

## MAPPING THE PROFILE OF PATIENTS TREATED FOR SEXUALITY-RELATED ISSUES AT A TEACHING CLINIC IN THE WESTERN AMAZON

MAPEAMENTO DO PERFIL DE PACIENTES ATENDIDOS POR DEMANDAS RELACIONADAS À SEXUALIDADE EM UM SERVIÇO-ESCOLA NA AMAZÔNIA OCIDENTAL

MAPEO DEL PERFIL DE PACIENTES ATENDIDOS POR DEMANDAS RELACIONADAS CON LA SEXUALIDAD EN UN SERVICIO-ESCUELA EN LA AMAZONÍA OCCIDENTAL

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**Abstract:** This study analyzes the profile of patients seeking care at the Applied Psychology Service (SPA) of a university center in the Western Amazon for issues related to sexuality. The research adopted a qualitative and documentary approach, based on the examination of 1,150 screening records, of which 98 were selected because they involved complaints related to sexuality. The results indicate a predominance of Black, single women living in peripheral neighborhoods. The most frequent complaints involved sexual violence, difficulties in affective-sexual relationships, and issues related to gender identity and affective-sexual orientation. It was also observed that a significant portion of the patients had not previously received psychological or psychiatric care. The findings highlight the need for preventive psychological practices in mental health care at the intersection with sexuality, as well as for an ethical-political clinical approach that considers the intersection of gender, race, class, and sexuality in the production of psychological suffering. Black women and LGBTQ+ individuals constituted the groups that most frequently sought free psychological services to address issues associated with gender and the expression of their sexuality. It is expected that this study may contribute to the development of less normative and more equitable care strategies within psychology teaching clinic settings in Brazil.

**Keywords:** Sexual abuse; Gender equality; Clinical psychology.

**Resumo:** O presente estudo analisa o perfil de pacientes do Serviço de Psicologia Aplicada (SPA) de um Centro Universitário na Amazônia Ocidental, para tratar questões relacionadas à sexualidade. A pesquisa, de abordagem qualitativa e documental, baseou-se no exame de 1.150 fichas de triagem, das quais 98 foram selecionadas por apresentarem queixas relacionadas à sexualidade. Os resultados indicam a predominância de mulheres, negras, solteiras e residentes em bairros periféricos. As queixas mais recorrentes envolveram violências sexuais, dificuldades nos relacionamentos afetivo-sexuais, além de questões sobre identidade de gênero e orientação afetivo-sexual. Observou-se, ainda, que uma parcela significativa das pacientes não havia recebido acompanhamento psicológico ou psiquiátrico prévio. Os dados revelam a necessidade de práticas psicológicas preventivas, quando se trata do cuidado em saúde mental na interface com a sexualidade, além de uma prática clínica ético-política, que considere a intersecção entre gênero, raça, classe e sexualidade na produção do sofrimento psíquico, uma vez que mulheres negras (pretas e pardas) e pessoas LGBT's formaram os grupos que mais buscaram os serviços gratuitos de psicologia para tratar de questões associadas ao gênero e às formas de expressão da própria sexualidade. Espera-se que este estudo possa contribuir para a construção de estratégias de atendimento menos normativas e mais equitativas no contexto dos serviços-escolas de psicologia do Brasil.

**Palavras-chave:** Abuso Sexual; Igualdade de Gênero; Psicologia Clínica.

**Resumen:** El presente estudio analiza el perfil de pacientes del Servicio de Psicología Aplicada (SPA) de un centro universitario en la Amazonía Occidental para tratar cuestiones relacionadas con la sexualidad. La investigación, de enfoque



