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Sexual violence: a descriptive study of victims attended at a center in Brazil.

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ORIGINAL ARTICLE

ABSTRACT

Objective: To examine the socio-demographic profile and assault characteristics of female victims of sexual violence in a Brazilian city.
Method: This quantitative retrospective study evaluated female victims of sexual violence between September 2018 and March 2020.
Results: Most women were young, single, with less than 11 years of formal education. All perpetrators were male, adults (62.3%), and 77.5% were known to the victims. Multiple offender cases (53.0%) and domestic (56.1%) were the most common incidents. Rape was the primary form of violence (74.5%), with physical force being the most frequently used method of aggression (71.4%). Additionally, 74.5% of victims formalized a police report.
Conclusion: This study sheds light on important characteristics of female victims of sexual violence. Given the significant impact of sexual violence on women's health, these findings can inform the development of local health policies to mitigate the consequences of sexual violence.

Keywords: sexual violence, sex offenses, violence against women, sexual abuse.

Violência sexual: um estudo descritivo de vítimas atendidas em um centro no Brasil.

Resumo

Objetivo: Caracterizar o perfil sociodemográfico e de agressão de mulheres vítimas de violência sexual em uma cidade do Brasil.
Método: Estudo quantitativo, retrospectivo e descritivo. Foram incluídas mulheres vítimas de violência sexual entre setembro de 2018 e março de 2020.
Resultados: A maioria das mulheres eram jovens, solteiras, e tinham menos de 11 anos de estudo formal. Todos os agressores eram do sexo masculino, sendo a maioria adultos (62,3%) e conhecidos das vítimas (77,55%). Os casos de reincidência múltipla (53,0%), e os crimes domiciliares foram os mais comuns (56,1%). O estupro foi o principal tipo de violência (74,5%) e o instrumento de agressão mais frequente foi o uso da força física (71,4%). A maioria dos casos foi encaminhada de outras unidades de saúde (75,5%), enquanto as demandas espontâneas representaram apenas 4% dos casos. 74,5% das vítimas formalizaram boletim de ocorrência.
Conclusão: Este estudo destaca características importantes de mulheres vítimas de violência sexual. Dado o impacto significativo da violência sexual na saúde da mulher, nossas descobertas podem informar o desenvolvimento de políticas locais de saúde para reduzir as consequências da violência sexual a curto e longo prazo.

Palavras chave: violência sexual, violência contra a mulher, abuso sexual.

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INTRODUCTION

Violence against women constitutes any behavior resulting in death, harm, physical, sexual, or psychological suffering based on gender. Sexual violence involves acts or attempts to obtain sexual acts without consent, unwanted sexual comments or advances, sex trafficking, or any other coercion targeting a person's sexuality through physical force, psychological intimidation, or threats [1,2]. Factors contributing to the risk of sexual violence include the inability of the justice system to punish perpetrators and protect victims, societal acceptance of violence, and lack of social support, among others [3-4].

Sexual violence ranges from 0.8% to 8%, and underreporting is a significant issue [3,5]. Some of the most important factors influencing the risk of sexual violence are the inability of the judiciary to punish perpetrators and protect victims, acceptance of violence as a means to achieve objectives, legitimation of intimate partner violence, and lack of social support [3,4].

Sexual violence profoundly impacts women's health, including the risk of unwanted pregnancy, sexually transmitted infections, sexual dysfunction, and chronic pain [3-6]. Therefore, it is essential to develop effective local health policies to address sexual violence. This paper aims to analyze the sociodemographic profile of victims, characteristics of aggressors, events, and care provided to women victims of sexual violence.

METHODS

This is a retrospective, descriptive study of female victims of sexual violence who sought assistance at a reference center in a city in Brazil between September 2018 and March 2020. Data included the victim's demographics, characteristics of the perpetrators, details of the incidents, and medical care provided. Chi-square and regression tests were employed for statistical analysis.

The study was approved by the Research Ethics Committee of the Bauru School of Dentistry (CAAE 50013921.0.0000.5417).

RESULTS

A total of 98 medical records were analyzed. Most victims (60,2%) were less than 25 years old, single, and with less than 11 years of formal education (Table 1). All perpetrators were male, mostly adults. Multiple offender cases were the most common (Table 2).

The majority of women were referred by another health service and presented to the health center about seven days after the violence (54%), as shown in Table 3. Delay in care after aggression may explain low rates of emergency contraception and HIV prophylaxis since they are more effective when used within 72 hours. Since 16,3% of sexual violence cases were some other kinds of violence than rape, emergency contraception wasn't indicated.

