






REVIEW ARTICLE

Health Discrimination Against LGBT+ Individuals and Arts-Based Approaches: A Systematic Review

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Abstract

Objective: Stigma remains a major barrier preventing LGBT+ individuals from accessing healthcare services. Many of these barriers arise from insufficient professional training and from persistent misconceptions that LGBT+ people seek care only for the treatment of sexually transmitted infections or for gender transition and reassignment procedures. This article explores healthcare discrimination experienced by LGBT+ populations in clinical settings and examines the role of arts-based mobilization strategies in improving healthcare provision in Brazil.

Methods: A systematic review of empirical and literature-based studies published between 2020 and 2025 was conducted. Articles in Portuguese and English were retrieved from BVSsalud, CINAHL, PsycINFO, PubMed, Scopus, Web of Science, CAPES, and SciELO, using the Boolean operators AND and OR and the following keywords: "arts-based intervention," "health disparities," "health outcomes," "knowledge mobilization," "prejudice," "sexism," and "sexual and gender minorities."

Results: Knowledge mobilization through the arts remains an underexplored approach in the Brazilian context. The studies reviewed revealed that LGBT+ individuals face multiple barriers to healthcare access, frequently linked to prejudice, discrimination, and violence. Another recurring issue was the lack of professional preparedness, attributed to the absence of LGBT+ related content in academic training and to persistent gaps in continuing education across all levels of healthcare. Furthermore, the vulnerability of older LGBT+ individuals was highlighted.

Conclusion: Overall, the findings depict a healthcare landscape marked by systemic inequalities, adverse effects on physical and mental health, limited technical and ethical readiness among professionals, and an urgent need for effective public policies and ongoing professional training to address these vulnerabilities.

Keywords: arts-based research, health personnel, health promotion, perceived discrimination, sexual and gender minorities

INTRODUCTION

Social stigma is defined as a condition in which an individual is denied full social acceptance (1,2). It is closely associated with the stress experienced by minority groups, including those related to sex and gender within the LGBT+ community (1). Stigma permeates multiple dimensions of LGBT+ individuals' lives. It contributes to a higher prevalence of chronic illnesses, mental health disorders, psychoactive substance use, and economic instability (1,3). LGBT+ individuals are particularly vulnerable to diseases such as diabetes, cardiovascular conditions, and certain cancers, and they are frequently subjected to recurrent violence, discrimination, and social exclusion. In mental health, this translates into higher rates of depression, anxiety, substance abuse, and suicide (1,4). The consequences of stigma extend beyond psychological harm, affecting physical health and access to essential healthcare services. Approximately 24% of sexual and gender minority individuals report avoiding healthcare services or government resources due to fear of discrimination, an immediate consequence of stigma (1,5).

Miskolci and colleagues (6) highlight that stigma and discrimination by healthcare professionals, combined with a lack of specific training, limited access to care networks, deficiencies in the SUS information systems, and managerial priorities focused more on data collection than on meeting real needs, all reinforce these barriers. Furthermore, the often-idealized view of primary care rarely reflects the lived experiences of LGBT+ individuals.

The social, economic, and emotional consequences of stigma include heightened vulnerability to unemployment and the deepening of social inequalities (1,7). Addressing these challenges requires that the specific needs of the LGBT+ population be incorporated into public policies and mental health strategies, ensuring their inclusion in psychological and psychiatric programs designed to mitigate symptoms such as anxiety and depression (1,5).

Family rejection and compromised mental health further contribute to risky behaviors, such as self-harm and substance abuse (1,8). Sexual and gender minorities exhibit significantly higher rates of suicidal behavior, from ideation to planning, alongside greater alcohol and tobacco use compared to the heteronormative

population (9). These behaviors are often exacerbated by social isolation, family conflict, and the absence of supportive networks (1,9).

A persistent stereotype assumes that LGBT+ individuals seek healthcare primarily for the treatment of sexually transmitted infections or gender-affirming procedures (10,11). However, Caetano et al. (12) demonstrated that 58.2% of LGBT+ participants reported having health insurance and accessing private services. Notably, 58.7% avoided disclosing their sexual orientation or gender identity to professionals at Basic Health Units.

Another recurring challenge concerns the inadequacy of health information systems in addressing the needs of trans and non-binary individuals. For example, Miskolci et al. (6) describe barriers in conducting gynecological exams (e.g., Pap smears) for trans men and prostate exams for trans women, largely due to rigid systems that fail to recognize such demands. Moreover, the alleged lack of knowledge and need for training are often cited by professionals and managers as justifications for avoiding accountability in implementing public policies (6,13).

Caetano et al. (12) further demonstrate that access to primary healthcare services in Brazil is shaped by social determinants, including gender identity and sexual discrimination. Ensuring equitable care requires that LGBT+ individuals are made aware of their rights, that gender and sexual diversity guidelines are effectively enforced and monitored, and that healthcare professionals are adequately trained to provide non-discriminatory services.

Findings underscore the urgency of continuous education for healthcare professionals, including those who identify as LGBT+, based on principles of humanization and free from biologicist frameworks that pathologize gender identities, such as in the case of HIV, thereby perpetuating stigma and negatively affecting mental health (10). The lack of LGBT+ specific content in healthcare training curricula compounds this issue (14).

The health needs of LGBT+ populations have become a structural concern, particularly in the field of public health policy. These needs challenge SUS and its care networks, requiring the attentive engagement

of science, professionals, and policymakers in both theory and practice (15). Reducing stigma and its consequences requires actions that actively denounce discrimination by public institutions, especially those in the health sector, while guaranteeing equal access to essential resources (1,5).

A promising approach lies in artistic interventions as tools for knowledge mobilization and perspective shifts. Hyde and O'Keefe-McCarthy (16) demonstrate that arts-based methods, when employed in patient and caregiver engagement processes, decentralize researcher power, minimize tokenism, and enhance the expression of lived experiences that are often difficult to articulate, such as emotions, feelings, and relationships. In this context, arts-based methods (ABM) can be understood as an approach that intentionally employs diverse artistic expressions to translate, circulate, and activate knowledge generated through research, thereby supporting the implementation of evidence-based practices. This approach is grounded in the understanding that knowledge is socially situated and constructed within specific contexts, and that engagement with art facilitates critical reflection, meaningful participation, and recognition of individuals' lived experiences. Consequently, ABM foster creative, collaborative, and dialogical learning environments that enhance knowledge mobilization and shared understanding (16,17).

Art-based interventions include practices such as visual arts, theater, dance, music, and expressive writing, all of which contribute to positive health outcomes and well-being. According to Fancourt and Finn (17), these practices promote health, prevent mental illness and physical decline, support patients with chronic and neurological conditions, and provide care in palliative and end-of-life contexts. For example, concrete poetry enables metaphorical meanings to be conveyed through form, allowing readers to grasp concepts visually (18). The adoption of ABM has expanded in countries with research funding that supports this approach, promoting a shift from biomedical paradigms to person-centered care (16). Recent studies confirm that ABM not only deepens understanding of stigmatized issues but also serve as effective tools for engaging vulnerable populations, fostering co-construction of knowledge, and encouraging inclusive public policies (19).

Access to healthcare services remains one of the most challenging for the LGBT+ population. These challenges intersect with broader discussions on human rights for populations not yet fully recognized by health policies. Recognizing LGBT+ needs requires expanding societal perspectives, acknowledging that visible diversity represents only the surface of numerous identities that remain "submerged" in the public sphere(6).