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qualitativo y documental, se basó en el examen de 1.150 fichas de evaluación inicial, de las cuales 98 fueron seleccionadas por presentar quejas relacionadas con la sexualidad. Los resultados indican el predominio de mujeres negras, solteras y residentes en barrios periféricos. Las quejas más recurrentes involucraron violencias sexuales, dificultades en las relaciones afectivo-sexuales y cuestiones relacionadas con la identidad de género y la orientación afectivo-sexual. También se observó que una parte significativa de las pacientes no había recibido atención psicológica o psiquiátrica previa. Los datos revelan la necesidad de prácticas psicológicas preventivas en el cuidado de la salud mental en la interfaz con la sexualidad, así como de una práctica clínica ético-política que considere la intersección entre género, raza, clase y sexualidad en la producción del sufrimiento psíquico. Las mujeres negras y las personas LGBTQ+ conformaron los grupos que más buscaron servicios psicológicos gratuitos para tratar cuestiones asociadas al género y a las formas de expresión de su sexualidad. Se espera que este estudio contribuya a la construcción de estrategias de atención menos normativas y más equitativas en el contexto de los servicios-escuela de psicología en Brasil.

**Palabras clave:** Abuso sexual; Igualdad de género; Psicología Clínica.

## Introduction

This article is the result of undergraduate scientific research and aims to analyze the profile of patients who sought the Applied Psychology Service (SPA) of a University Center in the Western Amazon, with emphasis on demands related to sexuality and gender. Understanding who seeks this type of care is essential for qualifying therapeutic listening and to break away from normative clinical practices, which shape psychologists' training based on a positivist tendency in the construction of matrices of intelligibility regarding sexual and gender identities (Favero; Fernandes, 2021). In addition, such practices reinforce stigmas that still permeate issues such as sexuality, gender identity, and sexual-affective orientation in Brazilian society.

Incorporating the intersectional debate within psychologists' professional practice, especially in clinical settings, rekindles the subversive character of psychological work aimed at breaking with pathologizing discourses surrounding sexualities, while also fostering a more welcoming and socially engaged form of listening. By valuing diversity, psychology teaching clinics can contribute to the construction of more egalitarian and ethical practices aligned with human rights principles, providing safe environments free from prejudice and discrimination. It is worth emphasizing that although diversity appears as an umbrella theme in training curricula, Favero and Fernandes (2021) warn that it is precisely this universalizing character that fosters normative practices. Therefore, working with diversity implies questioning and overcoming the facets of universalism and essentialism.

The research was based on a documentary analysis of the teaching clinic's database, with emphasis on screening records and clinical files. The study sought to understand the patients' sociodemographic data, their initial complaints, and the motivations that led them to seek psychological counseling. Furthermore, the investigation aimed to raise awareness among supervising professors and trainees regarding the specificities that permeate the production of psychological suffering among women, LGBTQIAPN+ individuals, and other vulnerable groups.

It is important to note that patients are not always aware that their distress is related to the experience of sexuality. In some cases, demands emerge in relation to trauma, abuse, or difficulties in sexual-affective relationships, while others seek guidance or wish to explore their sexuality in a safe and healthy manner.

The study results reveal the need for preventive psychological practices regarding mental health care at the interface with sexuality, as well as for an ethical-political clinical practice that considers the intersection between gender, race, class, and sexuality in the production of psychological suffering within contexts of social vulnerability. Furthermore, the present study highlights the importance of sexuality as a fundamental theme in the education of future psychologists, with the aim of contributing to the construction of less normative and more equitable care strategies within the context of psychology teaching clinics in Brazil.

## Methodology

The study was characterized as documentary research with a qualitative and descriptive approach, and was analyzed through thematic categorization (Bardin, 2011). This method allows for the categorization and

interpretation of data extracted from written documents, enabling the identification of units of meaning related to the objectives of the investigation.

The analysis was structured into three stages: (1) pre-analysis, (2) exploration of the material, and (3) treatment of the results through interpretative inference. In the pre-analysis phase, 1,150 psychological care records archived in the aforementioned Applied Psychology Service (SPA) were examined, covering the years 2019 to 2023. Among these, 98 records were selected because they presented content directly related to the theme of sexuality, including both active and inactive patients in the service.

The inclusion criteria encompassed records mentioning trauma and sexual abuse, gender identity, sexual-affective orientation, sexual violence, and difficulties in relationships involving sexual aspects. These themes revealed expressions marked by social stigmas and subjectivities shaped by gender and sexuality norms.

