Changes in the profile of women victims of sexual violence in a South Brazil Capital

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ABSTRACT

Introduction: The profile of women who are victims of sexual violence must be known to develop preventive measures.

Objectives: To evaluate the epidemiological profile and the application of the care protocol for women victims of sexual violence in the cases admitted at Hospital Universitário Evangélico Mackenzie (HUEM) in Curitiba-PR.

Methodology: Data from the Interpersonal / Self-harmed Violence Sheet of women aged 12 years and over, received at the HUEM care service for victims of sexual violence in Curitiba-PR, were evaluated between January 2015 and December 2018. Socio-demographic data on the victim, on the occurrence itself, clinical and laboratory, on the likely perpetrator of the violence and on the return to service were sought.

Main results: 252 victims of sexual violence were studied. In the period, the age of the victims in the years 2015 and 2016 (median of 19 years) in relation to the years 2017 and 2018 (median of 17 years) decreased significantly ($p = 0.026$). Education level did not influence sexual violence ($p = 0.64$) and being single conferred greater risk ($p < 0.0001$; OR = 16.1). Night hours had greater risk ($p < 0.0001$; OR = 3.5). Among victims aged between 12 and 18 years, 63.6% of known aggressors and in those over 18 years of age, 70.8% of aggressors are unknown ($p < 0.0001$). It was observed that 46% of the victims did not return for any of the scheduled consultations and only 1.6% fulfilled the follow-up protocol.

Conclusion: During the studied period, the significant reduction in age pointed to a change in the demographic profile of women victims of sexual violence. Even in a referral service, the rate of return is still very low and actions are needed to increase adherence to the protocol.

Key words: Sexual violence, Women, Epidemiology.

INTRODUCTION

Sexual violence is defined as a non-consensual act of carnal conjunction or another libidinous act that violates the victim's autonomy (1). This form of violence has profound implications on victims lives in the physical, psychological and social parts, in addition to having a direct impact damaging mental health. (2,3).

In Brazil, the predominant scenario of underreporting remains (4,5), with a police notification rate of only 7.5% (6). Despite this, data from the Public Security Yearbook show that the number of rape cases is increasing. There was a 10.1% increase in rape cases from 2016 to 2017 and 4.1% from 2017 to 2018, reaching the current scenario of 180 rapes per day (7.8). Along with this increase, the national situation of sexual violence points out that 81.8% of the cases are female, with 53.8% under 13 years old and 50.9% black. In addition, single women with low schooling were more vulnerable to this criminal typology (9).

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Public policies guided by legislation and applied in the Unified Health System are developed as part of an effort by the government to reduce the damage and frequency of sexual violence (10). Mandatory and comprehensive care for victims of sexual violence is guaranteed by Law no. 12.845, sanctioned in 2013. One of the reference centers for the care of these victims in Curitiba is the Hospital Universitário Evangélico Mackenzie (HUEM), where female victims of sexual violence (VSV) with more than 12 years old are treated. This initial care seeks to welcome, prevent pregnancy, sexually transmitted infections, offer psychological care and follow-up for the victim, scheduled for up to 06 months after the date of the aggression for periodic laboratory control, in addition to possible treatments and gestational follow-up (11).

Knowledge of the epidemiological profile of victims, aggressors and the context in which sexual violence occurred is extremely important for the development of preventive measures and a better understanding of the cases. In addition, the monitoring and effectiveness of interventions to prevent diseases and pregnancy should be analyzed periodically for updates and changes in the protocol's flawed points

The objectives of this work were to determine the epidemiological profile of the victims, the occurrence and the aggressors in the cases of sexual violence received at the HUEM from January 2015 to December 2018; evaluate interventions made in the initial care of victims and analyze the rate of return of patients to the referral service.

METHODS

This study has a retrospective and observational design based on data collection. It was approved by the Research Ethics Committee of the Sociedade Evangélica Beneficente de Curitiba-PR under the number CAAE 02788418.1.0000.0103.

