


## PSYCHOSOCIAL IMPACTS ON THE SUPPORT NETWORK OF THE LGBTQIAPN+ COMMUNITY IN THE MUNICIPALITY OF BREVES-PA

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### ABSTRACT

Historically, the LGBTQIAPN+ population has undergone changes that reflected in the acronym that represents it. In this bias, it is explicit that this community has always been neglected in terms of its social rights and the scope of health policies. Thus, it is necessary to take a conscious look at the health problems faced by the community and its support networks. The research aimed to identify the psychosocial impacts caused to the support network of people belonging to the community and its aspects in the municipality of Breves/PA. This is an exploratory, descriptive qualitative study, developed in Breves/PA, through previous initial contact with community members in 2023. The research identified two categories: "Stigma, prejudice and discrimination as social determinants of health of the support network of the LGBTQIAPN+ community" and "the role of the support network in the resilience of this group". The study revealed that access to the support network for the community faces significant barriers, such as stigma and prejudice, affecting both individuals in the community and their family and friends. Therefore, the strengthening of these networks and the implementation of strategies to promote care and inclusion are essential to create a psychologically healthier society.

**Keywords:** Mental Health. LGBTQIA+. Social Support Networks. Psychological Resilience.

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## INTRODUCTION

Historically, the LGBTQIAPN+ community has undergone evolutions that reflected in the acronym that represents it. Initially, individuals who did not fit as heterosexual were called "gay" or "*queer*", regardless of gender or sex. In the 90s, with great progress in political, social and identity discussions, with the emergence of nomenclatures to encompass new sexualities and identities different from those represented, the acronym emerges including lesbians, gays, bisexuals and transgenders, transvestites and transsexuals, and is still today the most widespread and recognized acronym (Bortoletto, 2019; Kelmer, 2021).

In the context of Brazil, at the end of the 1970s, as the process of redemocratization advanced, several social movements emerged in defense of the sexual freedoms of minority groups. Such changes proposed political visibility for issues related to freedom, causing changes for the community. Later, after the 1980s, the Brazilian Government supported mobilizations of homosexual individuals in the prevention of the HIV, which positively affected the number of cases in this specific group. As a consequence, the discussion and strategies for promoting and preventing the care that people should also have when dealing with the virus and other STIs have expanded (Brasil, 2013).

In this sense, it is explicit that this population has always been neglected in terms of their social rights and the scope of public health policies. Despite this, currently, this group has been acquiring space related to health care, especially after the emergence of the National Comprehensive Health Policy for LGBTs (Brasil, 2013), bringing recognition to the community, thus reducing inequality within health services, and seeking to offer an environment of equity and resolution to their problems (Santos *et al.*, 2021).

To this end, studies show that mental health impairment in this population is higher when compared to their cisheterosexual peers (Choi; Everett, 2020; Goldbach, 2019). However, there is no scientific evidence that shows a greater probability of psychopathological complications for people in this community pertinent to their sexual orientation and gender identities per se, but rather linked to the psychosocial barriers faced by these individuals (Paveltchuk; Borsa; Damásio, 2020).

That said, focus on the population, which because they have behaviors that differ from the social convention of the majority, that is, cisheteronormativity, end up being affected by public demonstrations of prejudice, physical, verbal and/or psychological aggression, in addition to having their rights violated, among other problems. In addition,

unfortunately, according to the Brazilian Yearbook of Public Security (2021), Brazil is now the country that kills the most trans people in the world. In 2020, 175 homicides of trans people were recorded, which represents an increase of 41% compared to 2019 (Brasil, 2021).

Such a scenario generates intense psychosocial suffering, resulting from an anxiogenic social atmosphere and which often makes the population more prone to manifest depressive symptoms and, consequently, suicidal ideations. In addition to the growth of the violence described, the impact of stigma and discrimination suffered by this population is yet another major problem that has an impact on mental health, such as: anxiety, stress, and depression (Oliveira, 2018).

In this sense, and with all the social and family scenarios already described, it is noticeable how prejudice causes numerous damages to the mental and physical health of the group, such as high levels of stress and anxiety, development of depression and abusive use of psychoactive substances. From this perspective, it is relevant to highlight the precipitating factors of mental illness in this group, such as prejudice, lack of institutionalized protection, family rejection, and bullying, which contribute to the fragility, marginalization, and vulnerability of these individuals (Bordiano *et al.*, 2021).

