

# CISHETERONORMATIVE MODELS IN SEXUAL EDUCATION IN BRAZILIAN PUBLIC SCHOOLS AND THE EXCLUSION OF LGBTQ+ SEXUALITIES IN THE SCHOOL

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**ABSTRACT:** In this paper we argue that everyday school practices, teachers, staff, administrators and students reinforce cisgender representations and the supremacy of heterosexuality. This reinforcement is based on the belief that heterosexuality and cisgenderism are natural and normal. These beliefs are based on sex education programmes that use hygienist biomedical discourses, which reduce human sexuality to its biological functions, bringing it closer to innatism. **Objectives:** This article aims to critically analyse how the invisibility of sexualities that dissent from the cisheteronormative pattern in schools contributes to make the school environment non-inclusive for lesbian, gay, bisexual, and transgender (LGBT+) people. **Method:** This article is a qualitative study based on an autobiographical account of my experience as a gay teacher collaborating in Sex Education courses for primary and secondary school teachers working in the Brazilian public education system. **Results:** The study critically illustrates that, while the new National Curriculum Guidelines treat sexualities as a right, and thus a duty of both the State and the citizen to comply with the law and citizenship, their execution is insufficient. **Conclusion:** By reinforcing and fostering LGBTphobia, schools help to perpetuate oppression and inequity. These manifest as prejudices, stereotypes, bullying, and an increased vulnerability of teenagers, particularly homosexuals. **Contribution:** This article reflects on how governmental policies addressing Sex Education must be accompanied by ongoing debate and technical training for educators to ensure their application in pedagogical and curricular practices.

**KEYWORDS:** Curriculum; Teacher Education; LGBTphobia; homophobia; Sex Education in Brazil; Latin America; LGBT+ students

## INTRODUCTION

In this article, I discuss how public sex education policies in Brazil have contributed to the spread of institutional LGBTphobia by keeping thousands of LGBT<sup>41</sup> youth invisible or out of school, making them more vulnerable to unsafe sexual practices and more likely to commit suicide than heterosexual and cisgender youth (Lameiras-Fernández et al, 2021)

Public sex education means a government programme aimed at promoting the sexual health and well-being of young people at school. This programme covers a range of topics, from preventing STIs and unwanted pregnancies, to promoting healthy relationships and understanding sexual and gender diversity. In general, sex education programmes focus on

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<sup>41</sup> This acronym refers to the sexual or gender identities of Lesbian, Gay, Bisexual, Transvestite and Transgender people, so the "+" sign refers to other identities within the multiple spectrum of human sexuality.

reducing the vulnerabilities that contribute to young people engaging in risky behaviour. To this end, sex education uses blended learning programmes that offer promising pathways to help young people make choices in favour of their self-care and sexual health (Calgarotto, 2023).

Public sex education policies in Brazil have been the subject of debate, especially with regard to their impact on the LGBT+ population. The invisibility and exclusion of LGBT+ young people in schools can increase their vulnerability to unsafe sexual practices and mental health problems, including suicide (González-Jiménez; Fischer, 2017). In addition, LGBT+ young people have higher rates of anxiety disorders, depression and post-traumatic stress disorder compared to their cisgender and heterosexual peers. (Terra et al., 2021)

The definition of sexuality and its multiple orientations, as well as patterns of sexual and gender expression, vary in different cultures. The definition of sexuality covers a wide range of behaviours, identities and expressions that vary over time and between different cultural contexts. It is a complex phenomenon that involves biological, psychological, social and cultural aspects. (Epprecht, 2009)

However, in my work, I approach sexuality from a Foucauldian philosophical perspective in which sexuality is the effect of a discursive network (Foucault, 1978, p.22). Foucault discusses the existence of a sexuality device, i.e. a heterogeneous set that makes up a strategy for managing and controlling bodies, ways of being and populations. This device operates on sexuality through what the author calls biopower, thus producing legitimate and illegitimate ways of exercising sexuality (Cassal, 2011). Part of this control device is the production of LGBTphobia.