In this context, knowledge mobilization through artistic interventions emerges as a valuable ally in promoting structural change and advancing public health policies. Accordingly, this study poses the following research question: "What are the intersections between healthcare discrimination and arts-based mobilization in shaping health promotion for LGBT+ individuals?" To address this question, this review explores the discrimination experienced by LGBT+ individuals in healthcare settings and examines the potential of arts-based mobilization strategies to improve healthcare provision in Brazil.

MATERIALS AND METHODS

A systematic review requires a structured and comprehensive plan with predefined research strategies designed to minimize bias through the identification, evaluation, and synthesis of relevant studies on the topic under investigation (20). In this study, the review was conducted in accordance with the PRISMA guidelines (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) proposed by Moher, Liberati, Tetzlaff, and Altman (21). The review protocol was registered in PROSPERO under registration number CRD42025641674.

The selected material consisted of empirical studies employing qualitative, quantitative, or mixed-method designs, as well as literature reviews addressing the use of arts-based interventions to mobilize healthcare professionals' knowledge regarding LGBT+ healthcare. The inclusion criteria were as follows: 1) articles published between 2020 and 2025; 2) peer-reviewed and indexed journals; 3) available in full text; 4) written in Portuguese or English; and 5) classified as open access by their publishers. The primary outcome assessed was the identification of indicators examining the impact of healthcare discrimination against LGBT+ individuals and the potential of arts-based strategies for knowledge mobilization.

Exclusion criteria included duplicate records across databases, commentaries, editorials, theoretical essays, and studies that addressed discrimination in healthcare but did not focus on LGBT+ populations or the use of arts-based interventions.

The databases searched included BVSsalud, CINAHL, PsycINFO, PubMed, Scopus, Web of Science, and the virtual libraries CAPES and SciELO (Scientific Electronic Library Online). These sources were selected due to their multidisciplinary coverage, inclusion of Brazilian publications, methodological relevance, and alignment with the scope of this review. Searches were conducted using Medical Subject Headings (MeSH) from the U.S. National Library of Medicine and Health Sciences Descriptors (DeCS) to identify appropriate terms in both English and Portuguese. The Boolean operators AND and OR were applied to combine the following descriptors: "arts-based intervention," "health disparities," "health outcomes," "knowledge mobilization," "prejudice," "sexism," and "sexual and gender minorities." The full search strategy is outlined in Appendix A.

RESULTS

The initial database search retrieved a total of 17.413 records, distributed as follows: SciELO (n=13), BVSsalud

(n=729), Scopus (n=799), PubMed (n=8.688), CINAHL (n=5.347), PsycINFO (n=144), Web of Science (n=1.652), and CAPES (n=41). After applying the inclusion criteria, 12.756 publications were excluded for reasons such as being letters to the editor or opinion pieces, duplicates, lack of focus on the target population, or language incompatibility. Subsequently, 4.657 titles and abstracts were screened for relevance. Of these, 4.552 articles were excluded because their title and abstract did not address the subject of the study.

Of the remaining records (n=105), full-text articles were retrieved and assessed in detail. Following this process, an additional 77 studies were excluded, primarily due to the absence of descriptions of arts-based interventions aimed at improving LGBT+ healthcare.

In total, 28 studies met the inclusion criteria and were incorporated into the qualitative synthesis. These studies were analyzed to summarize and map the current evidence on the use of arts-based interventions to enhance healthcare for LGBT+ populations. Figure 1 illustrates the PRISMA flow diagram detailing the study selection process. Table 1 provides a summary of the included studies, outlining the author(s), year, study objectives, sample characteristics, and main findings.

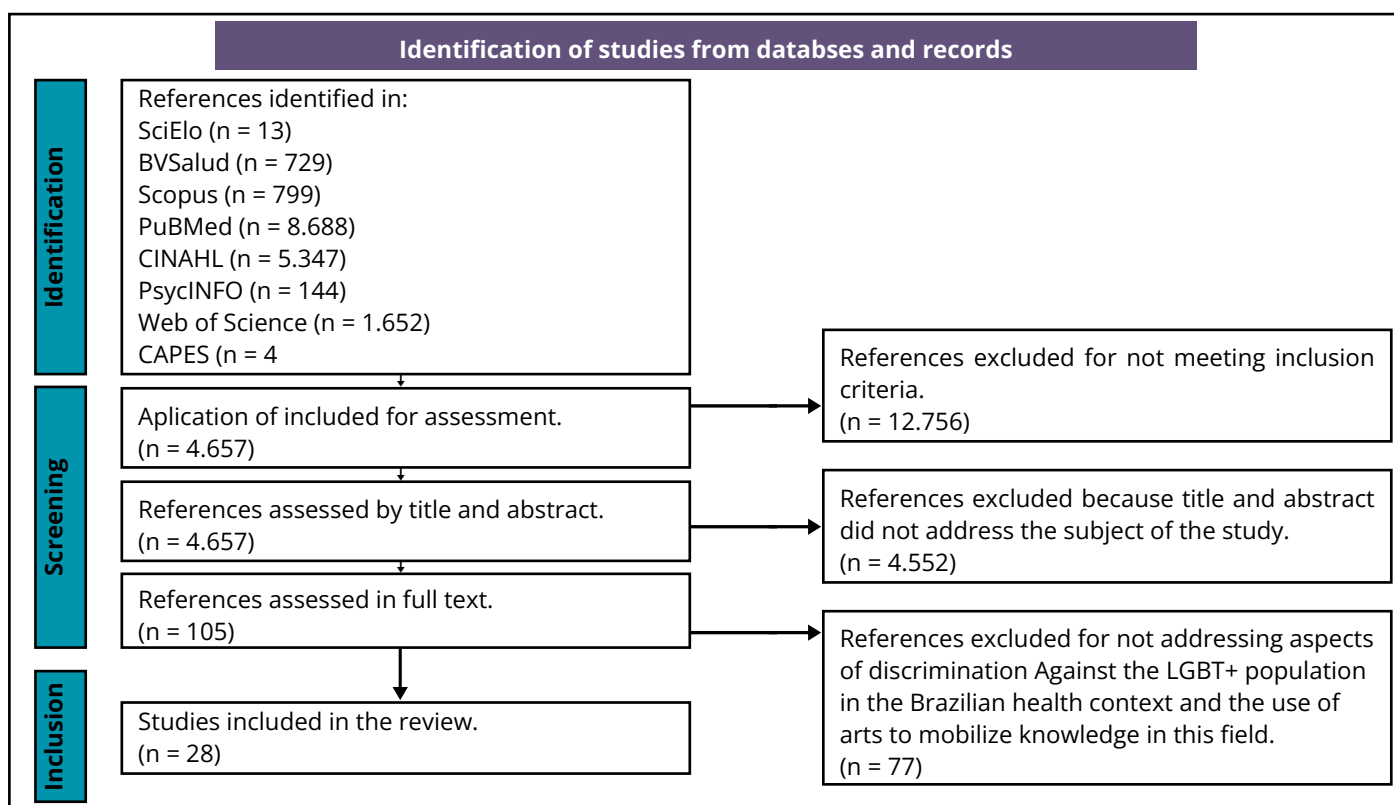


Figure 1. Flowchart of article selection in the databases.

Table 1. Summary of the included studies, outlining the author(s), year, study objectives, sample characteristics, and main findings.

