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## Sexual Violence against LGBT People in Portugal: Experiences of Portuguese Victims of Domestic Violence

Sofia Neves<sup>a,b,c</sup> , Mafalda Ferreira<sup>a,c,d</sup> , Edgar Sousa<sup>a,e</sup> , Rodrigo Costa<sup>a,b</sup> ,  
Helena Rocha<sup>a</sup> , Joana Topa<sup>a,b,c</sup> , Cristina Pereira Vieira<sup>c,f</sup> , Janete Borges<sup>b</sup>  
, André Lira<sup>a,b</sup> , Lourenço Silva<sup>a</sup> , Paula Allen<sup>a</sup>  and Ivo Resende<sup>a,b</sup>

<sup>a</sup>Plano i Association, Oporto, Portugal; <sup>b</sup>University of Maia, Maia, Portugal; <sup>c</sup>Interdisciplinary Centre for Gender Studies, University of Lisbon, Lisbon, Portugal; <sup>d</sup>University of Porto, Oporto, Portugal; <sup>e</sup>University of Almería, Almería, Spain; <sup>f</sup>Open University, Lisbon, Portugal

### ABSTRACT

Lesbian, gay, bisexual, and trans (LGBT) people are more likely to be exposed to domestic violence when compared with others. Using a qualitative methodology, 16 LGBT people were interviewed to analyze their experiences as victims of sexual violence by family members and/or partners or former partners. Through a thematic content analysis, three main themes emerge regarding sexual violence: (i) dynamics of sexual violence; (ii) traumatic memories and dissociation episodes from sexual violence, and (iii) risk factors for the occurrence of sexual violence. The results show that participants have suffered sexual violence in childhood, adulthood, or both, with trans people being the most victimized. Coercion, manipulation, threats, and deprivation were the most common strategies used to restrict victims and prevent them from reporting the crime. Many participants report blocking their traumatic memories, as a coping mechanism related to the sexual violence suffered. Offender substance abuse, early age of victims at the time of their sexual victimization, and depressive symptoms were reported to increase the likelihood of an episode of sexual violence. It is necessary to assure specialized training among the professionals that work with LGBT victims of sexual violence within domestic contexts, considering the severe impacts they may face.

### KEYWORDS

LGBT; sexual violence;  
domestic violence;  
interpersonal violence;  
Portugal

## Introduction

Domestic violence is defined by the Council of Europe (2011, p.3) as “all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim.” Sexual violence, as the practice of sexual acts by one person toward another without consent (Armstrong et al., 2018), may include, among others, producing and/or sharing sexual content, forcing exposure to sexual subjects or behaviors with others (e.g., pornography), and rape, by threatening, intimidating, and often using physical violence (Basile et al., 2014; Couto, 2013; Matos et al., 2009). Considered one of the most pervasive forms of domestic violence, sexual violence affects the health and general well-being of victims, in the short and/or long term, resulting in multiple negative impacts, which can ultimately lead to

death (Barker et al., 2019; Commission for Citizenship and Gender Equality [CIG] & Association for Family Planning [APF], 2020; Smith et al., 2011).

According to the literature (e.g., Downing et al., 2021; Friedman et al., 2011; Lalor & McElvaney, 2010; Sanjeevi et al., 2018; Sinanan, 2015), sexual violence suffered during childhood is associated with an increased risk to develop depression, dysthymia, borderline personality disorder, somatic symptom disorder, substance abuse disorder, post-traumatic stress disorder, dissociative identity disorder, nervous bulimia, suicidal ideation and/or suicide attempts, early pregnancy, engagement in high-risk sexual behaviors, poor school performance, and perpetration of sexual crimes and/or other forms of criminal behavior. Sexual violence victimization in adulthood can have similar impacts (e.g., sexually transmitted infections, unplanned pregnancy, forced abortion, mood disorders, depressive feelings, suicidal ideation and/or suicide attempts) (e.g., Mondin et al., 2016; World Health Organization, 2012).

The impacts of sexual violence, often associated with the imbalance of power and control between victims and offenders, may vary depending on its duration and frequency, as well as on the cooccurrence of different types of violence, but also the strategies used by the offenders. When sexual violence is perpetrated by someone close to victims it may be perceived as more intrusive, making it difficult to acknowledge the situation as violence and, in consequence, to report it to authorities (Coutinho, 2022). Moreover, to dominate and/or limit victims and prevent them from reporting the victimization experience and/or seeking for help (Merrill & Wolfe, 2000; Moleiro et al., 2016), offenders use frequently coercion, control, humiliation, threats, blackmailing, and punishment (Moleiro et al., 2016; Myhill & Hohl, 2019).

Although sexual violence disproportionately affects women (Mondin et al., 2016; Saldivia et al., 2017), factors such as the level of education, gender identity and/or expression, sexual orientation, and ethnicity may increase the risk of being sexually victimized (Fix et al., 2022; Saldivia et al., 2017; Sigurvinsdottir & Ulman, 2015).

