

# FROM PUBLIC HEALTH TO HOMOPHOBIA: GRIEVANCE TRANSFORMATION IN INTERACTIONS BETWEEN LGBT ACTIVISTS AND THE BRAZILIAN STATE.

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**Abstract:** In the decade of 1990, LGBT activists engaged in the so-called AIDS-NGOs created important networks with the state in Brazil. In these interactions, health issues justified and legitimized their grievances. The “public health” frame - developed by the sanitary reform movement – shaped activist’s perceptions about health policy. But transformations in these interactions occurred in the following decade. The number of organizations focused on LGBT rights rose in Brazil. Sexuality increasingly became “an independent and specific dimension of the practice of rights, no more necessarily connected to health concerns” (Carrara, 2010: 135). Activists started to use the “homophobia” frame in these interactions to interpret violence and prejudice. What are the continuities and ruptures between the “public health” and the “homophobia” frames? Which processes created this grievance transformation? This article is focused on the first of these questions. The paper develops the theoretical grounds for the inquiry and presents its preliminary results.

## **Introduction**

“Never before in the history of this country...”. With this sentence, former president of Brazil Luís Inácio “Lula” da Silva (*Partido dos Trabalhadores* – PT) used to begin his speeches during his presidential terms (2003-2010). This sentence was certainly appropriate to describe the initiatives of this government regarding LGBT issues. Even though this population was already one of the focuses of governmental initiatives related to health and human rights issues, the first policies and participatory events exclusively related to this population were created during Lula’s terms. Maybe this is why that, in the opening speech of the first National LGBT Conference in Brazil in 2008, he went further and said: “When Toni Reis (a leader of the LGBT movement in Brazil) says that *never before in the history of the planet* a president organized a

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conference like this one, I get proud, because we are living a moment of reparation”. This moment was short. The practical outputs of this agenda are highly questioned by the movement, and the terms of President Dilma Rousseff (PT) were marked by an intense withdrawal from LGBT issues. But these short-lived initiatives existed and comprehending its origins and characteristics may be a helpful task for understanding its decrease as well as for creating new paths for the construction of LGBT grievances in interactions with the state.

The process that made possible this short “moment of reparation” started during the 1990’s in Brazil when the LGBT movement created important networks with the Brazilian government through the AIDS policy, especially through activists engaged in the so-called AIDS-NGOs. Influenced by the sanitary reform movement – that fought to guarantee a free universal public health system in Brazil – policy makers in the Ministry of Health considered that fighting the prejudice against the LGBT population was an important strategy against the AIDS epidemic (Facchini 2003; Grangeiro, Silva, and Teixeira 2009; Pereira and Nichiata 2011; Ramos 2004).

But it was only during Lula’s term that the LGBT movement achieved the creation of an autonomous policy agenda for issues involving sexual rights, followed by a growth in the number of LGBT social movement organizations in Brazil. In 2004, the Brazilian government created the policy program “Brazil without Homophobia: program for fighting violence and discrimination against GLBT and for the promotion of homosexual citizenship” (Program BWH). This program had as one of its main goals the introduction of the issue of non-discrimination in policies developed by the ministries at the Federal Government. Since 2005, calls for projects developed by the civil society and connected to this program were created. The Special Secretary for Human Rights (that has the status of a ministry) supported the creation and maintenance

of the “reference centers” (*centros de referência*), offices that worked directly with the population for preventing, receiving complaints and supporting the victims of homophobic violence. National LGBT conferences - that gather representatives of the government, social movements, and academia, among others to discuss public policies – were organized in 2008 and 2011. In 2011 and 2012, the Special Secretary for Human Rights produced reports gathering data about homophobic violence in Brazil (Carrara 2010; Facchini 2003; Ramos and Carrara 2006).

These policies were developed in connection with the human rights agenda and strongly emphasized the particularities of specific segments of the population (Facchini 2009; Machado 2013). This happened despite of the exiting criticism inside the movement of the “rights and citizenship” framework (Anjos 2002) as well as despite of the broader concern developed by activists and scholars around the world with the “identity politics” (Bernstein 2005; Butler 1990; Gamson 1995). Homophobia became the central concept for understanding the violation of LGBT rights, emphasizing violence and its connections to prejudice and discrimination (de la Dehesa 2010; Masiero 2014; Ramos and Carrara 2006). Therefore, LGBT activists constructed their grievances around the ideas of human rights, particular identities, homophobia, violence and prejudice. This may be contrasted to other forms in which the LGBT movement constructed its grievances in Brazil and in other countries. For instance, through the ideas of sexual liberation, social justice, heteronormativity, queerness, among others (Gamson 1995; Ghaziani 2008; Valocchi 2005). Why LGBT grievances were formed and shaped that way in Brazil?

Previous studies on the LGBT movement in Brazil have shown the importance of specific organizations of this movement in advancing the homophobia grievance, such as the *Grupo Gay da Bahia* (GGB- Bahia’s Gay Group) and the *Grupo Arco-Íris*

(Rainbow Group). Also, previous experiences in local governments with the reference centers are seen as important for this process (Ramos and Carrara 2006). International studies on the LGBT movement point to the importance of the creative power of internal disputes for grievance formation (Ghaziani 2008). Others studying the LGBT movement in Brazil have claimed that discourses produced by the national government constrained the possible grievances that LGBT activists could advance, directing them to participation and identity politics, a claim consistent with the “queer dilemma” identified by the international literature (Bernstein 2002, 2005; Gamson 1995; Machado 2013). Studies also point that the AIDS policy, the human rights agenda and the support of part of PT for the movement was essential for the consolidation of LGBT issues as a policy matter in Brazil (Facchini 2003; de la Dehesa 2010; Marsiaj 2006; Ramos 2004).