Author / Year	Objective	Sample Characteristics	Main Findings
Almeida et al., (22) 2024	To analyze the main psychiatric comorbidities affecting LGBTQIA+ populations.	Integrative review of 11 articles (six reviews, one clinical trial, two qualitative studies, and two quantitative studies).	Depression, anxiety, and suicidal ideation were the most prevalent comorbidities, followed by drug abuse, stress, and self-harm. Limited healthcare access exacerbated mental health issues.
Barchin et al., (23) 2021	To evaluate undergraduate students' perceptions of LGBT+ health content during professional training.	335 undergraduate students in nursing, nutrition, medicine, physiotherapy, biomedicine, and pharmacy at a higher education institution in São Paulo (survey conducted online, Feb–Apr 2019).	48.36% did not feel prepared to provide comprehensive care for LGBTI+ populations; 82.39% reported that the National Policy for Comprehensive LGBT Health (PNSILGBT) was not covered during training. Students perceived insufficient coverage of LGBT+ health issues in their curricula.
Batista et al., (24) 2024	To analyze the association between internalized homophobia and depression among homosexual and bisexual individuals in Brazil.	926 participants from an online LGBT+ health survey conducted between August and November 2020.	Internalized homophobia was positively associated with depression only among homosexual participants. The overall prevalence of depression was 23.7%.
Cardoso, Paim, Catelan, & Liebross (25) 2023	To propose a schema therapy intervention for sexual and gender minorities (SGM), addressing sociocultural aspects to promote healthy functioning and counter internalized oppression.	Theoretical study without participants, focused on SGM populations.	The article proposed a schema therapy model tailored to minority stress and the "internal critic/sociocultural oppressor" schema mode. It emphasized strengthening individuals' healthy schema modes and promoting interventions that extend beyond clinical settings to drive positive social change. Common adverse experiences (abandonment, shame, emotional deprivation, inhibition, social isolation, approval-seeking, vulnerability, and punishment) were found to activate maladaptive schemas. Therapy should focus on limited reparenting, strengthening the healthy mode, and confronting the internal critic.
Domene et al., (26) 2024	To present the state of the art regarding cisgender same-sex parenting within public health.	Scoping review of 31 studies (empirical research, opinion papers, dossiers, essays, and reviews).	Discussions on same-sex parenting emphasized barriers—including legal, ethical, technical, financial, and prejudice-related—over facilitators such as acceptance, availability of reproductive methods, and professional training.
Ferreira, Batista, & Bouillet, (27) 2024	To categorize barriers faced by LGBTQIA+ populations in accessing Primary Healthcare (PHC).	Integrative review of 14 scientific articles.	Barriers were classified as (1) physical/organizational (e.g., lack of gender-neutral bathrooms), (2) social (prejudice), and (3) professional (lack of adequate training).
Figueiredo, Rezende, & Moura, (28) 2023	To examine the relationship between sexual prejudice and attitudes toward gay and lesbian individuals, assessing whether prejudice predicts such attitudes.	430 university students (mean age = 23.5 years; 72.5% women) from a public institution in João Pessoa, Paraíba. Instruments: Sexual Prejudice Scale and Attitudes Toward Gays and Lesbians Scale.	Sexual prejudice positively predicted pathologization, rejection of closeness, and heterosexism, while negatively predicting support for homosexuals. Prejudice was identified as a key explanatory mechanism for discriminatory attitudes.

Guimarães et al., (29) 2024	To highlight the challenges faced by LGBTQIAP+ patients in dental care and strategies for improvement.	Integrative review of six scientific articles.	Oral health professionals often perceived their workplaces as welcoming; however, LGBTQIAP+ patients reported discomfort in environments that were not actively inclusive.
Guimarães, Lorenzo, & Mendonça, (30) 2021	To investigate stigmatizing discourses among physicians and nurses in primary care units in Brazil.	Physicians and nurses from 32 primary care units in the Midwest and Northeast regions of Brazil; qualitative discourse analysis.	LGBT identities were associated with risk groups, mental disorders, and condemnable behaviors in professionals' perceptions. Findings highlight the need for innovative training to challenge stigma within healthcare education.
Leite et al. (31) (2021)	To investigate the association between gender-based discrimination (GBD), medical consultations, and HIV testing among trans women in three major capitals of northeastern Brazil.	Cross-sectional study with 864 trans women recruited through respondent-driven sampling (RDS) in Salvador (n = 166), Recife (n = 350), and Fortaleza (n = 348) in 2017. Eligible participants identified as trans women, travestis, or another gender identity different from the male sex assigned at birth, were aged 18 or older, lived/ studied/worked in the study cities, had at least one sexual partner in the previous 12 months, and provided informed consent. Most reported having experienced gender-based discrimination at some point in life (87.3%).	Among participants, 67.0% had medical consultations and 45.8% underwent HIV testing in the last 12 months. Multivariate analysis showed that GBD was associated with reduced odds of medical consultation (OR = 0.29; 95% CI: 0.14–0.63) and HIV testing (OR = 0.41; 95% CI: 0.22–0.78). GBD reduced the likelihood of consultations by 71% and HIV testing by 59%, confirming its predictive role in limiting access to healthcare and HIV prevention technologies for trans women.
Lima & Silva Júnior (32) 2024	To characterize interpersonal and self-inflicted violence against LGBTIA+ individuals in Belém (PA) between 2009 and 2022.	457 cases of violence were reported in the National System for Notifiable Diseases (SINAN).	Psychological/moral violence was most prevalent, occurring mainly in domestic settings and typically perpetrated by partners. Most victims were adults, mixed-race, and homosexual.
Macedo et al., (33) 2022	To describe health strategies and actions aimed at LGBT+ populations, with emphasis on multidisciplinary approaches.	33 undergraduate students from nursing, psychology, nutrition, and physiotherapy programs at a higher education institution in Mogi das Cruzes, São Paulo.	Most students were unfamiliar with public health policies for LGBT+ populations. The main obstacles to humanized care were prejudice and lack of knowledge.
Mendonça & Barros, (30) 2022	To identify barriers faced by older LGBTQIAPN+ individuals in accessing healthcare.	Integrative review of six studies (four cross-sectional and two qualitative), including 1,405 participants aged 55 years or older.	The main barriers included heteronormativity in healthcare services, fear of discrimination, unprepared professionals, and lack of specialized services.
Moura et al., (34) 2023	To identify vulnerabilities in LGBT+ health within healthcare services.	Integrative review of six articles published between 2017 and 2022.	Identified vulnerabilities included gender- and social-based inequalities, difficulties in STI prevention, prejudice, domestic violence, and lack of professional preparedness.
Oliveira et al., (35) 2022	To conduct a psychosocial analysis of violence against LGBT+ populations.	Literature review of articles, books, and reports.	Violence (physical, sexual, and psychological) and prejudice negatively affected LGBT+ physical and mental health, contributing to depression, anxiety, and suicidal ideation.