Furthermore, family and social rejection are the main triggering factors of psychological distress in this population. It is also noteworthy that the population tends to experience low perceived family support, with disruptions and stressful situations in domestic life caused by sexual orientations and/or gender identities being a reality (Cerqueira *et al.*, 2021).

To the detriment of this, it is necessary to take a different and conscious look at the mental health problems faced by the community and, as the focus of this study, by its aspect of social and family support because, referring to psychological violence, it is understood that it causes emotional consequences and decreased self-esteem, harming the mental health of those who suffer it (Brasil, 2006).

In this sense, the objective of this study was to identify the psychosocial impacts caused to the support network of people belonging to the LGBTQIAPN+ community in the municipality of Breves/PA.

## METHODOLOGY

It is an exploratory, descriptive qualitative study. The exploratory study seeks, as an objective, to promote greater familiarity with the problem to be studied, to make it more evident. The descriptive study, on the other hand, seeks to describe certain characteristics, recurrent phenomena of a population or establish between variables (Gil, 2017).

To this end, within the qualitative approach, its understanding is inductive, interpretative and argumentative, which aims to enable and not only measure and much less inform about a certain characteristic, escaping from what is predictable. In addition, another striking aspect is that, in addition to analyzing social phenomena, it seeks meanings in the form of interpretative research, emphasizing the process more vehemently than the product (Soares, 2019).

The research was developed in the municipality of Breves, more specifically through previous initial contact of the researchers with the members of the community in the respective municipality located in the Marajó archipelago. The research population was formed by 4 individuals who constitute the support network of this population.

The "snowball" method is also used for this purpose, in which it is often applied in research with a social aspect, especially in qualitative studies such as this one. In such a way, it involves the initial choice of some participants who meet the criteria set for the study. These participants, in turn, are invited to suggest other people who can also participate and this process continues to form a network of indications that grows progressively, similar to the effect of a snowball (Bryman, 2016).

The survey was collected from August 2023 to August 2024. The inclusion criteria were based on the following precepts: being part of the community support network of the municipality of Breves/PA; demonstrate interest in participating in the research by signing the Informed Consent Form (ICF). The exclusion criteria were as follows: Not being part of the support network of the LGBTQIAPN+ community in the municipalities of Breves/PA; Not showing interest in participating in the research, not signing the ICF.

The researchers' first approach was carried out through the dissemination of the research through their social networks, and the media broadcast by each one, inviting individuals to participate in the study. In addition, cell phone contact was made available through digital media to communicate with researchers without the need for interested parties to expose themselves.

After that, when they expressed the desire to participate in the research, the ICF was delivered, being explained in detail about the research and its objectives, as well as emphasizing the preservation of the confidentiality of the participants' identity, minimizing any risks to them as much as possible. In such a way, that the researcher and the participant will have a copy of the terms, in this way, Resolution 466/12 of the National Health Council was respected, which establishes guidelines and regulatory standards regarding the ethical aspects of research involving human beings, using CAAE: 70274423.0.0000.0003 and opinion number 6.142.543, approved by the Ethics Committee of the Federal University of Amapá.

Subsequently, data collection was carried out through a semi-structured questionnaire, which was used as a script for the interview, which was recorded and then stored in mp4 document format to be transcribed at the end of the data collection and, consequently, to be used for analysis purposes. To ensure the protection of the identity of the participants, alphanumeric codes such as (E1, E2, E3) will be used,... En) to identify the individuals in the research.

The following instrument was used in data collection: a semi-structured questionnaire with questions that met the specific objectives of this research. The interviews were transcribed and inserted into the qualitative analysis program called ATLAS.ti®, a *software* for qualitative data analysis developed in 1989 by Thomas Muhr, and which has been widely used by researchers due to its ease and range of tools (Silva Junior; Leão, 2018). Thus, version 8.0 of the software was used, used to organize, analyze and creating the categories that were analyzed and discussed based on the content analysis proposed by Bardin (Bardin, 2011).