LGBTphobia can be understood as the fear of, aversion to, discredit and hatred towards people who is identified as gays, lesbians, bisexuals, transvestites and transgender people (Clauzard, 2002). LGBTphobia controls expressions of sex and gender through compulsory cisheterosexuality, in which relationships must follow the rules of the sex/gender/desire/sexual practices system (Niesche, Gowlett, 2019). Thus, LGBTphobia produces a context of vulnerability to the health of individuals whose sexuality is diverso from the cisheteronormative pattern, especially in adolescence, a period of sexual identities definition. (Matta, Taquette, Moraes, 2021). Thus, school systems somehow function as reinforcement of LGBTphobia by making the sexual orientation or gender dissident person feel like a social pariah. As Dunn et al (2017) conclude: LGBT+ students are excluded because school rejects their sexual and gender identities, and not for reasons specific to their personality or because they reject school.

### **Brief accounts on the Implementation of public policies of sex education models in Brazil**

The history of Sex Education in Brazil shows that investments on public policies aimed at sexuality issues in schools began in the 1930s and focused on protecting maternity, childhood and adolescence. Until the 1960s, the concern was to prevent the spread of pests and diseases. Sex Education, therefore, was limited to transmitting information about bodily self-care and hygiene (Stucky et al, 2019).

In the 1960s - with the advent of the contraceptive pill and the rise of the hippie movement - the social demands and reforms of this period prepared the ground for the demands of the 1970s. Thanks to the help of feminist and homosexual movements in the United States, sex education was introduced into the school curriculae. However, the aim was for people to have autonomy over their own bodies, at least in terms of understanding how they function, particularly their reproductive functions. However, as the public policies for this sector were supported by groups of hospital entrepreneurs, health insurance and co-operatives, as well as

the pharmaceutical and medical-hospital equipment industries, the state bureaucracy (represented by the National Institute of Medical Assistance of Social Security (INAMPS) and the Brazilian Ministry of Health, there was a focus on care rather on preventive actions (ABIA, 2001). Thus, in 1974, the Federal Education Council approved the implementation of Sex Education in secondary schools. The approach was centered on biological and medical issues rather on the discussion on sexual behaviour, desire and values. Children's sexuality was not even considered. In 1976, the government relieved itself of the responsibility of sex education by focusing more on social and economic issues. Sex education thus became the exclusive responsibility of the family.

However, in the 1980s, a number of factors led to a shift from a public health policy based on a centralised and selective model of care to a decentralised and universal model (without this implying an immediate change in the conservative ethos of the policies): i) population ageing; ii) the "youth wave", i.e. the increase in the number of individuals aged between 10 and 24 due to the fall in infant mortality and fertility rates; iii) the increase in teenage pregnancy rates; and iv) the increase in Aids in the country.

After the end of the military dictatorship in 1988, sex education returned to public schools, but under a so-called "preventive" approach (ABIA, 2001, p.23). Brazil's seventh and current constitution was promulgated that year and Article 227 states that it is the responsibility of the state, the family and society to provide comprehensive protection for children and adolescents, as both are active citizens and should have their rights recognised and guaranteed by the nation. This constitutional article changed the social status of the child and the way in which the government must assist them. In other words, the family and the state now share responsibility for children and adolescents.

The Statute of the Child and Adolescent (E.C.A., in Portuguese), created by Law 8.069/90, aims to guarantee children and adolescents the rights to survival, development, protection and social participation. Until 1996, sex education in schools was "taught" only in the areas of Science and Biology. In 1998, however, the NCG - National Curriculum Guidelines (PCNs, in Portuguese) were drawn up and approved (BRASIL, 1998). It aimed at the basic, primary and secondary cycles, containing a section called sexual orientation<sup>42</sup>.

