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Perceptions of Adverse Childhood Experiences Among Lesbian, Gay, Bisexual, Trans and Intersex People Victims of Domestic Violence by their Families: A Portuguese Qualitative Study

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ABSTRACT

Research shows lesbian, gay, bisexual, trans and intersex (LGBTI) people are vulnerable to more adverse childhood experiences (ACEs). The research focused on the perceptions of experiencing ACEs among 36 Portuguese LGBTI people who were exposed to domestic violence by their parents or other family members ($M=34.11$; $SD=10.77$). Semi-structured individual interviews were conducted and data were subjected to thematic analysis. Results reveal a great exposure to different types of domestic violence, such as psychological, physical and sexual abuse, *corrective* practices and home expulsion. Affirmative and trauma-informed approaches, especially in counseling, are required to address LGBTI children's needs.

KEYWORDS

LGBTI; adverse childhood experiences; Portugal; domestic violence; parents; family

Introduction

Lesbian, gay, bisexual, trans and intersex (LGBTI) individuals are frequently exposed to stress factors that can have a significant impact on their lives. Discrimination, prejudice, and social stigma based on sexual orientation and gender identity increase the risk of developing mental illness (Wyman et al., 2021; Xu et al., 2022) and, therefore, the need for psychological and medical services (McKinnish et al., 2022). Compared with non-LGBTI individuals, LGBTI people have a higher likelihood of being confronted with personal, family and social adversities, such as micro and macroaggressions, as well as experiencing violence inside and outside the home, in different stages of their development (FRA - European Union Agency for Fundamental Rights, 2020; Goldberg et al., 2019; Meyer, 2015).

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According to the results of a seminal study by Felitti et al. (1998), adverse childhood experiences (ACEs) are significantly associated with risky behaviors and poor health outcomes. ACEs can be defined as events during childhood that are stressful and may negatively impact victims' mental and physical health, including in adulthood (Scott, 2021). They include substance abuse, physical or sexual abuse, domestic violence, violence against the mother, and living with household members who were mentally ill, suicidal, or had previously been incarcerated (Ports et al., 2020).

Sexual and gender minority individuals have a higher frequency, severity, and pervasiveness of ACEs than non-sexual and gender minority individuals (Jonas et al., 2022), with empirical research suggesting that young adults who identify as LGB have significantly higher rates of childhood abuse when compared to their heterosexual counterparts (McGraw et al., 2022). In addition, many studies have shown that LGBTI people who were involved in ACEs, especially transgender people, have a greater chance of developing psychological trauma associated with depression and anxiety symptoms (Bond et al., 2021; Feil et al., 2023; Horne et al., 2022; Pariseau et al., 2019; Suarez et al., 2021; Veale et al., 2017; Wittlin et al., 2023), and negative health outcomes (Austin et al., 2016; Schnarrs et al., 2019).

The elevated susceptibility to ACEs among individuals who identify as LGBTI may be attributed to their heightened exposure to polyvictimization compared to non-LGBTI individuals (Baams, 2018). Given the high rates of maltreatment and victimization experiences, rejection, stigma, and discrimination, LGBTI individuals may engage in dangerous conduct, like risky sexual activities, delinquency, and substance abuse (Barboza-Salerno & Remillard, 2023; McCormick et al., 2018). Moreover, higher levels of suicide risk among LGBTI students have been associated with ACEs exposure, when compared to non-LGBTI students (Clements-Nolle et al., 2018).

One of the most frequent ACEs affecting LGBTI people is domestic violence. As literature has been pointing out, ACEs perpetrated by family other family members have higher impacts in terms of emotional trauma and social isolation, aggravating LGBTI people's vulnerabilities (Martinez & McDonald, 2021; Schnarrs et al., 2022). Several studies have found that household dysfunction, emotional neglect and abuse, physical and sexual violence, parental rejection, abandonment and home expulsion are common ACEs experienced by LGBTI people (Craig et al., 2020; Neves et al., 2023, Puckett et al., 2015). When parents' or family members' expectations are not aligned with children's sexual orientation, gender identity or sexual characteristics, they are more likely to react in negative ways, which may proceed to violence (D'Augelli et al., 2006). Family non-acceptance might include hostility, threats, negating, verbal, psychological, physical, and sexual aggression, financial abuse and social isolation (Grossman et al., 2021). Many families prohibit their children from coming out and restrict

their access to medical gender affirmation (Amos et al., 2023). In some extreme cases, families force their children to behave conforming heteronormative and cisnormative gender norms, sexually violent them as a *corrective* practice and expose them to conversion therapies (Heiden-Rootes et al., 2022; Kinitz et al., 2022; Messinger & Koon-Magnin, 2019). Also, the experiences of the homeless LGBTI youth have been linked to domestic violence, especially sexual violence (Abramovich et al., 2022; Coolhart & Brown, 2017).