The ATLAS.ti® software was created to assist the analysis of qualitative research, it is composed of several elements, among them are included: hermeneutic unit (file to store information in the software environment), primary documents, codes, citations, analysis notes and networks (graphic schemes). Thus, the present study was organized by a Hermeneutic unit, which is the expanded research project, built from 4 primary documents (collection instruments) and 14 codes (registration units).

Furthermore, Bardin indicates that the use of content analysis foresees three fundamental phases: the first phase is the pre-analysis, which can be identified as the organization phase and involves the "floating" reading, which is characterized as a first contact with the documents to be analyzed, their choice, the formulation of hypotheses and

objectives, the elaboration of indicators that will guide the interpretation and formal preparation of the material (Bardin, 2011).

The second phase consists of the exploration of the material, covering the choice of coding, classification and categorization units; finally, the third phase refers to the treatment of the results, which consists of inference and interpretation of these, to turn the raw results into meaningful and valid data (Câmara, 2013).

## RESULTS AND DISCUSSION

The present study was carried out with the support network of the population living in the Marajó archipelago, with the participants of both sexes, friends and family. After transcribing the participants' answers, the data analysis provided the construction of two thematic categories: "Stigma, prejudice and discrimination as social determinants of health in the support network of the LGBTQIAPN+ community" and; "The role of the support network in the resilience of the LGBTQIAPN+ community".

### STIGMA, PREJUDICE AND DISCRIMINATION AS SOCIAL DETERMINANTS OF HEALTH OF THE SUPPORT NETWORK OF THE LGBTQIAPN+ COMMUNITY

The literature has emphasized the concept of minority *stress* (MS) as an effective model for understanding the internal and external conditions experienced by *queer individuals* and how these conditions are linked to the mental health of these people (Meyer; Pachankis *et al.*, 2015). This model of MS includes both individual and contextual factors that, together, help explain the higher rates of psychopathology among LGBTQIAPN+ individuals.

About this stress, it is interesting to highlight, from the research perspective, that the possibility of health implications does not fall only on the community, but it is also possible to observe how such issues can directly reflect on the physical-emotional aspects of their support network, reflections that can be identified in the following statements:

E1 - "Yes. I feel very distressed, and very afraid too."

E2 - "When she went out, sometimes she didn't talk to me and didn't answer me, and I was worried that she would go out on the street and go drinking, not knowing who she was with, what time she would come home and how."

E4 - "And when I'm bad or I'm worried about her, it affects my other relationships, so at school I didn't want to talk to anyone or I got stressed. Not today."



If, on the one hand, MS becomes a triggering factor of psychopathological stimuli for the community, on the other hand, it also corroborates the development of periods of stress, anguish and concern regarding their support network. To this end, stress is understood as one of the most researched and discussed concepts in psychology, as it is presented in daily life as a factor that can threaten people's mental and physical health (Mihaila, 2015).

From another perspective, studies indicate that the presence or absence of a support network is an important factor that somatizes and intensifies this bias, as it is shown that individuals who live without the presence of this network have higher levels of stress than those who have this contact (Rull *et al.*, 2011). Thus, social support is defined as a considerable agent for reducing this physiological response and for the development of coping techniques, the way they deal with the news becomes fundamental for the community, as explicit in the statements:

- E1 - "It didn't have the impact and it didn't change anything in our relationship, because she always gave me signs, but never spoke to me directly."  
 E2 - "Today, even with her grandmother, who makes jokes and we laugh, jokingly, and so we take it."  
 E3 - "At first, it was difficult because I didn't want to hurt her like I had before, so I was afraid of what I'm going to call her, how I'm going to speak, it pushed us away, because I didn't know about the issue of pronouns, and it affected her."

On the other hand, it is known that the development of the biopsychosocial health of the young person within the family dynamics is inferred by each of the members, therefore, in situations where this individual perceives himself excluded for not meeting socially established standards, the bonds between them are weakened, being a risk factor for multi-axial diseases. Family rejection is an aggravating factor for mental health, triggering depression or suicide risks in the future (Silva *et al.*, 2016). Primary rejection at the moment when personality traits escape cis-heteronormative standards become even more evident, and can even generate fragility in family relationships, about which the following statements are discussed:

- E2 - "Look, I don't think so, as I said at the beginning, there was when I was imagining that I don't want to believe it, that I don't want this for my daughter."  
 E2 - "As we were raised in the countryside, we didn't know how to deal with it, you know? But today it is no longer like that."  
 E2 - "Since she was a child I noticed different things, but that situation we never want to accept, it's not what we dream of for our children from the beginning."