The great innovation brought by the NCG of this period was the inclusion as well as the discussion of gender identity as a vulnerability factor for young people's sexual and physical health (Ayres, 1996; 2003)<sup>43</sup>. Other innovative issues were misuse of psychoactive substances, prevention of Sexually Transmitted Infections (STIs), HIV/AIDS. and the encouragement of discussion of values, ethics and social representations of the male and female genders. In addition, the work methodology is also innovative: sexual orientation and gender identity are both suggested to be approached *transversally* (Altmann, 2001), that is, crosscutting and covering all the subjects taught at the school. For example, in a geography class, issues such as teenage pregnancy, the gender issues involved in negotiating condom use and the intersectionalities (Collins & Bilge, 2016) could be tackled as issues of race, urban territory and sexual orientation, among others. In other words, they could be tackled pedagogically as factors

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<sup>42</sup> In the PCNs, the concept of sexual orientation is used as a correlate of Sex Education to explain the actions developed by the school, family and/or health services aimed at preparing children and young people for a pleasurable, healthy, safe and responsible sex life.

<sup>43</sup> The concept of vulnerability will be used as conceived by Ayres (1996; 2003), as opposed to the concepts of groups and risk behaviour. However, it considers the chances of people being exposed to illness as the effect of a group of individual, social, collective, contextual and programmatic factors that expose people to infections, contamination, risks and weaknesses, minimising their chances of protecting themselves.

that produce greater or lesser vulnerability for those involved in guaranteeing their rights and sexual health.

On the NCGs, sexualities are treated as a right, and therefore as a duty of both the State and the citizen to comply with the law and citizenship. The proposal is interesting, but its implementation is insufficient. The state, as “the author” of these guidelines (they were written by teams of area specialists), has not subsidised the professional development of teachers to implement them. Thus, dissent from cisgender and heterosexual norms, although visible in the text, remains easily invisible in pedagogical practices, because teachers, technicians, school institutions and administrative workers do not know how to (or do not want to) address this issue in the classroom in a positive, assertive and affirmative way.

### **LGBTphobia in the school context and the vulnerabilities of homosexual adolescents<sup>44</sup>**

Since each culture constructs a discourse to interpret sexualities and genders, it is possible to say that in the school environment it would also be found the reproduction of LGBTphobia reflected both in play practices — boys' and girls' games (Gansen, 2017) — and in textbooks (Vianna & Diniz, 2008, p.305). According to Louro (2000, p. 41): “The school is absolutely committed to ensuring that its boys and girls become real men and women, which is to say men and women who correspond to the hegemonic forms of masculinity and femininity”. In this way, the school, a place of socialisation whose aim is to promote human rights, citizenship and critical thinking (Freire, 1979; 1999), unfortunately still reiterates homophobic practices and beliefs in which adolescents who do not 'fit in' with cisgender and heteronormative standards are discriminated against through jokes, pranks, gestures and nicknames aimed at demeaning, invalidating and denying their desires. Research carried out at two different times during the LGBT+ Parades in Rio de Janeiro in 2003 (Carrara et al., 2003) and in São Paulo in 2007 (Facchini et al., 2006) showed that the majority of LGBT+ interviewees had already been victims of some kind of homophobic aggression, usually at school, such as humiliation, being denied access to some establishment, problems at school, at work and at home (e.g. expulsion).

Counting on autoethnography as a preferable method to systematically describe and analyse personal experiences with the meaning of understanding cultural and social issues (Butz et al, 2004), I recall my own memories as a school student and my experience as a gay teacher on training courses on Sexuality and Gender in the school context since 2000. Such experience aimed at primary and High school teachers, helped me to perceive numerous attitudes and beliefs on the part of these teachers that corroborate data from other research, that shows that teachers tend to accept homosexual students as long as they “do not come out of the closet” (Pérez-Testor et al., 2010; Rondini et al., 2021). But I am going to highlight four of the most visible and common situations carried out by teachers that make homosexuality invisible in everyday classroom life.

**Situation One:** When one student, in his/her early puberty, says to another: “You’re a faggot!” or “You’re a dyke!” willing to diminish and humiliate, in general, teachers reprimand them by

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<sup>44</sup> It is worth saying that I will not discuss various forms of social manifestations of LGBT+ identities. In other words, I'll be considering young gay or lesbian homosexuals. I chose this option because, during the period in which this work was carried out, from 2000 to 2010, it was the most prominent issue in the discourse of the secondary school teachers I worked with: “What do I do with someone who comes out and tells anyone who will listen that they are gay or lesbian?”.

saying: "It's not allowed to swear in class!". In other words, instead of resorting to a reflective pedagogical practice that seeks to show that a person's sexual orientation should not be used as an offence, they resort to a repressive pedagogy that aims to make the discussion of homosexual sexual orientation and dissent from the cisheteronormative standard invisible.

