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Original Article

Occupational therapists’ practices in the context of gender and sexual dissidences: an overview of professional practice in Brazil[1]

Práticas de terapeutas ocupacionais no âmbito das dissidências de gênero e sexualidade: um panorama da atuação no Brasil

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Abstract

Introduction: Occupational therapists are tasked with developing technical, political, and ethical actions that address the suffering and isolation of diverse groups, particularly those historically marginalized. This study focuses on gender and sexual dissidences – a term encompassing individuals who exist beyond or outside of identity categories (such as lesbians, gays, bisexuals, transgenders, among others). **Objectives:** To present an overview of the practices of occupational therapists in Brazil with the population who experience dissidence of gender and sexuality. **Method:** Data were collected through an online survey using snowball sampling, initially reaching out to seed informants, professional entities, and social media networks. Data organization, analysis, and discussion were conducted using descriptive statistics, supplemented by the theoretical background of social occupational therapy, queer studies, and critical occupational science. **Results:** Ninety-five responses were analyzed, with informants reporting various motivations for their involvement with the topic, including personal and familial affinities and needs encountered within their professional contexts. A wide array of practices emerged, developed from distinct approaches across various professional domains. These were grouped into four main categories: individual consultations, group consultations, academic activities, and network articulation. Despite the relevance of theoretical-methodological frameworks, informants infrequently mentioned studies specifically addressing gender, sexuality, or occupational therapy in their responses. **Conclusion:** While contributions to the population who experience dissidence of gender and sexuality were noted, we

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identified no practices explicitly tailored to these populations or themes. Occupational therapists predominantly employ resources aligned with their core professional training and general education.

Keywords: Sexual and gender minorities; Professional Practice; Occupational Therapy; Social Occupational Therapy; Critical Occupational Science.

Resumo

Introdução: É tarefa do terapeuta ocupacional desenvolver ações técnicas, políticas e éticas que buscam dirimir o sofrimento e isolamento de diferentes sujeitos e grupos, especificamente aqueles historicamente subalternizados. Neste artigo, voltamo-nos para as dissidências de gênero e sexualidade, noção que pretende abarcar os sujeitos para além das categorias identitárias (lésbicas, gays, bissexuais, transgêneros, entre outras). **Objetivos:** Apresentar um panorama das práticas de terapeutas ocupacionais com a população dissidente de gêneros e sexualidades no Brasil. **Método:** Divulgamos um formulário on-line, utilizando a amostragem por bola de neve. Iniciamos o convite à participação nos valendo de informantes sementes, entidades profissionais e redes sociais. Para a organização, análise e discussão dos dados, lançamos mão de estatística simples, além dos postulados da terapia ocupacional social, estudos *queer* e ciência ocupacional crítica. **Resultados:** Foram analisadas 95 respostas. Os informantes relataram diferentes motivos para o envolvimento com a temática, desde afinidades pessoais/familiares até necessidades com as quais se defrontaram no campo de intervenção. Reunimos uma diversidade de práticas, desenvolvidas a partir de diferentes abordagens e nas variadas áreas de atuação profissional, que foram agrupadas em quatro eixos: atendimentos individuais, atendimentos em grupo, atividades acadêmicas e articulação de rede. Quanto aos referenciais teórico-metodológicos que subsidiaram a ação, a menção foi restrita, tanto sobre estudos de gêneros e sexualidades quanto sobre a terapia ocupacional. **Conclusão:** Ainda que atestada a contribuição para a população dissidente de gêneros e sexualidades, não identificamos práticas aventadas exclusivamente para essa população ou temática. Terapeutas ocupacionais utilizam recursos estabelecidos no núcleo profissional e da formação geral.

Palavras-chave: Minorias sexuais e de gênero; Prática Profissional; Terapia Ocupacional; Terapia Ocupacional Social; Ciência Ocupacional Crítica.

Introduction

Occupational therapy is positioned as a field of knowledge and practice dedicated to addressing "the complexities involved in diverse ways of life and everyday activities, as well as the vulnerabilities of populations experiencing deficits in social inclusion and participation" (Leite Junior & Lopes, 2017, p. 482). Practitioners are tasked with developing technical, political, and ethical actions to alleviate the daily suffering and isolation of various individuals and groups, which can contribute to the deterioration of social bonds and promote pathways of individual and collective precarity (Ghirardi, 2016; Leite Junior et al., 2024; Malfitano, 2016).

In general, the profession's guiding documents, such as the Minimum Standards for the Education of Occupational Therapists, updated in 2016 by the World Federation of Occupational Therapists (WFOT), and the Brazilian National Curriculum Guidelines (DCNs), emphasize commitment to human rights and diversity, urging occupational therapists and education programs to work within these commitments.. The new DCN proposal (Rede Nacional de Ensino e Pesquisa em Terapia Ocupacional, 2020) highlights social markers of inequality and difference and their correlations with activities, occupations, and everyday life, incorporating new intersections and categories for professional practice, education, and knowledge production. In our case, we recognize the potential of occupational therapy to work with the population who experience dissidence of gender and sexuality, encompassing the diverse needs presented by these individuals (Braga et al., 2020; Leite Junior & Lopes, 2017; Melo & Lopes, 2023; Silva & Malfitano, 2023).

We engage with the notion of sexual and gender dissidence, as, according to queer studies, it presupposes sexuality as a social and historical construction (Colling, 2015; Miskolci, 2009). The aim is to contribute to the inclusion of a new vocabulary that surpasses classificatory approaches, seeking to encompass individuals who go beyond the boundaries of prescribed identities (lesbian, gay, bisexual, transgender, etc.). Socially prescribed identities function as a form of social discipline, control, and normalization of bodies and practices, reinforcing power relations and reproducing privileges and exclusions. An identity-based approach expands intervention options; however, if we do not focus on breaking the identity logic, we risk maintaining forms of violence that compel individuals to redefine themselves rather than seek ways of life that fulfill them. Additionally, this notion contrasts with the diversity scope in itssuggestions of normalization linked to the neoliberal and multicultural discourse of tolerance (Colling, 2015).

Dissidence evokes a post-identity notion, as no specific identity is highlighted, and heterosexuality is also destabilized as the matrix of human sexuality. That is, considering gender and sexual dissidence, we include individuals who do not fit – and often do not want to fit – into predetermined categories; yet they also contribute to social organization, build their social networks, and seek recognition, public policies, and, at times, assistance. With these assumptions, we present an overview of the practices of occupational therapists who, in Brazil, have worked with the population who experience dissidence of gender and sexuality.

Although Brazil is a pioneer in producing knowledge about this population within occupational therapy, few outcomes have been published in the national or international literature (Leite Junior & Lopes, 2022). Beyond the findings from the first author's doctoral research (Leite Junior, 2024), Braga et al. (2022) shared experiences ofyoung people in public schools; Depole (2023) presented data on mental health care provided by health professionals, including occupational therapists, also in mental health, Leite Junior & Onocko-Campos (2025) described care strategies developed with a young user of a mental health service; and Monzeli et al. (2023) described actions in university service projects.

Despite these new contributions, there remains a lack of systematization of practices developed by Brazilian occupational therapists in the care of this population. Therefore, we hope to contribute to strengthening the technical, ethical, social, and political commitment of occupational therapy to the needs of historically marginalized populations, broadening the references that support this field, because:

> [...] dealing with differences requires confronting social relations in their asymmetries and hierarchies, recognizing that divergence is fundamental in a democratic context. Recognizing differences is a first step toward questioning inequalities, which may create conflict but also consensus on the need to change power relations for the benefit of those historically marginalized. [...] the perspective of differences invites us to engage in contact, dialogue, divergences, but also in negotiating consensus and transforming collective life as a whole (Miskolci, 2017, p. 54).

Methodological Approach

We employed snowball sampling through a reference chain. As noted by Vinuto (2014), this technique is useful for investigating populations that are difficult to access, study, or quantify, or that consist of few members dispersed over a large area.

To find seed informants, we activated our network and promoted the study on social media (profiles, pages, and groups associated with occupational therapists and/or occupational therapy content). Invitations were sent between December 2019 and November 2020 via email, Facebook®, Instagram®, LinkedIn®, and WhatsApp®. We also requested that the *Conselho Federal de Fisioterapia e Terapia Ocupacional* (COFFITO), the *Conselhos Regionais de Fisioterapia e Terapia Ocupacional* (CREFITOs), and professional associations invite occupational therapists to participate. Those who accepted the invitation were also asked to recommend additional contacts and/or share it with them. The study was approved by the *Comitê de Ética em Pesquisa* of the Federal University of São Carlos (UFSCar) (CAAE: 16328919.3.0000.5504).