Oliveira et al., (36) 2023	To map programmatic vulnerability among older LGBTQIA+ individuals.	Scoping review of 18 articles, analyzed qualitatively.	Older LGBTQIA+ individuals experience programmatic vulnerability in healthcare services and LTCIs, primarily due to stigma and prejudice from professionals.
Oliveira, Sousa, & Torres, (37) 2024	To analyze the sociodemographic characteristics of sexual and gender minorities living with children and their association with healthcare.	958 participants from an online LGBT+ health survey conducted in Brazil in 2020.	The prevalence of living with children was 5.3%, higher among cisgender women and Black/brown participants. Frequent cohabitation with children was associated with receiving lower-quality healthcare.
Oliveira, Teixeira, & Costa, (38) 2023	To report the experience of a health group for LGBTQIA+ individuals in a primary care unit in northern Rio de Janeiro.	Group composed mainly of trans men, coordinated by female physicians and a community health agent.	The group increased discussions on sexual and gender diversity in the unit. The participation of a community health agent was crucial for conflict mediation and group sustainability.
Reis & Carvalho, (39) 2023	To analyze key issues in healthcare delivery to LGBTI+ populations in Brazilian PHC.	Integrative review of 16 publications (15 articles and one thesis) from 2012 to 2022, sourced from BVS and SciELO.	Moral and religious values influenced prejudice. Healthcare professionals, shaped by cultural and family teachings, contributed to the exclusion of LGBTI+ populations from SUS services.
Rufino, Carvalho Filho, & Madeiro, (40) 2022	To describe the experiences of violence against lesbian and bisexual women in Brazil.	437 cisgender women from all Brazilian regions; most were aged 20–29 (54.2%), white (59.5%), and with higher education (77.6%). 57.9% identified as lesbian and 37.2% as bisexual.	65% reported experiencing violence, predominantly psychological (39.8%), occurring mainly in public spaces (63%), perpetrated mostly by men (73.2%) and strangers (66.2%), and often repeated (82%). Lesbian women were more likely than bisexual women to experience repeated violence and public harassment. Narratives included intimidation, assault, sexual violence, insults, and denial of services in restaurants and bars. Such lesbophobic and biphobic events had severe repercussions, especially on mental health.
Santana et al., (41) 2020	To analyze barriers to healthcare access for LGBT+ individuals.	Integrative review of 10 scientific articles.	Access was hindered by stigma, prejudice, exclusion, and indifference. Despite existing public policies, professional unpreparedness and patients' fear of disclosing their identities remained significant barriers.
Santos et al., (42) 2024	To analyze LGBT+ access to Primary Healthcare (PHC) in Senhor do Bonfim, Bahia.	Ten LGBT+ individuals enrolled in municipal PHC services were interviewed through semi-structured methods.	Weaknesses in LGBT+ reception were identified, including reports of unqualified professionals, prejudice, discrimination, and stigma.
Santos Junior & Oliveira, (43) 2024	To analyze the weaknesses and strengths of PHC professionals in providing care to LGBTQIA+ users.	Integrative literature review (LILACS, BVS, SciELO) using descriptors: Reception, LGBT/ LGBTQIA+ individuals, Primary/ Basic Care.	Barriers included prejudiced and stigmatizing discourses, a lack of holistic care (overemphasis on STIs), and unqualified reception, which hindered access. Findings underscore the need for culturally sensitive professional training.
Santos, Vasconcellos, & Pereira (44) 2023	To examine the interactions between SUS professionals and LGBTQIA+ individuals in hospital care.	Semi-structured interviews and field observations with five healthcare professionals (nurses and technicians) in a hospital in Rio de Janeiro.	LGBTQIA+ individuals experienced prejudice in hospital settings, resulting from both insufficient professional training and the social biases of healthcare providers.

Senne et al., (45) 2023	To evaluate the quality of Primary Healthcare (PHC) as perceived by sexual and gender minorities (LGBTQIAP+).	314 LGBTQIAP+ individuals in Brazil (predominantly young, white, cisgender, homo/bisexual). Online cross-sectional descriptive-analytical survey using the reduced PCATool.	Frequent conditions included alcohol/drug use, weight changes, and mental illness. PHC was generally rated as low quality, with weaknesses in community orientation, coordination, family-centeredness, accessibility, and continuity of care.
Torelli, Bessa, & Graeff, (46) 2023	To investigate, describe, and analyze the scientific literature on prejudice against older LGBTQIA+ individuals in Long-Term Care Institutions for the Elderly (LTCIs).	Scoping review of 31 studies (qualitative, quantitative, bibliographic, documentary, and reviews) published between 2006 and 2021.	Lack of staff preparation and a history of prejudice foster fear of institutionalization among older LGBTQIA+ individuals. Staff training was identified as essential.
Torres, Gonçalves, Pinho, & Souza, (47) 2021	To characterize the LGBT+ population during the COVID-19 pandemic and assess its impacts.	976 LGBT+ individuals (≥18 years) in Brazil; online cross-sectional study with convenience sampling.	Most participants resided in the Southeast (80.2%); the mean age was 31.3 years. 4.8% tested positive for COVID-19. High levels of weekly discrimination (36%) and depression (24.8%) were reported. Mental health concerns and homophobia persisted, highlighting the continued need for professional training.
Vasconcelos et al., (48) 2023	To analyze the association between self-identified sexual orientation and violence in the Brazilian population.	Data from the 2019 National Health Survey (PNS), with 88,531 individuals aged 18 years or older.	LGBT+ individuals were more than twice as likely to experience violence (psychological, physical, or sexual) compared to heterosexual individuals.

As shown in Table 1, the studies were published between 2020 and 2024, with a predominance of publications in 2023 and 2024. This trend reflects growing academic interest in LGBT+ health issues within the Brazilian context. Study objectives ranged from investigating barriers to healthcare access, analyzing the impacts of LGBTphobia, and assessing healthcare professional training, to proposing clinical and educational interventions. Study samples included LGBT+ individuals, healthcare professionals, and students, and the methodological approaches encompassed qualitative, quantitative, and literature review designs.

The included studies addressed multiple dimensions related to LGBT+ health. For analytical clarity, the findings were organized into thematic categories: (1) Prejudice, Stigma, and Discrimination in Healthcare Access and Provision, (2) Mental Health and Homophobia, (3) Professional Training and Capacity-Building, and (4) Physical, Psychological, and Institutional Violence.

Prejudice, Stigma, and Discrimination in Healthcare Access and Provision

The evidence indicates that LGBT+ individuals face persistent barriers in accessing healthcare services, often related to institutional and interpersonal discrimination. Prejudice manifested in inappropriate conduct by professionals, lack of recognition of gender identity, and inadequate care environments, compromising the quality and continuity of care. These barriers contribute to inequalities in service availability and reinforce mistrust toward healthcare institutions.

Mental Health and Homophobia

Several studies highlighted the negative effects of discrimination on mental health outcomes among LGBT+ individuals. Internalized homophobia emerged as a recurring factor, strongly associated with higher rates of depression and psychological distress. These findings emphasize the cumulative impact of stigma and social exclusion on both emotional well-being and health-seeking behaviors.

Professional Training and Capacity-Building

A consistent theme across the studies was the insufficient preparation of healthcare professionals to address the specific needs of LGBT+ populations. This gap was attributed to the absence of LGBT+ health content in undergraduate curricula and to shortcomings in continuing education policies across different levels of care. As a result, professionals often lack technical and ethical competencies to provide inclusive and humanized care. The findings reinforce the need for ongoing professional education, the promotion of humanized care practices, and the development of specific public policies targeting LGBT+ health. The studies advocate for structural interventions aimed at reducing institutional violence and ensuring equitable access to healthcare services, highlighting the urgency of coordinated actions within the healthcare system.

Physical, Psychological, and Institutional Violence

Finally, the studies also emphasized heightened vulnerability among specific subgroups, particularly older LGBT+ individuals. Intersecting factors such as gender, race, age, and social class were identified as elements that exacerbate exposure to violence, discrimination, and barriers to care. These intersecting vulnerabilities directly influence health outcomes and access to services.