As several studies have been pointing out, LGBT people are particularly vulnerable to suffering from discrimination and violence, especially by significant others (CIG & APF, 2020; European Union Agency for Fundamental Rights, 2020; Moleiro et al., 2016; Sigurvinsdottir & Ulman, 2015). An example of this is sexual violence, which has been researched vastly in terms of perpetration by cisgender heterosexual men against cisgender heterosexual women (e.g., Fileborn, 2014), being under-theorized and under-researched when it comes to the victimization experiences of LGBT individuals (Mortimer et al., 2019). This is especially concerning considering these individuals tend to suffer sexual violence at significantly higher rates compared to their cisgender and/or heterosexual counterparts (Blondeel et al., 2018; Chen et al., 2020; Eisenberg et al., 2021). For example, in the United States, the 2010 National Intimate Partner and Sexual Violence Survey found that bisexual and lesbian women (74.9% and 46.4%, respectively) have a higher prevalence of have experienced some form of sexual violence other than rape, compared to heterosexual women (43.3%). Also, bisexual and gay men (47.4% and 40.2%, respectively) have a higher prevalence, compared to heterosexual men (20.8%) (Walters et al., 2013).

Regarding trans people, James et al. (2016) found out from a sample of 27 715 trans people, that 47% had experienced sexual violence in their lives. This percentage increases in trans people who do or have done sex work, are or have been homeless, or in people with disabilities (James et al., 2016). Indeed, individuals with multiple marginalized identities such as black, trans, and LGBTQ tend to report higher experiences of sexual violence victimization (Coulter et al., 2017; Wooten, 2017). In a study conducted in Spain, out of a sample of 120 trans individuals, 33 (27.5%) experienced sexual violence at some point in their lives (Fernández-Rouco et al., 2017). Grant et al. (2011) found, from a sample of 6 450 trans and gender-non-conforming individuals, in the United States, a higher percentage (64%). While in Australia, Callander et al. (2019) discovered that out of 1434 respondents, 53.2% have experienced sexual violence and coercion and Kerr et al. (2019) 47.7% had experienced sexual harassment and/or sexual assault in the last 12 months before the study. In addition, LGBT individuals who are more “visibly” out or identifiable as LGBT are more likely to experience sexual violence (Huebner et al., 2004); indeed,

and concerning trans women specifically, it has been found that visibly appearing “different” is associated with an increased risk of sexual violence for these individuals (Jauk, 2013).

Studies also indicate that trans people are less likely to seek and access support (e.g., accessing medical care, seeking police assistance or reporting sexual violence) due to fear of being discriminated against based on their gender identity (Grant et al., 2011). This difficulty in seeking and accessing support can be aggravated based on other groups of belonging and identities that make up the individual identity of each LGBT individual (e.g. being bisexual and a person of color) (Munson & Cook-Daniels, 2015).

Furthermore, victim-blaming associated with sexual violence seems to be particularly prejudicial when the victim is LGBT; for example, in one study that presented individuals with a hypothetical stranger rape scenario where the gender and sexual orientation of the victim were manipulated, victim blame was strongest against “cross-dresser” victims, followed by trans victims, then cisgender homosexual victims, and finally, weakest against cisgender heterosexual victims (Davies & Hudson, 2011).

Other struggles of being LGBT are related to the invisibility that LGBT people suffer in their daily lives (Neves et al., 2020), such as health professionals assuming that all patients and clients are heterosexual and cisgender (Pieri & Brilhante, 2022) or the fact that domestic violence is often discussed in a heterosexual point of view and be related to gender-based violence against women (Moleiro et al., 2016). Thus, due to this invisibility, not only do LGBT people face a lack of social recognition but their intimate relationships as well, with this situation extending to domestic violence situation, including sexual violence, among LGBT victims (Moleiro et al., 2016). Other aspects that contribute to domestic violence and sexual violence continue are related: (i) to the fact that many LGBT people who are or have been victims of domestic violence are often economically dependent on their families and, as such, prefer to suffer in silence than to be expelled from their homes, as is frequently the case of LGBT children or adolescents and (ii) possibly having to come out as LGBT—while not yet ready or simply not feeling comfortable in doing it—when asking for help for the situation of domestic violence and all the related possible consequences, some related to reporting to authorities (e.g., facing stigma, being discriminated) (Portuguese Association for Victim Support, 2020; Rodrigues et al., 2010; The National Child Traumatic Stress Network & Child Sexual Abuse Collaborative Group, 2014).

Since domestic violence, and particularly sexual violence, are traumatic experiences that can impair the victim’s ability to use adaptive coping strategies, specialized intervention is crucial to address the victims’ needs (CIG & APF, 2020). To carry out this intervention, professionals must have training in LGBT issues and domestic violence, they must know how to work from an intersectional perspective, since LGBT people, as well as non-LGBT people, accumulate multiple identity belongings that can contribute to greater vulnerability and oppression, in the most different spheres of their lives. Therefore, it is also important to be aware of the different traumas that LGBT people can have, which may be related, for example, to coming out and being rejected, assaulted or expelled from home at the time they did so, and having awareness of their knowledge and attitudes, as these can interfere with their work with LGBT people, leaving them even more vulnerable when negative (Neves et al., 2022; Order of Portuguese Psychologists, 2020).