**Situation Two:** There is an inherent assumption among teachers that all students are cisgender and heterosexual. In this way, they tend to believe that homosexuality is just a phase in development and that its persistence in adolescence reveals a degree of immaturity in the adolescent's personality. In this way, teachers corroborate the hypothesis already developed by the scientific discourses of the 19th century (Foucault, 1978), prevalent until the end of the 20th century, that heterosexuality is the normal pattern of human sexual development.

**Situation three:** The majority of teachers believe that teenagers who do not hide their homosexuality by talking about their feelings are doing so in order to attack others and should therefore be reprimanded and told to "keep to themselves", i.e. to shut up, or rather not to "come out of the closet".

**Situation four:** It is common for teachers to consider that the psychological problems of homosexuals are directly linked to their sexual orientation, as if sexual orientation were in itself a cause of pathology, and not the way of living and assuming this sexuality<sup>45</sup>.

The four situations presented, above, indicate that homosexual orientation must remain hidden or become a case for specialists. What impact does forced invisibility have on the formation of sexual behaviour, the initiation of homosexual adolescents' sexual lives and their development as a person? As Fasoli et al (2016, p.238) examined: homophobic epithets (e.g., faggot) foster dehumanization and avoidance of gay people, in ways that other insults of labels do not.

The structural LGBTphobia present in the school space prevents and, or makes it difficult for homosexual teenagers to "mourn" heterosexuality. A study conducted by Ndjio (2020, p.865) demonstrated that "while the death of a person identifying as heterosexual is generally felt as unbearable, that of a person identifying as homosexual is experienced as bearable." In cisgender and heterocentric societies, all children are educated based on a model of sexual and loving relationships that makes them believe that one day they will get married and form a family in the future: this is what their parents, school, culture and society in general tirelessly tell them. It is an extremely slow and painful process that involves "grief" to realize that this future will probably not happen and that it will be necessary to renounce a long-prepared life project that would bring acceptance, social belonging, and the enjoyment of privileges. Based on that, Meyer (2003) coined a theoretical model named "minority stress theory" that advocates that LGBT+ people face socially based stressors because of their stigmatized minority identity. Thus, once forced to be invisible at school, in the family and in other spaces of social insertion, the young

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<sup>45</sup> The American Psychiatric Association eliminated homosexuality from its Code of International Diseases (CID), or Diagnostic and Statistical Manual of Mental Disorders, in 1973. It only kept the category of an unacknowledged homosexuality, that is, lived in shame or guilt. On May 17, 1990, the World Health Organization (WHO) removed homosexuality from the list of mental illnesses and, in 1999, the Brazilian Federal Psychology Council launched a normative resolution (01/99) expressing that it is unethical to consider homosexuality as a disease or deviation. This resolution regulates the professional psychologists who try to practice the "gay cure".

homosexual has no other way out than to pretend to be something he is not. All this, results, therefore, in anger towards yourself that can lead to internalized stigma and correlations with depression and consequent suicide ideation and, or attempts as demonstrated by Teixeira-Filho & Rondini (2012), Williams et al (2023).

Hardin (2000, p.91) suggested that negative messages about non-normative gender and, or sexuality widely disseminated in the school environment, is related to the self defamatory attitudes and feelings about oneself. Despite being common, in adolescence for all young people, in the case of LGBT+ teenagers they are more aggravated (Murray, 2011). Examples of the negative messages are:

**Situation One:** Sexual initiation — the young person's sexual initiation will generally take place in hiding. Without evaluating the risks they are taking, young people will give themselves as much as they can (or not) to any opportunity for sexual contact, whether with someone of the same sex (on impulse) or with someone of the opposite sex (to avoid their identity) (Santarato et al., 2021);

**Situation Two:** The first social and sexual contacts with other homosexual adolescents — also excluded from school — often take place in a context that encourages the consumption of substance abuse and alcohol (Jordan, 2000). In addition, this context favours the assimilation of a stereotype about homosexual identity and all the negative values associated with it that are passed on by society (Caputi, 2018). Young homosexuals are particularly more vulnerable to the abusive use of these substances, considering the emotional intensity, confusion and anguish they feel (Miranda et al, 2018).