Engaging with professional entities proved labor-intensive, requiring nearly a year of ongoing contact. The *Associação dos Terapeutas Ocupacionais do Estado do Rio de Janeiro*, the *Associação de Terapeutas Ocupacionais do Estado de São Paulo*, and CREFITOs 1, 3, 4, 5, 6, 7, 9, 10, 11, 13, 14, 15, 17, and 18 were favorable to our request. CREFITO-12 did not respond. The *Associação Brasileira dos Terapeutas Ocupacionais* (ABRATO) informed us that it was reorganizing its member registry and would send the invitation later; however, we received no confirmation. COFFITO declined to collaborate, citing the absence of an internal regulation to accommodate our request; CREFITO-8 sent us a legal opinion, concluding, among other things, that our request represented a misdirection of function; CREFITO-16 did not provide a reason for their denial.

Using a Google Forms® online questionnaire[2], we gathered substantial data to construct the professional profile of occupational therapists who have worked with the population in focus, inclusive of: age group, gender identity, sexuality, race/color/ethnicity, undergraduate and graduate education, years of professional experience, region, area of practice, type of institution, work modality, duration and motivations for this work, and the actions developed. We also examined the theoretical and methodological approaches used to support practice, and finally, the potential challenges faced.

Inclusion criteria considered occupational therapists and faculty who have worked, exclusively or not, with the population who experience dissidence of gender and

[2] For refinement and possible adjustment of the instrument, a pilot study was conducted with four non-occupational therapy practitioners who developed professional practices or academic activities with the population who experience dissidence of gender and sexuality.

sexuality in Brazil. Data were organized and analyzed using descriptive statisticss (mean, median, frequency distribution table, percentage, among others) to quantitatively build the professional profile, as well as describe theoretical-methodological frameworks from social occupational therapy, critical occupational science, and queer studies. These frameworks focus on questioning power relations and social hierarchies, addressing historically marginalized subjects, and confronting neoliberal capitalism in the proposition of actions and care. We conducted a spell-check on some responses to correct typographical errors and improve text cohesion.

Presentation of the overview

Upon accessing the questionnaire, respondents were presented with the initial question: *Are you an occupational therapist and/or faculty member who has worked or is currently working with the LGBTQI+ population*[3]*?* This question served as a filter, clarifying the target participants. After analyzing the responses, we identified and removed duplicate entries, resulting in 95 complete questionnaires. Respondents were not required to answer all questions, which led to some blank fields.

Professional profile

We found that the median age of participants was 33 years old (n=93), with the youngest being 21 and the oldest 60. Regarding gender identity[4], the following self-declarations were obtained (n=91): 69 cisgender women (75.82%); 15 cisgender men (16.48%); one transgender man (1.10%); one woman (1.10%); one woman, just that (1.10%); one non-binary person (1.10%); one queer person (1.10%); one non-binary agender trans person (1.10%); and one person listed as "0p" (1.10%), which we considered a possible typo. The category of sexuality was answered by all respondents (n=95): 52 heterosexual individuals (54.74%); 26 homosexual (27.37%); 13 bisexual (13.68%); two pansexual (2.11%); one demisexual (1.05%); and one person who does not define a specific label but referred tothemselves asopen to exchanges regardless of gender or sexuality (1.05%). When asked about race/ethnicity, the responses (n=94) were as follows: 60 white individuals (63.83%); 18 mixed-race (*pardo*) (19.15%); 11 Black (11.70%); and five Asian (5.32%).

The high number of cisgender women was expected, given that occupational therapy has historically been perceived as a female profession, intended to be practiced by cisgender women. This fact has implications for social prestige, power dynamics, caregiving roles, and unequal recognition of scientific validity, as occupational therapy was – and continues to be – marginalized (Farias, 2021; Lima, 2021; Morrison Jara, 2011; Testa & Spampinato, 2010).

From an ethnic-racial perspective, the impacts of racism in Brazilian society also affect occupational therapy, considering that Black individuals were historically excluded from accessing and remaining in higher education (Artes & Oliveira, 2019). Some studies refer to a possible reduction in the number of Black professionals working

[3] Although we use the concept of gender and sexual dissidence, we chose to employ the LGBTQI+ identity category in the questionnaire, as we assessed that this would facilitate the respondents' understanding of the theme being investigated.

[4] The instrument provided options for identification; however, respondents were free to create others. The categorization presented here reflects the expressions they used.

as occupational therapists when the establishment of higher education requirements was implemented (Costa et al., 2023; Leite Junior et al., 2021; Melo, 2015), given the barriers to professional validation and university access.

In the context of occupational therapy, most available spots were at private institutions with tuition fees (Reis & Lopes, 2018). As a result, the profession is predominantly composed of white, middle-class women (Monzeli, 2021). There are also reflections of racism within the profession, with the undervaluation, lack of recognition, and invisibility of Black individuals who may have contributed to the creation and development of this field of knowledge and practice, such as Dona Ivone Lara and Maria Margarida da Trindade (Ambrosio, 2023; Costa et al., 2023; Leite Junior et al., 2021).

Regarding education, 78 respondents (82.11%) reported having completed graduate studies (either *stricto sensu* or *lato sensu*). The earliest graduation year was 1984 (n=2; 2.56%), and the most recent was 2019 (n=6; 7.69%), with a median of nine years since graduation, calculated up to 2020. In terms of professional practice, 92 individuals (96.84%) reported working as practitioners, with a median of eight years in the profession. The longest duration of professional practice was 36 years (n=2; 2.17%), while the shortest was six months (n=2; 2.17%). Regarding teaching, 34 respondents (37.79%) indicated involvement in this area, with a median of 4.5 years of experience. The longest duration was 25 years (n=1; 2.94%) and the shortest was four months (n=3; 8.82%).

Part of the questionnaireespecifically focused on practice with the population who experience dissidence of gender and sexuality. Eighty-six individuals (90.53%) reported their length of work with this population, with a median of four years; the longest duration was 26 years, and the shortest was four months. A total of 94 respondents (98.95%) provided information about their work setting, and 77 (81.91%) were engaged in professional practice, with 54 (57.45%) not involved in academic activities (teaching, research, university outreach, among others). Eighteen individuals (19.15%) were engaged in strictly academic activities.

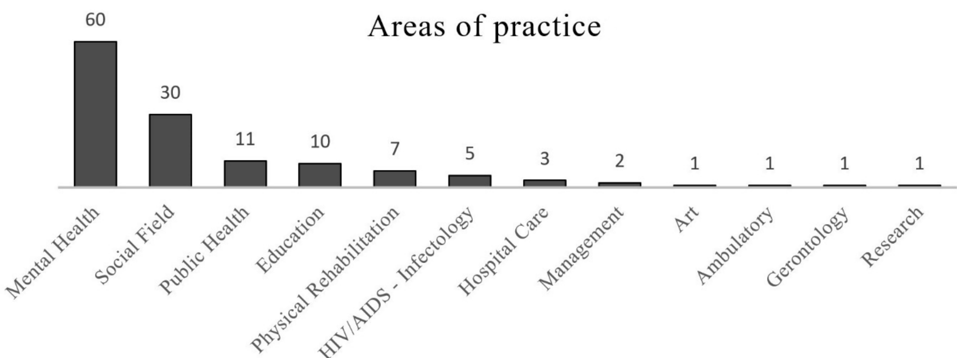

Figure 1. Number of occupational therapists in Brazil and areas of practice with the population who experience dissidence of gender and sexuality. Source: Leite Junior (2024).

As for the areas of practice (Figure 1), 93 individuals (97.89%) responded. In the public health category, we included the following responses: primary care, primary health care, health education, health guidance, and family health. The social field

includes areas also referred to as social contexts and social occupational therapy. In education, mentions of special education are included.

Table 1. Brazilian states where occupational therapists have worked with the population who experience dissidence of gender and sexuality.