During the material exploration phase, the recording units consisted of sociodemographic variables (age, gender, race/skin color, marital status, education level, history of psychological and/or psychiatric follow-up, and place of residence), as well as the main complaints registered in the teaching clinic records. The information was organized into recurring thematic categories, such as: (a) trauma and sexual abuse; (b) gender identity and sexual-affective orientation; (c) difficulties in sexual-affective relationships; and (d) violence associated with sexuality, which were the most relevant to the research theme.

The results are presented in this article through data systematization, with percentage descriptions, allowing for a descriptive and interpretative analysis of the patients' profiles. The analysis also sought to identify limitations in the registration instruments used during psychological screening, providing the teaching clinic with direct contributions in the form of guidance and suggestions for improvements aimed at inclusion, equity, and the qualification of care within the service.

### **Sexuality and Health Services: A Brief Analysis**

Sexuality is an intrinsic dimension of the human condition and may be addressed by individuals from different age groups and gender identities. In this context, the psychotherapeutic setting becomes an important space for welcoming, care, and transformation regarding issues related to sexuality. This search may involve adolescents exploring their sexual identity, adults wishing to improve intimacy in their relationships, couples facing sexual challenges, LGBTQIAPN+ individuals seeking support and acceptance, women who have experienced trauma resulting from sexual violence, as well as those who have specific concerns related to sexuality. In this sense, it is important to recognize the fluid and broad nature of sexualities, since each individual may have unique needs and experiences and, therefore, may not correspond to imposed gender and sexuality norms. As Borges (2013, p. 4) points out, "in general, queer theories question the position of the modern subject as a whole, considering not only gay/lesbian subjects, the LGBT population, but also all those who consider themselves dissidents of normative forms."

Therefore, sexuality is an intrinsic dimension of human experience, encompassing intrapsychic, biological, historical, psychological, political, and cultural aspects. As a central aspect of human beings, sexuality encompasses sex, gender identities and roles, orientation, eroticism, pleasure, intimacy, and reproduction. It may be experienced and expressed through thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships (WHO, 2006). In this sense, sexuality is understood as being influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors, and its understanding requires a broad perspective that considers both individual elements and sociocultural contexts (PAHO - MH, 2017).

Sexuality contributes to one's sense of self, self-esteem, emotional intimacy, and personal satisfaction. A healthy experience with issues related to sexuality is fundamental to quality of life and psychosocial balance (Costa; Oliveira, 2012). For Foucault (2014), sexuality is one of the most fundamental ways through which we are shaped as human beings, and its history—that is, what functioned in the nineteenth century as a domain of specific truth—must first and foremost be approached from the perspective of a history of discourses.

Although intrinsically linked to identity, relationships, and individual well-being, human sexuality continues to be treated, in many cases, as a taboo subject surrounded by stigmas and prejudices. Even today, there remains reluctance to openly discuss sexuality in many contexts, such as education, family settings, and even the media.

This lack of dialogue and understanding may lead to misinformation, the perpetuation of stigmas, and the creation of barriers to sexual health and personal development.

Furthermore, discrimination related to sexuality continues to be a reality in many parts of the world, resulting in marginalization, prejudice, and violence against people with different sexual-affective orientations and gender identities. As mentioned by Butler (2003), discrimination is the result of a rigid and normative conception of gender and sexuality that excludes those who do not fit into established standards. And when one's very existence challenges the norms that govern who may be considered human, the realm of monstrosity is created. In the words of Cunha (2021, p. 37), "to be a monster, to inhabit the register of the monstrous, therefore implies living the experience of exclusion from an original humanity, affirmed as the only true one and subsequently naturalized."

Discrimination may manifest itself in various ways, such as the denial of rights, social stigma, and physical or verbal violence. Organizations such as the Gay Group of Bahia (GGB) and the Group of Lawyers for Sexual and Gender Diversity (GADvS) have fought against this discrimination by promoting awareness, defending rights, and fostering the inclusion of LGBTQIAPN+ individuals. It is essential to mitigate these forms of discrimination and build a society that celebrates and respects the multiplicity of sexual expression and gender identity.