**Situation Three:** There are important risks of depression during this phase. Studies carried out from the end of the 1980s (Gibson, 1989) to the most recent (Ramírez et al, 2020; Wang et al, 2021), demonstrate that the rate of suicide ideation and attempts is extremely high among homosexual adolescents compared to heterosexuals. In Brazil, young homosexuals (of both sexes) represent a third of all youth suicides (while homosexuals constitute at most 5 or 6% of the population) (Miranda-Mendizábal et al, 2017).

How long does this grieving process last? For certain LGBT+ people, it never ends. Nystedt et al (2019), in a study with a 28,029 participants aged 18–80 survey in Scanina, southern Sweden, concluded that sexual minorities have higher odds ratios of suicide ideation and attempts with bisexuals being particularly vulnerable, and only homosexual men, and not homosexual women, have higher odds ratios for suicide ideation and suicide attempt. Thus, this difference might also be related to the achievement of finishing mourning the heterosexuality that is imposed as an ideal of sexual behavior (Hatchel et al., 2019).

## **Final Remarks**

For a century, Brazilian Education has contributed to the exclusion of sexual dissent from the school environment (Furlanetto et al, 2018). In this essay, I have tried to provide some insight into the history of sex education in the context of public education in Brazil, that is, when it was included in the school curriculum, established boundaries between social classes, controlled sexual behavior and, more recently, prevented sexually transmitted infections. Sexual Education, in order to have credibility, was based on different discourses: i) the biomedical discourse that defined what is healthy or unhealthy; ii) the moral discourse that established the boundaries

between right and wrong; and, iii) the psychological discourse – that which identified what is normal and what is pathological.

However, it is important to realize that a new model of approach to sexualities is necessary and urgent to be implemented in the school curricula. This is the vulnerability model. Such model rejects the notion of a risk group, of risk behavior, of a target population. It is a model in which prevention is a collective strategy that transcends the person's individual choices. As Fonseca (2002, p.78) says: “prevention, understood from the vulnerability paradigm, is seen as a process of prevention” and, as such, it experiences a “combination of possibilities that become effective or not, renewing themselves. There are possibilities considered in a dynamic way that proposes to the educator an attitude of companionship in this construction” (Idem, p.78). In this way, each teacher and student is an active and critical participant in the prevention process and, as such, they need identity visibility. Therefore, STI/HIV/Aids prevention cannot be carried out without enabling young people to assume their sexual and gender identities, whatever they may be. This is because by hiding it from themselves and others implies a certain way of vulnerability to STIs/HIV-AIDS, as well as to life.

Finally, the school, by reproducing and encouraging LGBTphobia, contributes to the reproduction of oppression and inequalities. These are materialized in prejudices, stereotypes, bullying, and the worsening of the vulnerabilities of adolescents, especially homosexuals. In addition to the vulnerability model on facing these issues, there could be the Pedagogy of “coming out” (Rasmussen, 2004). This might help in building a much more inclusive environment in advancing in social justice and disrupting cisgender heteronormativity by critically interrogating the sexuality/gender norms reproduced in schools' context (Morantes-Africano, 2023).