State	Number of professionals (%)
São Paulo	52 (53.61%)
Paraná	09 (9.28%)
Rio Grande do Sul	07 (7.22%)
Sergipe	04 (4.12%)
Bahia	03 (3.09%)
Ceará	03 (3.09%)
Espírito Santo	03 (3.09%)
Minas Gerais	03 (3.09%)
Paraíba	03 (3.09%)
Alagoas	2 (2.06%)
Pernambuco	2 (2.06%)
Rio de Janeiro	2 (2.06%)
Maranhão	1 (1.03%)
Mato Grosso do Sul	1 (1.03%)
Pará	1 (1.03%)
Piauí	1 (1.03%)

Source: Leite Junior (2024).

A total of 92 occupational therapists (96.84%) responded regarding the states in which they worked with gender and sexual dissident populations. We obtained 97 responses, as respondents could indicate more than one state, which led to the ranking presented in Table 1. São Paulo had the highest number of professionals (n=52), followed by Paraná (n=9). The states of Maranhão, Mato Grosso do Sul, Pará, and Piauí had the lowest number of professionals (n=1 each). Concerning the institutions in which they work, respondents could list any number or model. Ninety-three individuals responded (97.89%), yielding 162 entries, presented in Table 2.

There are numerous challenges involved in mapping occupational therapists in Brazil. Participation in research depends on ethical, political, subjective, and affective aspects between collaborators and researchers; additionally, some challenges stem from the limited support we received from certain professional organizations. Partnership with COFFITO, the CREFITOs, and other groups is essential, as it would facilitate the dissemination of the invitation to participate, reaching potential professionals who are likely outside the researchers' network. This would contribute to more representative data on the professional landscape of occupational therapy in the country. Therefore, the occupational therapists from each state accessed through our study may not accurately represent the number of professionals working with the population of interest. Some states with fewer professionals also reflect states where we had limited collaboration with the councils, such as Maranhão, Pará, and Rio de Janeiro.

Table 2. Institutions where occupational therapists developed their professional actions with the population who experience dissidence of gender and sexuality.

Facility	No. of mentions (%)
Centros de Atenção Psicossocial – CAPS (adults; children and adolescents; alcohol and other drugs)	41 (25.31%)
Family Health Strategy (*Unidade Básica de Saúde; Consultório na Rua; Núcleo de Apoio à Saúde da Família; Equipe Matricial*)	22 (13.58%)
Hospital (Psychiatric Hospital; Psychiatric Ward)	18 (11.11%)
University (School Clinic; Diversity and Gender Center)	11 (6.79%)
Specialty Center (Leprosy and Tuberculosis; Research and Assistance for *Travesti* and Transsexual Population; Rehabilitation; Health Care; Sexually Transmitted Infections; Social Assistance; Specialized Social Assistance)	10 (6.17%)
Outpatient Clinic (Transgender Outpatient Clinic; Rapid Test; Infectious Diseases Unit, Specialized Assistance Service - SAE)	8 (4.94%)
Social Field (Social Movement; Social Project; Community; Municipal Health Council; Association)	8 (4.94%)
School (Association of Parents and Friends of Children with Disabilities – APAE)	8 (4.94%)
Cultural Spaces (Cultural Association; Art Collective; Living and Cooperative Center – CECCO)	5 (3.09%)
Socioeducational Measures (Casa Semiliberdade; Centro de Socioeducação – CENSE)	5 (3.09%)
Housing (Shelter; Reception House)	5 (3.09%)
Non-Governmental Organization	4 (2.47%)
Private Health Care (UNIMED; Private Practice)	4 (2.47%)
Community Center (Youth, Citizenship)	3 (1.85%)
Government Sector/Office (Health; Youth)	3 (1.85%)
Research	2 (1.23%)
Therapeutic Community	1 (0.62%)
Income Generation	1 (0.62%)
Prison System	1 (0.62%)
Others (Forum; UNS)	2 (1.23%)

Source: Leite Junior (2024).

Affinity with the population who experience dissidence of gender and sexuality

We asked respondents about their prior affinity with the theme/population and their interest in the study. The responses (n=93; 97.89%) were grouped into seven axis, presented below. Some responses were categorized under more than one axis, resulting in 97 entries.

Personal/familial

In the axis of personal/familial affinity, occupational therapists (n=20; 21.51%) shared accounts of how their personal experiences with themselves, friends, and/or

family members heightened their awareness of the theme. At various moments, this served as a trigger for paying attention to professional practice with the population who experience dissidence of gender and sexuality.

> *I have an affinity; my brother is gay and currently performs a '*bicha travesti*' [tranny faggot] identity, as she says.* [...] *My team recognizes in me someone to be called upon in situations such as the care of a trans child and their family* (TO01).

> *I am a trans man, and from my personal experience, I developed a project during my bachelor studies* (TO41).

> *Being part of the queer community (LGBTQIA+), since I had developed some work with the community, seeking better conditions, improvements in quality of life, and social visibility for this population, I had an identification with them* (TO71).

Prior familiarity with the theme, specifically at a personal level, may foster recognition of the needs of the population who experience dissidence of gender and sexuality. However, it is essential to ensure that the practices developed do not rely solely on the occupational therapist's personal experience, as these boundaries may lead to conservative and technically unfounded approaches. Schön (2000, 2016) argues that experience alone is insufficient. Reflective processes arise from the combination of what is encountered in practice, what happens in everyday life, and theoretical-methodological parameters (Tinti, 2015; Vázquez-Sánchez, 2003). For some, the experience of gender and sexuality dissidence becomes central in their professional life, as seen in the accounts of TO41 and TO71. In our view, this is an interesting strategy in which personal affinity serves as a starting point, encouraging questioning and inferences; however, it is essential that it is linked to theoretical-methodological background.

Effective practice involves recognizing how different events affect us (Bondía, 2002), acknowledging our moralities and challenges, and thereby creating a respectful distance between the professional's desires and the pathways forward with the individuals assisted. Supported by theoretical knowledge that promotes anti-oppressive processes that aim forfreedom (Farias & Lopes, 2022), occupational therapists should act as a conduit, providing their expertise to support those seeking their guidance. Through knowledge that is situated theoretically, ethically, and politically, they should construct interventions that contribute to awareness and resistance to the oppressive conditions experienced (Farias & Lopes, 2023; Freire, 1987; Leite Junior et al., 2024; Mondaca, 2021), while also fostering the desire and agency of individuals over the direction of their care, considering the socio-historical limits.

Another issue raised pertains to the stereotyped view of some staff members who consider practitioners who experience dissidence of gender and sexuality to be the most qualified to manage the care of other people who experience dissidence of gender and sexuality.

> *At CAPSad, the staff always referred LGBTQI+ users to me because I'm gay, and there was always the phrase "they need a gay reference." However, certainly, the fact that I am gay has made me more attuned to this population's needs, which I also experience*! (TO25).

This is a potentially perverse situation, which may lead to the institution or service's collective disengagement from the demands related to the social markers of difference of gender and sexuality (Paulino et al., 2019). Professor Flávia do Bonsucesso Teixeira has highlighted this issue within the academic community. Specifically, at the 12th *Congresso Brasileiro de Saúde Coletiva* in Rio de Janeiro in 2018, this researcher, participating in a panel to present partial findings from a national study on evaluating the quality of public health services for the population who experience dissidence of gender and sexuality, emphatically stated that this prerogative of lack of knowledge – of not knowing because of not being part of the group – served as an excuse to justify neglect in care.

The commitment to understanding the specificities involving the population who experience dissidence of gender and sexuality must be institutional, where everyone is informed and engaged with the policies, technical standards, and guidelines relevant to their field, sector, or service, ensuring the capacity to offer technical responses to the demands presented. This is the way to break with the "personalization" of care, ensuring that the addressed needs are centered on the service and staff, rather than on any individual.

Lacking, but invited/assigned to work

We received 20 responses (21.51%) from individuals who stated that they did not have an interest or affinity for the theme but were invited or assigned to work with the people who experience dissidence of gender and sexuality.

> *It wasn't a choice; the service isn't specifically directed at this population. However, they are also assisted by these services because of issues related to intellectual disabilities and social risk situations* (TO39).

> *The actions I develop in practical teaching and service are aimed at young people in general; in this sense, working with the LGBTQI+ population isn't a choice, yet they are always present in the spaces where I work (schools, youth centers, and community centers)* (TO88).

Of these 20 responses, 14 (70%) came from individuals working at CAPS, including various types. This reality is especially common in public sector contexts or in institutions where the primary demands relate to other issues, such as mental health or homelessness. Silva et al. (2015), in mapping the role of occupational therapists in *CAPS Álcool e Drogas* (CAPS-ad) in the interior of São Paulo state, found that over half of the professionals surveyed reported no prior affinity with mental health or substance dependence. Interest gradually developed from daily interaction with individuals and the subject.