The impacts of ACEs on LGBTI people's lives are pervasive and require, in many cases, psychological counseling. Experiencing violence in critical developmental phases, such as childhood, increases LGBTI people's negative self-worth, distress, dysfunction, anxiety, depression, suicidality, substance use, and social isolation (Moagi et al., 2021). Despite this, those impacts have not received sufficient attention in academic training and intervention research, lacking comprehensive guidance for counselors on how to address the multiple needs of LGBTI people. Moreover, affirmative and trauma-informed practice focused on screening and treating ACEs and ACE-related health concerns is still scarce (Craig et al., 2020; Hahn & Blosnich, 2023; Lorenc et al., 2020). Besides alleviating individual psychological distress, psychological practice must consider societal factors that contribute to the aggravation of mental health conditions (Edwards-Leeper et al., 2016).

Although Portugal has made, in recent years, important advances in mapping LGBTI people in the context of domestic violence (e.g., Neves et al., 2023), there's still a gap in scientific knowledge regarding their perceptions of ACEs perpetrated by their parents and other family members in the context of domestic violence. The present qualitative study focuses on the perceptions of experiencing ACEs among 36 LGBTI people who were exposed to domestic violence by their parents or other family members. The study is part of the first national research concerning domestic violence against LGBTI people, co-funded by the Programa Operacional para a Inclusão Social e Emprego [Operational Program for Social Inclusion and Employment] (POISE) with grant ID POISE-03-4436-FSE-000943.

Method

Participants

Thirty-six LGBTI people, aged between 18 and 57 ($M = 34.11$, $SD = 10.77$), were interviewed, ten cisgender men (27.8%), nine cisgender women (25%), three transgender men (8.3%), 11 transgender women (30.6%), two non-binary (5.6%), and one intersex (2.8%) (see Table 1). Nine participants described themselves as heterosexual (25%), 10 as gay (27.8%), seven as lesbian (19.4%), seven as bisexual (19.4%), and three as pansexual (8.3%).

Table 1. Sociodemographic Characteristics of Participants.

Gender identity	<i>n</i>	%
Cisgender men	10	27.8
Cisgender women	9	25
Transgender women	11	30.6
Transgender men	3	8.3
Non-binary	2	5.6
Intersex	1	2.8
Sexual Orientation		
Heterosexual	9	25
Gay	10	27.8
Lesbian	7	19.4
Bisexual	7	19.4
Pansexual	3	8.3
Educational level		
Primary school	13	36.1
Secondary school	11	30.6
Undergraduate degree	10	27.8
Postgraduate degree	2	5.6
Marital Status		
Single	27	75
Married	2	5.6
Divorced	4	11.1
Nonmarital partnership	3	8.3

Note. *N* = 36. Participants were on average 34.11 years old (*SD* = 10.77).

Concerning education level, 13 completed primary education (36.1%), 11 secondary education (30.6%), 10 had an undergraduate degree (27.8%), and two had a postgraduate degree (5.6%). Most of the participants, 27, were single (75%), two were married (5.6%), four were divorced (11.1%), and three lived in a nonmarital partnership (8.3%). Thirty participants received support from a specialized service for victims of domestic violence (83.3%), 11 received medical treatment (30.6%) and seven were hospitalized (19.4%) because of the domestic violence. Only half of the participants (18; 50%) reported the victimization to police authorities.

Data collection

The individual semi-structured interview script contains the following sections: 1) sociodemographic characterization (e.g., age, education, gender identity, sexual orientation); 2) life history (childhood, adolescence, and adult life), 3) victimization history (e.g., characterization, dynamics, and typologies of violence), and 4) protection system (e.g., support and shelter structures for LGBTI victims of domestic violence).