Ferreira and Bonan (2020) discuss the importance of ensuring access to and quality of health services for LGBTQIAPN+ populations, highlighting the challenges faced and the need to transform practices and social relations within health institutions. According to the authors, the prejudices, violence, and discrimination experienced by this population negatively impact the fulfillment of their needs, thus requiring health services to provide interventions consistent with the socio-emotional reality of these individuals, since such situations of discrimination may deprive them of their basic rights, autonomy, and recognition.

Santana et al. (2020) state that the main difficulties faced by LGBTQIAPN+ individuals when accessing health services include LGBTphobia, understood as the discrimination and prejudice experienced by the LGBTQIAPN+ community, resulting in inadequate treatment or the violation of basic rights, such as access to health services. Another factor pointed out by the authors is family and social rejection, in addition to disrespect and lack of information among health professionals, as elements that lead to exclusion and discriminatory treatment within health services.

## Results

All documentary records from the teaching clinic between the years 2019 and 2023 were analyzed, considering patient screening forms from individuals awaiting the beginning of psychotherapeutic care, as well as archived records and screening forms of patients already receiving care, that is, with active clinical files.

In the general survey, 1,150 documentary records were analyzed, of which 98 were selected for more detailed analysis because they corresponded to the objective of the study. Of this sample, 37 were general records corresponding to patients who were on the waiting list to begin psychotherapy; 38 corresponded to records classified as urgent by the teaching service and who were also on the waiting list; and 23 corresponded to records extracted from clinical files, that is, from patients who were already receiving psychological follow-up offered by the teaching clinic during that period. For greater detail, the data analysis will follow this division.

### General Records

The 37 selected general records included adults, and complaints related to sexual trauma and sexual abuse, relationship problems, and gender identity, as well as violence associated with issues of sexuality, were identified. Among these records, some data stood out: 81.08% were women, 43.24% were attending high school, 56.76% self-identified as "preta" (Black), and 64.86% declared themselves single. It is important to emphasize that, among these patients, 37.84% had not previously received psychological and/or psychiatric treatment, while 29.73% had received such treatment and 32.43% did not provide this information.

The most prevalent complaint in this sample was related to sexual trauma and sexual abuse, encompassing 72.97% of the analyzed cases. Next, it was observed that 13.51% of the records contained concerns related to

gender identity and sexual orientation. Relationship problems were described in 10.81% of the records as the main complaint. Finally, issues related to violence associated with sexuality were observed in 2.70% of the records.

In the analysis of the general records, it was noted that 51.35% of the individuals were between 25 and 60 years old—considered adults—and that 29.73% were between 20 and 24 years old—considered young adults. When examined in absolute numbers, these data show a disparity in relation to adulthood; however, from a relative perspective, it is possible to perceive the predominance of individuals in the young adult age group seeking the SPA.

### **Urgent Records**

The following data refer to records classified by the SPA as urgent. These involve patients with pressing complaints that demand greater speed in care due to the severity identified during the screening process, in which a high possibility of suicide attempt and/or a history of suicide attempts was indicated.

Among the 38 urgent records, there was a predominance of women, representing 86.84% of the total, most of whom self-identified as “parda” (mixed-race) (60.53%) and single (63.16%). The age range of these individuals was between 13 and 64 years old, distributed as follows: 21.05% between 13 and 19 years old, 15.79% between 20 and 24 years old, and 63.16% between 25 and 64 years old. More than half of them (63.16%) had not previously undergone psychological and/or psychiatric follow-up. Regarding the place of residence of these patients, most resided primarily in the southern and eastern zones of the city, each corresponding to 31.58%.

The most common complaint observed in the urgent records was related to trauma and sexual abuse, corresponding to 68.42% of the cases. Next, relationship problems were mentioned in 15.79% of the records as the main complaint. Issues related to violence associated with sexuality were described in 10.53% of the records, followed by problems related to gender identity in 5.26% of the cases.