Depole's (2023) research investigated mental health care for LGBTQIA+[5] people, proposing contributions from occupational therapy. Presenting data on mental distress within this population, it revealed that 28% of LGBTQIA+ individuals reported having been diagnosed with depression prior to the COVID-19 pandemic; of these, 47% were classified in the most severe category. Despite these findings and the existence of a Mental Health Coordination Office in Brazil, there were no public policies at the federal level focused on promoting mental health for this population. To address these needs,

[5] Acronym used by the author.

Depole (2023) proposed increasing occupational therapists' engagement with LGBTQIA+ individuals through undergraduate/bachelor education, field work, graduate activities, and continuing education as strategies to foster better care.

A practical example of work that demonstrates the possibilities of occupational therapy in mental health can be found in Leite Junior & Onocko-Campos (2025). The authors presented interventions conducted in a *CAPS infantojuvenil* (CAPSij) with a young, non-binary person (Pabllo), who sought the service after several suicide attempts. Understanding that the professional role focused on supporting the development of actions that would favor/create/enable integration, inclusion, and participation in social and democratic life, they made use of the resources and technologies of social occupational therapy (Lopes et al., 2014). Over the course of a year, strategies were developed that allowed Pabllo to recognize the impact of homophobia and transphobia experienced in their everyday life; critically reconsider their way of living; rediscover the city they lived in; and build new experiences and ways of participating in social life, envisioning a more hopeful future with possibilities for existence.

Awareness following engagement

As noted by Silva et al. (2015), we identified occupational therapists whose sensitization about the theme emerged after engaging with people who experience dissidence of gender and sexuality (n=6; 6.45%). This involvement led to revising stigmas and prejudices, fostering the development of more sensitive and capable professionals for the work. This information highlights the importance of investing in education and practices focused on these groups beginning inbachelor's education:

> *I had never interacted with this population before, either in a public hospital or private practice. However, working with people experiencing homelessness intensified this contact, as many homeless individuals are LGBTQIA+, which demonstrates the double vulnerability of this population. Before working with this population, I didn't even know the meaning of gender identity, sexuality, or their distinctions, and my view was almost that of common sense. This experience enabled me to broaden my perspective on health and the needs of this population, as well as to gain greater knowledge and understanding* (TO15).

> *It wasn't exactly a choice, but I've found many affinities in this new discovery* (TO52).

There was, but the involvement occurred through practice

There were also responses indicating prior interest or affinity with the theme, although engagement occurred because of job requirements (n=15; 16.13%). In these cases, the need defined the contours, possibilities, and limits of actions.

> *There is affinity, and there is necessity. With a large LGBTQI population in the area and a lack of actions directed at sexual and mental health when there is impact related to sexual orientation, I began developing some initiatives* (TO10).

> *I was involved in the health policy for people with disabilities, but it was never my main interest. Later, the opportunity arose to work in equity promotion policies covering Indigenous peoples,* quilombolas, *rural populations, the LGBTQ population, and people in prison. I believe my education* [...] *and my inclination towards mental health and social areas led me to this choice, as well as the lack of inclusive health practices for these populations in Rio Grande do Sul, where there is significant prejudice* (TO53).

These responses align with the findings by Leite Junior & Lopes (2017), which indicated that occupational therapists are increasingly called on to work with the specific needs related to dissident gender and sexuality. Additionally, the inclusion of these professionals underscores occupational therapy's relevance in providing care for this population across various settings and demands.

Individuals who bear the marks of dissidence on their bodies—marks that, even when unspoken, are socially recognized—are integrated into social dynamics in ways that influence their experiences in social assistance services and public life (Duque, 2020, 2022). Considering some examples already documented in Brazilian occupational therapy, there are care needs in school settings (Braga et al., 2022; Monzeli et al., 2023), citizenship centers (Monzeli et al., 2023), universities (Murasaki & Galheigo, 2016), institutions assisting the homeless population (Silva & Malfitano, 2023), and mental health services (Depole, 2023; Leite Junior & Onocko-Campos, 2025). This emphasizes the urgency for education that fosters understanding of the historical and current needs of this population, even within a generalist curriculum.

Study Interest

For some of the participants, affinity with the topic developed from study interests. Nine individuals (9.68%) reported that this was their path to engagement. Delving into the topic during bachelor's or graduate studies contributed to developing care strategies:

> *Theoretical engagement with the theme occurred through specialization in Education in Human Rights and Diversity, which allowed me to incorporate content on the rights, violations, and violence experienced by the LGBTQI+ population into the course of occupational therapy at the social field. Discussions in this course inspired a student to conduct field research for their final project with this population, under my supervision* (TO34).

> *During my bachelor studies, I became interested in gender and sexuality studies. Continuing in academia, I chose to work with trans individuals to help build new possibilities for occupational therapy practice with this population based on social occupational therapy* (TO91).

Such quotes highlight the importance of diverse education that allows students and professionals to experience and engage with various populations for whom the profession has much to offer (Dewey, 1980; Westbrook & Teixeira, 2010). This can spark interests that were not previously seen as possible paths for occupational-therapeutic interventions. However, this experimentation should be purposeful and

guided by ethical principles, ensuring that proposed practices are developed collaboratively with the individuals involved. Collectively, it is necessary to engage in evaluative processes of interventions and define the direction of care.

The role of educators is also crucial. Professors who access content related to dissidence of gender and sexuality have the power to include them in their courses, research, and outreach activities, becoming multipliers of this knowledge and enabling students, at the very least, to become familiar with this population's needs.

Prior and engagement

Contacts during education can lead professionals, in their everyday practice, to initiate a process of connection with the population who experience dissidence of gender and sexuality and their needs. Eight occupational therapists (8.60%) reported that their intervention proposals resulted from prior interest or affinity. These individuals were proactive, developing activities aligned with this affinity:

> *I chose this work because I've always had an affinity with the LGBTQI+ population, as well as with older people. For my fieldwork and final bachelor's monography, it would be beneficial and fruitful to work with this population for my learning and the patient's progress* (TO12).

> *It was my choice due to affinity. It was a matter of combining business with pleasure, as I work with teenagers, and during this stage of life, issues related to sexuality and the body are highly relevant in the users' everyday lives* (TO43).

While not all professionals have the opportunity to work with the populations they identify with, when such a possibility exists, it is commendable for them to engage with services and the populations to which they are more attuned. This can lead to higher-quality practice, as professionals may be more willing to pursue continuing education and other in-depth learning necessary to understand the dynamics of the lives of the assisted individuals.

There was and was invited to work

In addition to those who had the opportunity to engage with the theme in professional practice, there were occupational therapists (n=4; 4.30%) recognized for their interest and investment in understanding the reality of people who experience dissidence of gender and sexuality and who received invitations to work with them:

> *Yes, I was hired to work specifically because of my affinity with the population. I began by attending to trans women and men undergoing treatment in the women's unit, but there was a diversity within the hospital, and I ended up including all of them in my care* (TO02).

> *It was an invitation, but I identified with it from the start. After all, I have always worked in Mental Health with this population, but working on their specific needs challenged and continues to motivate me in advocating for this population* (TO16).

These accounts also support one of Leite Junior's (2016) findings, which identified a demand in the job market for occupational therapists to address needs related to gender and sexuality dissidence. These professionals are called on for this work in various services. As a field concerned with the activities of everyday life, other professionals also recognize the need for care with these people within this scope. This validates the role of occupational therapy in alleviating the distress of this population, fostering their social participation, and expanding their social support networks and life experiences (Leite Junior & Onocko-Campos, 2025; Melo et al., 2023; Monzeli et al., 2023; Silva & Malfitano, 2023; Trentham, 2022).

After outlining the profile of professionals working with people who experience dissidence of gender and sexuality and the choices involved, we turn to one of our main concerns: understanding the technical actions these professionals were developing and, more importantly, how these actions were being implemented.

Developed practices

Analysis of the responses regarding developed practices (n=91; 95.79%) revealed a diversity of actions. The reports included both core-specific and interprofessional actions. To facilitate analytical processing, practices were grouped into four axes: individual consultations, group consultations, academic activities, and network coordination.

Individual consultations

We identified occupational therapists working in partnership with other professional staff to support trans individuals in hormone therapy and as part of staff of specialty center. As described by TO09: "*providing user-centered care through situational assessments and evaluating occupational functioning* [...] *creating specific occupational therapy knowledge to this population or more broadly*."