Procedure

To invite people older than 18 years old to participate in the study, Portuguese institutions providing support to victims of domestic violence and LGBTI informal groups and associations were contacted by email. As responsible for the National Support Network for Victims of Domestic Violence, the

Commission for Citizenship and Gender Equality was contacted by the research team asking for study dissemination. Also, a public invitation addressed to LGBTI people who were exposed to domestic violence was disseminated via social media channels (e.g., Instagram, and LinkedIn).

All the participants interested in participating in the research had contacted the research team, and the interviews were scheduled according to mutual availability. At the beginning of each interview, informed consent was obtained from all the participants. Most interviews were made online, via Zoom, respecting the interests of the participants. In all cases, interviews were audio-recorded and lasted, on average, two hours.

The interviews were conducted by a criminologist and a psychologist with professional training in assisting LGBTI people victims of domestic violence. As they might trigger traumatic memories, the principles of crisis intervention for victims of domestic violence were adopted, namely the creation of a safe and trusting environment, the respect for the victim's autonomy, and the provision of immediate emotional support. All ethical procedures were followed according to the Declaration of Helsinki. Also, the Code of Ethics of the Order of Portuguese Psychologists, and the General Data Protection Regulation were respected.

Data analysis

The interviews underwent complete transcription using the thematic analysis technique proposed by Braun and Clarke (2006). Transcriptions were examined and coded to extract the main ideas and fully understand the participants' viewpoints and experiences. In the initial stage, each researcher who conducted the interviews autonomously codified and categorized data. The principal researcher organized several meetings to facilitate discussions and ultimately reach a final consensus on the outcomes. These meetings addressed and resolved discrepancies in coding and categorization through open and transparent dialogue. This iterative process ensured the reliability and validity of the thematic analysis.

The interviewer's wide experience, qualifications, and familiarity with the phenomenon and research context; the data collection through semi-structured individual interview procedure (allowing focus and flexibility during the interviews), and the selection of a wide range of participants who are genuinely willing to participate, along with frequent debriefing sessions between the researchers, are the main strategies used to achieve the credibility criteria for the trustworthiness of data (Lincoln & Guba, 1986).

By involving multiple researchers, diverse perspectives and interpretations were considered, enhancing the overall richness and depth of the findings. The final consensus reached by the research team served as a robust

foundation for the subsequent interpretation and reporting of the results, ensuring the dependability and confirmability criteria proposed by Lincoln and Guba (1986) for the trustworthiness of data.

Results

All 36 participants who admitted having been subjected to domestic violence by parents or other members of the family were victims of psychological violence (100%), 32 of physical violence (88.9%), nine of sexual violence (25%), 12 of social violence (33.3%), 10 were expelled from home (27.8%), and five were neglected (13.9%). Besides domestic violence, 19 participants revealed that they had been subjected to bullying in school (52.8%). To illustrate the themes (see Table 2) that emerged from the thematic analysis, some excerpts from the interviews will be presented. Pseudonyms were used to assure anonymity.

LGBTI issues as deviant issues

LGBTI children and young individuals frequently encounter LGBTIphobia and mistreatment in their lives, particularly within their own families. This mistreatment arises when certain parents or family members perceive homosexuality, as well as other sexual orientations and gender identities, as a deviation issue. Such beliefs are frequently linked to conservative values and notions of dominant masculinity, which often stems from cultural, religious, or social biases, and serve to intensify the stigmatization of LGBTI identities. Insults and threats are frequently strategies aiming to devalue those identities.

I think that given my parents' mentality, quite conservative and quite homophobic, insults towards homosexuals have always been constant. Homosexuals were always the people they detested the most and they saw me as part of them! [...] They considered homosexuality to be a disgusting thing, and having a son that was homosexual made them feel like they were in that role too, deep down! (Fernando, gay man, 31 years old).

I made an agreement with my father and told him that I might not wear skirts, dresses, or makeup, but at least he would let me wear those vinyl stockings and tops. He agreed [...], and since that day until now [...], he hasn't engaged in any physical or verbal violence. In April of my first year of High School, I asked a friend of mine, who was a drag queen, a transvestite, if he could lend me [...] I asked him on the

Table 2. Themes Emerged from the Thematic Analysis.

LGBT issues as deviant issues
Managing invisibility
Corrective practices
Social isolation
Structural victimization
Long-term negative impacts

phone if he could lend me some feathers, he [referring to her father] heard the word «feathers» and came with a knife (Inês, transgender woman, 48 years old).