The overall research project under development follows these contributions to argue that the interplay between symbolic disputes within social movements and the discursive opportunities present in institutional arenas shape the formation of mobilizing grievances. This paper examines specifically how the opportunities presented by the AIDS policy in Brazil affect the formation of LGBT mobilizing grievances.

Mobilizing grievances are the “troublesome matters or conditions, and the feelings associated to them – such as dissatisfaction, fear, indignation resentment and moral shock – (...) that contribute to the emergence and operation of social movements” (Snow and Soule 2010: 23-24). They are shared among a population of actors that feel the need to engage in collective efforts for solving them (Snow and Soule 2010). This work seeks to contribute to the literature on mobilizing grievances by articulating cultural and contextual factors for the comprehension of mobilizing grievance formation (especially, how these elements shape grievances).

The next section of this paper discusses the literature on grievances and social movements. After that, the methodology for the inquiry is presented. Finally, it presents preliminary data on how the discursive opportunities provided by the AIDS policy in Brazil influenced grievance formation in the interactions between the LGBT movement and the state in this country.

## **Grievances and Social Movements**

In the “classic era” of social movement studies, different perspectives saw grievances as the main source of explanation for political contestation (Snow and Soule 2010). On the one hand, according to classic Marxism, political mobilization was the result of the objective contradictions of capitalism that created exploitation, inequality and poverty (Marx and Engels 1906). On the other, inspired by *durkheimian* functionalism, the so-called “strain and breakdown theories” argued that sudden and severe changes in the organization of societies were responsible for the generation of mass mobilization, generally depicted as an irrational response to these strains (Buechler 2013).

Reacting to the idea of irrationality and disorganization present in the strain theories, resource mobilization theory (RMT) saw political contestation as a result of rational efforts to pursue group interests made possible by the presence of resources for contestation. In this tradition, grievances are no longer important factors for explaining the emergence of social movements since “there is always enough discontent in any society to supply the grass-roots support for a movement” (McCarthy and Zald 1977:1215). Therefore, from defending that grievances could explain “everything”, social movement theory started to defend that they could explain “nothing”.

Grievances became a secondary issue in social movement studies. They focused on how aggrieved groups manage to use resources, opportunities and frames to mobilize and to advance their claims in the political contention. Nonetheless, more recent studies show interest in this issue, suggesting that grievances are not spontaneous or constant social phenomena, contrasting RMT's arguments. They agree that grievances are not sufficient conditions for mobilization – as RMT has implied –, but add that they are necessary and not spontaneous conditions and, therefore, must be studied by social movement scholars to enhance a better comprehension of the mobilization processes. Research explicitly directed to the analysis of mobilizing grievances and underlying assumptions present in social movement theories about grievance formation may be divided in three groups: condition-based theories; category-based theories; and context-based theories<sup>2</sup>. This paper has as its focus the study of categories and contexts. While most of the research has focused on which factors make mobilizing grievance formation possible, this work seeks to contribute to this discussion by analyzing how cultural and contextual factors help to *shape* grievance formation.

### *Conditions*

Studies show that material and structural conditions may be strongly related to grievance formation. Researchers revisit the “absolute deprivation” theory that states that extreme conditions of poverty and low living standards may generate grievance formation (Snow and Soule, 2010). But instead of arguing that material conditions are sufficient for explaining mobilization, these studies argue that material conditions are

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<sup>2</sup> The distinction between “condition”, “category”, and “context” approaches is based on debates among social problems theories (Best 1993; Ibarra and Kitsuse 1993). The literature review of grievances and social movements developed by Snow and Soule (2010) also orients this section.

part of a broader set of factors that lead to contestation. They compare the explanatory power of these conditions to factors such as resources and opportunities through statistical models. Following this line of inquiry, research has found that factors such as class, race, inequality, unemployment, poverty, lack of affordable housing and structural economic changes are predictors of grievance formation among different social movements in a variety of contexts (Jenkins, Jacobs, and Agnone 2003; Klandermans, Roefs, and Olivier 2001; Snow, Soule, and Cress 2005; Van Dyke and Soule 2002).

Other scholars propose a refinement of the absolute deprivation theory through the concept of “quotidian disruption”. According to these authors material and structural conditions may stimulate the formation of mobilizing grievances but only by provoking sudden and severe changes in the routines of social groups (Snow et al. 1998). Borland and Sutton (2007), for example, argue that dramatic changes in the quotidian of low and middle class women in Argentina – provoked by an economical crisis – were important mobilizing forces in the case of the *cacerolazos* protests that occurred in this country between 2002 and 2003.