Among all described practices, the trans population showed the highest rate of intervention, especially in more specialized actions. Leite Junior & Lopes's (2022) scoping review similarly found a predominance of publications focused on this population. The maintenance of this group in diagnostic manuals may contribute to this trend. Unlike the term 'homosexualism', which was removed from the International Classification of Diseases (ICD) in 1990 (Back et al., 2019), transsexuality remains listed, having only been moved from the 'mental and behavioral disorders' chapter to 'conditions related to sexual health'. Such diagnostic classifications can promote the view that these ways of living warrant clinical interventions, including actions of *normalization* of these bodies and ways of life (Bento, 2016; Grau, 2017).

Other developed actions were related to families, includingconflict mediation strategies, parental guidance on gender and sexuality possibilities, support in facing prejudice, listening to anxieties and fears, and the "*deconstruction of family requests for a 'gay cure'*" (TO85).

> *In my work, I end up focusing on social vulnerabilities, as the population I work shares common (unfortunately) high-risk situations (many were homeless or had*

> *been expelled, sometimes leading to drug trafficking, substance abuse, sex work, etc.), and they had experienced or were experiencing physical and psychological abuse both inside and outside their home* (TO81).

Attention must be given to potential violence within the family unit—a common reality among people who experience dissidence of gender and sexuality. Braga et al. (2018) identified multiple dimensions of family violence when working with gay and lesbian youth, from pressure to disclose their sexuality to burdens to suppress their desires and live according to heteronormative standards. These actions are mechanisms for maintaining the *status quo* of masculinity, operating within the logic of cisheteronormativity, which regulates behaviour and ways of sexual and dissidence that can arise, legitimizing only that which aligns with heterosexuality (Miskolci, 2017).

In this direction, occupational therapists must consider familial and social relationships to understand the possibilities available to those they assist. When family or other networks provide support, this helps prevent situations of precariousness where individuals may face dehumanization (Butler, 2004, 2019).

Other professional actions focused on everyday activities (hygiene, sexual practice, etc.), linking them to specific impacts on the lives of the population who experience dissidence of gender and sexuality: "*ADLs like bathing, as* [the person] *could not tolerate bathing due to seeing their still-feminine body and could not tolerate touching themselves for hygiene*" (TO64).

Occupational therapists have an extensive repertoire for constructing interventions related to everyday activities, also known as activities of daily living (ADLs) and instrumental activities of daily living (IADLs), depending on the theoretical background. This work is foundational, forming part of the core competencies acquired during professional education in Brazil (Medeiros, 2010; Nascimento, 1990; Soares, 1987). We consider Jessop's (1993) article as the first paper that describes specifically occupational therapists practice with a trans person. Part of the author's interventions involved work on everyday activities like makeup, skin care, hair, and clothing. This favored her client to more successfully 'perform' as a woman within a stereotypical cisheteronormative framework. This reinforces social codes and behaviors that uphold the hegemonic logic of what means to be a woman, including how they should dress and behave. In this way, the professional acts as an extension of cisheteronormativity, using their expertise not to support diverse ways of being but to adapt individuals to prevailing social norms (Leite Junior & Lopes, 2017; Morrison et al., 2023).

As previously noted, the occupational therapist—drawing on their expertise and technical skills—collaborates with users to develop practices that enhance social participation, raise awareness, and counter the oppression they face. This process, however, must be undertaken critically and reflectively (Dewey, 1979; Farias & Laliberte Rudman, 2019; Leite Junior et al., 2024; Schön, 2000), promoting continuous rethinking and re-evaluation of professional practice. Clients should be encouraged to lead the direction of their care; however, this relationship must also create space for critical reflection on the mechanisms that discipline bodies and ways of life. This principle should guide the construction of occupational-therapeutic actions with historically marginalized groups, particularly with those who experience dissidence of gender and sexuality.

We also identified interventions involving harm reduction and sexually transmitted infections (STIs).

> *Harm reduction, street outreach, comprehensive care in night shelters, advocacy for rights in* 'transcidadania' *[trans citizenship], network articulation for* Unidade de Acolhimento de Adulto (UAA), *group and individual consultations* (TO07).

> *Harm reduction, guidance on STI/HIV prevention, rapid testing, general health care within the primary care policy* (TO28).

The actions included guidance on condom use, practices with a higher likelihood of transmission and infection, sexual practices under the influence of psychoactive substances (also known as chemsex), as well as instructions and participation in campaigns for rapid testing. They also involved guidance on pre- and post-exposure prophylaxis (PrEP and PEP) and providing information and referrals to infectious disease networks when specialized care was needed. AIDS and its implications in the Brazilian and global scenario marked an important milestone for the Brazilian LGBTQIAPN+[6] movement beginning in the 1980s, when the first cases were reported (Facchini, 2005). Much of the care historically offered to the population who experience dissidence of gender and sexuality has been, and continues to be, closely linked to campaigns for the prevention and treatment of STIs. This is due to the association of early infections with gay men and their sexual practices. This stigma extended to trans people and currently continues to resonate in the social imaginary and institutions. Therefore, occupational therapists must be attentive to the real needs of the individuals they assist, breaking away from the stigmas attached to this population. In other words, they should avoid automatically associating these individuals' needs with issues related to STIs and/or AIDS.

Group consultations

Several group activities focusing on the people who experience dissidence of gender and sexuality were reported. TO70 shared their experience with "*groups for parents of LGBTQIA+ individuals, support groups, health prevention and guidance groups for the trans population, free document change projects,* [...] *workshops, and artistic battles within the Ballroom community*."

Reflecting the prominence of actions with the trans population, as previously discussed, there were groups specifically developed for this population, as described above by TO70 and the ADL group reported by TO25.

> *I have conducted ADL groups for trans people, some of whom use chemical substances and are undergoing gender-affirming procedures. It was quite engaging, as there were specific needs around anal hygiene before sex, skin care during hormone therapy, and activities on safe sex associated with substance use (harm reduction)* (TO25).

[6] It is worth noting that, at that time, other acronyms were also in use, such as GLS, GLBT, LGBT, etc. The evolution of these acronyms reflects the development of social movements, different groups, their perspectives, and political agendas. For more details on identity categories and social movements, we recommend reading Facchini (2005).

Group activities with children and young people were also reported, as exemplified by TO05, TO44, and TO11: "*In group activities, I hold discussion circles on topics related to LGBTQI+phobia. Although this isn't an activity supported by the management staff.*" (TO05); "*issues of sexuality (and the distress caused by it), such as self-acceptance, family acceptance, bullying; we have some trans adolescents, and we assist them with their transition, and in general, we work on respecting differences*." (TO44); "*therapeutic group based on the philosophy of difference, aimed at LGBTQ+ adolescents*." (TO11).

Partnerships with schools were also described: "*These circles are open, and discussions cover sexual orientation, mental health, stigma, and STI prevention in lesbian, gay as well as in heterosexual relationships*." (TO10) Additionally, groups focused on social interaction and leisure were mentioned: "*Social and leisure groups (planning and developing internal and external activities), workshops with an emphasis on specific activities (cooking, crafts, weaving, fibers, etc.)*" (TO14).

Group strategies, which have been present since the profession's institutionalization in Brazil, provide an approach that helps the population in question recognize themselves in the world by connecting with others who share similar feelings, desires, and concerns. This approach can foster new forms of support for coping with suffering and violence, while also opening spaces for the collective construction of a lifestyle aligned with each individual's aspirations and forms of expression (Maximino & Liberman, 2015).

Academic activities

Another important dimension of the described practices relates to academic activities (teaching, research, or service). Responses came from both faculty members and practitioners involved in these initiatives.

> *We mapped services and actions within the support network for the LGBT population* [...]. *Bibliographic studies were a constant throughout the project, focusing on the theoretical foundations of occupational therapy in the social field and underlying issues in gender and sexuality studies.* [...] *Eight activity workshops were held in social institutions where actions are developed* [...] *and a seminar on LGBT rights was organized* [...]. *Through the Activity Workshops, we sought to foster critical debate on the processes of naturalizing and essentializing differences* (TO29).

> *We established and implemented a support group for families of transgender individuals in partnership with* Centro de Pesquisa e Atendimento a Travestis e Transexuais – *CPATT and the Department of Occupational Therapy. Weekly meetings were held to discuss transsexuality, fears, expectations, and more* (TO41).