As proposed in one of the objectives of this review, exploring arts-based mobilization as a strategy to engage healthcare professionals in Brazil, it was observed that none of the included studies employed this type of intervention. This finding highlights an important gap in the literature regarding the use of arts-based approaches in the Brazilian healthcare context, suggesting an underexplored field with significant potential for future research and for the development of innovative practices in health education.

The present article aimed to explore the experiences of discrimination faced by LGBT+ individuals in healthcare contexts and to analyze the impact of arts-based strategies in mobilizing healthcare professionals' knowledge regarding this population. The use of artistic expressions as tools for awareness-raising and professional training in healthcare, specifically addressing LGBT+ populations, remains largely underexplored in the Brazilian context, with no studies on the subject identified in the databases consulted.

The study conducted by Dullius et al. (49) introduces an innovative approach by employing poems and paintings to convey LGBT+ perspectives on healthcare. However, the study does not address the direct applicability of these materials among healthcare professionals. In this study, arts-based knowledge mobilization through art, poetry, and education demonstrated significant potential to foster understanding of LGBT+ experiences and to challenge barriers within the healthcare system. However, the limited number of published studies in this area represents a notable limitation of this review, restricting a broader assessment of the impact of arts-based approaches. The barriers and forms of discrimination experienced by LGBT+ individuals are diverse and, for analytical purposes, were organized into four main categories.

Prejudice, Stigma, and Discrimination in Healthcare Access and Provision

The findings of this review demonstrate that discrimination is a determining factor in restricting LGBT+ populations' access to healthcare services, directly affecting the quality of care received. Studies such as those by Leite et al. (31) and Caetano et al. (12) show that gender- and sexuality-based discrimination is associated with lower rates of medical consultations and STI testing, as well as functioning as a predictive variable for the exclusion of trans women from healthcare services and HIV prevention strategies.

These barriers manifest in multiple dimensions, including social stigma, moral and religious factors, exclusion, indifference, social and gender vulnerabilities, domestic violence, inadequate professional training, institutional heteronormativity, lack of specialized services, and the recurrent fear of discrimination (27,30,34,42). Such factors contribute to the disengagement of LGBT+ populations from healthcare services, as noted by Reis and Carvalho (39), and underscore the urgent need for structural transformation in care models.

Furthermore, insufficient professional training and the absence of curricular content on sexual and gender diversity perpetuate discriminatory practices and limit the provision of humanized care (14,44). For example, reproductive care for same-sex couples continues to face significant barriers—even in contexts with welcoming attitudes and available methods—due to the lack of adequate professional training (26).

The invisibility of specific groups, such as older LGBT+ individuals, also emerges as a critical gap. Espínola et al.(50) highlight the “double invisibility” faced by this group, characterized by the absence of social and family support, psychological distress, and generic healthcare practices that overlook their specific needs. This reality underscores the importance of an intersectional approach that considers the multiple social markers shaping experiences of discrimination and exclusion (51).

In light of this scenario, it becomes evident that the full implementation of Brazil's National Policy for Comprehensive LGBT Health (52) is essential, with measures aimed at promoting equity, humanization, and recognition of the specific healthcare needs of LGBT+ populations. The inclusion of diversity-related content in undergraduate curricula and continuing professional education is a fundamental strategy to foster more inclusive practices and to dismantle the stigma that continues to permeate healthcare services in Brazil.

Professional Training and Capacity-Building

The gap in the training of healthcare students regarding the needs of LGBT+ populations is a recurring and concerning issue. Macedo et al. (33) found that most students are unaware of public health policies directed at this population, with prejudice and lack of knowledge being the main obstacles to adequate preparation. This lack of training compromises the quality of care and perpetuates discriminatory practices within healthcare services.

The need to strengthen social support networks is evident, particularly through the creation of welcoming care spaces and the training of professionals to address the specific health needs of older gay men. Bessa and colleagues (46) highlight the importance of safe intergenerational environments that promote mutual support, expand the perception of citizenship, and help prevent social isolation in old age.

Perceptions of unpreparedness are also reflected in the findings of Barchin et al. (23), whose study with healthcare students revealed that 48.36% did not feel prepared to provide comprehensive care for LGBT+ individuals, and 82.39% reported that the National Policy for Comprehensive LGBT Health was not addressed in

their academic training. This gap extends to practicing professionals as well. For example, Guimarães et al. (29) identified a discrepancy between oral healthcare professionals' perception of the inclusivity of their practice and LGBT+ patients' lived experiences, with patients frequently reporting discomfort in environments that are not actively inclusive.

Negative perceptions of aging, combined with institutional hostility, unethical conduct, and the absence of specific competencies for LGBT+ care among healthcare professionals, reinforce the urgency of mandatory training in cultural competence. Such measures are essential for mitigating systemic discrimination in healthcare services (53).

In the context of primary care, which serves as the main entry point into the health system, significant shortcomings persist. Prejudiced discourses, a narrow focus on STIs, and unqualified care provision are recurrent barriers. However, this setting also offers opportunities for developing more humanized and inclusive practices(43). Strategies such as establishing clinical case discussion groups within health units may contribute to improving care quality and mediating conflicts (38).

Finally, the expansion of national research on LGBT+ health in the context of continuing education is essential for developing effective training programs for healthcare professionals. Educational interventions have the potential to foster significant improvements in clinical practice, ensuring equitable, stigma-free care and greater healthcare access for LGBT+ individuals (53).

Mental Health and Homophobia

The mental health of LGBT+ populations is profoundly impacted by experiences of prejudice, discrimination, and social exclusion, occurring both in family and institutional environments. Recent studies indicate that depression, anxiety, suicidal ideation, substance abuse, chronic stress, and self-harming behaviors are significantly more prevalent among LGBT+ individuals (22). These conditions are exacerbated by the lack of qualified access to healthcare services, revealing a critical gap in the psychosocial support available to this population.

Internalized homophobia, for example, has been associated with depressive symptoms in a study conducted by Batista et al. (24), demonstrating how social prejudice can be subjectively incorporated, generating psychological suffering. This suffering is further aggravated by inadequate societal and healthcare responses, which often fail to recognize or address the specificities of LGBT+ mental health (47).

Family support also emerges as a determining factor in the mental health of LGBT+ individuals. Cohn-Schwartz et al. (54) found that relationships with biological family members tend to be more restricted and unstable, whereas bonds established with friends and partners, the so-called "chosen family", offer greater acceptance and support. Coexistence with these chosen families is associated with improved mental health indicators, contrasting with the negative effects observed in family contexts marked by rejection.

Bessa and colleagues (46) reinforce this perspective, showing that older gay men report receiving more support from friends and partners than from biological relatives. Participants emphasized the impact of historical context and intersectionality, noting that minority stress is a direct consequence of lifelong stigmatization, influenced by families, communities, and society at large.

These findings underscore the urgent need to train healthcare professionals to address the specific mental health demands of LGBT+ populations. The absence of cultural and ethical competencies within healthcare services contributes to the perpetuation of institutional hostility and neglect (53). As a therapeutic alternative, Cardoso et al. (25) suggest schema therapy as an effective approach to fostering healthier coping strategies and promoting positive interventions in LGBT+ mental healthcare.

In primary care, the cornerstone of the health system, serious weaknesses remain evident. Unqualified care, a narrow focus on STIs, and prejudiced discourses still predominate, although there is also potential for more humanized and inclusive practices (43). Strategies such as clinical case discussion groups within health units may contribute to improved care provision and conflict mediation (38).