In the edge between condition-based and category-based theories, the “relative deprivation theory” suggests that the distance between an individual’s feeling of entitlement and her or his evaluation of her or his capacity to conquer and keep certain conditions of life generates mobilization. Comparisons made by individuals with other people, social groups, or with her or his own trajectory are central for this process (Geschwender and Geschwender 1973; Snow and Soule 2010). Studying South-Africa in the decade of 1990, Klandermans, Roefs, and Olivier (2001), for example, found that people had a bigger tendency to feel aggrieved when they thought: that they had worst conditions than other people; that they had worse conditions than their own in the past; or that their conditions wouldn’t be better in the future.

These theories, however do not account for how and to whom people make their comparisons and how they decide if the distance observed in this comparison is unjust. These perspectives, therefore, ignore interpretative processes central for the category-based approaches which orient this paper (Snow and Soule 2010).

### *Categories*

Culturalist perspectives in social movement studies have argued that meanings do not emerge spontaneously from the situations to which activists feel aggrieved. Framing theory suggests that activists are active producers of meanings that depict these situations as morally problematic. They “assign meaning to and interpret relevant events and conditions in ways that are intended to mobilize potential adherents and constituents, to garner bystander support, and to demobilize antagonists”. In other words, they frame situations (Snow and Benford 1988:198). Grievances, therefore, are not automatic products of material conditions, but a result of an active process of interpretation and meaning negotiation.

To depict certain events, situations and conditions as social problems and, thus, produce grievances, activists have to create moral indignation by arguing that some kind of injustice is happening (Gamson 1995). Activists produce diagnostics about situations that identify problems and point to their causes. Social movements must also produce prognostics that point to solutions for the grievances and to lines of action for achieving success. They must also motivate collective action providing a “call to arms” for their constituents (Snow and Benford 1988). Some frames are shared by several social movements, facilitating cooperation between them during cycles of protest, the master frames (Benford and Snow 1992).

Since situations can be framed in different ways, activists of a social movement do not always achieve consensus about the grievances they fight against. Activists and organizations may disagree about what are the most appropriate frames and framing strategies for mobilization. More specifically, they might disagree about how to define a problem, about who is responsible for the existence of the injustice they face, and about what are the best solutions for this problem. These internal symbolical competitions are the framing disputes (Benford 1993). They must not be seen necessarily as threats to the movement. Internal disputes have a positive impact on activism, since they are responsible for the construction of strategies and identities. They also trigger learning processes that help the movement to broaden its concerns and to develop organizational strategies for future lines of action (Ghaziani 2008).

Despite activists actively and creatively interpreting events and conditions and constructing grievances, literature also points that institutions might work highly based on taken-for-granted practical knowledge about how things work and are, the “schemas”. This knowledge may be transferred from one institution to another (Sewell 1992). Studies suggest that social movements both may be a result of the transpositions of schemas and may transpose schemas themselves to create contestation (Polletta and Gardner 2015; Polletta and Ho 2006; Young 2002). Other studies have also shown that decision-makers may also be affected by taken-for-granted institutional culture that seems to be successful in other institutions (DiMaggio and Powell 1983).

Regarding categories, this work argues that social movements develop frames that construct grievances. Since social movements are not monolithic entities, these frames compete inside the movement in disputes. More important for the analysis presented here, this paper argues that the grievances previously constructed by other movements and political parties in interactions with the state create institutional

schemas that implicitly define to which kind of problems governments should answer to and with what kind of response. These schemas help to “select” which grievances in dispute inside the movement will be more successful, working as “discursive opportunities” (see next section).

In the case of the LGBT movement in Brazil, organizations developed different narratives and frames during their militancy in the 1990’s. Organizations such as GGB framed violence as the main problem for the LGBT population in Brazil and produced narratives of this violence. Other organizations, such as *Nuances*, focused on frames more related to sexual liberation, producing erotic images and narratives of the “coming out”. The AIDS policy, the human rights agenda and the disputes inside PT created schemas that favored the first of these grievances, not without modifying them.

### *Context*

Other scholars have dedicated great attention to the context in which social movements act. According to the so-called political process models, social movement emergency, development and consequences are highly dependent on the opportunities and threats offered by the political institutions (McAdam 1986; Meyer and Minkoff 2004; Meyer 2004). According to this approach, social movements are “like umbrella salesman on the street, technique may matter, but more significant is the visible threat of rain” (Meyer 2015:31).

Political opportunities may be defined as the “consistent – but not necessarily formal or permanent – dimensions of the political environment that provide incentives for collective by affecting people’s expectations for success and failure” (Tarrow 1998:76-77). Opportunities and threats, therefore, change people’s sense of efficacy,

creating incentives for mobilization and shaping activists' tactical choices. One of these tactical choices is the selection of goals and demands (McAdam 1983, 1986; Meyer and Staggenborg 2012; Tarrow 1998). Since social movements may select their goals having in mind their efficacy in achieving positive outcomes, opportunities may affect grievance formation by altering the activists' evaluation of the possibilities to change a given condition or event.

Political opportunities have several dimensions. They refer to increasing access to political institutions; to the destabilization of political alignments; to divisions inside the political elite; to the presence of influential allies to the activist; and to the presence of repression or facilitation of social movement's activities (Tarrow 1998). Also, the attention of the policy-makers is limited and may shift over time, making some issues more visible. Social movements' actions may help to bring attention to some set of issues. Policies that result from this shift may create opportunities and threats for other social movements, favoring some organizations' strategies, grievances and demands (Meyer 2005; True, Jones, and Baumgartner 2007).