Discrimination, social prejudice, exclusion and violence can lead the community to potential life risks that, to a large extent, tend to affect the people who care about or care for them with strong psychosocial suffering (Resende, 2016). Psychosocial factors, on the other hand, are related to the way the person perceives and interprets the events of life, how they deal with their feelings and, mainly, with the stress of social pressures, influencing the biopsychosocial dynamics of the individual, also being influenced by precepts and lack of knowledge about the community that are born in the family environment, being observed in the following ways:

E1 - "I don't understand the exact meaning of each of the letters."

E2 - "Not much, I've never tried to find out, I've heard of it, but I don't know very well."

E3 - "At the time, I believed that she was a gay man, I didn't know the plurality of the community, until that moment for me there were only homosexuals, lesbians and that's it."

E4 - "So I ended up growing up with these external opinions of the family was what I took, that is, I was prejudiced to a certain extent. My uncles came to me and said "look, your sister has something wrong" and for me there was nothing wrong, and I had never paid attention and it made no difference."

Furthermore, the disclosure of sexual orientation can be a difficult process for both those who disclose and those who receive the information. One study noted that in many cases, families react with denial to *coming out*, which creates challenges for LGBT people. In general, mothers tend to accept their children more easily, while fathers show greater resistance, especially when it comes to sons. Another important aspect is the way each family seeks support and offers support, and religion can also influence acceptance (Nascimento *et al.*, 2018). However, what was observed in some of the statements present in the study were the following:

E2 - "That was the first thing I said to her, our concern with her was about the relatives, because my family is very Catholic and they don't understand, so she was worried about not accepting her."

E2 - "Already knowing that there will be comments, that there will be jokes, and as I told her, you see that our relatives' children make jokes like this, because they were raised in a certain way, in the countryside."

E3 - "I was raised in a very Catholic family, and because of that I ended up absorbing a lot of the wrong things, and that's why I always lived believing in what I was taught about the binary."

E4 - "It was at an end-of-year party, when it was just the two of us, then she started to tell me, but our family has always been very prejudiced, so I grew up in this environment, right."

E4 - "So I ended up growing up with these external opinions of the family that's what I took, that is, I was prejudiced to a certain extent. My uncles came to me and



said "look, your sister has something wrong" and for me there was nothing wrong, I had never paid attention and it made no difference."

It is noticed that the initial reactions are usually not very receptive, but in some cases, this changes over time. The initial shock leads many fathers and mothers to deny reality, which causes the person to go through a phase of intense internal struggle, marked by feelings such as denial, guilt, fear, revolt and shame. However, in more open families, these feelings are gradually replaced by feelings of belonging and acceptance within the family nucleus (Nascimento *et al.*, 2018). In contrast, heteronormativity also sustains and perpetuates various forms of violence within the family environment, often resulting in expulsion or voluntary departure from home, or even submission to constant family aggression (Perucchi *et al.*, 2014).

Therefore, it is important to point out that today, the term "mental illness" can be directly related to the production of psychic suffering of an individual or a population group in terms of the conformation of a field of public health, in which certain health policies, their care practices and their services are established. Under this bias, this specific group, which is statistically observed, needs a special look at mental health, especially in the community, and in the conjuncture of this study of its social support network (Clemente, 2018). This score is ratified through the following findings:

E1 - "Yes, at the time it affected her because I love her, so the whole issue of concern influences her mental health, and knowing that she was inserted in this context that somehow is not comfortable at all, because from the moment you are inserted there you live this struggle, knowing that moved me, yes. I can't explain how, but it moved."

E3 - "The impact it had was more in the matter that I felt that I needed to be stronger to help her, since for her it is much heavier. Of course, when we see a daughter suffering, it's not the easiest thing in the world."

E4 - "Not particularly, of course worry is always there and in a way it consumes, so yes in a way it has already impacted my health of not being able to sleep a few nights of worry, but I realized that in my mother it was worse."