Managing invisibility. Some participants kept secret their sexual orientation and/or gender identity to avoid being rejected by parents or other members of the family, delaying coming out. This self-protection strategy implies that many LGBTI people remain invisible in and to society, dodging potential discrimination and violence. Managing invisibility restricts self-expression and self-determination and leads to social isolation.

I knew that if I said anything about my sexuality or anything like that, he [referring to his grandfather] wouldn't hesitate to kick me out, and I would be left with nowhere to live. So, it was very complicated; I chose to keep quiet and endure everything on my own, without telling anyone because of it (Alex, gay man, 39 years old).

I grew up suspicious, isolated, and resentful. I lived in isolation, resentful, not wanting anyone around (André, transgender male, 22 years old).

Corrective practices

Like the previous excerpt, in which the participant reports psychological and social violence from their grandfather, the life trajectories of LGBTI individuals encompass *corrective* physical and sexual violence, intending to modify non-heterosexual sexual orientation or non-cisgender gender identity, which are viewed as deviations from the family's perspective.

They always hit me my whole life, but there were times when it was really bad! [...] My mother constantly beat me! She slapped me and so on! Then, it was my stepfather who used to beat me, and my grandmother [...] [nervous laughter]. It was extremely common for her to dig her nails into my arms, and I would start bleeding (Luísa, transgender female, 33 years old).

[...] sometimes I would spend the nights without sleeping only to dress as I wanted [...] as a little girl. I was wearing my grandmother's nightgown, and he [referring to her father] came into the room and saw me in the nightgown. He didn't hit me that night, but he did the next day. There was a time when I was afraid to dress up, and no matter how much I wanted to, I was afraid he would catch me again, not let me dress, and beat me (Maria, transgender female, 28 years old).

Social isolation. Social isolation was mentioned both as a strategy to hamper the public exposition of homosexuality, bisexuality, or transgender identities and as a consequence of being discriminated against and abused. The lack of social support, along with the rejection felt especially at home and school, aggravates the risk of experiencing depression and anxiety.

The episodes were constant; they were terrifying. I didn't have a life of my own, I didn't have friends, I couldn't go to lunch with my friends (Olavo, gay man, 28 years old).

I always felt a lot of fear at home, a lot of verbal violence too and sometimes physical too. A lot of isolation, perhaps a lot on my part, a lot of fears and misgivings. I was bullied for my way of being, my way of talking (Tiago, gay man, 36 years old).

My appearance influences my relationships too because I self-sabotage my human relationships, basically, I achieve things, and I destroy them! Of being rejected! I think one of my worst fears is being rejected! I prefer to be alone because then no one rejects me, you know? I have this capacity for insight, I know I'm going into a "canyon" that I'm going to fall into, but I'm guiding myself towards my self-destruction, that's basically it. (...) I hid, isolated myself, it was my way (Lara, transgender female, 24 years old).

Structural victimization. Along with ACEs occurring in the family context, participants disclosed other ACEs, mostly in school. Experiences of violence perpetrated by colleagues and teachers were referred. Structural victimization, as an effect of a homophobic and transphobic culture, was described, with bullying assuming a relevant dimension in LGBTI children's lives, inhibiting their daily routines and school activities. The mental health impacts of structural victimization are evident in participants' sharing.

Constant bullying [...]. My school journey was... not that great, to be honest. I had some good periods, but most of it was tough! I was constantly physically attacked, and never belonged to any groups or anything like that; they would just isolate me! Kids can be merciless in schools, and I was a target! They even pushed me against a cement step and broke all my front teeth (Luísa, trans female, 33 years old).

They would steal my clothes, make fun of my underwear, and rob me... And I reached a point where I stopped participating in physical education! I refused to do it! (Teresa, transgender female, 29 years old).

At some point, I gathered the courage to open my heart to a head teacher, already in the 9th grade, and I said, 'I'm in love with so-and-so; I've liked him since the 7th grade. I adore when we can spend a moment just the two of us...' For me, it was all that romantic fantasy. So, I told her, and at the time, she seemed very understanding. The problem arose when the school year ended. The teacher shared with her classes, in a mocking tone, that I was in love with a boy, saying 'Look, have you heard? So-and-so from this class is in love with so-and-so from that class...' That was the last straw, and it was when I attempted suicide for the first time. During that summer, I attempted suicide for the first time (Alex, gay man, 39 years old).

I suffered a lot. People close to my mother used to say: "You have to put this child in jiu-jitsu or a martial art to become a man!" I was bullied at school, and my mother said: "Don't roll around like that or gesture a lot with your hands! (Lara, transgender female, 24 years old).