## Ethical Requirements

This article followed all ethical standards for a research without direct contact with human or animal subject

## References

- ABIA. (2001) Associação Brasileira Interdisciplinar de AIDS. *Estigma, discriminação e AIDS*. Rio de Janeiro: ABIA.
- Altmann, H. (2001). Orientação sexual nos parâmetros curriculares nacionais. *Revista Estudos Feministas*, Florianópolis, UFSC, v. 9, n.2, p. 575-585.
- Ayres, J. R. (1996). *Vulnerabilidade e avaliação de ações preventivas*. São Paulo: Casa de edição.
- Ayres, J.R.C.M., França Junior, I., Calazans, G.J. & Saletti Filho, H.C.. (2003). “O Conceito de Vulnerabilidade e as Práticas de Saúde: novas perspectivas e desafios”. In: Czeresnia, D. & Freitas, C.M. (Org.). *Promoção da Saúde conceitos, reflexões, tendências*. 20<sup>a</sup>ed.Rio De Janeiro: Editora Fiocruz, 2003, v.1, p. 117-137.
- BRASIL (1998). Secretaria de Educação Fundamental. *Parâmetros curriculares nacionais: terceiro e quarto ciclos: apresentação dos temas transversais*. Brasília: MEC/SEF, p. 302

Butz, D., & Besio, K. (2004). The Value of Autoethnography for Field Research in Transcultural Settings. *The Professional Geographer*, 56, 350 - 360. <https://doi.org/10.1111/j.0033-0124.2004.05603004.x>.

Calgarotto, M. V. (2023). Sexuality and sexual education: priorities in the training of adolescents. *Revista Gênero e Interdisciplinaridade*, 4(05), 474–509. <https://doi.org/10.51249/gei.v4i05.1640>

Caputi, T. (2018). Sex and orientation identity matter in the substance use behaviors of sexual minority adolescents in the United States. *Drug and alcohol dependence*, 187, 142-148 . <https://doi.org/10.1016/j.drugalcdep.2018.01.012>.

Carrara, S., Ramos, S. & Caetano, M. (2003). Política, direitos, violência e homossexualidade: 8ª Parada do orgulho GLBT - Rio - 2003. Rio de Janeiro: Pallas. Disponível em: <http://www.clam.org.br/uploads/arquivo/relatorioglbtpdf>

Cassal, L. C. B., Garcia, A. M. & Bicalho, P. P. G. Psicologia e o dispositivo da sexualidade: biopolítica, identidades e processos de criminalização. Em: *PSico*, Porto Alegre, PUCRS, v. 42, n. 4, pp. 465-473, out./dez. 2011.

Clauzard, P. (2002). *Conversations sur l'homo(phobie)*. L'éducation comme rempart contre l'exclusion. Paris : L'Harmattan.

Collins, P.H. & Bilge, S. ([2016] 2020). *Intersectionality*. 2 ed. Cambridge, UK, Polity.

Dunn, H., Clark, M., & Pearlman, D. (2017). The Relationship Between Sexual History, Bullying Victimization, and Poor Mental Health Outcomes Among Heterosexual and Sexual Minority High School Students: A Feminist Perspective. *Journal of Interpersonal Violence*, 32, 3497 - 3519. <https://doi.org/10.1177/0886260515599658>.

Epprecht, M. (2009). New Perspectives on Sexualities in Africa: Introduction. *Canadian Journal of African Studies / Revue Canadienne des Études Africaines*, Vol. 43, No. 1, pp. 1-7 (7 pages)

Facchini, R., França, I.L. & Venturi, G. (2006). *Sexualidade, cidadania e homofobia: Pesquisa 10ª Parada do Orgulho GLBT - São Paulo*. São Paulo: APOGLBT.

Fasoli, F., Paladino, M., Carnaghi, A., Jetten, J., Bastian, B., & Bain, P. (2016). Not “just words”: Exposure to homophobic epithets leads to dehumanizing and physical distancing from gay men. *European Journal of Social Psychology*, 46, 237-248. <https://doi.org/10.1002/EJSP.2148>.

Fonseca, A. (2002). Prevention of Sexually Transmitted Diseases and AIDS in the school environment. In: *Interface. Comunic, Saúde, Educ*, v.6, n.11, p.71-88.

Foucault, M. (1978). An introduction. In *The history of sexuality I*. Pantheon Books, p. 164.

Freire, P. (1979) *Conscientização: teoria e prática da libertação*. São Paulo: Cortez & Moraes, 1979.