### **Records Extracted from Clinical Files**

It was found that, among the 23 analyzed records, 69.57% corresponded to women, with 55.10% self-identifying as “parda” (mixed-race), and 43.48% declaring themselves single. It was also observed that 78.26% of the patients were between 12 and 19 years old. Individuals between 20 and 24 years old constituted the minority, representing 21.74%. Regarding education level, 39.13% were attending high school.

It is important to emphasize that, among these patients, 43.48% had not previously received psychological and/or psychiatric treatment, while 39.13% had already received such treatment, and 17.39% did not provide this information.

Furthermore, 43.48% of the individuals receiving care at the clinic resided in the southern zone of the capital city where the study was conducted.

The most predominant complaint among the records of patients already undergoing psychological follow-up at the SPA was related to trauma and sexual abuse, corresponding to 52.17% of the cases, followed by dilemmas related to sexual-affective orientation (21.74%). Relationship problems corresponded to 26.1% of the cases.

### **Discussion**

Of the total 98 analyzed records, it was found that in this region of the Amazon, women (80.61%) correspond to the largest number of individuals seeking the teaching service to address issues related to sexuality. These women were mostly self-identified as “parda” (mixed-race) (55.10%) and outside stable sexual-affective relationships (59.18%). Their age range varied between 12 and 64 years old, distributed as follows: 24.49% between 12 and 19 years old; 22.45% between 20 and 24 years old; and 53.06% between 25 and 64 years old. Such diversity points to the relevance of therapeutic approaches sensitive to the specificities of human development and the sociocultural contexts in which these individuals are situated.

It is important to note that most of the patients in question resided primarily in the southern zone (29.59%), followed by the central area (20.41%), and, in third place, the eastern zone (18.37%). The southern and eastern zones of the city where the study was conducted are characterized as the areas furthest from the city center, that

is, peripheral areas. This aspect adds to the socioeconomic analyses, since the average income of individuals seeking the clinic indicated a family income ranging from one to three times the Brazilian minimum wage.

It should also be added that the education level of the analyzed group was distributed as follows: 19.39% had elementary education; 41.84% had secondary education; 24.49% had higher education; only 2.04% had postgraduate education; 1.02% had technical-level education; and 11.22% did not report their level of education.

In this context, the propositions made by Scott (1995) are extremely relevant, particularly regarding the inclusion of gender as an analytical category in scientific practices and, consequently, in the formulation of public policies. Likewise, the significant mobilization arising from feminist movements insurgent against gender violence must also be considered. The predominance of women in psychological care corroborates data from the 2022 Census conducted by the Brazilian Institute of Geography and Statistics (IBGE), which indicate a greater female propensity to seek psychological support, possibly associated with factors such as greater access to healthcare, greater vulnerability to experiences of abuse and sexual violence, and greater openness to emotional self-knowledge. Sexual trauma and abuse stand out as the most frequent complaint among patients, corresponding to 71.43% of the cases.

This study therefore reveals that the greatest demand for psychological care in teaching services within the Amazonian context comes from Black women living in conditions of economic vulnerability and marked by sexual violence that produces profound trauma and long-lasting consequences for victims. According to the 2021 Atlas of Violence, rates of psychological and sexual violence are higher among women than among men. When gender and race are intersected, it becomes evident that Black women (both “pretas” and “pardas”) are subjected to greater oppression, corresponding to 66% of women murdered in Brazil (Cerqueira, 2021), that is, the principal victims of femicide in the country.

Within the framework of intersectionality, we understand the coalition of structures, meaning that racism and sexism sustain the cisheteronormative and capitalist structure that enables conditions for intersecting oppressions and multiple forms of violence (Akotirene, 2019), disproportionately affecting certain groups of women and other dissident groups. Studies reveal that more than half of rape victims in Brazil are Black women, corresponding to 50.9% of the cases (Bueno; Lima, 2019).