In the case of the LGBT movement in Brazil, as mentioned before, the literature indicates as important opportunities for the LGBT movement: the mobilization of the sanitary reform that influenced the AIDS policy; the mobilization of organizations of human rights defense that shaped the human rights agenda and the Constitution of 1988; and the arrival of PT in the presidency. These factors increased the attention to human rights in Brazil and positioned important allies in strategic institutions inside the government. The governmental funding for LGBT pride parades and the resources accessed through the participation of organizations in the AIDS policy facilitated mobilization. Finally, the creation of participatory mechanisms (such as conferences and councils) increased access to political institutions (Facchini 2003; de la Dehesa 2010;

Marsiaj 2006; Ramos 2004). Therefore, opportunities seem to have changed activists' sense of efficacy and created the conditions for grievances formation in interactions between the LGBT movement and the Brazilian state. But the question that remains is: how did these opportunities *shaped* the grievances of the LGBT?

This work argues that political opportunities “bring” with them “discursive opportunities” that select and shape social movement grievances and demands. Several concepts have been created by the literature to deal with the cultural context where social movements act, emphasizing that the environment in which frames, narratives, and discourses are created highly shapes their emergency, characteristics and possibilities for success (Williams 2004). One of these theoretical formulations is the concept of “political opportunities structures” that may be defined as

Political-cultural or symbolic external constraints and facilitators of social movement mobilization (...) which may be seen as determining which ideas are considered “sensible”, which constructions of reality are seen as “realistic”, and which claims are held as “legitimate” in a certain polity at a specific time (Koopmans and Statham 1999:228)

The literature suggests that the relation between frames and discursive opportunities may shape the possibilities of a movement to access the polity and change public policies (Koopmans and Statham 1999; McCammon et al. 2007). Discursive opportunities may also shape social movement tactics, such as the choice of violent repertoires (Koopmans and Olzak 2004). This work argues that this relation also shapes grievance formation. While the literature has focused on how mass media, social media and legal documents may shape discursive opportunities (Koopmans and Olzak 2004; McCammon et al. 2007; Molaei 2015), this work focuses on how public policy and political parties shape these opportunities. This paper presents an analysis of how the discursive opportunities presented by the AIDS policy in Brazil shape the formation of grievances in the LGBT movement.

## Data and Methods

To evaluate this influence, this work compares the content of official documents related to the AIDS policy in Brazil to official documents related policies directed to the LGBT population in Brazil. It presents preliminary results of this analysis. The data so far analyzed consists of: the report of the 8<sup>th</sup> and the 9<sup>th</sup> NHC (1986 and 1992); the “National STD-AIDS Policy: Principles, Guidelines, and Strategies” (1999); the BWH Program (2004); and the Annals of the 1<sup>st</sup> and 2<sup>nd</sup> National LGBT Conferences (2008 and 2011). The documents related to policy guidelines are developed by policy-makers, but influenced by social movement organizations. The documents related to national conferences gather: speeches of state representatives and social movement activists; demands presented by issue-focused working groups constituted by both the government and the civil society; among others. These documents, thus, express the interactive construction of grievances between social movements and the state.

All the documents were analyzed through inductive procedures of content analysis. Due to the limitations of this paper, it only presents the analysis of the diagnostic component of the public health and the homophobia frames. The diagnostics component of framing is divided in four dimensions: the normative principles used to describe how institutions and societies should work (like the rights or the liberty frames); diagnostics about the origins and dynamics of social problems (like social problems affect different groups in different ways); diagnostics identifying and naming the conditions that constitute problems (like violence and homophobia); and diagnostics about how institutions work in Brazil (like with a neoliberal agenda).

## **From Public Health to Homophobia: Creating Diagnostics**

The sanitary reform movement was developed in Brazil between the decades of 1950 and 1960 emphasizing the social dimensions of health problems. The “public health” frame developed by this movement is organized around four principles: *universality* of access to health care, meaning access to health care to all the population; *integrality* of health care, including prevention and attention to social and psychological issues; *equity* in health care, leading to attention to social inequalities and to measures to overcome them; and *social control*, which emphasizes the importance of participatory mechanisms for the development of health policies (Grangeiro, Silva, and Teixeira 2009). This movement influenced the development of health policies in Brazil during the 1980’s. “Public health” became the main frame for comprehending health problems and the solutions to them in Brazil after the 8<sup>th</sup> NHC (1986). It directly influenced the formulation of the Constitution of 1988, which guarantees a public free health system (*Sistema Único de Saúde – SUS*) in Brazil. Subsequently, it also influenced the AIDS policy in Brazil that focuses on measures such as educating the population on health issues, fighting prejudices, and stimulating mobilization and participation (Grangeiro, Silva, and Teixeira 2009).

The “homophobia” frame was developed by the LGBT movement in Brazil since the late 1980’s and it influenced the development of policies directed to the LGBT population during the 2000’s. The concept of “homophobia” has an international history. It dates back from the 1960’s in the United States and became an important academic concept to describe prejudices during the 1990’s. In its origins, the concept emphasized the mental states of aversion against the LGBT population, but it gradually incorporated social and cultural dimensions. The first uses of this category by the mass

media and the LGBT movement in Brazil emphasized the deadly violence against the LGBT population. Gradually, “homophobia” became a concept for describing a broad set of prejudices and discriminations which make this population vulnerable (Fernandes 2012; Masiero 2014; Ramos and Carrara 2006). Policies against homophobia developed two main strategies. First, they were directed to specific groups and their peculiarities. Second, they assumed that the involvement of social movements is important for the development, execution and control of public policies (Facchini 2009; Machado 2013).