Currently, Portuguese legislation protects victims of domestic violence who have suffered from sexual violence by acknowledging, under article 152 of the Portuguese Penal Code, sexual violence as a typology of domestic violence, if perpetrated by family members and/or intimate partners. In situations where the victim of sexual violence, in the context of domestic violence, is a minor/underage, the Portuguese legislation includes crimes against sexual self-determination, highlighting the need to protect and promote the free development of personality of the children or adolescents in the sexual domain (articles 171 to 177 of the Portuguese Penal Code). On the other hand, sexual crimes perpetrated against adults, are considered crimes against sexual freedom, and the Penal Code thereby punishes all sexual activities engaged in without the victim’s consent, regardless of age (articles 163 to 170 of the Portuguese Penal Code).

## Method

Within the scope of a broader study aiming to characterize the life trajectories of LGBT people victims of domestic violence, a total of 50 participants were interviewed between February 2020 and May 2021. To recruit them, Portuguese institutions providing support to LGBTI persons and victims of domestic violence were contacted. People participated voluntarily, first filling out a sociodemographic form with elements related to their sex/gender, gender identity, pronouns by which they preferred to be addressed, age, sexual orientation, educational level, marital status, nationality, and occupation. As inclusion criteria for participation in this study were defined as: (i) being a person self-identified as LGBT; (ii) being or having been a victim of domestic violence; (iii) absence of cognitive impairment or mental disorder impediments to participation; (iv) 18 years of age or older, and (v) speak or comprehend Portuguese.

The interview script included a brief presentation of the study and was subdivided into three parts: (i) a first part focused on the description and characterization of their life trajectories, from childhood events to the present moment, as well as on all their experiences as LGBT people, in the most diverse contexts; (ii) a second one focused on their victimization history, and (iii) a third part focused on the protection system for LGBT domestic violence victims. Due to the COVID-19 pandemic, these in-depth and semi-structured interviews were mostly conducted online, via digital platforms such as *Google Meet*, *Zoom*, *Skype* or by phone call. All ethical precepts were respected in order to ensure confidentiality and anonymity and safeguard the rights and well-being of participants. Taking into account the interview could trigger traumatic memories and associated symptoms, crisis intervention was guaranteed, during and after it, whenever necessary. The interviewers were trained with a specific course to support victims of domestic violence and prevention of victimization or re-victimization. All participants gave their permission for audio recording and signed an Informed Consent Form, in which they accepted the conditions for participation and were informed of the aims, their rights, as well of the scientific research team, ensuring once again the anonymity and confidentiality of information. To guarantee data protection, codes were assigned to the interviews conducted.

All data were fully transcribed using the *NVivo Transcription* software and later analyzed by the entire research team using thematic content analysis (Bardin, 2011; Braun & Clarke, 2006), a powerful qualitative method to deeply explore the life narratives of the participants and break the transcribed interviews into excerpts, enabling a settled descriptive analysis that generates keen and reliable findings once its criteria of credibility, transferability, dependability, and confirmability are properly applied by compiling key features of large amounts of data structurally (Braun & Clarke, 2006; Nowell et al., 2017).

## Participants

Among the 50 LGBT victims or former victims of domestic violence interviewed, 16 suffered from sexual violence. More than two thirds had Portuguese nationality ( $n=11$ ), three were Brazilians, one was Venezuelan, and one did not identify their nationality. With an average age of 31.4 years old, 9 of the 16 participants identified themselves as female, five as male and two as non-binary. Four were gay, another four were lesbian, three were pansexual, two were bisexuals, two were heterosexuals and one participant did not define their sexual orientation. Most participants were single ( $n=13$ ), two were married and one was in a non-marital partnership. Eight of the participants completed high school, five completed middle school, two had a higher education degree, and one completed a master's degree. Seven participants were unemployed at the time of participation, two were students, and the other participants were a nurse, a nursing home assistant, a room maid, a freelancer actor and musician, a commercial seller, a carrier, and a bartender.

## Results

This section focuses on the description of the findings obtained through the analysis of the transcriptions of the in-depth interviews that were conducted with 16 victims or former victims of domestic violence who suffered sexual violence. From this analysis, it was possible to understand that four participants suffered from sexual violence during their adulthood, four suffered from sexual violence during their childhood and two during both stages of life, and their responses excerpts were divided into five themes: (i) domestic violence; (ii) impacts of domestic violence; (iii) dynamics of sexual violence; (iv) traumatic memories and dissociation episodes from sexual violence, and (v) risk factors for the occurrence of violence.

### *Domestic violence*

The first theme of this study is focused on the description and understanding of the phenomenon of domestic violence against LGBT people. This phenomenon is common to all life trajectories of the participants.

Through the analysis of the speeches, it is noticeable that this violence was perpetrated during the childhood and adolescence of some of the participants. The aggressors are identified as family members, some of them being the victims' mother, father, uncle or stepfather. The following excerpts present concrete examples of some types of domestic violence and how they were exercised. For example, in the first there is control of the daughter in terms of what she was allowed to wear, her finances and her emotional state. In the second excerpt, a participant, now 43 years old, reveals that she was forced by her mother to go to a psychologist due to her socially perceived "female behavior" (e.g., feminine gender expression) that led her to undergo through "conversion therapies," so that her gender identity as a woman trans could be reversed.