Black feminist authors (Collins, 2019; Davis, 2016; Carneiro, 2023) denounce how the historical structures of racism, sexism, and coloniality produce specific vulnerabilities. Davis (2016) highlights how sexual violence was intertwined with the process of enslavement and with the construction of racial stereotypes that continue to dehumanize Black women to this day. Hooks (2019) demonstrates how patriarchal and racial domination operate simultaneously in the production of silencing and in the eroticization of the Black female body. Based on the contributions of these Black feminist thinkers, we may infer that sexual abuse is a social phenomenon marked by historical power relations and not merely an isolated event.

Thus, the repercussions arising from the intersection of race, gender, class, and sexuality may be transformed into forms of subjugation and suffering, as well as precariousness, deprivation of rights, and prejudice within health services, in addition to experiences that generate trauma and microaggressions detrimental to the health of Black women (Santos et al., 2023).

Regarding the Amazonian reality under analysis, Tamboril and Andrade (2024) point out that the Network for Assistance to Women in Situations of Violence, during its implementation phase, faced difficulties in professional training, culminating in increased demand for care services and limitations regarding specialized and network-based work. The authors also point out that, within the healthcare system, compulsory notification forms identify adolescent, single, Black, and mixed-race women with elementary education as the principal victims of domestic and family violence.

Most of the records analyzed in this study belonged to women who self-identified as Black or mixed-race, reported being single, and resided in the southern and eastern zones of the city. In addition, they had family incomes ranging from one to three times the Brazilian minimum wage, which also indicates the role of the SPA as an important welcoming space for structurally vulnerable populations. This finding reinforces the importance of the teaching clinic as a strategic space for democratizing access to health services, particularly mental health services, since it enables the integration of knowledge acquired throughout the academic journey and its social dissemination through practices placed at the service of the community. Herzberg (1996) endorses this perspective by affirming that the teaching clinic is the place where psychology students carry out a significant part of their

clinical training. According to the author, community care, student education, and research constitute the pillars of psychology teaching clinics.

Other complaints associated with gender identity and sexual-affective orientation were also observed in the records (9.18%). This indicates that, while for some individuals being openly non-cisgender and non-heterosexual is a possibility with few consequences, for others the cost of such a way of life remains very high (Demingos; Stona, 2021). The suffering experienced by LGBTQIAPN+ individuals does not originate from their identity itself, but rather from the processes of social exclusion to which they are subjected. In other words, it arises from the psychosocial effects of structural discrimination, stigma, and violence, understood by Meyer (2003) as minority stress. The intersection of these social pressures may intensify feelings of isolation, shame, and hopelessness, increasing the risk of suicidal ideation and suicide attempts (Meyer, 2003).

Sedgwick (2016) discusses this aspect through the epistemology of the closet. According to the author, the figure of the closet is central to understanding homosexual oppression, while also being indispensable for evoking the incoherencies and contradictions of compulsory heterosexuality. In this sense, the closet is not merely an individual metaphor for revealing or concealing sexuality, but also operates as a central structure in the production of knowledge, insofar as it organizes relations of power, language, and knowledge by instituting heterosexuality as the norm. "The closet confuses the public and the private, that which should be revealed and that which should be protected. Sometimes the subject is punished for revealing too much, while at other times punished for concealing information that would supposedly be essential" (Demingos; Stona, 2021, p. 239). It is through this dynamic that stability and legitimacy of sexuality are prescribed under the cisheterosexist regime (Butler, 2003).

When questioning the psychological effects of the closet, Demingos and Stona (2021) indicate that these effects may be acute or chronic and that, even though they have diverse origins, they may manifest in similar ways. One of these effects consists in the cultural production of melancholy that accompanies the apparatuses of power responsible for fabricating gender. Following Judith Butler's assumptions, the authors consider that:

"The effects of gender melancholia may consist of an extraordinary reduction in one's sense of self, through the establishment of a severe and punitive superego that makes the subject feel incapable, expressed in recriminations and offenses directed toward oneself, possibly culminating in a delirious expectation of punishment due to feeling 'dirty,' 'sick,' or 'sinful.' It may also produce apathy and disinterest in life, leading the subject toward an impoverishment of excitement for everything surrounding them, an extreme fatigue that generates weakness and loss of vitality" (Demingos; Stona, 2021, p. 241).