The next sections present the analysis of how the diagnostic elements of the public health frame impacted the homophobia frame. They are divided in dimensions of the diagnostic framing mentioned before.

### *Normative Principles*

Three main normative principles were identified in the public health diagnostic framing. First, the *rights and citizenship* master frame is the most important normative principle presented by this diagnostics. This frame defends that health care is as a right and an important element for the construction of citizenship. These ideas were deeply developed in the 8<sup>th</sup> NHC, which defines the right to health as “the State guarantee of dignified living conditions and of universal and equalitarian access to all the actions and services of promotion, protection and recovery of health in all of its levels to all inhabitants of the national territory leading to the full development of the human being in its individuality” (Ministério da Saúde, Ministério da Previdência e Assistência Social 1986:04 - hereafter, MS, MPAS). Following these guidelines, the National STD-AIDS Program states that “in the context of the AIDS epidemic, in the two decades of

this epidemic, the right to prevention and treatment is recognized as a fundamental right” (MS 1999:25).

Since health is seen as a right, providing health care to the population is seen as an obligation of the State. The clear definition of this obligation on the Constitution of 1988 was one of the demands presented by the movement in 1986 (MS, MPAS 1986:08). This Constitution is used both in the 9<sup>th</sup> NHC and in National STD-AIDS Program to demand responses from the government to health issues and, especially, to the AIDS epidemic (MS 1992:15; 1999:30). Therefore, the *responsiveness of the State* is stressed, emphasizing that policies should respond to the violation of rights and to the demands of the citizens.

Since the 8<sup>th</sup> and the 9<sup>th</sup> NHC took place in the period of democratization of Brazil after the Military Dictatorship established in 1964, *rights and democracy* were strongly associated in this frame. To guarantee a health system based on the principles of the sanitary reform movement would mean to make the health policy democratic. Therefore, the 9<sup>th</sup> NHC states that “the advanced stage of the health area in terms of democratization certainly brings an additional obligation. The one of spreading the experiences and practices with health to other areas of the national life that are also demanding democratic institutions and practices” (MS 1992:9).

These normative principles were also observed in the diagnostic elements of the homophobia frame. The LGBT grievances were also constructed around the *rights and citizenship* master frame, focusing on the rights of the LGBT population. While the health agenda tried to establish one policy area as a domain of the “basic human rights”, the homophobia frame establishes a population as carrier of all the existing human rights. Only the guarantee of these rights would fully construct the citizenship of the LGBT population. The several problems identified by the movement - such as the

homophobic violence, prejudice, and discrimination (see next sections) – would, therefore, characterize violations of the LGBT rights. The Program BWH, for example, establishes as one of its principles to “reaffirm that the defense, the guarantee, and the promotion of human rights includes the combat against all forms of discrimination and violence and that, therefore, the fight against homophobia and the promotion of human rights of the homosexuals is an obligation of the State and of all Brazilian society” (MS, Conselho Nacional de Combate à Discriminação 2004:12 – hereafter, MS, CNCD)

This quote also shows the emphasis on the *responsiveness of the State*. In a fashion similar to what happens in the public health frame, since the LGBT population has rights, it is the obligation of the State to defend them. Following this perspective, the “Brasilia’s Letter” – a document with the demands of the LGBT movement created during the 1<sup>st</sup> National LGBT Conference – states that: “It is up to the Public Power (Executive, Legislative, and Judiciary) the obligation of establishing dialogue between its institutions and with the civil society aiming at the validation of rights and at the promotion of the GLBT citizenship (...) No more, no less: equal rights!” (Secretaria Especial dos Direitos Humanos 2008:243 – hereafter, SEDH).

LGBT grievances also associate *rights and democracy*. This association is mostly made by state representatives in this case, despite also being present in the letter mentioned before. During her speech in the 2<sup>nd</sup> National LGBT Conference, for example, a congresswoman from PT said that “When the homophobia advances (...) we are also retrograding in the democratic construction of this country” (Secretaria de Direitos Humanos, Conselho Nacional LGBT 2011:56 - hereafter, SDH, CNLGBT).

Finally, a new normative principle is developed in the formation of LGBT grievances: *rights and policies result from social struggle*. This diagnostic could also be observed in the public health frame, but in smaller scale. Anyway, the achievements of

the sanitary reform movement also seem to inspire the movement in this matter. One of the speakers (a researcher in public health) of the 1<sup>st</sup> National LGBT Conference, for example, remembered that “SUS is truly what is left from the sanitary reform (...). Health in SUS is treated as a right. And we fight because health in the world of life is treated as a commodity. So, SUS was the result of this fight of the rock against the sea” (SEDH 2008:125). In this sense, one LGBT activist ended her speech in this same conference as it follows: ““The laws are not enough. The lilies are not born from laws’. What will guarantee our equality in rights is our capacity of indignation, our capacity of organization and of fight” (SEDH 2008:107).