Freire, P. (1999) *Educação como prática da liberdade*. 29ª ed. Rio de Janeiro (RJ): Paz e Terra.

Furlanetto, M. F., Lauermann, F., Costa, C. B. & Marin, A. H. (2018). Educação sexual em escolas brasileiras: revisão sistemática da literatura. *Cadernos de Pesquisa*, v. 48, n. 168, pp. 550-571.

Gansen, H. M. (2017). Reproducing (and Disrupting) Heteronormativity: Gendered Sexual Socialization in Preschool Classrooms. *Sociology of Education*, 90(3), 255-272. <https://doi.org/10.1177/0038040717720981>

Gibson, P. (1989). "Gay male and lesbian youth suicide". *Report of the Secretary's Task Force on Youth Suicide*, U.S. Department of Health and Human Services, Washington, D.C., U.S. Government Printing Office.

González-Jiménez, J. A., Fischer, V. (2017) Gender and Sexual Orientation among adolescents in Brazil: An analysis of the prejudice and bullying in the educational context. *Procedia - Social and Behavioral Sciences*, 237 (2017), 38-43.

Hatchel, T., Polanin, J., & Espelage, D. (2019). Suicidal Thoughts and Behaviors Among LGBTQ Youth: Meta-Analyses and a Systematic Review. *Archives of Suicide Research*, 25, 1 - 37. <https://doi.org/10.1080/13811118.2019.1663329>.

Hardin, K.N. (2000). *Auto-estima para homossexuais*. Um guia para o amor-próprio. (Tradução de Dinah Kleve). São Paulo: Summus – Edições GLS.

Jordan, K.M. (2000). Substance abuse among gay, lesbian, bisexual, transgender, and questioning adolescents. *School Psychology Review*, 29, 201-206.

Lameiras-Fernández, M., Martínez-Román, R., Carrera-Fernández, M., & Rodríguez-Castro, Y. (2021). Sex Education in the Spotlight: What Is Working? Systematic Review. *International Journal of Environmental Research and Public Health*, 18. <https://doi.org/10.3390/ijerph18052555>.

Louro, G.L. [Org] (2000). *O corpo educado: pedagogias da sexualidade*. Belo Horizonte: Autêntica.

Matta, T., Taquette, S., Souza, L., & Moraes, C. (2021). Sexual diversity in schools: a qualitative study with high school students in the Municipality of Rio de Janeiro, Brazil.. *Cadernos de saude publica*, 37 11, e00330820 . <https://doi.org/10.1590/0102-311X00330820>.

Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychol Bull.* (2003) 129:674-97. doi: 10.1037/0033-2909.129.5.674

Miranda-Mendizábal A, Castellví P, Parés-Badell O, Almenara J, Alonso I, Blasco MJ, Cebrià A, Gabilondo A, Gili M, Lagares C, Piqueras JA, Roca M, Rodríguez-Marín J, Rodríguez-Jiménez T, Soto-Sanz V, Vilagut G, Alonso J. (2017). Sexual orientation and suicidal behaviour in adolescents and young adults: systematic review and meta-analysis. *Br J Psychiatry*. 2017 Aug;211(2):77-87. doi: 10.1192/bjp.bp.116.196345. Epub 2017 Mar 2. PMID: 28254960.