The results of this study are aligned with these theoretical assumptions, reinforcing the possible evidence of melancholization, since complaints related to gender identity and sexual-affective orientation were prevalent in records classified as urgent, whose criteria included a high possibility of suicide and/or a history of suicide attempts. By analyzing posts published on personal blogs addressing suicide and the LGBT community, Oliveira and Vedana (2020) identified the persistence of themes such as intense and unbearable suffering, as well as a significant presence of strong feelings of emptiness, hopelessness, and loss of meaning in life, associated with self-destructive behaviors or numbing through substance abuse.

Finally, in third place in our analyses are complaints linked to relationship problems, such as compulsive sexual behavior, sexual deprivation, lack of sexual desire, and difficulties engaging in sexual relationships. Problems related to violence associated with sexuality were identified in 5.10% of the records. Such themes highlight the complexity of human sexuality and the importance of psychotherapeutic approaches that consider its biopsychosocial, historical, and relational dimensions. In this regard, Technical Note No. 01/2021 of the Federal Council of Psychology is particularly relevant, as it reinforces the need for clinical practices aligned with human rights, the non-pathologization of non-normative identities, and the promotion of affirmative practices.

## Final Considerations

The mapping and analysis of the profile of patients who sought psychological care for issues related to sexuality in a teaching clinic in the Amazon reveal that such demands are deeply permeated by social markers of difference such as gender, race, and class. The prevalence of Black women in situations of socioeconomic vulnerability, with a significant history of sexual violence and trauma, reveals that psychological suffering must be understood in light of the social structures that produce inequality and oppression. At the same time, the presence

of complaints associated with gender identity and sexual-affective orientation, especially among urgent cases, reinforces the psychosocial impact of structural discrimination, stigma, and dynamics of silencing that operate under the cisheteronormative regime. These findings dialogue with the intersectional perspective and with feminist and queer contributions by demonstrating that the psychological clinic is also a space permeated by power relations, while at the same time it may become a strategic field for care, listening, and social transformation.

In this sense, the study reaffirms the fundamental role of the teaching clinic as a device for democratizing access to mental health care, especially for historically subalternized groups, while also highlighting the need for critical, ethical professional training committed to human rights. The incorporation of clinical practices sensitive to the sociocultural dimensions of sexuality proves indispensable for confronting violence, promoting affirmative care, and constructing interventions that recognize the complexity of human experience.

It is also worth emphasizing that, during the research, it was not possible to identify the strategies used by the Applied Psychology Service in the treatment of issues related to sexuality. This is due to the fact that the screening form model used by the service covers only superficial aspects of the initial sessions, since its focus is the general assessment of the patient. Furthermore, the absence of systematized data regarding the psychotherapeutic methods adopted by the SPA psychology interns was observed.

As a limitation of the developed study, the documentary and localized nature of the research should be highlighted, as it does not allow for broad generalizations, although it offers a significant portrayal of a regional reality that remains underexplored. It is possible to deepen the understanding of these demands through qualitative approaches involving the users themselves, expanding the dialogue between research, training, and public policies. To deepen the understanding of the effectiveness of clinical interventions, it is recommended that future research directly explore therapeutic processes, theoretical approaches employed, and outcomes perceived by patients.

The findings make it possible to indicate paths toward improving care in the teaching clinic, including the continuing education of supervising professors and interns regarding gender, sexuality, and intersectionality.

It is concluded that inclusive and contextualized practices are essential for expanding access to and ensuring ethical and effective care for the population seeking psychological assistance, especially regarding themes still marked by stigma. Thinking about sexuality within the clinical context implies recognizing its political and social dimensions, reaffirming Psychology's commitment to the production of care, equity, and social justice. It is hoped that this study will contribute to the improvement of psychology teaching clinics in Brazil and encourage further investigations on the subject.

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