Table 1 compares the normative principles presented by both of the analyzed frames. A great continuity might be observed in the use of the rights and citizenship master frame. Democracy is associated to the defense of rights, especially in the case of the public health frame. Rights are seen as a consequence of the movement’s struggle, especially in the homophobia frame.

### *Origins and Dynamics of Social Problems*

Activists of both movements develop theories on how social problems are created and how they affect the population. The public health frame argues that *problems have multiple social origins*. This idea is presented by the concept of “transversality”. According to this perspective, health problems in general, including the AIDS epidemic, are deeply related to other social problems, such as inequalities and discrimination. Fighting these other social problems, thus, becomes an important initiative for preventing the spread of health-related problems. This is how combating discrimination against the LGBT population becomes a part of the STD-AIDS policy in

Brazil. The 8<sup>th</sup> NHC, for instance, defends that “health is the result of conditions related to nutrition, housing, education, income, environment, work, transport, employment, leisure, liberty, access to and possession of land, and access to health services” (MS, MPAS 1986:4).

This has two consequences. First, this frame suggests that *health care is an integral process*. This means that health care should be directed to all the origins of health problems, and should guarantee prevention, diagnostic, and treatment of the diseases. This principle has as one of its main targets the focus on curative measures of health policies. The 9<sup>th</sup> NHC Conference, for example, criticizes the early development of SUS because of its “emphasis on curative and hospital activities over preventive, ambulatorial, and rehabilitation activities” (MS 1992:17).

Second, the public health frame suggests that *social problems have different impacts in different populations*. Health problems such as the AIDS epidemic affect differently poor and rich, whites and blacks, heterosexual and LGBTs, since they are deeply related to other problems such as poverty and discrimination. “Vulnerability” becomes an important concept in this context. The National STD-AIDS Program states that “the epidemic does not uniformly impact the population and its distribution is different in the different groups and regions of the country (...). These groups must be evaluated according to the criteria of vulnerability and risk” (MS 1999:14).

This last diagnostic impacts the formation of LGBT grievances in a later period, directing it to a focus on specific segments of this population. These activists defend that homophobia has different impacts on different groups. They criticize the treatment of the “LGBT population” as a homogeneous group. One activists of an organization directed to lesbian issues said at the 1<sup>st</sup> National LGBT Conference that “When they talk about our specificity, they say ‘the LGBT population’ as if it was a mass. Like a

bag where everyone is. No. (...) We are lesbians, gays, bisexuals, *travestis*, and transgenders, and we have specificities” (SEDH 2008:28).

Therefore, activists strongly defend the importance of the concepts such as lesbophobia, transphobia (see next section). They emphasize, for example, the impacts of deadly violence on *travestis* and transsexuals. At the 2<sup>nd</sup> National LGBT Conference, a *travesti* activist said that “We, the *travestis*, are the most persecuted segment. It is not “vitimism”. We are the most humiliated, segregated and persecuted segment among all social segments of this country (...). And, Minister Gilberto Carvalho, I want you to take this message to the president from the Brazilian *travestis* and transsexuals, that here there are tens of them here and that each of them has buried at least five or more friends murdered by transphobia” (SDH, CNLGBT 2011:29).

Also according to the homophobia frame, this is a result of the fact that *problems have multiple social origins*. In this case, this idea is summarized by the concept of “intersectionality”. Sexual orientation, gender, and race do not have separate effects on people. Therefore, homo-lesbo-transphobia, sexism and racism are related to each other, producing different effects on people differently affected by these problems. Following this diagnostic, the movement defends the need to fight these other problems creating alliances with the feminist and the black movement in Brazil. Also because of that, the movement decided to put the “L” in front of its name, instead of the “G”. About this decision, the same activist of a lesbian organization mentioned before says: “It is not a matter of the place [*of the letter*]. It is a matter of our place in society. Because, by being women, we suffer a double discrimination: we are oppressed because we are women and because we orient our desire to women. Everyone here knows the place that was imposed to us by society (...). Take care of the husband, do laundry, take care of the son, etc.” (SEDH 2008:29).

Table 2 compares how these two frames depict the origins and dynamics of social problems. Both of them develop the idea that problems have transversal social origins. In the case of the sanitary reform movement, this means that illnesses have not only biologic causes, but also a variety of social causes, leading to an approximation with LGBT issues. In the case of the LGBT movement, this means that people affected by homo-lesbo-transphobia are also affected by issues such as racism and sexism, leading to an approximation with the feminist and black movements. In both of these cases, intersectionality has as a consequence the diagnostic that social problems affect different people in different ways. This leads to a focus on “vulnerable” groups in the STD-AIDS policy and to a focus on “segments” of the LGBT population in the struggle against homo-lesbo-transphobia. In the case of the sanitary reform movement, this has another consequence: health care is seen as an integral process.

#### *Identification and Nomination of Conditions*

So far, we have seen that both the public health and the homophobia frames shared important normative principles and conceptions about how social problems work. However, they emphasize different conditions. For obvious reasons, the “public health” frame points to conditions related to health issues. Since this analysis is mainly focused on the STD-AIDS policy in Brazil, the most commonly emphasized conditions regarding this kind of issues are *STDs* and *AIDS*.