The study included all women aged 12 years and older admitted to the care service for victims of sexual violence at the HUEM between January 2015 and December 2018. Records of patients who did not have at least 75% were excluded. of the data requested for the study. The victim was not identified by name or initials, only by the service code.

The data contained in the Interpersonal / Self-Harassed Violence Form (12), and from the computerized system of the HUEM gynecology clinic collected were as follows:

Victim data: service number, date of notification, time of service, municipality and status of notification, notifying unit, date of occurrence of violence, date of birth, age, gender, pregnant woman, race/color, education, residence data , marital status/marital status, occupation, sexual orientation, gender identity, disability/disorder.

Occurrence data: city and state, district, neighborhood, street address, number and complement, reference point, zone, time of occurrence, place of occurrence, occurrence of other times, self-harm, motivation of violence, type of violence, means of aggression, nature of the aggression, type of sexual violence, work-related violence.

Clinical and laboratory data: nature of the injury, body part affected, procedure performed.

Data of the probable perpetrator of the violence: number of people involved, link with the person, sex of the aggressor, suspicion of alcohol and other drugs, age range of the probable perpetrator of the violence.

Follow up data: follow up data and outpatient return number.

Statistical analysis

The collected data were organized in a spreadsheet with Excel® program. Statistical analyzes were performed with the GraphPadPrism 6.0 program. Continuous variables were expressed as mean ± standard deviation or medians and interquartiles, being compared with the Mann-Whitney tests. Categorical variables were expressed as percentages and compared with the chi-square test or Fisher's exact test, as appropriate. P values less than 5% were assessed statistically.

RESULTS

Between January 2015 and December 2018, 264 VSV women attended the HUEM. According to

the established criteria, 12 cases were excluded. Thus, 252 VSV were investigated in the present study.

Table 1 shows the sociodemographic characteristics of the patients analyzed. The median age in the period was 18 years (IIQ = 14 - 25 years), with a minimum age of 12 years and a maximum of 68 years. The median age decreased with the evolution of the years, from 19 years in 2015 to 17 years in 2018, as observed in figure 1. This reduction was significant (p = 0.026) when the SVS ages of the years 2015 and 2016 were compared (median 19 years old (IIQ = 14 to 29 years old) in relation to the years 2017 and 2018 (median 17 years old (IIQ = 14 to 23 years old). 47, 6% (120/252) of the victims were under the age of 18. Education did not influence sexual violence (p = 0.64) and single marital status conferred greater risk (p <0.0001; OR = 16 , 1; 95% CI = 10.2–25.5) In addition, 13.5% of VSV had some type of disability or disorder.

Regarding the data on the occurrence of sexual violence, available in Table 1, it was observed that 90.8% of the cases occurred in an urban area and 37.6% in a residential environment. It is noteworthy that 61.9% of the cases occurred during the night (n = 156), setting night time as the highest risk (p <0.0001; OR = 3.5; 95% CI = 2.4 - 5 ,1). History of sexual violence prior to care was reported by 17.8% of victims (n = 45).

The data related to sexual violence can be analyzed in **table 2**. Rape was the most frequent violence (61.9%), both in physical and emotional aspects. It was observed that 52.8% (133/252) of the aggressors were unknown, while 43.7% (110/252) had some connection with the victims. Among the victims aged between 12 and 18 years, 63.6% (84/120) reported that the aggressors were known; in the group of victims over 18 years of age in 70.8% (85/120) of the cases, the aggressors were reported as unknown (p <0.0001). Beatings were reported in 47.6% of cases and in most cases (66.7%) the violence was committed by a single aggressor. In 36.5% cases, VSV report that the aggressor was under the influence of alcohol use.

Figure 2a provides data on interventions carried out in the initial care of victims admitted to the service. It is noted that 42.1% of VSV collected semen and that 80% carried out blood collection for laboratory tests. Prophylaxis for infectious diseases was performed in about 70% of cases. Regarding the follow-up of patients, in **figure 2b** it can be seen that 46% (116/252) of the victims did not return for any of the consultations provided for by the Protocol for Assistance to People in Situations of Sexual Violence and that only 1.6% performed 4 or more return visits, that is, they concluded the protocol guidelines.