The last six months with my mother were really complicated, six or eight months... First, she wouldn't let me have my own bank account and we had arguments about it. [...] I didn't understand why [...] she wanted to control my money. She would ask me why I spent my money on X [thing], on this, on that, etc. [...] Then she didn't accept what I wanted to wear [...]. She [even] threatened me that if I wore that, I would misrepresent the family, her, and people would think I was homeless and that she was homeless too. And then constant discussions about trivial things until it got to the point of [arguing about] my academic question [...] and [my] mental health situation (trans woman, age 18).

My mother put me in a private school [...]. So, they called my parents to school because of my [female] behavior [...]. I was forced to... [the participant stays in silence for a few seconds] My mother even took me to the psychologist! For me to change my [female] behavior... [But] the person doesn't change, does she? [Laughs nervously] (trans woman, age 43).

However, participants also report having been targets of domestic violence as an adult. This happens, for the most part, in the context of an intimate relationship, in which some cases mentioned by the participants involve physical, psychological and emotional, financial and sexual violence.

I was still in Bragança [a Portuguese city with approximately 30 thousand people] [and] there were certain people who didn't know about my [sexual] orientation. So, in public I avoided showing affection, also for safety reasons, given the environment in which we were. And he even gripped me by the arm tightly and said if I didn't kiss him goodbye, our relationship would end. Later on, at home, he wanted to have [sexual] relations and I didn't [...]. He slapped me and said I was shit (non-binary, age 21).

[...] Physical and sexual. Sexually it was almost every weekend, she pressured me to... [the participant stays in/is silent and changes the conversation] [...] She had a level in karate so she had immense agility and sometimes she needed to hit me and she would. For no reason, full of strength. [...] then she would come with an innocent face of «I didn't do anything» (trans woman, age 18).

[...] the violence I suffered was because I was dependent on him. I rented the room and at that time I had a job, but I was fired because I was not well psychologically, anyways... [...]. The money from the rent [to pay] for the room [was his], he [also] bought food [...] I became dependent on him for those

things. The things I went through with him worsened my depressive state. I didn't feel like getting out of bed and he hurt me for it [...]. There were times when he would go to Leiria [a Portuguese city], which was where his family lived, and I would spend weeks without eating because I had no money (trans woman, age 24).

In these excerpts, all of trans women and non-binary people, the use of physical and psychological violence is very frequently reported. There is also one case, of a 24-year-old participant, who adds the fact that she became financially dependent on the aggressor and went hungry because she had no money to buy food. In this same excerpt, the impacts of domestic violence can already be seen, which will be discussed later (e.g., deterioration of mental health). Also, an even younger participant reports a form of manipulation by the aggressor, which can be framed as gaslighting (e.g., “[...] then [after the aggression] she would come with an innocent face of «I didn't do anything,» trans woman, age 18).

### **Impacts of domestic violence**

Participants shared the impacts that domestic violence and sexual violence had on them. According to their perspectives, the violence exercised by family members left physical (e.g., scars) and psychological marks on them. From reliving traumatic memories just by looking at their naked bodies, to self-injurious and suicidal behavior as a child that lasts to this day.

I don't think any guy has gone through what I've been through and... [Starts crying] and I often ask why!?! Why did I have to go through all this? [Still crying] [...] I look every day in the mirror, at my naked body, and I keep thinking: «This body has suffered so much violence...», I still have some marks here [Points to some parts of the body] that will follow me for the rest of my life, from belts tight! (gay man, age 28).

[...] I didn't know it was bad. Sometimes there were things I felt bad about and it was bad, but I didn't associate that with abuse, it only came later when I knew what it was! [...] I once stuck my fingers in an electrical outlet, knowing that it could kill me... [...] as a child I had suicidal behavior [nervous laughter]! [...] I knew it could kill me but I didn't care, I didn't even think about it [...] [and] these behaviors continued for the rest of my life (trans woman, age 33).

Participants who shared the impacts of domestic and sexual violence perpetrated in intimate relationships report that these are primarily psychological and emotional, although there are some physical ones (e.g., bruises). As for the psychological and emotional impacts, these are reflected in the participants through the difficulty in establishing relationships with people, whether friendship or romantic, since they became more distant and detached people. Also, depression is mentioned as a negative impact of violence experienced during an intimate relationship.

[...] it was very difficult to reconnect with someone. [...] I became a very detached person, of which I am not proud. If I had to, today I was with one [person], tomorrow I was with another, and I became very detached. Until, later, a person appeared in my life, [...] [but] I never gave in, oh... [Pauses in their speech and apologizes for it]. This last relationship of mine ended two years ago, but I'm still complicated. [...] I was never able to give myself to one hundred percent (non-binary, age 21).