Since social problems are seen as having different impacts on different populations (as shown before), the condition of *vulnerability* is also stressed, especially in the STD-AIDS Program. This concept is defined as “the diminished (or absent) capacity of an individual or social group to decide about its risk situation (...) it is

directly associated to cultural, social, political, economic and biologic factors” (MS 1999:13).

The most stressed of these factors are certainly *inequality, poverty and misery*. The 8<sup>th</sup> NHC states that “the Brazilian society, extremely stratified and hierarchical, can be characterized by its high concentration of income and land (...). The existing social and regional inequalities reflect structural conditions which have been acting as factors that hamper the full development of a satisfactory level of health (...)” (MS, MPAS 1986:5). In a similar fashion, the 9<sup>th</sup> NHC also denounces the “inacceptable regional and ethnical differences in health indicators which reveal the different patterns of citizenship according to levels of income and regional development” (MS 1992:17).

The public health frame also points to *prejudice and discrimination* against the population living with diseases such as AIDS. Fighting these conditions is a factor that approximated this movement to LGBT issues. The STD-AIDS Program, for example, says that the issue of the STDs “brings with it the issue of sexuality, an area in which there is much fear and prejudice” (MS 1999:53).

This issue becomes one of the main focuses of the “homophobia” frame. *Prejudice and discrimination* in this frame, however, are commonly associated to the second of the main problems identified by this frame: *violence*. The concept that gathers both of these conditions is *homophobia*. This Program BWH establishes as its objective to promote the citizenship of LGBTs “through the matching of rights, and the fight against homophobic violence and discrimination, respecting the specificity of each of these groups” (MS, CNCD 2004:11). These conditions remain central in all documents analyzed so far. For example, in 2011, seven years after the Program BWH, one of the most important leaders of the LGBT movement in Brazil said “Around 70% of our

community has already been discriminated, and 20% has already suffered physical violence” (SDH, CNLGBT 2011:35).

Since this frame suggests that problems affect different people in different ways, the concepts of *lesbophobia* and *transphobia* are also important for it. The activist of a lesbian organization cited before said that “When we put ‘Brazil without Homophobia’, this is certainly our big umbrella and we cannot deny the importance of that, but we want to do a deeper debate, a ‘Brazil without Lesbophobia’ and a ‘Brazil without Transphobia’” (SEDH 2008:27). Also, since problems are seen as not isolated from each other, mentions to *sexism* and *racism* are also common. A member of the “National Network of Black LGBT”, for example, said that “We do not talk only about homophobia, lesbophobia and transphobia. We also talk about racism, and also about *machismo*. Because to be a black, poor, lesbian woman in this country means not having the dignity assured, means not having the right to come and go without suffering violence assured” (SDH, CNLGBT 2011:27). Therefore, these five concepts (homophobia, lesbophobia, transphobia, sexism or *machismo*, and racism) gather a set of discriminatory and violent acts, giving attention to the particularities of the victims.

Finally, *inequality*, *poverty* and *misery* are also mentioned in this process of grievance formation, but in a smaller proportion when compared to the “public health” frame. Mentions to this topic mainly appear in the 2<sup>nd</sup> National LGBT Conference that has as its theme “For a country free of poverty and discrimination”. In this case, this diagnostic is commonly related to the prejudice and exclusion from both the educational system and the job market, especially, in the case of *travestis* and transsexuals.

Table 3 compares the conditions identified and named by both of the studied frames. It is possible to observe that differences are much bigger in this dimension of diagnostic framing than in the others analyzed so far. Despite the AIDS grievance

having pointed to prejudice and discrimination as a problem, the LGBT movement creates new concepts that gather several conditions under the same “umbrella”, also giving great attention to violence, a condition rarely mentioned in the AIDS agenda.

### *Institutional Diagnostics*

Activists also develop diagnostics about how institutions help to create and reproduce the conditions seen as social problems. In the case of the public health frame, the most important diagnostics suggests that Brazilian institutions operate in accordance to the principles of *neoliberalism, private interests and privatizations*. In the 8<sup>th</sup> NHC report, for example, activists said that “in the area of health, we observe a historic accumulation of vicissitudes that created a system in which there is a predominance of businessmen of the medical and hospital area” (MS, MPAS 1986:06). This diagnostic is especially strong in the 9<sup>th</sup> NHC that criticizes the neoliberal policies implemented by the president Fernando Collor. In the report of this conference, a letter supporting this president’s impeachment is presented. It states that “The Collor government led Brazil to an unprecedented sanitary tragedy (...). This dramatic reality is aggravated by the effects of a recessive and privatizing economic policy that concentrates income and marginalizes and excludes millions of people, characteristics of the neoliberal model” (MS 1992:15).

Other diagnostics are developed, but in a smaller scale. Regarding Collor’s government, the sanitary reform movement also points to corruption and injustice in the fiscal reform. Regarding the health system as a whole, this frame suggests that: the health system is precarious; there is a lack of investment on qualification; the existing practices of social control are not enough; the institutions do not take enough in

consideration social and psychological problems, as well as the heterogeneity and the specificity of social groups.