Long-term negative impacts. As adults, the negative impacts of having been exposed to ACEs were felt in various areas, particularly in terms of negative mental health and reduced well-being. Moreover, establishing social

connections and intimate relationships became challenging due to a lack of self-confidence linked, among other factors, to family and social rejection.

In my adult life, the way I relate to my image... my emotions, my emotional way of relating to people, was completely impacted [...]. I would self-sabotage my relationships as if I had a certainty that I would be rejected! (Gui, non-binary, 21 years old).

I wanted to end my life because nothing made sense to me anymore. (...) I started studying at night because I was working, that was a way to occupy my mind, so I didn't think about what I had been through. (...). The psychological violence hurts more than the physical. The physical pain goes away, but the psychological remains. (...) sometimes I have dreams... not dreams, nightmares (António, gay man, 42 years old).

I used to cut myself, I attempted suicide and did many things [...]. I was at a centre in my area, a youth centre, and it coincided with the time I was trying [...] when I made suicide attempts [...]. There was a time when I smoked, both tobacco and other substances that were not good (Fábio, gay man, 28 years old).

Discussion

The present qualitative study captures the extension, diversity and severity of ACEs that LGBTI people are exposed to. The findings corroborate that LGBTI people perceived that they were exposed to different types of ACEs in the context of family, by parents or other members, and that those ACEs, along with others experienced, for example, in school, had several negative impacts on their development and mental health. As pointed out in many studies, violent family environments, marked by a lack of safety, emotional distress, hostility, rejection and aggression, affect LGBTI people's lives (Berry, 2018; Fernandes et al., 2022; FRA - European Union Agency for Fundamental Rights, 2020; Goldbach & Gibbs, 2017; McDermott et al., 2021).

As the literature also shows, the accumulation of ACEs correlates with increased trauma exposure and higher rates of mental illness (Craig et al., 2020; Mustanski et al., 2016). Participants reported experiencing psychological, physical, sexual and social violence, neglect and home expulsion, by fathers, mothers, stepfathers, grandmothers and grandfathers. Those typologies of violence, inflicted by persons with whom victims have emotional bonds, have severe short, and long-term consequences (Campbell et al., 2023; Gamarel et al., 2014; Garcia et al., 2020), such as psychological suffering, self-depreciation, social isolation and self-harmed behaviors (Bouris et al., 2010; Goldbach & Gibbs, 2017). In the present study, a high number of individuals received medical treatment or were hospitalized because of the violence they suffered, denoting that the cases were severe also in terms of physical health.

Participants who shared their perceptions of the suffered ACEs and their impacts revealed harsh personal, family and social effects, which led to invisibility management, social avoidance, self-injury and suicidal attempts. The idea that their sexual orientation or gender identity is deviant, rooted in culturally biased assumptions about gender relationships and sexualities, made participants feel marginalized and disruptive, exacerbating their sense of non-belonging. Stigma based on sexual orientation or gender identity compounds powerlessness and segregation among LGBTI individuals (Matsick et al., 2020), diminishing their quality of life (Di Giacomo et al., 2018). In consequence, LGBTI people are forced to remain invisible or to manage their invisibility to prevent being oppressed and abused. This can be one of the reasons why LGBTI people resist asking for help or reporting violence to police authorities (Goodman et al., 2022). It's noteworthy that only half of the participants of the study reported victimization to police.

Some participants disclosed experiencing *correcting*, both physical and sexual, practices aimed at *repairing* their non-heterosexual orientation or non-cisgender identity. Although such practices are nonscientific, deeply invasive and harmful, evidence suggests they persist worldwide. Research has concluded that LGBTI people who are exposed to *corrective* procedures, including conversion therapy and *corrective* rape, have a higher probability of having low self-esteem, self-harm and self-hatred conduct, internalized stigma and discrimination, depression, anxiety, and substance abuse (Doan-Minh, 2019; Higbee et al., 2022; Salway et al., 2020). As widely documented (e.g., Alempijevic et al., 2020), any kind of conversion therapies or *corrective* strategies to minimize same-sex attractions or to *fix* transgender identities are dangerous and ethically disapproved.