What I suffered, what hurt me the most was inside, you know!?! [...] How can a person that we like so much... We sleep with our worst enemy, right!?! It's not because of the marks, [...] I think it's because it's the person we like the most, isn't it?! I think that's what makes us... That's why I fell into depression, I couldn't even argue with him anymore, because... [After a speech extended in time, the participant stops talking] (trans woman, age 29).

When reporting these impacts and what caused them, several participants changed their tone of voice and/or succumbed to crying or silence. Demonstrating that, despite the fact that they are no longer being targets of domestic violence and sexual violence, these leave marks to this day and influence their lives in different contexts and domains, being one of them, as aforementioned, establish friendship or romantic relationships.

## ***Dynamics of sexual violence***

Sexual violence is one of several typologies of domestic violence across all participants. This was perpetrated by family members (e.g., mothers, uncles). In the excerpts that follow, two cases that happened during the participants' childhood are presented. In the first, the participant states that her mother never perpetrated physical violence against her, however, she says that she was groped several times by her mother, without her consent and that she felt uncomfortable with it. In the second excerpt, is shared the case of an uncle who took advantage of the moments when he was alone with his nephew to practice sexual violence. Coercing him not to tell anyone. Due to the moment in which it occurred, the participant confesses that he thought it was something common and that it also happened to other boys. Which may also explain why he kept it a secret and normalized the situation.

My mother never hit me because of the way she was raised. When she grew up, she was beaten by her father and that's why she never beat me. Although [...] she always groped me. [...] She never touched my genitals, she groped my whole body, especially my buttocks. She felt some sense of control, she would touch my buttocks and then make some comments [like] «You have such good buttocks», things of this kind. And of course, that makes me uncomfortable. [...] I even asked her not to do that, but she said «Your body is mine, I'm in charge!» (trans woman, age 18).

On Sundays I would go to my grandmother's house for lunch [...] and that was where this uncle lived. And, in the afternoon, usually, they would go to the cafe or go for a walk, [...] and I would stay there playing [with him] and it was at those times that he took advantage [of me] [...]. [That happened] for a long time, I remember I must have been eight or nine years old, [and] I remember it happening so many [times] that I thought it was normal for these kinds of situations to happen, [even] with other kids too. I didn't talk to anyone, of course he asked for secrecy, but I thought that was a common thing, [...] and at the time I had no idea what it was (gay man, age 39).

In addition to the participants reporting sexual violence as a typology of domestic violence, perpetrated by family members, there are those who also reveals that it was perpetrated in the context of intimate relationships. Some of the dynamics mention blackmail, such as preventing the person from having access to certain rooms in the house (e.g., kitchen and bathroom) or access to the internet, to force them to have sex against their will. Other dynamics of this violence mention direct rape attempts, without the use of blackmail. The last excerpt still presents some impacts that sexual violence can have on victims, such as the difficulty in trusting and establishing new relationships, thus becoming isolated and alone.

[...] he [Referring to her ex-boyfriend] would come, pull the sexual organ out and tell me to do something with it! It started to disgust me. [...] he would lock the bathroom and the kitchen so that I wouldn't have access and I would have to have sex with him! He wanted to deprive me of it! I practically went two days without going to the bathroom! There was a time he took away [my access] to the internet (trans woman, age 24).

The first few weeks, everything was great and then [I started to see] signs start on his part. I couldn't talk to other guys at school or he would ask me: «Why did you talk to that guy? Have you ever slept with him?», and I «No, \*\*\*\*\*. Do you think? He is our classmate. I don't even know where he lives!» and him [would reply] «You've already been [to his house]!» and I «Look, \*\*\*\*\*, I don't admit that to you» [...]. And then he threatened me! «If you're not here, I'll kill you!». [...] We broke up because he tried to rape me in the bathroom. It didn't work, because my colleagues sensed something [was wrong] in the bathroom. The wall was [made of] plasterboard and they heard that something wasn't right! [...] For five years I didn't even want to meet anyone or get close. I had people who liked it, and I said no. [...] I have been alone for ten years! (gay man, age 28).

Although it did not occur in the context of domestic violence, some participants shared having been victims of sexual violence by family acquaintances or strangers. This is quite significant, since, in addition to the domestic and sexual violence to which they were exposed by



family members and/or in the context of intimate relationships, there are those who have been exposed to it by third parties.

[...] it was in 2010. My mother had a night job and asked the neighbor across the street to take care of me [...]. There was a computer in the living room and I was in the living room watching TV and my mom's friend's son was on the computer and... He used to play games, but when he wasn't playing, he was watching pornography and started masturbating my front. [...] Until eventually he asked me to go play and I didn't understand anything that would happen afterwards... Then he pushes me onto the bed and undresses me and abuses me. He would have been fourteen or fifteen and I was about ten, I don't know. [...] He threatened me if I said anything. [...] I shared this with my mother, but my mother didn't believe me, therefore. If it hadn't happened, maybe I would be a different person today (trans woman, age 18).