The institutional diagnostics provided by the homophobia frame are different. The main diagnostics provided is that Brazilian *institutions disrespect the principle of secularity*. In the 1<sup>st</sup> LGBT Conference, for instance, one activist said that “We need the governments in the three spheres (...) to raise the efforts to guarantee the secularity of the State. It is not possible that we have to face religious arguments combating our civil rights. It does not make sense. (...) We need to demand from the State that the religions, with all the respect they deserve, stay away from the Congress and from the Senate” (SEDH 2008:35). Three years later, one of the leaders of the movement in Brazil said that “The religious fundamentalism is a weed that spreads in the rooms where important decisions regarding sexual and reproductive rights must be made for guaranteeing rights. The Church should not say what crime is, and the State should not say what sin is” (SDH, CNLGBT 2011:36).

This diagnostic is mainly directed to the Legislative power. The activists depict *the legislative as the most conservative power* in Brazil. In the 2<sup>nd</sup> National LGBT Conference, one congresswoman that supports the movement points to the importance of the evangelic faction of the Brazilian Congress, which, according to her, is “the best organized faction of all National Congress” (SDH, CNLGBT 2011:57). In the 1<sup>st</sup> National LGBT Conference, one activist compared the three powers in Brazil: “The power that today, unfortunately, hampers our rights is the Legislative. The Judiciary, even with all its conservatism, everyday gives a favorable decision (...). About the Executive, we are having this Conference, which speaks by itself” (SEDH 2008:72).

Despite the optimism of this last quote regarding the Executive power in Brazil, there is also criticism to this set of institutions. The main one is the *absence of practical*

*actions of the Program BWH and for LGBT rights in general.* During his speech in the 2<sup>nd</sup> National LGBT Conference, one professor that supports the movement said that “regarding policies directed to the LGBT population in Brazil, we never had so much, but what we have is almost nothing” (SDH, CNLGBT 2011:85). In the first of these conferences, one activist evaluated the Program BWH saying that “The Program BWH is not ‘out of the paper’. (...) First, because there is no political institutionalization. (...) It is a big letter full of actions. Second, because there are no resources. (...) Third, because there are no spaces for social control and for monitoring” (SEDH 2008:119).

This is one of the reasons why the activists evaluate that either *institutions operate with prejudice and violence* or *institutions ignore homophobic violence and discrimination*. But not only congressmen and policy-makers operate that way. The Program BWH, for instance, mentions research about how the school and the police act with prejudice and violence or just ignore homophobic actions and crimes, helping to reproduce them. During the National LGBT Conferences, activists also mention the mass media, enterprises, lawyers and judges. The 1<sup>st</sup> of these conferences, for instance, wrote a motion in support of the *travesti* activist Marcelly Malta that “went to a health center to schedule a lecture with a worker. Marcelly received a punch from the security guard that was in the place for no reason and was later taken to a nearby room where she was physically assaulted by other employees until she fainted” (SEDH 2008:299).

Table 4 compares the institutional diagnostics in the public health and in the homophobia frames. It shows that these frames point to different institutional causes for the violation of rights they identify. In the public health frame, the most important diagnostic is the one of neoliberalism and privatization. In the homophobia frame, the disrespect to the principle of secularity of the State (especially in the Legislative) is seen as causing violence and discrimination in the operation of institutions.

## Conclusions

The data suggests that the policy against AIDS in Brazil help to shape the formation of grievances of the LGBT movement by opening opportunities to frames based in the normative principle of rights and citizenship, as well as by creating schemas about how social problems work. The concept of homophobia developed by the movement seem to align with the opportunities opened by the rights master frame since it establishes equivalences with concepts such as sexism and racism. It also points to conditions of discrimination and violence, leading the policies to focus on matters such as the high rates of murders that victimize the LGBT population in Brazil. The schemas about how social problems work direct the movement to see the specific characteristics of the segments of the LGBT population. It also leads to the formulation of demands directed to specific groups that gather different markers of social difference, such as black lesbians or *travestis* living in rural areas.

The universality of the rights master frame and the specificity of these schemas seem to “push” the movement towards different directions. On the one hand, these frames stress the need to create a broad coalition among the LGBT, the feminist, the black, the disabled and other social movements. On the other hand, the schemas stress the need to see the peculiarity of the problems and demands of specific groups inside each of these movements. This tension has already been observed by the literature (Facchini 2009; Machado 2013).

Finally, the institutional diagnostics of the LGBT movement does not seem to be influenced by the opportunities opened by the AIDS policy. This movement develops original diagnostics that see the disrespect to the secularity of the State as the main

constraint to the development of effective responses to the conditions which violate the rights of LGBTs in Brazil.

In sum, discursive opportunities seem to mainly affect the diagnostics developed by social movements by establishing schemas that define which master frames and broad normative principles are acceptable, as well as establishing schemas that depict how social problems emerge and develop, leading the movement to the already developed solutions to them. Social movements seem to have as their main “task” to creatively develop concepts and to “pick” conditions which align with these schemas, as well as to provide diagnostics about how the institutions help to reproduce the identified problems. The dynamics between the activists’ creative work and the discursive opportunities presented by previous policies and other social movements shape the formation of mobilizing grievances.

The next phases of this research will investigate how the disputes between LGBT social movement organizations create grievances that are subsequently shaped by the available discursive opportunities. It will also investigate the opportunities created by the human rights agenda and by PT, integrating to the analysis the prognostic dimension of framing and the importance of narratives.

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