Considering the factors exposed, it is pointed out that in the context of care, many times, their main networks such as family and friends end up somatizing some situations experienced by them, thus resulting in contextual psychosomatizations. Furthermore, it is explained that this psychosomatization, introduced by Heinroth at the beginning of the nineteenth century, refers to somatic disorders of the body resulting from psychological disorders that intervene constantly in the genesis of the disease, translating a dualistic conception of the human being and the reciprocal influence of one party on the other

(Capitão *et al.*, 2006). Also on this, the following psychosocial impacts were observed in the statements of the interviewees:

E1 - "However, it changed in the way I worried about her, I was more worried because it involved the whole family context, it involved the people around her, so I knew that from the moment she told her family everything would change in her mind and for her family too."

E2 - "But, I don't have so much concern with her because I see that she is a strong and independent girl, you know, since she was a child."

E4 - "The concern has always been, we know that she knows how to take care of herself but we can't dissociate it, it's a family concern, especially because of this community where violence is added to prejudice, and we see so much in the newspaper, in the news against the community."

E4 - "Yes, every time she goes out even to run and exercise. We don't know people, so we have no way of knowing what will happen, and I always prepare for the worst."

Thus, in the context of the Sciences, psychosomatic studies are highlighted, which aim to integrate the disease and the psychological dimension, although Psychology is seen as the science of the mind, the body is also a primary target of psychological research, due to its complexity and the rootedness of psychic processes in its matter (Ávila, 2012). In short, about the problem in question addressed in this study, the psychosocial impacts are considered as acting directly on the psychosomatization of anxiety, depression or other psychological disorders that end up directly affecting the quality of life of the support network, its bonds and the resilience process as well.

## THE ROLE OF THE SUPPORT NETWORK IN THE RESILIENCE OF THE LGBTQIAPN+ COMMUNITY

Socially, the reality of young homosexuals is composed of discrimination that enhances the vulnerability to which they are normally exposed (Unicef, 2011). Thus, it is notorious how the vulnerable space in which these groups are inserted makes the need to protect their support networks more evident.

For this reason, care habits for vulnerable groups such as the community, coming from their support networks, are capable of strengthening protective bonds and promoting physical and mental health, in addition to responding better to the complexity of the demands brought about by violence perpetrated against homosexual adolescents and young people (Deslandes, 2006). Thus, according to the theme addressed, it is possible to visualize the following narratives:

E3 - "I started to realize that what I learned was wrong, so I blamed myself because I could have studied and broken that barrier, and not let her go through so much, so she went through things that I didn't realize and I could have been more sensitive like my mother was."

E4 - "I listen to them and in our way we take care of each other, and I try to give them some comfort zone."

E2 - "But then I try to talk to people, to those who try to know about it, but if someone comes to talk like that maliciously, I already rule it out."

In the current period, in opposition to growing tolerance and sexual freedom, LGBTQIAPN+phobia persists among us, especially in a less spectacular veiled form of daily humiliation and segregation, which occur in contexts of family, school, neighbors and acquaintances. Therefore, it is undoubted how suffering verbal offenses or threats of physical aggression is part of the social experience of gays, lesbians, bisexuals, transvestites and transsexuals in Brazil (Simões; Facchini, 2009). Thus, it is possible to interpret the position of vulnerability of LGBTQIAPN+ individuals inserted in the Brazilian context, and how, despite changes, ignorance still prevails over the awareness of families and friends.

Therefore, social awareness and the search for information, especially through the support networks of the LGBTQIAPN+ public, is essential to change the position of ignorance and ensure greater comfort for the community, since from the interaction and research in search of new knowledge, it is possible to improve the functions of the less developed subject, who now starts to use what he has learned through interaction with others as his internal heritage, thus enabling the process of consciousness that demystifies certain ideals and addresses the most critical look possible at reality (Vigotski, 2018).

In this way, the development of awareness is promoted through the coexistence of the support network with their family and friends in the *queer community*, and by the need for self-understanding and awareness of others. Thus, by the subject portrayed, it is feasible to visualize the following narratives:

E3 - "For me, it was okay for her to be who she is, the problem was the world, so instead of being worried I prefer to go for a fight, to fight and whenever I have the opportunity I try to make people have a little more clarification, because sometimes that's what is missing, right."

E4 - "Yes, due to the interaction with my sister and about the acronym I have a basic understanding of the acronym."

