tentativas de suicídio em adolescentes com práticas sexuais hetero e homoeróticas. *Saude soc*. 2012; 21(3): 651-667.

23. Coelho CLS, Ávila LA. Controvérsias sobre a somatização. *Rev. Psiq. Clín*. 2007; 34 (6); 278-284.

24. Galego JCB. Cefaléia crônica diária: Classificação, estresse e impacto sobre a qualidade de vida. (Unpublished doctoral dissertation). Faculdade de Medicina de São José do Rio Preto, São José do Rio Preto, 2006.

25. Cathcart, S., Winefield, A.H., Lushington, K., & Rolan, P. Stress and tension-type headache mechanisms. *Cephalalgia*. 2010; 30(10), 1250-1267.

26. American Psychiatric Association (APA). Practice guideline for treatment of patient with eating disorders. American J. Psychiatry. 2002.

27. Melin P, Araújo AM. Transtornos alimentares em homens: um desafio diagnóstico. Rev. Bras. Psiquiatr. 2002; 24(3):73-6

28. Andersen AE. Eating disorders in gay males. Psychiatric Annals. 1999; 29: 206-12.

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