Finally, expanding national research on LGBT+ mental health in the context of continuing education is crucial for developing effective training programs for healthcare professionals. Educational interventions are fundamental to ensuring equitable, stigma-free care and improved access to mental health services for LGBT+ populations (53).

Physical, Psychological, and Institutional Violence

Despite advances in public policy and the growing visibility of LGBT+ demands, healthcare environments remain marked by structural and symbolic barriers that perpetuate various forms of violence. Vasconcelos et al. (48) demonstrate that LGBT+ individuals are more than twice as likely to experience violence of any kind, with psychological or moral violence being the most prevalent, often occurring in domestic settings and frequently perpetrated by spouses (32).

The situation worsens in the context of aging. Older LGBT+ individuals face programmatic vulnerability within healthcare services and long-term care institutions, where stigma and prejudice remain pervasive (38). Many elderly individuals, fearing discrimination, choose to conceal their sexual orientation or gender identity as a strategy to access care without facing violence or stigma (55). While understandable, this concealment contributes to the silencing of identities and the intensification of psychological suffering.

Violence against lesbian and bisexual women also reaches alarming levels. Rufino, Carvalho Filho, and Madeiro (40) found that 65% of these women had experienced some form of violence, predominantly psychological, occurring in public spaces, largely perpetrated by men, and often repeated. Such experiences have direct repercussions on mental health, intensifying anxiety, depression, and stress.

Regardless of its form, physical, sexual, or psychological, violence has profound and lasting impacts on the physical and mental health of LGBT+ individuals (35). Society remains structured around entrenched stigmas and beliefs about sexuality and aging, which contribute to fragmented care and the weakening of support for older adults.

Given this scenario, the implementation of strategies to foster safer, more welcoming, and discrimination-

free care environments is urgently required. Training healthcare professionals is essential so that they can recognize and address the multiple forms of violence affecting LGBT+ populations. Schema therapy, as proposed by Cardoso et al. (25), offers a promising therapeutic approach to strengthening adaptive coping mechanisms and fostering positive interventions in mental healthcare for this population.

Some limitations should be considered when interpreting this study's results. First, the search was restricted to the Brazilian context, which may limit the generalizability of findings to other countries and sociocultural realities. Additionally, the search period and the databases selected may have influenced the breadth of materials identified, particularly given the scarcity of publications on certain topics, such as the use of arts-based strategies in health education targeting LGBT+ populations. The exclusion of materials such as theses, dissertations, and other academic works may also have limited the diversity of perspectives analyzed. These limitations point to the need for methodological expansion in future studies, incorporating diverse geographic contexts, data sources, and interdisciplinary approaches to enrich the understanding of both the challenges and potentialities of LGBT+ healthcare.

CONCLUSION

Healthcare provision for LGBT+ populations in Brazil continues to face numerous barriers and forms of discrimination, which manifest both directly and indirectly in care settings. Cultural assumptions and personal beliefs of healthcare professionals often override the principles of qualified care, thereby exacerbating these challenges. Insufficient academic training and deficiencies in continuing education perpetuate significant gaps in service delivery, particularly by neglecting the systematic incorporation of LGBT+ health into curricula and professional development programs.

Strengthening healthcare professionals' cultural competence regarding LGBT+ specificities, through the regular provision of training and educational initiatives, is an urgent priority for consolidating a truly humanized and equitable practice of care. Within this context, the exploration of innovative approaches—particularly the use of arts-based interventions as pedagogical strategies for professional sensitization—emerges as

a promising yet underexplored avenue in the Brazilian context.

Future research should prioritize arts-based approaches as potential tools to address persistent barriers to healthcare access and provision for LGBT+ populations. In particular, further studies should examine arts-based educational interventions for healthcare professionals that explicitly engage with LGBT+ health discrimination and structural barriers embedded within healthcare systems. Such research is critical for addressing health inequities and for supporting the development of equal and equitable healthcare responses. In addition, systematic evaluation of the impact of arts-based knowledge mobilization and educational initiatives on the attitudes, beliefs, and practices of healthcare professionals, policymakers, educators, and the general public is warranted. In the Brazilian context, where culturally entrenched heteronormative norms and ongoing discrimination against LGBT+ populations remain prevalent, arts-based representations of LGBT+ healthcare experiences may play a crucial role in raising awareness and promoting more inclusive, responsive, and affirming healthcare practices.

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REFERENCES

1. Linhares, E. M., Andrade, J. da C., Meneses, R. O. C., et al. (2021). Angústia, insegurança e medo na população LGBTQIA+: Comprometimento da saúde mental na pandemia da COVID-19. *Research, Society and Development*, 10(8), e43810817136. <https://doi.org/10.33448/rsd-v10i8.17136>
2. Goffman E. (2004). *Estigma - notas sobre a manipulação da identidade deteriorada*. 4th rev. ed. São Paulo: LTC; 160 p.
3. Drabble, L. A., & Eliason, M. J. (2021). Introduction to special issue: Impacts of the COVID-19 pandemic on LGBTQ+ health and well-being. *Journal of Homosexuality*, 68(4), 545–559. <https://doi.org/10.1080/00918369.2020.1868182>
4. Gorczynski, P., Gibson, K., Clarke, N., Mensah, T., & Summers, R. (2020). Examining mental health literacy, help-seeking behaviours, distress, and wellbeing in UK coaches. *European Physical Education Review*, 26(3), 713–726. <http://dx.doi.org/10.1177/1356336X19887772>
5. Wallach, S., Garner, A., Howell, S., Adamson, T., Baral, S., & Beyrer, C. (2020). Address exacerbated health disparities and risks to LGBTQ+ individuals during COVID-19. *Health and Human Rights Journal*, 22(2), 313–316.
6. Miskolci, R., & Pereira, P. P. G. (2022). Sexual and reproductive health and rights: A sociodemographic profile of primary healthcare professionals in the city of São Paulo and their perceptions on the issue. *Sexuality Research and Social Policy*, 19(3), 946–955. <http://dx.doi.org/10.1007/s13178-022-00701-2>
7. Mendes-Santos, C., Weiderpass, E., Santana, R., & Andersson, G. (2020). Portuguese psychologists' attitudes toward internet interventions: Exploratory cross-sectional study. *JMIR Mental Health*, 7(4), e16817. <https://doi.org/10.2196/16817>
8. Fish, J. N., McInroy, L. B., Pacey, M. S., Williams, N. D., Henderson, S., Levine, D. S., et al. (2020). "I'm kinda stuck at home with unsupportive parents right now": LGBTQ youths' experiences with COVID-19 and the importance of online support. *Journal of Adolescent Health*, 67(3), 450–452. <https://doi.org/10.1016/j.jadohealth.2020.06.002>
9. Moore, S. E., Wierenga, K. L., Prince, D. M., Gillani, B., & Mintz, L. J. (2021). Disproportionate impact of the COVID-19 pandemic on perceived social support, mental health and somatic symptoms in sexual and gender minority populations. *Journal of Homosexuality*, 68(4), 577–591. <https://doi.org/10.1080/00918369.2020.1868184>
10. Paranhos, W. R., Willerdig, I. A. V., & Lapolli, É. M. (2021). Training of health professionals to care for LGBTQI+. *Interface: Communication, Health, Education*, 25. <https://doi.org/10.1590/interface.200684>
11. Gahagan, J., & Subirana-Malaret, M. (2018). Improving pathways to primary health care among LGBTQ populations and health care providers: Key findings from Nova Scotia, Canada. *International Journal for Equity in Health*, 17(1). <https://doi.org/10.1186/s12939-018-0786-0>
12. Borges Romeiro Caetano, B., Dias Oliveira, D., Schaffer Ramos, T., Serra Bavaresco, C., Luiz Stefanello Busato, A., Itzel Acosta Moreno Vinholes, J., et al. (2024). LGBTQIA+ vs the Brazilian Unified Health System: Basic health unit use and associated factors. *Journal of Homosexuality*, 71(14), 3362–3380. <https://doi.org/10.1080/00918369.2023.2295331>
13. Paulino, D. B., Rasera, E. F., & Teixeira, F. D. B. (2019). Discourses on the healthcare of lesbian, gay, bisexual, and transgender (LGBT) people adopted by doctors working in Brazil's Family Health Strategy. *Interface: Communication, Health, Education*, 23. <https://doi.org/10.1590/Interface.180279>
14. Dullius, W. R., Martins, L. B., & Cesnik, V. M. (2019). Systematic review on health care professionals' competencies in the care of LGBT+ individuals. *Estudos de Psicologia (Campinas)*, 36. <https://doi.org/10.1590/1982-0275201936e180171>
15. Miskolci, R., Claudio, M., Canavese, D., Bonsucesso, F., Polidoto, M., et al. (2022). Health challenges in LGBTI+ population in Brazil: A scenario analysis through the triangulation of methods. *Ciência & Saúde Coletiva*, 27(10), 3815–3824. <https://doi.org/10.1590/1413-81232022710.06602022>
16. Hyde, E., & O'Keefe-McCarthy, S. (2023). Use of arts-based methods in research design to enhance patient engagement. *Canadian Journal of Cardiology*, 39(10), S109. <https://doi.org/10.1016/j.j>

