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## From the Editors N.23 Perspectives on Violence and care: contributions and challenges

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While addressing topics dear to the editorial scope *Sexualidad, Salud y Sociedad*, the articles and reviews in this issue take paths of reflection relatively unexplored by Latin American scholars, with regard to some of their theoretical connections and empirical dimensions.

It is true that, among us, gender relations, and sexuality and violence, for example, have been the main concern of countless projects, and that research on homophobia and discrimination has acquired great density over the past decade across the region, as attested by victimization surveys conducted in Argentina (Fígari et.al., 2005; Jones, Libson & Hiller, 2006), Brasil (Carrara, Ramos, & Caetano, 2003; Carrara & Ramos, 2005; Carrara, Facchini, Simões, & Ramos, 2006; Carrara et al, 2007), Chile (Barrientos & Sívori, 2012), Colombia (Brigeiro & Castillo, 2007), and México (Brito et al. 2012; Cf. Parrini & Brito, 2012). Nevertheless, the dynamics of lethal violence, the extreme form of that victimization, are not as well known. That is the focus of the article by René Boivin. Based on data on murders against sexual minorities in Mexico City, the paper highlights the complexity and diversity of the conflicts in which those cases are grounded. Encompassed by comprehensive categories, such as “homophobic violence,” “hate crimes” or, simply, “homophobia,” the diversity of such dynamics, as the author rightly observes, often tends to be overlooked by academic and political discourse.

Some important dimensions of violence driven by prejudice about sexual orientation and gender identity also motivate Barrientos, Gutierrez, Ramirez, Vega, and Zaffirri in their work on Chilean gay youths’ subjective formations. Based on original research conducted in Antofagasta, the authors align with the hypothesis that a rigid adherence to normative gender performances by gays and lesbians, an important aspect of what the sociologist Gayle Mason (2002) called “safety maps,” depends on the nature and degree of hostility of the social context they inhabit. At least in part, such adherence would be at the basis of the prejudice transvestites and transsexuals suffer within the so-called “LGBT community.”

Likewise related to the broader topic of homophobic violence and discrimination are two more articles in this issue. They discuss contemporary social and institutional responses seeking to curb it. Once again, despite a robust production on behalf of LGBT activism and public policy in the region, aiming to promote LGBT citizenship, emerging strategies within the political party and electoral arena are lesser known. Costa Santos, a political scientist, addresses transvestite and transsexual candidacies to elected posts in Brazil. Seffner and Silva Passos look at institutional innovations in the creation of a gay and transvestite ward at the Porto Alegre Central Presidium. In different ways, both articles discuss how vulnerability and social suffering may become political capital; based on which social mobilization creates room for new personal and institutional itineraries.

Gender, sexuality and health make another main focus of attention of *Sexualidad, Salud y Sociedad*. In this issue, those relations are explored in a particular way by two articles. On the one hand, Costa Júnior, Maia and Couto discuss how gender organizes health professionals' practices, and their perceptions about men's and women's illness. On the other hand, Lima and Cruz develop an instigating reflection on the meaning of hormone use by transsexual men in Rio de Janeiro. What is at stake in both cases is the way health practices, and the use of certain substances, at once show and produce different subjects, gender positions, and sexualities. Both articles illustrate the challenges of care, designing contexts and hypotheses about disagreements between health services and their users. Costa Júnior and colleagues illustrate how, in health practices, gender stereotypes are reproduced, and how that may truncate the identification of certain necessities, or even carry along a medicalizing approach, focused on the female universe. Lima and Cruz discuss a structuring tension, relative to incongruences in the use of *hard, light-hard, and light technologies* in health care, as formulated by Merhy (2000). That approach highlights the gap between service protocols and the materialization of life projects related to the transsexual process.

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