- Miranda, P., Aquino, J., Monteiro, R., Dixe, M., Luz, A., & Moleiro, P. (2018). Sexual behaviors: study in the youth. *Einstein*, 16. <https://doi.org/10.1590/S1679-45082018AO4265>.
- Morantes-Africano, L. (2023). Queering habitus: interrogating heteronormative dispositions that reproduce inequalities towards sexual minorities. *Research in Post-Compulsory Education*, 28, 241 - 259. <https://doi.org/10.1080/13596748.2023.2206708>.
- Murray, O. (2011). Queer Youth in Heterosexist Schools: Isolation, Prejudice and No Clear Supportive Policy Frameworks. *Multicultural Perspectives*, 13, 215 - 219. <https://doi.org/10.1080/15210960.2011.616835>.
- Ndjio, B. (2020). Death without mourning: homosexuality, homo sacer, and bearable loss in Central Africa. *Africa*, 90, 852 - 869. <https://doi.org/10.1017/S0001972020000613>.
- Niesche, R., Gowlett, C. (2019). Using Judith Butler to Queer(y) Educational Leadership. In: *Social, Critical and Political Theories for Educational Leadership*. Educational Leadership Theory. Springer, Singapore, p. 61-84. [https://doi.org/10.1007/978-981-13-8241-3\\_4](https://doi.org/10.1007/978-981-13-8241-3_4)
- Nystedt, T., Rosvall, M., Lindström, M. (2019). Sexual orientation, suicide ideation and suicide attempt: A population-based study. *Psychiatry Research*. Volume 275, May 2019, Pages 359-365
- Pérez-Testor, C., Behar, J., Davins, M., Conde Sala, J.L., Castillo, J.A., Salamero, M., Alomar, E. & Segarra, S. (2010). Teachers' attitudes and beliefs about homosexuality. *The Spanish Journal of Psychology*, v. 13, n. 1, p. 138-155.
- Ramírez, E. G.L., Delgado, Y.K., Volpato, R.J., Claudio, J.C.M., Pinho, P.H. & Vargas, D. (2020). Suicidal ideation in gender and sexual minority students in the largest Brazilian University. *Archives of Psychiatric Nursing*, Volume 34, Issue 6, December 2020, pages 467-471.
- Rasmussen, M. (2004). The Problem of Coming Out. *Theory Into Practice*, 43, 144 - 150. [https://doi.org/10.1207/S15430421TIP4302\\_8](https://doi.org/10.1207/S15430421TIP4302_8).
- Rondini, C., Maron, F. & Souza, L.L. (2021); Adaptação e validade de conteúdo da escala de atitudes e crenças de professores sobre homossexualidade. *Revista Educação e Cultura Contemporânea*, v.18, nº53. Ppge/UNESA, Rio de Janeiro.
- Santarato, N., Barbosa, N., Silva, A., Monteiro, J., & Gomes-Sponholz, F. (2022). Characterization of adolescent sexual practices. *Revista Latino-Americana de Enfermagem*, 30. <https://doi.org/10.1590/1518-8345.6289.3711>.
- Stucky, J., Dantas, B., Pocahy, F., Nogueira, P., Nardi, H., & Costa, Â. (2019). Prejudice Against Gender and Sexual Diversity in Brazilian Public High Schools. *Sexuality Research and Social Policy*, 17, 429 - 441. <https://doi.org/10.1007/s13178-019-00406-z>.
- Terra, T., Schafer, J., Pan, P., Costa, Â., Caye, A., Gadelha, A., Miguel, E., Bressan, R., Rohde, L., & Salum, G. (2021). Mental Health Conditions in Lesbian, Gay, Bisexual, Transgender, Queer and

Asexual Youth in Brazil: a call for action. *Journal of affective disorders*.  
<https://doi.org/10.1101/2021.06.24.21259474>.

Teixeira-Filho, F.S. & Rondini, C.A. (2012). Ideações e tentativas de suicídio em adolescentes com práticas sexuais hetero e homoeróticas. *Saúde e Sociedade* (USP. Impresso), v. 3, p. 651-667.

Vianna, C. & Diniz, D (2008). Em foco: homofobia nos livros didáticos, um desafio ao silêncio. *Revista Psicologia Política*, 8(16), 305-306.

Wang, Y., Feng, Y., Han, M., Duan, Z., Wilson, A., Fish, J., Sun, S. & Chen, R (2021). Methods of attempted suicide and risk factors in LGBTQ+ youth. *Child Abuse & Neglect*, Volume 122, p. 103-125

Williams, R., Chiesa, M., Moselli, M. et al. The relationship between mood disorders, personality disorder and suicidality in adolescence: does general personality disturbance play a significant role in predicting suicidal behavior? *Bord personal disord emot dysregul* 10, 32 (2023).  
<https://doi.org/10.1186/s40479-023-00238-9>