Some individuals were involved in master's and doctoral research:

> *I am developing doctoral research on this topic and currently coordinating the health area at* Aliança Nacional *LGBTI+, where we are creating materials on the health of the LGBTI+ population and considering new advancements* (TO93).

Additionally, service initiatives were identified that, while not specifically focused on the population who experience dissidence of gender and sexuality, integrated their needs. Other initiatives were specifically designed to meet this population's needs.

> *A soccer team was organized* [...] *and, based on requests from the girls, discussions were held through activity workshops and group dynamics, covering topics such as labeling girls who play soccer as lesbians* [...]; *the stigmatization of lesbians as* 'mulher-macho' *[bull dykes]; the association of being a lesbian with the desire to be a man; sex, gender, and sexuality; beauty standards; mobility challenges for young girls in general, but especially for lesbians* (TO88).

As previously mentioned regarding faculty roles, universities play a crucial role in proposing and developing new approaches to occupational therapy, including their potential as multipliers, given their impact on the students involved. This responsibility is especially significant for Brazilian public universities, where, despite the limited funding, research investments are concentrated. They have the role of continuing to promote practices, research, and teaching that encourage critical thinking among students, enabling them to understand the needs of people who experience dissidence of gender and sexuality, regardless of their future field of work (Leite Junior & Lopes, 2017).

Network coordination

Several professionals are actively working at the bricolage and articulation of an intra- and intersectoral care network. This network seeks to enable people who experience dissidence of gender and sexuality to access both general and specialized services while engaging in dialogue with social movements and other professionals committed to ensuring the rights of this population.

> *We facilitate access to healthcare services for these individuals (accompanying them to appointments and exams when necessary). We also conduct awareness sessions for community health workers, administrative assistants, and primary care health professionals* [...] *to address the specific needs of this population.* [...] *These sessions fostered greater empathy among participants, with many professionals reporting a lack of prior knowledge about much of what they learned through this contact* (TO16).

> *Welcoming a trans woman into the mental health group triggered concrete actions to address the reception of this population in primary care. We conducted continuing education sessions with a psychologist to consider how the Family Health Support Center (NASF) and Family Health Strategy (ESF) can better support this population and established contacts with specific services to build partnerships* (TO82).

Intersectorality refers to care and management approaches that, in contrast to the fragmentation of practices, aim to implement policies across various institutions by coordinating diverse actors from multiple sectors and profession within a framework of democratic public management (Wanderley et al., 2020). In other words, networked actions are essential to ensure that individuals' needs are not confined to one professional

or institution. Additionally, considering the demands of social movements and public participation promotes greater equity and effectiveness in care provision and proposed public policies (Carmo & Guizardi, 2017).

There are situations in which individuals require resources from various areas, needing assistance across multiple settings. In these cases, the occupational therapist acts as a network coordinator, fostering the *dynamization of the support network* (Lopes et al., 2014), which seeks to promote and integrate socio-assistance institutions, favoring a more appropriate response to needs. This coordination ensures that individuals are "visible" to the network and; if existing actions are insufficient, the gap and responsibility become collective, enabling the development of strategies to overcome these challenges (Nascimento, 2010).

Finally, we also observed work that, while not specifically focused on gender and sexuality, is influenced by these factors, particularly in mental health care, related to alcohol and other drugs. This demonstrates the cross-cutting nature of the topic and the need for professionals to have a complex education that equips them to address the needs of the individuals they assist. Considering that markers of dissident gender and sexuality intersect with the proposed care, professionals may need to advocate for appropriate accommodations, such as ensuring that a trans person can access a bed aligned with their gender or have their social name respected, even if their documents have not been updated (Melo et al., 2020).

Use of theoretical-methodological foundations

Responses regarding the use of theoretical-methodological frameworks to support professional practice echoed what Leite Junior (2016) highlighted in his research: a gap in occupational therapy education for working with the topic of dissidence of gender and sexuality. A total of 92 participants (96.84%) responded about the theoretical-methodological frameworks they used. Of these, 10 (10.87%) reported not using any frameworks from occupational therapy or gender and sexuality studies to support their practice.

Ninety participants (94.74%) specifically addressed frameworks related to gender and sexuality; among these, 16 (17.78%) reported not using any, and 37 (41.11%) stated they used such frameworks but did not cite any specific sources. In other words, over 40% of respondents did not reference theoretical foundations on gender and sexuality in their work with the population who experience dissidence of gender and sexuality. Among those who described their frameworks more concretely, we observed significant references to authors connected with or directly working within queer studies, aligning with findings from Leite Junior & Lopes (2022), who noted that these frameworks are predominant in Latin American occupational therapy research.

The feedback on occupational therapy frameworks is even more concerning. Of the 92 responses received (96.84%), 51 individuals (55.43%) reported not using any core framework to support their practice, and 10 participants (10.87%) stated they used frameworks but did not specify any particular sources. Among the frameworks cited, the most frequently referenced were linked to social occupational therapy (n = 37), accounting for 50.68% of citations[7].There seems to exist a certain undervaluation, or even devaluation, of specific backgrounds about dissidence of gender and sexuality,

[7] For this analysis, the following references were considered: Gustavo Monzeli, Késia Melo, Social Occupational Therapy, Jaime Leite Junior, Roseli Lopes, and Denise Barros.

possibly due to perceptions of them as nascent or lacking a robust, directive foundation. However, no arguments were presented to indicate specific weaknesses in these frameworks. The refusal appears to be based on a general justification, which does not provide a clear understanding of what might be seen as limiting.

> *Although I am aware that occupational therapy researchers are currently producing work on this theme, I choose to seek theoretical subsides in other fields that are more advanced in theorizing for this population* (TO49).

This reveals a paradox: while there is recognition of a gap in education and a need for it to enhance professional practice, the data suggest that this commitment to continued education is not fully adopted, remaining mostly in discourse.

On the one hand, the lack of specific education and references creates an opening for creative practice, allowing occupational therapists to innovate and propose actions that improve the lives of the individuals involved; on the other hand, this approach is risky, as the absence of ethical standards, professional guidelines, and theoretical knowledge can lead to reductive and pathologizing practices, reinforcing social stigmas and, in some cases, even promoting actions akin to 'gay cure' or conversion therapies, as described in Khanna et al. (1987).

Cross-referencing data on practice areas and descriptions of developed actions reveals significant misunderstandings among professionals, institutions, and administrators regarding work settings and the sectoral demands they are expected to address. For instance, one individual described their work in the prison system as falling within the social and mental health fields rather than justice; furthermore, the cognitive-behavioral approach was cited as the theoretical basis, and the actions included health promotion.

Such incongruities lead to gaps in care, as an occupational therapist in the justice sector is expected to develop actions aligned with this field. Deviating from this focus may result in "[…] a little or no effective progress and unassisted problems in the scope of social problems" (Malfitano, 2016, p. 130). Additionally, there is a risk of social-assistance needs being transformed, interpreted, and addressed as health sector demands, reinforcing processes of social medicalization (Laliberte Rudman, 2021; Malfitano, 2016).

Thus, even though we have a diverse panorama, highlighting a diverse range of actions for the population who experience dissidence of gender and sexuality, few responsdents theoretically articulated the practice, valued the profession's own theoretical-methodological frameworks, or explicitly detailed the resources used.

Conclusion

This study provided an overview of the practices of occupational therapists in Brazil who focus their professional actions on the population who experience dissidence of gender and sexuality. Our findings consistently indicate that, although little has been published, whether througharticles or other forms of academic communication, there are occupational therapists in multiple regions across the country actively working with this population and the topic. Additionally, we identified academic activities – including teaching, research, and service – that address these individuals and their needs.

We observed that no new resources, technologies, or specialized approaches have been developed explicitly for the unique needs of this population. Instead, practitioners rely on tools well-established within the profession and their respective fields, such as territorial follow-up, home visits, network articulation, individual and group consultations, among others. Despite the absence of specific instruments, the potential contributions of occupational therapy to this domain of care remain significant and undeniable.

Professional entities are urged to engage with this theme and to establish minimum standards or foster essential research and knowledge development, given that professionals are already involved in such work. Current theoretical and methodological gaps lead to practices that may be oppressive, insufficient, or misaligned with sector-specific requirements. We advocate for approaches to care that prioritize respect for human dignity and the exercise of life based on the recognition of difference. Nonetheless, there is a need to go further—toward social transformation, through actions that foster social participation, and through integrating both micro- and macro-social dimensions, resisting capture by neoliberal capitalist individualism (which, among many things, weakens the construction of public policies and collective responsibility for the care of historically marginalized groups) while also providing resources that expand life possibilities for these individuals beyond cisheteronormative models.