E4 - "She changed us, our family, not only ours but our uncles', we had this chance to change because of her."

E4 - "Then I went to research on my own to find out what this is, because it had several phases. So, my understanding is that the community that is gays, lesbians, bi, pan people and that would be more or less my understanding."

Around the world, children who are LGBTQIAPN+ – or perceived to have sexualities or gender identities different from the norm – often experience discrimination, intimidation, abuse and violence (UNICEF, 2014). In this sense, it is evident how in the socially imposed structure, identities deviating from heterocisnormativity are marginalized.

In the face of this violence, it is necessary to understand the fundamentality of effective support networks that seek to provide support to individuals belonging to the LGBTQIAPN+ community, since it is indicative that the social characteristics and proximity of the subjects within the support network can be fundamental in the implementation of effective interventions, and in the prevention of risk behaviors and the impact of violence on the health of these young people (Sha *et al.*, 2014).

Thus, when we view reality through the lens of the community, it is undeniable that circumstances of discrimination and prejudice create the demand for an active support network. Therefore, the provision of support and support, regardless of how it is carried out, is paramount in the life of the *queer individual*. In this regard, it is possible to address reports that share this scenario:

E1 - "So, whether I like it or not, I still consider myself very ignorant on the subject, and at the time I found out I tried to be less ignorant, it was the way I tried to give her this support."

E2 - "To this day it has not had this impact, of not talking, of not wanting to and of throwing it out of the house, that has not happened and I hope it will not happen."

E2 - "Until the time came for me to come and ask her and that's when she told me, and it had the impact and our differences, but we clarified everything and I told her that I would support her in whatever she needed and not to worry because I wouldn't turn my back on her, and that everyone could turn their backs on her, but I was going to take her side."

E4 - "Sometimes I don't have the power to solve the problem, but I can offer a shoulder, a conversation, a refuge."

From the heterosexist social ideology, crimes against the LGBTQIAPN+ population emerge as consequences, with homophobia, in its definition, being explicit hatred that manifests itself on a scale of violence that varies from verbal and physical aggression (Pedra, 2020). In addition, seeking to overcome the scenario of homophobic violence present in Brazil, the difficulties in implementing public policies due to multiple factors of complexity are noticeable (Pereira; Santos, 2024).

In this scenario, the experience of *queer* individuals and their support networks is composed of challenges, which are overcome through mutual support, and above all through resilience. Resilience is translated, above all, as the ability of communities and individuals or a socio-ecological system to deal with the impacts and adverse consequences of dangerous events (Birkmann, 2006).

In this regard, it is possible to understand how resilience is the ability to mentally resist adverse events and, thus, better and positively face the difficulties that arise, from this a resilient family will be able to resist and recover from stressful challenges in life, strengthening each other, coming out stronger and with better emotional resources (Callegaro, 2024). Since, the community, in union with its support networks, must seek to be resilient in the face of its internal and external difficulties. About this narrative, it is feasible to present the following perspectives:

E1 - "Yes, there was concern. It already affected my daily life a lot at the time I found out, I dealt with it trying to understand her context."

E1 - "I said, look, you know it's going to exist, we have to prepare for it."

E2 - "But after we talked and she came to me and said, then it didn't have that much impact, we understood each other and today we get along very well."

E2 - "To this day we talk to her, with the part of my family she was concerned about acceptance, she wondered if her relatives would still like her, and I said yes they will like you for the person you are, that will be the time, they will like the person she has always been, Because this is just a part of our lives."

E3 - "The impact was more for me to wake up, that she is my responsibility and I will be on her side and fight for her, so it strengthened me more than it weakened me."

Thus, stress can originate from internal stressful sources, due to its aspects, such as shyness, anxiety, difficulty in expressing oneself, - and external - which depend on the subject's functioning in the face of environmental circumstances (Nodari *et al.*, 2014). Therefore, it is identified that the experiences lived by the *queer* community are presented as external stressors, ranging from stigma, discrimination and isolation, and the constant exposure to these stressors makes them specific to minority groups, LGBT people are more likely to compromise their well-being and to develop psychopathologies such as depression and anxiety (Carter; McGoldrick, 2011).