DISCUSSION

The study describes the characteristics of victims of sexual violence treated at a referral center in a city in Brazil. Most findings were similar to those in other studies in the literature [7-13]. In most cases, the perpetrator was known by the victim, as also shown in similar studies [14-17]. Current or former intimate partners were the most common aggressors (31.57%). A quantitative study reported that in 74.1% of sexual violence cases, the aggressor was the intimates' partner or friend [13,14]. A study conducted in Brazil showed that 32.5% of perpetrators were unknown by victims, and this tendency is confirmed by another national study that evaluated data from the national notification database [11,15].

It is crucial to acknowledge that sexual violence may not always be easily noticeable, and women can endure such violence without necessarily recognizing it as such. A study that investigates the prevalence of intimate partner violence among women in São Paulo demonstrated that 55.7% of women had experienced some form of violence during their lifetime, 12.4% of that related to sexual violence. [18]

Domestic crimes were the most frequent ones (56.1%), in agreement with the findings of other similar studies in Brazil [11,15]. It may be explained by the fact that the

perpetrator is usually known by the victim (77.55%). Also, the recurrence of sexual violence shown in this study can be related to the fact that the domestic space can be a place where violence is committed privately.

Furthermore, the fact that women are often emotionally involved and economically dependent on the perpetrator can implicate the victim's ability to report the violence. For these reasons, authorities have long drawn attention to intimate partner violence and have been working on interventions to prevent this type of violence, with special attention to health assistance provided. [3]

The most frequent instrument of aggression was the use of physical strength (71.4%), followed by psychological intimidation by threatening (36.7%). In a study that evaluated the national notifications of sexual violence, physical violence also ranked first, however, at lower frequencies than in this study. [15]

Most women searched for healthcare after the first 72 hours of the aggression, which contrasts with other studies, such as one conducted in Brazil [7,10,14]. Early appropriate care, such as antiretroviral drugs and emergency contraception, can reduce the risk of sexually transmitted infections and pregnancy resulting from violence, and minimize other consequences. [3,19]

About 74.5%, of the victims formalized a police report. This is quite significant, considering that in Brazil, only about 7.5% of women report to public security services [5]. Similar studies show notification rates ranging from 70 to 80%. [9, 12] Therefore, we can assume that there is a much higher number of victims than shown in medical records.

This study's findings are consistent with previous research that has shown that sexual violence is more common among young women, especially those with low levels of education. The fact that the majority of perpetrators were known by the victim highlights the need for interventions that focus on intimate partner violence. Additionally, the delay in seeking medical care is a significant concern, as it may result in lower rates of prescription of emergency contraception and HIV prophylaxis, which are more effective when used within 72 hours of the violent episode.

A positive aspect of the study is that it is one of the few studies that analyzed the sociodemographic profile of the victims and perpetrators, such as the aspects of

assistance provided to women in Brazil. Some limitations are the fact that it is retrospective and the number of victims evaluated. Furthermore, it is necessary to consider underreporting so this sample is probably underestimated.

In the last decades, there has been some progress in terms of legislation and public policies to combat sexual violence and other forms of violence, as well as provide adequate assistance to victims, such as the Maria da Penha Law (2006) and the technical standard of humanized care for people in situations of sexual violence. Despite that, the results of this study reinforce the need for the public healthcare system to develop effective programs to identify victims and provide an intersectoral network of support and treatment for these women.

CONCLUSION

This study provides important insights into the characteristics of women victims of sexual violence. Further research is needed to better understand the factors that contribute to the prevalence of sexual violence and to identify effective strategies to prevent and respond to this public health issue. Therefore, it is necessary to institute and consolidate public initiatives that prevent sexual violence and improve access to emergency medical care.

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Table 1: Characteristics of the victims of sexual violence

Data	***n* (%)**
Age/year	
<12 years old	1 (1.0)
12-19	42 (42.9)
20- 24	16 (16.3)
25-59	35 (35.7)
> 60	4 (4.1)
Parity	
0	53 (54.0)
1	7 (7.1)
2	12 (12.2)
3 or more	14 (14.3)
Ignored	12 (12.2)
Ethnic group	
White	54 (55.1)
Non-white	43 (43.9)
Ignored	1 (1.0)
Marital status	
Single	69 (70.4)
Married	19 (19.4)
Divorced	7 (7.4)
Widowed	2 (2.0)
Ignored	1 (1.0)
Sexual orientation	
Heterosexual	77 (78.6)
Homosexual	3 (3.1)
Bissexual	1 (1.0)

Ignored	17 (17.3)
Education	
Illiterate	1 (1.0)
Incomplete basic school	26 (26.5)
Complete basic school	5 (51.0)
Incomplete high school	23 (23.5)
Complete high school	29 (29.6)
Incomplete higher education	8 (8.2)
Complete higher education	3 (3.1)
Ignored	3 (3.1)
Employment status	
Employed	21 (21.4)
Self-employed	13 (13.3)
Unemployed	8 (8.2)
Housewife	7 (7.1)
Student	42 (42.9)
Retired	2 (2.0)
Ignored	5 (5.1)