- [cjca.2023.06.165](https://doi.org/10.33719/sexscij.2604.27)
17. Fancourt, D., & Finn, S. (2019). What is the evidence on the role of the arts in improving health and well-being? WHO Regional Office for Europe.
18. Meyer M. Concerte research poetry: a visual representation of metaphor. vol. 2, A Transdisciplinary Journal.
19. Phillips, E. K., Chudyk, A. M., Monnin, C., Schultz, A. S. H., Arora, R. C., Duhamel, T. A., et al. (2024). The use of arts-based methods to enhance patient engagement in health research. *Health Expectations*, 27. John Wiley and Sons Inc. <https://doi.org/10.1111/hex.70127>
20. Uman, L. S. (2011). Information management for the busy practitioner: Systematic reviews and meta-analyses. *Journal of the American Academy of Child & Adolescent Psychiatry*, 20(1), 57–59.
21. Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., et al. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *The BMJ*, 372. BMJ Publishing Group. <https://doi.org/10.1136/bmj.n71>
22. Almeida, N. K. S. de, Lavoratti, A. C., Sarolli, M. E. B., Nascimento, S. C. da S., & Ferreira, B. K. (2024). Desafios na saúde LGBTQIA+: A prevalência de comorbidades psiquiátricas na população LGBTQIA+. *Brazilian Journal of Health Review*, 7(5), e72980. <https://doi.org/10.34119/bjhrv7n5-214>
23. Barchin, V. F., De Carvalho, B., De Moraes Santos Marques, S., Franco, C. R. P., & Garzin, A. C. A. (2021). Perception of undergraduate health field students about approaching LGBTI+ health. *O Mundo da Saúde*, 45(1), 175–186. <https://doi.org/10.15343/0104-7809.202145175186>
24. Batista, T. S., Tavares, F. M. de P., Gonçalves, G. P., & Torres, J. L. (2024). Homofobia internalizada e depressão em mulheres e homens homossexuais e bissexuais: Inquérito de saúde LGBT+, 2020. *Ciência & Saúde Coletiva*, 29(9). <https://doi.org/10.1590/1413-81232024299.05412023>
25. Cardoso, B. L. A., Paim, K., Catelan, R. F., & Liebross, E. H. (2023). Minority stress and the inner critic/oppressive sociocultural schema mode among sexual and gender minorities. *Current Psychology*, 42(23), 19991–19999. <http://dx.doi.org/10.1007/s12144-022-03086-y>
26. Domene, F. M., Da Silva, J. D. L., Toma, T. S., da Silva, A., & Gomes, R. (2024). Reproduction in cisgender same-sex couples: A scoping review. *Ciência & Saúde Coletiva*, 29. Associação Brasileira de Pós-Graduação em Saúde Coletiva. <https://doi.org/10.1590/1413-81232024294.18172023EN>
27. Ferreira, L. M., Batista, G. G., & Boillet, L. É. M. (2024). Barreiras no acesso à Atenção Básica pela população LGBTQIA+. *Revista Brasileira de Medicina de Família e Comunidade*, 19(46), 3594. [https://doi.org/10.5712/rbmfc19\(46\)3594](https://doi.org/10.5712/rbmfc19(46)3594)
28. Vieira de Figueiredo, C., Teixeira Rezende, A., & Magalhães de Moura, H. (2023). O papel do preconceito sexual na compreensão das atitudes face a gays e lésbicas. *Psico*, 54(1), e39388. <https://doi.org/10.15448/1980-8623.2023.1.39388>
29. Guimarães, G. B. J., Ferreira, V. C. dos S., Santos, A. L. C. dos, Limeira, D. M., Frigerio, D. F. B., Moraes, A. J. da C., et al. (2024). A invisibilidade da comunidade LGBTQIAP+ na odontologia e seus impactos na saúde bucal: revisão de literatura integrativa. *Revista Contemporânea*, 4(10), e6234. <https://doi.org/10.56083/RCV4N10-138>
30. Guimarães, R. de C. P., Lorenzo, C. F. G., & Mendonça, A. V. M. (2021). Sexuality and stigma in health: An analysis of the pathologization of sexual diversity in the discourses of primary care professionals. *Physis: Revista de Saúde Coletiva*, 31(1). <https://doi.org/10.1590/S0103-73312021310128>
31. Leite, B. O., de Medeiros, D. S., Magno, L., Bastos, F. I., Coutinho, C., de Brito, A. M., et al. (2021). Association between gender-based discrimination and medical visits and HIV testing in a large sample of transgender women in northeast Brazil. *International Journal for Equity in Health*, 20(1). <https://doi.org/10.1186/s12939-021-01541-z>
32. Paz De Lima, G., Ferreira Da, A., & Júnior, S. (t.y.). Artigo original perfil das violências interpessoais e autoprovocadas contra pessoas LGBTIA+ na cidade de Belém/PA entre 2009 e 2022. <https://doi.org/10.36692/V16N3-32>
33. Alves Macedo, J. P., Santos Moreira Moraes, C., Lima Galeano, L., Aparecida Xavier Moreira da Silva, M., & Santana Santos, G. (2022). Políticas públicas de saúde à população LGBT: um olhar nas ações de