[...] I was raped and tortured by security guards in a shopping center in Lisbon. I walked into the mall and I already had my [gender affirming] surgeries [done], but I still had a little bit of a beard. [...] I was waiting for a hamburger [and] three security guards came. One grabbed me in one arm and the other one grabbed [me] the other arm and out of nowhere, the other one was at the [bathroom] door. The three security guards entered the bathroom. I spent several hours there. The third security guard stood at the door and did not let anyone in. I was there for several hours [...] being a victim, I was tortured. First, they stripped me all over, beat me up, turned me around [and] stuck the club up my ass... [The participant is silent and asks to change the subject] I'd rather not talk about it, ok? Because it's too painful and I don't want to. That was in 2013 (trans woman, age 48).

In the previous excerpts, there are new dynamics used in sexual violence. While in the first excerpt, in addition to the rape and the threat to control the victim not to tell, the aggressor also exposes her, being this a child of approximately eight years old, to pornography. Regarding the second excerpt, a group rape is described, in which the aggressors take advantage of their authority figure to attack the participant physically. From the victim's perspective, would have been a way of punishing her for her gender identity as a trans woman, since she was not cis-passing and the offenders, three male security guards, were able to identify her as non-cisgender. The violation shared by the participant includes the introduction of objects into her own body. She was uncomfortable with the episode and did not mention this subject again in the interview.

However, as mentioned in the excerpt itself, the participant was quite uncomfortable sharing this specific episode that the researcher decided not to insist on during the interview. After a break, the interview continued and at the end, therapeutic follow-up was offered.

### ***Traumatic memories and dissociation episodes from sexual violence***

As already shown and described in excerpts from the previous theme, participants have traumatic memories associated with the experience of sexual violence. However, there are other excerpts where these memories are even more evident. In the following, the participant recalls a situation in which she was coerced by her father to collaborate in the perpetuation of sexual violence against her mother.

[...] when I was young, I witnessed a very bad thing which was my father forcing himself on my mother and eventually raping her. Basically, we were in the bedroom and he started taking her clothes off and she didn't want to because I was there. Then he started to rip her clothes off and told me to do it too because that was a joke and I started to grab her clothes. Somehow, he also made me an accomplice to that crap! Then she ran to the bathroom, he went after her and she started screaming and I stayed in the room listening to everything! (trans woman, age 33).

The same participant also shares that her father used to force her to touch his penis, while he would laugh at the situation. As a result of these aggressions, the participant continues to have the smells of semen and bleach present when she goes to the bathroom. When sharing this information, she started to cry, which can be an indicator of the bad feeling she feels as an adult, for having this memory present that she classifies as "very bad."

When I go through something traumatic in my life, I basically block it out and don't remember it later. My memory goes to a point and then, boom, it's all black! [...] My brain basically shuts down. This has happened several times in my life [...]. My father [...] was a bad person too. One thing he used to do was call me to the bathroom when he was taking a bath in the bathtub and tell me to touch his penis [Laughs nervously], but it wasn't really for doing anything sexual to him, it was more for laughing. But that wasn't acceptable, was it? [...] With my father it was once in a while, with my mother it was only once. [...] There's nothing like going to a bathroom there [Starts crying] and smelling a strong smell of semen and bleach! It was bad, it was very bad! (trans woman, age 33).

Similar to the speech of the previous participant, who mentions that her memory/brain turns off/goes black, there are other participants who tell similar experiences. From a state of dissociation of mind and body (e.g., “[...] it really felt like I was watching a movie and I was seeing everything happening,” trans woman, age 18), both during the moment when the sexual violence occurred, and afterwards. Some participants, as evidenced by the second excerpt, sometimes doubt themselves and think that it was all a dream. Which is curious, since the participant can describe some aspects in detail (e.g., the house where this happened), but even so he goes into denial with himself and doubts that these memories and events are real.

I had episodes of dysregulation and dissociation. I was mute, I didn't feel anything, it really felt like I was watching a movie and I was seeing everything happening. [I] had no control over my [own] body [and even] my mind couldn't protect me from these moments... (trans woman, age 18).

[...] I have no memory of that time, but I know that... I remember that, I don't know if I'm sure... It was always a question that messed with [my] head because I have that memory [...] but I don't know if it really happened or if it was a dream [...]. I have a memory of one of my godmother's nephews, this lady who raised me, raping me, penetrating me and... And encouraging me to have oral sex. At the time [...] I was six years old and I remember that that attracted me, I liked that, it was something I liked. [However] I grew up, didn't I? I stayed in that house until I was seven years old... [...] there was a room in the middle of the house, the house was very big, it had several rooms... It was really old, quite old, it's even a little scary, but I got used to living there, I was a kid [...]. I remember it perfectly, as if it were yesterday... in the middle room, which already belonged to the part of the hallway almost before the stairs, I... I often went there to play video games with this guy, who was the nephew of my godmother, [...] and these situations happened. [...] Only when I was thirteen, fourteen or fifteen years old [...] did I tell my mother and she went to confront this guy and his mother. But there were denials and I didn't [...] know if it was memory, if it was [all from my] imagination... [...] I wasn't sure. [...] I remember that [when] oral sex and anal sex started happening, [especially] from the moment anal sex started... I know there were many times, but from the moment anal sex my head shuts down. I am only aware that it happened several times, but from then on... [It was] almost as if I fell asleep (gay man, age 28—is a different participant from the one presented in other themes, both have the same sociodemographic characteristics).