Based on this, it is known that the family life cycle goes through confrontations, and must deal with new stages that generate tensions, both in the individual and in the family, in an attempt to reaccommodate and search for a healthy functioning (Cervený; Berthoud, 2010). Thus, it is concluded that the families of LGBTQIAPN+ individuals, due to their role

as support, deal directly with daily stressors in the life of the community, and therefore are directly affected by the stress generated.

Therefore, components of the support networks of LGBTQIAPN+ individuals are more susceptible to the development of physical problems, and especially psychic ones, since they must face prejudices that translate into stressors together with their loved ones. For this reason, community support providers must seek their means of support, which help them relieve the stress and psychic suffering they go through, given that lasting social ties provide help in times of need, allowing them to cope with and overcome moments of crisis (Barudy; Dantagnan, 2007).

Thus, it is possible to observe the following narratives, which highlight the importance of the support networks of those who care for *queer individuals*:

E2 - "Right when my daughter talked to me about it, I looked for this friend of mine, she advised me to enjoy the good things that come from my daughter and have a good coexistence, that one day this bad part would pass, which was to accept."

E1 - "I think that today yes, I have support, I already talk about it with several people and even with the psychologist."

E2 - "At that time, I didn't have people to listen to me, I always commented like that with a friend of mine, I always talked."

E3 - "When things happen it's more me, her and her brother supporting each other. But then, to talk to I have my sister, my very wise mother, always had a word to advise, but it's much more in the three of us."

"E4 - "We don't have something external, but so I have my mother, the two of us. "

The affective bond is like relating to the other in the perspective of maintaining an emotional and/or behavioral connection, proximity works as a search for security and support, whether in times of adversity, or to provide a functional capacity of the child's personality (Silva; Germano, 2015). The creation of an affective connection, especially in the family context, grows from the birth of the child until its formation for adult life, therefore, this existing bond between family and friends of LGBTQIAPN+ people is fundamental for facing difficulties in community life.

The absence of this bond corroborates negative consequences, since *queer individuals*, when they are emotionally abandoned, are affected not only from the perspective of their mental and physical health, but also in their economic and social structure (Junior; Silva; Mota, 2025). In Brazil, many young people in the community, before making decisions to end their own lives, indicate the lack of understanding of family or peers as a primary reason (Reidel, 2019). In this way, the affective bond between LGBTQIAPN+ people and their support networks is a foundation for the development of



awareness, acceptance by families, and for maintaining mental health and overcoming adversity (Figueiredo *et al.*, 2024).

## FINAL CONSIDERATIONS

The strands that encompass the results of this study are multiple, however, it is noteworthy that, during the data collection period, one of the most present barriers for researchers was access to the community's support network in the territory in question. This is mainly because the municipality of Breves is still in the process of social, cultural and economic transformations that, like it or not, have a direct impact on diversity. In addition, it is still observed in the daily life of the city, historical marks of prejudice and LGBTQIAPN+phobia very present in inland municipalities, paths that hinder access to more sensitive and necessary issues to be discussed to supply more effective public health policies for the LGBTQIAPN+ population and, consequently, their support network.

Immersed in this need, stigma, prejudice and discrimination, as social determinants of health, exert a strong influence on the community and their families and friends, generating expressive emotional and psychological effects, such as anxiety, stress and constant worries. In addition, it is relevant to highlight the influence of family rejection and the central role of support networks in coping with difficulties associated with sexual orientations and gender identities. The absence of understanding and acceptance often intensifies psychic suffering, both for the person and for those around him, thus, the fragility of family relationships can exacerbate the psychosocial effects.

Thus, it is possible to highlight that caregivers, who are the participants of LGBTQIAPN+ support networks, in addition to providing the necessary support and care, also need support to deal with their difficulties, often originating from the fear and concern they feel for their queer family and friends, and therefore the existence of affective bonds and mutual support become paramount for the support networks of the community, and vice versa.

Therefore, it is essential to strengthen support networks and a more sensitive and informed approach to sexual and gender diversity. The implementation of public policies and intervention strategies that promote welcoming and combating prejudice are essential to minimize the psychosocial impacts on these families and their communities. These efforts are essential for the construction of a more inclusive and health-promoting society,

in which everyone can be respected and welcomed in their entirety, as recommended by the Unified Health System (SUS).

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