Table 2: Characteristics of the perpetrator and type of sexual violence

Data	***n* (%)**
Number of perpetrators	
1	86 (87.7)
2 or more	6 (6.1)
Ignored	6 (6.1)
Perpetrator's sex	
Female	0 (0)
Male	98 (100)
Perpetrator's typification	
Unknown	24 (24.5)
Current or former intimate partner	24 (24.5)
Uncle	7 (7.1)
Biological father	14 (14.3)
Stepfather	5 (5.1)
Grandfather	2 (2.0)
Another family member	6 (6.1)
Friend	18 (18.4)
Ignored	5 (5.1)
Perpetrator's age	
Teenager (10-19)	5 (5.1)
Juvenile (20-24)	13 (13.3)
Adult (25-59)	62 (62.3)
Elderly (>60)	2 (2.0)
Ignored	23 (23.5)
Place of occurrence	

Victim's residence	55 (56.1)
Street	17 (17.3)
Perpetrator's residence	8 (8.2)
Perpetrator's car	2 (2.0)
School	2 (2.0)
Party	3 (3.1)
Work	1 (1.0)
Other	9 (9.1)
Ignored	1 (1.0)

Type of sexual contact

No sexual contact	11 (11.2)
Vaginal	36 (36.7)
Vaginal and anal	14 (14.3)
Anal	1 (1.0)
Ignored	36 (36.7)

Associated violence

Psychological	41 (41.8)
Physical	52 (53.0)
Torture	9 (9.2)
False imprisonment	1 (1.0)
Abandonment/Neglect	1 (1.0)
Financial abuse	6 (6.1)
Attempted murder	1 (1.0)

Type of sexual violence

Sexual harassment	31 (31.6)
Rape	73 (74.5)
Indecent assault	2 (2.0)
Sexual exploitation	1 (1.0)
Ignored	9 (9.2)

Intimidation	
Physical violence	70 (71.4)
Asphyxiation	8 (8.2)
Threat	34 (36.7)
Fire gun	2 (2.0)
Knife	6 (6.0)
Other forms	3 (3.1)
No intimidation	5 (5.1)
Ignored	14 (14.3)
Recurrence	
Yes	52 (53.0)
No	45 (45.9)
Ignored	1 (1.0)

Table 3: Features of healthcare provision for individuals who have experienced sexual violence.

	N (%)
Police report	
Yes	73 (74.5)
No	15 (15.3)
Ignored	10 (10.2)
Referral from another health service[1]	
Spontaneous demand	4 (4.1)
Transitional shelter	8 (8.2)
CREAS	14 (14.3)
CAPS	2 (2.0)
CRMI	7 (7.1)
CRM	4 (4.1)
MSI	17 (17.3)
UBS/USF	20 (20.4)
UPA	5 (5.1)
AME	4 (4.1)
DDM	8 (8.2)
PS	1 (1.0)
Tutelary council	2 (2.0)
Ignored	2 (2.0)
Referral to another health service	
Not referenced	81 (82.6)
Social assistance	2 (2.0)
CAPS	7 (7.1)
HEB	1 (1.0)
Legal abortion referral service	3 (3.1)

Family planning clinic	2 (2.0)
Public defense	1 (1.0)
Ignored	3 (3.1)
Prophylaxis for sexually transmitted diseases dispensed	
Yes, at referral center	7 (7.1)
Yes, in another health service	22 (22.4)
No	54 (55.1)
Ignored	15 (15.3)
Emergency contraception dispensed	7 (7.1)
Yes, at referral center	22 (22.4)
Yes, in another health service	54 (55.1)
No	15 (15.3)
Ignored	
STI screening	33 (33.7)
Yes, at referral center	35 (35.7)
Yes, in another health service	13 (13.3)
No	17 (17.3)
Ignored	
Period between aggression and notification	
Less than 7 days	22 (22.4)
7 - 15 days	4 (4.1)
16 - 30 days	5 (5.1)
More than 30 days	44 (44.9)
Ignored	23 (24.5)

Social assistance reference centers (CREAS), Psychosocial attention center Center (CAPS), Referral center for infectious diseases (CRMI), Referral center for violence against women (CRM), Santa Isabel Maternity (MSI), Basic Health Unit (UBS), Family Healthcare Units (USF),

Emergency Care Units (UPA), Specialty Outpatient Clinics (AME), Women's defense police station (DDM) and Emergency service (PS), Bauru State Hospital (HEB).