### ***Risk factors for the occurrence of violence***

Finally, the last theme aims to describe which factors can increase the occurrence of violence. According to the victims' narratives, it was possible to divide this theme into two sub-themes. The first one addresses general risk factors for domestic violence, meanwhile the second one specifies on those that precipitate sexual violence.

### ***General risk factors for the occurrence of domestic violence***

As factors that helped the participants to predict a situation of domestic violence and/or increased the risk that it would happen, the participants mentioned the consumption of alcohol and/or drugs by the aggressors and the history of violence in the family.

Yeah, I don't know if I can say a specific age [to when the violence started], but... But yes, during the elementary school period, yes. Also, a result of alcoholism from my father (gay man, age 36).

The relationship between my mother and father... She suffered from domestic violence too. [...] Yes, because my father also drank, but he only drank occasionally. [...] Sometimes he beat her (trans woman, age 43).

When he was on drugs, he was calmer. When the drug was over it was a disease for me, because he would change. [...] He would hallucinate with the drug. [...] he [would] say I was involved with everyone. [...] [But] he [also] changed completely when the drug ran out [...], he turned into an animal (trans woman, age 29).

### **Specific risk factors for occurrence of the typology of sexual violence**

From the perspective of the participants, the factors that are more specific and that precede a situation of sexual violence are also the consumption of alcohol, drugs and/or some medicines by the aggressors. Still, others are described that contributed to making the participants more vulnerable to suffering from this type of domestic violence, namely having been a victim of sexual violence at an early age and feeling depressed

[...] my mother also used to drink from time to time and there was one of the worst episodes of my life where my mother basically raped me at around three, two and a half, three years old. [...] she was bathing me and, as she was all upset, that is why... I never thought about reporting or anything because she probably doesn't even remember what she did! (trans woman, age 33).

He [referring to her ex-boyfriend] drank a lot and used medication for his head, I don't know why but he sometimes screamed, had outbreaks. I was lying on the bed and that was when I started to lock the door because I was depressed, very badly, lying down, without strength for anything (trans woman, age 24).

The first [referring to her ex-boyfriend] was sexual violence. I was in a major depressive crisis, which lasted about four years. And the person in question used me as if I were a sex toy. He was a middle-aged man already, that was basically it. Then I had another one who treated me the same way, this relationship lasted for a shorter time, about six months (trans woman, age 34).

When crossing the factors presented in both sub-themes, it is understood that the consumption of alcohol and/or drugs by the aggressors is transversal both to domestic violence and to the specific occurrence of sexual violence. The fact that participants were victims of sexual violence at an early age (e.g., “[...] my mother basically raped me at around three, two and a half, three years old,” trans woman, age 33) and that makes it impossible for them to protect themselves, but they can also make them more vulnerable to this happening again in the future because they normalize this violence. Also, the depressive state on the part of the victims is mentioned to affirm that it is a characteristic that makes them more vulnerable to suffering this type of violence or being manipulated for it, without being able to defend themselves.

## **Discussion**

Within the scope of a broader study aiming to characterize the life trajectories of LGBT people victims of domestic violence, a total of 50 participants were interviewed, of which 16 participants reported having suffered sexual violence in their childhood, adulthood, or both stages of life.

According to literature LGB people are 3.8% times more likely to have experienced sexual abuse during childhood compared to sexual nonminority individuals (Friedman et al., 2011). Walters et al. (2013) concluded that bisexual people are more likely to have experienced sexual violence excluding rape, compared to lesbian women and gay men.

Semple et al. (2017) found that 39% of gay and bisexual men experienced sexual violence as adults and 21% as children. Testa et al. (2012) found that 26.6% of trans people had experienced sexual violence in their lifetimes, perpetrated by either a family member or an intimate partner (58%), an acquaintance (48.4%), or a stranger (25.8%).

Domestic violence is described by participants in the first theme. Through the analysis of their speeches, it is possible to verify the existence of different typologies, including that of sexual violence. These are perpetrated by family members and/or in the context of intimate relationships. All typologies of domestic violence, namely physical, psychological and emotional,

financial and sexual, are in line with the literature (Amaro, 2014; Council of Europe, 2011; Manita et al., 2009). The impacts of domestic violence and these different typologies can lead to LGBT people having traumatic memories, depression, difficulty establishing new relationships with people, whether friendship or romantic, and suicidal behavior (Amaro, 2014; Moleiro et al., 2016).