Beyond simply acknowledging the involvement of occupational therapists with the population who experience dissidence of gender and sexuality, it is fundamental to critically evaluate the theoretical-methodological frameworks within this context. Effective education and practice cannot be achieved without a solid theoretical background that equips professionals to understand power dynamics and the processes of subordination affecting historically marginalized groups. Such insights are essential for fostering a level of professional involvement that empowers occupational therapists to see themselves as social facilitators, committed to anti-oppressive and freedom-oriented practices.

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References

Ambrosio, A. A. (2023). *Manifesto Negro: experiências negras da formação à prática em terapia ocupacional* (Tese de doutorado). Universidade Federal de São Carlos, São Carlos.

Artes, A., & Oliveira, D. (2019). O que mudou para a população negra no acesso à educação brasileira? Quais os (novos) desafios? *Revista da Associação Brasileira de Pesquisadores/as Negros/as*, *11*(spe), 32-64.

Back, J. C., Silva, L. M., Prado, L., & Cyrino, L. A. R. (2019). Despatologização da homossexualidade e transexualidade: revisão integrativa. *Revista Família, Ciclos de Vida e Saúde no Contexto Social (REFACS)*, *7*(3), 378-389.

Bento, B. (2016). Disforia de gênero: geopolítica de uma categoria psiquiátrica. *Revista Direito e Práxis*, *7*(15), 496-536.

Bondía, J. L. (2002). Notas sobre a experiência e o saber de experiência. *Revista Brasileira de Educação*, (19), 20-28.

Braga, I. F., Melo, K. M. M., Monzeli, G. A., Leite Junior, J. D., Farias, M. N., & Correia, R. L. (2020).

Crise da democracia brasileira e o cotidiano de pessoas dissidentes de gêneros e sexualidades: reflexões baseadas na terapia ocupacional social. *Cadernos Brasileiros de Terapia Ocupacional*, *28*(2), 693-705.

Braga, I. F., Monzeli, G. A., & Leite Junior, J. D. (2022). Gêneros e sexualidades dissidentes na escola: experiências do projeto ResisTO. In R. E. Lopes & P. L. O. Borba (Eds.), *Terapia ocupacional, educação e juventudes: conhecendo práticas e reconhecendo saberes* (pp. 365-378). São Carlos: EdUFSCar.

Braga, I. F., Oliveira, W. A., Silva, J. L., Mello, F. C. M., & Silva, M. A. I. (2018). Violência familiar contra adolescentes e jovens gays e lésbicas: um estudo qualitativo. *Revista Brasileira de Enfermagem*, *71*(Supl. 3), 1220-1227.

Butler, J. (2004). *Precarious life: the powers of mourning and violence*. Nova York: Verso Books.

Butler, J. (2019). *Corpos em aliança e a política das ruas: notas para uma teoria performativa de assembléia* (3. ed.). Rio de Janeiro: Civilização Brasileira.

Carmo, M. E., & Guizardi, F. L. (2017). Desafios da intersetorialidade nas políticas públicas de saúde e assistência social: uma revisão do estado da arte. *Physis, Revista de Saúde Coletiva*, *27*(4), 1265-1286.

Colling, L. (2015). *Que os outros sejam o normal: tensões entre movimento LGBT e ativismo queer*. Salvador: EDUFBA.

Costa, M. C., Bukola, A. F., & Santos, A. C. (2023). Pesquisa IṢẸ́: contribuições da terapia ocupacional afrorreferenciada nos processos de formação e restituição das subjetividades negras. *Cadernos Brasileiros de Terapia Ocupacional*, *31*, 1-21.

Depole, B. F. (2023). *O cuidado e a saúde mental de LGBTQIA+: as contribuições da terapia ocupacional* (Tese de doutorado). Universidade Federal de São Carlos, São Carlos.

Dewey, J. (1979). *Como pensamos: como se relaciona o pensamento reflexivo com o processo educativo, uma reexposição* (4. ed.). São Paulo: Companhia Editora Nacional.

Dewey, J. (1980). *Os Pensadores - Dewey*. São Paulo: Abril Cultural.

Duque, T. (2020). Corpo de fala e pesquisa: autorreflexões sobre identidade e diferenças. In G. Nogueira, N. Mbandi & M. Trói (Eds.), *Lugar de fala: conexões, aproximações e diferenças* (pp. 71-77). Editora Devires.

Duque, T. (2022). Lugar de corpo e diferenças no Pantanal. In I. Drozdowska-Broering, M. Markendorf & G. Q. Oliveira (Eds.), *Memórias do corpo: apagamentos* (pp. 216-236). Florianópolis: UFSC.

Facchini, R. (2005). *Sopa de letrinhas? Movimento homossexual e produção de identidades coletivas nos anos 1990*. Rio de Janeiro: Editora Garamond Ltda.

Farias, A. Z. (2021). *Expressões das violências de gênero no cotidiano de terapeutas ocupacionais no campo da saúde* (Dissertação de mestrado). Universidade Federal de São Carlos, São Carlos.

Farias, L., & Laliberte Rudman, D. (2019). Practice analysis: critical reflexivity on discourses constraining socially transformative occupational therapy practices. *British Journal of Occupational Therapy*, *82*(11), 693-697.

Farias, M. N., & Lopes, R. E. (2022). Terapia ocupacional social, antiopressão e liberdade: considerações sobre a revolução da/na vida cotidiana. *Cadernos Brasileiros de Terapia Ocupacional*, *30*(spe), 1-14.

Farias, M. N., & Lopes, R. E. (2023). Terapia ocupacional e a armadilha neoliberal progressista: desafios para uma práxis antiopressiva. *Revista de Terapia Ocupacional da Universidade de São Paulo*, *33*(1), 1-9.

Freire, P. (1987). *Pedagogia do oprimido*. Rio de Janeiro: Paz e Terra.

Ghirardi, M. I. G. (2016). Terapia ocupacional e processos econômico-sociais. In R. E. Lopes & A. P. S. Malfitano (Eds.), *Terapia ocupacional social: desenhos teóricos e contornos práticos* (pp. 69-81). São Carlos: EDUFSCar.

Grau, J. M. (2017). Del transexualismo a la disforia de género en el DSM. Cambios terminológicos, misma esencia patologizante. *Revista Internacional de Sociologia*, *75*(2), 1-12.

Jessop, N. (1993). Occupational therapy with a male-to-female transsexual: a case study. *British Journal of Occupational Therapy*, *56*(9), 322-324.

Khanna, S., Desai, N. G., & Channabasavanna, S. M. (1987). A treatment package for transsexualism. *Behavior Therapy*, *18*(2), 193-199.

Laliberte Rudman, D. (2021). Informing social occupational therapy: unpacking the "social" using critical social theory. In R. E. Lopes & A. P. S. Malfitano (Eds.), *Social occupational therapy: theoretical and practical designs* (pp. 143-150). USA: Elsevier.

Leite Junior, J. D. (2016). *Que povo é esse aí? A formação profissional graduada em terapia ocupacional frente às temáticas de travestilidade e transexualidade* (Iniciação científica). Universidade Federal de São Carlos, São Carlos.

Leite Junior, J. D. (2024). *"A gente tá falando de deixar viver uma galera que morre": práticas profissionais de terapeutas ocupacionais junto à população dissidente de gêneros e sexualidades no cenário brasileiro* (Tese de doutorado). Universidade Federal de São Carlos, São Carlos.

Leite Junior, J. D., & Lopes, R. E. (2017). Travestilidade, transexualidade e demandas para a formação de terapeutas ocupacionais. *Cadernos Brasileiros de Terapia Ocupacional*, *25*(3), 481-496.

Leite Junior, J. D., & Lopes, R. E. (2022). Dissident genders and sexualities in the occupational therapy peer-reviewed literature: a scoping review. *The American Journal of Occupational Therapy*, *76*(5), 7605205160.

Leite Junior, J. D., & Onocko-Campos, R. T. (2025). Pabllo and their dissidence of gender and sexuality. In M. Curtin, M. Egan, T. Parnell, Y. Prior, D. M. C. Cruz, K. Sauvé-Schenk & R. Galvaan (Eds.), *Occupational therapy for people experiencing illness, injury or impairment* (8th ed., pp. 753-759). USA: Elsevier.