Besides domestic violence, participants denounced structural victimization and discrimination occurring in other contexts, like school. Perpetrated by colleagues and teachers, school violence against LGBTI students, particularly bullying, has disproportionate rates when compared to school violence against non-LGBTI students (Gower et al., 2018; Özdere, 2023). As FRA - European Union Agency for Fundamental Rights (2020) concluded, in a European study involving almost 140000 participants, LGBTI students, aged 15 to 17, are more likely to experience physical or sexual aggressions by their peers. As school is an important source of social recognition, LGBTI students are often far from having acceptance and validation.

LGBTI individuals frequently experience polyvictimization, which encompasses several forms of victimization occurring both within and beyond their households (Schwab-Reese et al., 2021). As polyvictimization is associated with diverse ACEs, and high rates of ACEs are connected to high levels of trauma exposure (Austin et al., 2016; Craig et al., 2020; Felitti

et al., 1998; Musicaro et al., 2019; Russell et al., 2018; Weinhardt et al., 2017), we hypothesized that the participants of the study were exposed to elevated levels of trauma and, in consequence, were at serious risk mental health conditions.

Moreover, as domestic violence has negative long-term effects (Laskey et al., 2019), participants suffered the consequences of ACEs in their adulthood, having difficulties in establishing social connections and having healthy intimate relationships (Rausch, 2016). As participants endorsed ACEs as influencing the course of their lives, affirmative and trauma-based approaches and services must be applied to help mitigate the outcomes of domestic violence, by validating and advocating sexual and gender minority clients' necessities (Hinrichs & Donaldson, 2017) and considering the role of early adversity (Levenson, 2017). Regarding affirmative techniques, which align with professional criteria, they mitigate psychological distress and enhance self-determination (Burger & Pachankis, 2024). Trauma-based approaches, in compliment, are based on the principle of clients' safety, empowerment and resilience (Goldenson et al., 2021; Leitch, 2017).

Alongside other studies (e.g., Di Giacomo et al., 2018), our research corroborates the risks LGBTI children and youth face and the necessity to endorse policies and measures aiming to protect them from those who have the responsibility to defend them.

Conclusion

This study examined the perceptions of experiencing ACEs among 36 Portuguese LGBTI people exposed to domestic violence by their parents or other family members. Findings are aligned with international research, showing that participants were subjected to different ACEs, by diverse members of the family, which negatively impacted their development and brought pervasive consequences to their health. Psychological, physical, sexual and social violence, neglect and home expulsion were the most mentioned types of domestic violence perpetrated by fathers, mothers, stepfathers, grandmothers and grandfathers, with significant short-term and later adulthood consequences. *Corrective* practices, both physical and sexual, in the context of family, along with school violence, perpetrated by colleagues and teachers, suggest high levels of trauma exposure and the potential need for counseling.

The absence of knowledge of the dynamics of domestic violence against LGBTI people, from an early age, reinforces victims' vulnerability and invisibility. As some families and schools fail to shield children, victimizing them, child protection services must ensure safety, by developing effective mechanisms and responses aligned with children's rights. Mandatory training on LGBTI issues for professionals across various sectors, in particular

family, scholar and social ones can enhance their responsibility and ability to detect and properly address signs of domestic and school violence. In Portugal, the National Commission for the Promotion of the Rights and the Protection of Children and Young People, which is responsible for coordinating all the actions aimed at promoting the rights of and protecting children and young people, should train their teams to identify risky or danger situations involving LGBTI children and youth and establish assessment and intervention protocols. Those protocols should be extended to other contexts, such as counseling and medical services.

This study has some limitations. Although the number of participants was larger than expected, LGBTI informal groups and associations resisted participating in the study. The recruited participants were mostly from support services for victims of domestic violence, making the sample very specific. Thus, it was not possible to capture the experiences of LGBTI people who were victims of domestic violence and didn't recur to those support services. Additionally, the participants are not equally distributed by LGBTI groups, with only two non-binary people, one intersex and three pansexual. The reduced number of non-binaries, intersex and pansexual participants didn't allow for capturing the diversity of sexual orientations and gender identities,

Future research should focus on analyzing the relationship between ACEs, domestic violence and independent groups, tailored by sexual orientation and gender identity. Among all forms of domestic violence, special attention should be given to sexual violence and its association with *corrective* practices. A national quantitative study assessing ACEs involving LGBTI people exposed to domestic violence could contribute to a wider understanding of the subject and, consequently, feed public policies aimed at preventing and combating the phenomenon.

Disclosure statement

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