Regarding the dynamics of sexual violence, there is a plurality and diversity of experiences present in the speeches of the participants. The findings indicate that the main offenders identified—since in some cases the victim suffered sexual violence perpetrated by multiple people at different moments of their lifetimes—are people from the nuclear family (e.g., father and/or mother), members of the extended family (e.g., uncle), acquaintances of the victim (e.g., the son of a mother's friend), and strangers (e.g., three security guards). Which in line with the literature, since the offenders are usually someone close and known to the victims (Testa et al., 2012). The testimonies of participants also prove that physical violence and psychological and emotional violence are oftentimes found when there is sexual violence. Also, the dynamics used by the offenders show that in order to perpetrate the sexual violence, they wait until they are alone with the victims, and use psychological and emotional violence strategies (e.g., coercion, manipulation, threats) in order to restrict victims and leave them feeling isolated (e.g., “he would lock the bathroom and the kitchen so I wouldn't have access and I would have to have sex with him!” trans woman, age 24) and unresponsive (e.g., “My brain basically shuts down,” trans woman, age 33). Some of these strategies are mentioned by Moleiro et al. (2016) and Myhill and Hohl (2019) and can lead victims to: (i) experience feelings of guilt and responsibility for the situation experienced, also known as gaslighting (e.g., “I didn't [...] know if it was a memory, if it was [all from my] imagination...,” gay man, age 28); (ii) normalize sexual violence, especially when experienced at an early age (e.g., “I thought it was normal for these kinds of situations to happen, [even] with other kids too,” gay man, age 39); and (iii) fear of suffering reprisals if they reported the situation of sexual violence they were the victims of (e.g., being kicked out of their own home).

Although this theme refers to sexual violence suffered, within the context of domestic violence, some participants reported having suffered sexual violence by acquaintances or strangers. This is significant and therefore important to be highlighted, as this can reinforce and activate victims' traumatic memories and leave them in an even more vulnerable position. One of the cases mentioned, of a participant who was tortured and raped in a shopping center by three security guards, raises the question about whether this sexual violence happened, due to the victim's gender identity and as a way of punishing her for it, as was the victim's perception, and/or correct her, since similar cases are found in the literature (Doan-Minh, 2019; Human Rights Watch, 2011).

The third theme sought to describe and understand traumatic memories and episodes of dissociation, as a result of the sexual violence suffered. The results indicate that many of the victims “blocked” their memories related to their traumatic experience, as a form of defense mechanism, to cope with and survive at the time of the sexual assault or sometime later. Indeed, dissociation is a common aspect related to traumatic experiences, particularly sexual violence, both during childhood and adulthood (e.g., Gómez, 2019; Gómez & Freyd, 2017).

Finally, the last theme sought to describe what factors may be involved in the practice of domestic violence and the typology of sexual violence, and/or increase the vulnerability of victims to suffer from this violence. Through the analysis carried out on this theme, it is evident that the consumption of alcohol, drugs and/or some medications by the aggressors can contribute to the occurrence of a situation of sexual violence. According to Brecklin and Ullman (2010), in 67% of cases of sexual violence, the aggressors were under the consumption of alcohol and/or drugs when they committed the violence. Other factors reported by the participants, for example, are the fact that sexual violence is perpetrated during the victim's childhood and that makes it difficult for her to defend herself and understand this as aggression and normalize it. Also, the fact that violence is perpetrated when the victim is in a depressive state makes it more

difficult for them to defend themselves from the dynamics of sexual violence, such as manipulation, as they do not have the energy to do so.

## Conclusion

LGBT people are more likely to experience discrimination and violence in different spheres of their lives, especially within the private scope, where family and intimate relationships take place.

In this study, the prevalence of sexual violence among LGBT victims of domestic violence, was extremely evident, exceeding three in ten cases. Some of the LGBT victims experienced sexual violence during childhood, adulthood or both. This was perpetrated by family members, intimate partners or both. However, some of the participants also suffered sexual violence outside the domestic context by strangers, making the victim perceived it as a way of them for their non-normative gender identity, as well as an attempt to “correct” and “force” them into a cis-heteronormative identity.

Sexual violence is a traumatic experience that results in equally traumatic memories and which, in many cases, has left sequels to this day. In this sense, we have warned of the importance of guaranteeing the safety and well-being of these victims, whether in the context of research or intervention. For this, it is important to have specialized training in LGBT issues and domestic violence, but also knowledge about guidelines that help to carry out better and more specialized work with this population. Our study reinforces the idea of the need to conduct further research on this social issue to better explore not only this reality and its prevalence, but also its impacts on victims, making an intersection of sexual violence, as a typology present in domestic violence.

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The authors declare that they have no conflicts of interest.

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## ORCID

Sofia Neves  <http://orcid.org/0000-0001-6180-4932>  
Mafalda Ferreira  <http://orcid.org/0000-0002-9240-0348>  
Edgar Sousa  <http://orcid.org/0000-0002-0051-4277>  
Rodrigo Costa  <http://orcid.org/0000-0002-1967-8378>  
Helena Rocha  <http://orcid.org/0000-0002-5172-7598>  
Joana Topa  <http://orcid.org/0000-0003-0663-973X>  
Cristina Pereira Vieira  <http://orcid.org/0000-0002-5494-5371>  
Janete Borges  <http://orcid.org/0000-0002-8332-0039>  
André Lira  <http://orcid.org/0000-0002-1716-6619>  
Lourenço Silva  <http://orcid.org/0000-0002-6991-309X>  
Paula Allen  <http://orcid.org/0000-0002-2732-6022>

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