- saúde por meio da multidisciplinaridade. *Recisatec - Revista Científica Saúde e Tecnologia*, 2(1), e2154. <https://doi.org/10.53612/recisatec.v2i1.54>
34. Moura, L. P. de, Silva, K. V., Santos, A. T. dos, Capellari, C., & Berg, M. da S. (2023). Saúde e vulnerabilidade da população LGBT+: Uma revisão integrativa. *Research, Society and Development*, 12(5), e21512538966. <http://dx.doi.org/10.33448/rsd-v12i5.38966>
35. Sabóia, M., De Oliveira, P., Lima Do Nascimento, H., Silina, É., & Meneses, A. (2022). Análise psicossocial da violência contra a comunidade LGBT+. *Brazilian Journal of Science*, 1(9), 49–55. <https://doi.org/10.14295/bjs.v1i9.105>
36. Oliveira, F., Nóbrega Dantas, A.M., Lima Gome, G.L., dos Santos-Rodrigues, R.C., Oliveira de Albuquerque, F.K., Fernandes Barbosa, K.T. (2023). Vulnerabilidade programática sob a perspectiva de profissionais e pessoas idosas LGBTQIA+: uma revisão de escopo. *Saúde em Debate*, 47(1). <https://doi.org/10.1590/2358-28982023E19073P>
37. Oliveira, C. R. S., Sousa, C. C. V. de, & Torres, J. L. (2024). Quem são as minorias sexuais e de gênero que convivem frequentemente com filhos(as) e sua associação a cuidados em saúde. *Ciência & Saúde Coletiva*, 29(4). <https://doi.org/10.1590/1413-81232024294.19222023>
38. Oliveira, B. B., Teixeira, D. S., & Costa, B. F. da. (2023). Grupo LGBTQIA+ em uma unidade de saúde da família da zona norte do Rio de Janeiro. *Revista Brasileira de Medicina de Família e Comunidade*, 18(45), 3865. [https://doi.org/10.5712/rbmfc18\(45\)3865](https://doi.org/10.5712/rbmfc18(45)3865)
39. Reis, A. A., & Carvalho, H. R. de. (2023). A Atenção Primária à Saúde no Brasil e a população LGBTI+: uma revisão integrativa. *Saúde em Debate*, 47(spe1). <https://doi.org/10.1590/2358-28982023E19135P>
40. Rufino, A. C., Filho, C. E. W. B. de C., & Madeiro, A. (2022). Experiences of violence against lesbian and bisexual women in Brazil. *Sexual Medicine*, 10(2). <https://doi.org/10.1016/j.esxm.2021.100479>
41. Santana, A. D. da S., Lima, M. S. de, Moura, J. W. da S., Vanderley, I. C. S., & Araújo, E. C. de. (2020). Dificuldades no acesso aos serviços de saúde por lésbicas, gays, bissexuais e transgêneros. *Revista de Enfermagem UFPE on line*, 14. <https://doi.org/10.5205/1981-8963.2020.243211>
42. Santos, J. F. dos, Silva, A. A. da, Santos, E. A., & Silva, S. S. da. (2024). Acesso da população LGBT aos serviços de Atenção Primária à Saúde em uma cidade do interior baiano. *Physis: Revista de Saúde Coletiva*, 34. <https://doi.org/10.1590/S0103-7331202434094pt>
43. Santos Junior, G. D. dos, & Oliveira, J. L. B. C. de. (2024). O acesso e acolhimento da população LGBTQIA+ na Atenção Primária à Saúde. *REPIS (Revista Educação, Pesquisa e Informação em Saúde)*, e0250. <https://doi.org/10.71209/repis.2024.2.e0250>
44. Santos, A. N., Vaconcellos, L. C. F. de, & Pereira, E. A. (2023). Diversidade sexual e de gênero e estigmas sociais no SUS em relação às pessoas LGBTQIA+: observações no Rio de Janeiro. *Saúde em Debate*, 47(spe1). <https://doi.org/10.1590/2358-28982023E19009P>
45. Senne, E. R., do Carmo Miranda, L. F., de Souza, G. L. S., da Silva, S. A., & do Nascimento, M. C. (2022). Self-reported health conditions, quality of Primary Health Care and associated factors according to sexual and gender minorities. *Medicina (Ribeirão Preto)*, 55(4). <https://doi.org/10.11606/issn.2176-7262.rmrp.2022.194664>
46. Torelli, W. R. N., Bessa, T. A. de, & Graeff, B. (2023). Preconceito contra pessoa idosa LGBTQIA+ em Instituições de Longa Permanência para Idosos (ILPI): uma revisão de escopo. *Ciência & Saúde Coletiva*, 28(11), 3123–3135.
47. Torres, J. L., Goncalves, G. P., De Araujo Pinho, A., & Do Nascimento Souza, M. H. (2021). The Brazilian LGBT+ Health Survey: Methodology and descriptive results. *Cadernos de Saúde Pública*, 37(9). <https://doi.org/10.1590/0102-311x00069521>
48. Vasconcelos, N. M. de, Alves, F. T. A., Andrade, G. N. de, Pinto, I. V., Soares Filho, A. M., Pereira, C. A., et al. (2023). Violência contra pessoas LGB+ no Brasil: análise da Pesquisa Nacional de Saúde 2019. *Revista Brasileira de Epidemiologia*, 26(suppl 1). <https://doi.org/10.1590/1980-549720230005.supl.1.1>
49. Dullius, W. R., Michaelson, H. L., Nameghi, F. H., McCleary, L., Scortegagna, S. A., & O'Keefe-McCarthy, S. (2025). Using arts-based methods to

- understand LGBT+ experiences of accessing the Brazilian health care system. *Culture, Health & Sexuality*, 1–14. <https://doi.org/10.1080/13691058.2025.2539357>
50. Espinola, I. E. R., Carvalho, L. F. de, Silva, D. F. da, Souza, J. M. M., Oliveira, F. M. R. L. de, Galindo Júnior, J. U. F., et al. (2023). Aging and vulnerability: perspectives of LGBTQIA+ elderly persons. *Revista Rene*, 24, e83200. <http://dx.doi.org/10.15253/2175-6783.20232483200>
51. Da Silva Sousa, E. M., Alves, M. E. da S., De Araújo, L. F., Bezerra, I. E. de L., Silva, M. F. L., Lima Filho, G. de S., et al. (2022). People living with HIV, LGBT people and intersectional experiences: Young adults' conceptions of old age and aging. *Revista Portuguesa de Investigação Comportamental e Social*, 8(2), 1–14. <https://doi.org/10.31211/rpics.2022.8.2.243>
52. Ministério da Saúde. (2012). Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais. Secretaria de Gestão Estratégica Participativa. www.saude.gov.br/editora
53. Dullius, W. R., O'Keefe-McCarthy, S., McCleary, L., & Scortegagna, S. A. (2024). The LGBT+ individual perspective of aging in Brazilian society. *Psicologia: Teoria e Pesquisa*, 40. <https://doi.org/10.1590/0102.3772e40402.en>
54. Cohn-Schwartz, E., Gooldin, S., Meiry, L., Heidemann, R., & Bachner, Y. G. (2025). The unique characteristics of “families of choice” and families of origin of older LGBTQ + adults: Are they related to mental health? *Social Psychiatry and Psychiatric Epidemiology*. <https://psycnet.apa.org/doi/10.1007/s00127-025-02919-y>
55. Dullius, W. R., Gonçalves, D. T., & Scortegagna, S. A. (2022). Assistência dos Profissionais de Saúde No Envelhecimento Dos Indivíduos LGBT+. In: Scortegagna SA, Scortegagna HM, Fioreze C, editors. *Envelhecimento Humano: Saúde, Inovação e Desenvolvimento Sustentável*. 1 st ed. UPF Editora: Passo Fundo, p. 140-156.