Leite Junior, J. D., Farias, M. N., & Martins, S. (2021). Dona Ivone Lara e terapia ocupacional: devir-negro da história da profissão. *Cadernos Brasileiros de Terapia Ocupacional*, *29*, 1-13.

Leite Junior, J. D., Laliberte Rudman, D., & Lopes, R. E. (2024). Alianças entre a terapia ocupacional social e a ciência ocupacional crítica: propostas para mobilizar a justiça social. *Journal of Occupational Science*, 1-18.

Lima, E. M. F. A. (2021). Terapia ocupacional: uma profissão feminina ou feminista? *Saúde em Debate*, *45*(spe 1), 154-167.

Lopes, R. E., Malfitano, A. P. S., Silva, C. R., & Borba, P. L. O. (2014). Recursos e tecnologias em terapia ocupacional social: ações com jovens pobres na cidade. *Cadernos de Terapia Ocupacional da UFSCar*, *22*(3), 591-602.

Malfitano, A. P. S. (2016). Contexto social e atuação social: generalizações e especificidades na terapia ocupacional. In R. E. Lopes & A. P. S. Malfitano (Eds.), *Terapia ocupacional social: desenhos teóricos e contornos práticos* (pp. 117-133). São Carlos: EDUFSCar.

Maximino, V., & Liberman, F. (2015). *Grupos e terapia ocupacional: formação, pesquisa e ações*. São Paulo: Summus Editorial.

Medeiros, M. H. R. (2010). *Terapia ocupacional: um enfoque epistemológico e social*. São Carlos: EDUFSCar.

Melo, D. O. C. V. (2015). *Em busca de um ethos: narrativas da Fundação da Terapia Ocupacional na Cidade de São Paulo (1956-1969)* (Dissertação de mestrado). Universidade Federal de São Paulo, São Paulo.

Melo, K. M. M., & Lopes, R. E. (2023). Modos de vida, experiências trans e enfrentamentos: considerações para a ação técnica em terapia ocupacional social. *Cadernos Brasileiros de Terapia Ocupacional*, *31*(spe), 1-23.

Melo, K. M. M., Malfitano, A. P. S., & Lopes, R. E. (2020). Os marcadores sociais da diferença: contribuições para a terapia ocupacional social. *Cadernos Brasileiros de Terapia Ocupacional*, *28*(3), 1061-1071.

Melo, K. M. M., Farias, M. N., & Lopes, R. E. (2023). Terapia ocupacional social e justiça social: diálogos a partir das demandas trans. *Cadernos Brasileiros de Terapia Ocupacional*, *31*, 1-16.

Miskolci, R. (2009). A teoria queer e a sociologia: o desafio de uma analítica da normalização. *Sociologias*, *11*(21), 150-182.

Miskolci, R. (2017). *Teoria queer: um aprendizado pelas diferenças* (3. ed.). Belo Horizonte: Autêntica Editora.

Mondaca, M. (2021). "Doing hope" as a possible way towards a responsive occupational science. *Journal of Occupational Science*, *28*(1), 19-28.

Monzeli, G. A. (2021). *Histórias da terapia ocupacional na América Latina: a criação dos primeiros programas de formação profissional*. João Pessoa: Editora UFPB.

Monzeli, G. A., Braga, I. F., Goes, J. S., Silva, D. A., Marques, L. Z. M., Angelo, S. M. W., Monteiro Filho, L. D., & Batista, M. C. M. D. (2023). Terapia ocupacional social, gêneros e sexualidades dissidentes: experiências a partir da extensão universitária. *Cadernos Brasileiros de Terapia Ocupacional*, *31*, 1-15.

Morrison Jara, R. (2011). (Re)conociendo a las fundadoras y "madres" de la terapia ocupacional: una aproximación desde los estudios feministas sobre la ciencia. *TOG (A Coruña)*, *8*(14), 1-21.

Morrison, R., Araya-Hernández, C., Arrué-Jara, V., & Césped-Olivares, D. (2023). Personas LGBT y Ciencia Ocupacional: una revisión de literatura. *Cadernos Brasileiros de Terapia Ocupacional*, *31*, 1-15.

Murasaki, A. K., & Galheigo, S. M. (2016). Juventude, homossexualidade e diversidade: um estudo sobre o processo de sair do armário usando mapas corporais. *Cadernos Brasileiros de Terapia Ocupacional*, *24*(1), 53-68.

Nascimento, B. A. (1990). O mito da atividade terapêutica. *Revista de Terapia Ocupacional da Universidade de São Paulo*, *1*(1), 17-21.

Nascimento, S. (2010). Reflexões sobre a intersetorialidade entre as políticas públicas. *Serviço Social & Sociedade*, (101), 95-120.

Paulino, D. B., Rasera, E. F., & Teixeira, F. D. B. (2019). Discursos sobre o cuidado em saúde de Lésbicas, Gays, Bissexuais, Travestis, Transexuais (LGBT) entre médicas(os) da Estratégia Saúde da Família. *Interface: Comunicacao, Saude, Educacao*, *23*, 1-15.

Rede Nacional de Ensino e Pesquisa em Terapia Ocupacional – RENETO. (2020). *Proposta em tramitação das Novas Diretrizes Curriculares Nacionais (DCN) da terapia ocupacional.* Brasília.

Reis, S. C. C. A. G., & Lopes, R. E. (2018). O início da trajetória de institucionalização acadêmica da terapia ocupacional no Brasil: o que contam os(as) docentes pioneiros(as) sobre a criação dos primeiros cursos. *Cadernos Brasileiros de Terapia Ocupacional*, *26*(2), 255-270.

Schön, D. A. (2000). *Educando o profissional reflexivo: um novo design para o ensino e a aprendizagem*. Porto Alegre: Artes Médicas Sul.

Schön, D. A. (2016). *The reflective practitioner: how professionals think in action*. Abingdon: Routledge.

Silva, C. R., Santos, C. N., Nogueira, J. N., & Malfitano, A. P. S. (2015). Mapeamento da atuação do terapeuta ocupacional nos Centros de Atenção Psicossocial Álcool e Drogas (CAPS ad) do interior do estado de São Paulo. *Cadernos Brasileiros de Terapia Ocupacional*, *23*(2), 321-334.

Silva, R. G. L. B., & Malfitano, A. P. S. (2023). Atos de vida: pessoas LGBTQIA+ em situação de rua e a terapia ocupacional social. *Revista Interinstitucional Brasileira de Terapia Ocupacional*, *7*(3), 1978-1992.

Soares, L. B. T. (1987). *Terapia ocupacional: lógica do capital ou do trabalho?: retrospectiva histórica da profissão no Estado brasileiro de 1950 a 1980*. São Carlos: Universidade Federal de São Carlos.

Testa, D. E., & Spampinato, S. B. (2010). Gender, mental health and occupational therapy: some reflections on the influence of the history of women and the gender perspective in our practice. *Revista de Terapia Ocupacional da Universidade de São Paulo*, *21*(2), 174-181.

Tinti, É. C. (2015). *Capitalismo, trabalho e formação profissional: dilemas do trabalho cotidiano dos assistentes sociais em Ribeirão Preto*. São Paulo: Cultura Acadêmica.

Trentham, B. (2022). Occupational (Therapy's) possibilities: a queer reflection on the tangled threads of oppression and our collective liberation. *Canadian Journal of Occupational Therapy*, *89*(4), 346-363.

Vázquez-Sánchez, A. (2003). *Filosofía de la praxis*. Barcelona: Siglo Veintiuno Editores.

Vinuto, J. (2014). A amostragem em bola de neve na pesquisa qualitativa: um debate em aberto. *Temáticas*, *22*(44), 203-220.

Wanderley, M. B., Martinelli, M. L., & Paz, R. D. O. (2020). Intersetorialidade nas Políticas Públicas. *Serviço Social & Sociedade*, *137*(137), 7-13.

Westbrook, R. E., & Teixeira, A. (2010). *John Dewey*. Recife: Editora Massangana.

Author's Contributions
Jaime Daniel Leite Junior was responsible for the thematic proposition and development, theoretical composition, as well as data collection and analysis. Jaime Daniel Leite Junior and Roseli Esquerdo Lopes were responsible for the discussion and overall review of the manuscript. Both authors have approved the final version of this article.

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