DISCUSSION

In 2018, 53,726 women were victims of sexual violence in Brazil (9). This means that about six women were victims of rape every hour. In view of this, it is essential to know the profile of the victims and the events in order to apply the appropriate preventive and reception measures. Our study contributes with data that help to draw this profile in the southern region, in addition to evidencing a change in the age of the victims, increasingly younger, which must be actively analyzed in other regions of the country in order to assess if there is a new pattern victims and aggressors that requires new forms of government action.

The predominance of underage victims is compatible with the literature in relation to the higher prevalence of young victims, especially under the age of 20 (13). Another important fact raised by the study was the significant decrease in the median age from 19 years in 2015 to 17 years in 2018. This evidences a change in the epidemiological profile of VSV that should be explored in order to guide preventive public safety measures and to adapt the reference services responsible for hosting.

About 60% of the victims identified themselves as white, a data similar to that found in São Paulo, but not compatible with that found in Recife (14,15). The disagreement between the studies is possibly due to the regional diversity that characterizes our country. Another relevant point observed in the present study was that education was not a risk factor for sexual violence, while the literature portrays that women with low education are more vulnerable (14,15). It is pos-

sible that this finding is due to the greater access to schooling that has occurred in recent years in several regions of Brazil. Another possibility is that women with higher education have lost their fear of reporting abuse.

Single marital status is widely reported in the literature as a risk factor for sexual violence (14–18). In that study, single women were up to 25 times more likely to become victims. This finding should be used to prevent sexual violence, increasing the information for this group. On the other hand, we believe that such data may be the result of a bias, as it is believed that single VSV women are the ones who most seek medical and legal assistance.

Most cases occurred at night, a significant risk factor for the occurrence of sexual violence mentioned in the literature (14,15,17,18). Additionally, this study pointed out that public roads and the residential environment were the places with the highest frequency of occurrences, a data compatible with a study carried out in Teresina (17), but not observed by other authors (14,15,18).

As of 2009 (Law 12,015), there was a change in Article 2013 of the Penal Code, which defined rape: "To constrain someone, through violence or serious threat, to have carnal conjunction or to practice or allow another libidinous act to be performed with him''. Prior to the modification, it was considered a crime of rape only if it was constituted by carnal conjunction. We believe that this change allows for a more credible view of sexual violence as a spectrum formed by the different forms of aggression against the victim, which would contribute both to better reception and to guarantee legal support in cases of sexual violence without carnal conjunction. With the change in the law and, consequently, in the care protocols, this spectrum must be known by the health professional responsible for the initial care to the VSV. The type of sexual violence most frequently mentioned by the victims was rape, followed by sexual harassment, which is compatible with the literature (15). In half of the attacks there was physical violence and also psychological violence. The variety of ways in which the victims suffered violence reinforces the need for measures that ensure the reception and monitoring of the victims, since the consequences directly affect the quality of life of these women (2).

Regarding the aggressors, approximately 25% of the occurrences had two or more aggressors. This number was higher than that observed by other authors (14,17,18). Additionally, one third of the victims report alcohol use by the aggressor, being similar to that observed in Teresina (PI) (17).

Half of the victims report that they have experienced sexual violence by unknown aggressor. However, when we divided the sample into two age groups, victims of up to 18 years of age and over 18 years of age, the first group reported the majority of known aggressors and the second, unknown aggressors, a data similar to that observed in the literature (18). This finding points out that interventions to prevent sexual violence must take into account the different age groups. Public sex education policies in schools are needed to raise awareness among younger women and encourage them to report aggressors, known or not. On the other hand, for adult and elderly victims, such a policy would not apply, since the aggressors are mostly unknown. In this group, the most effective prevention would be to improve public security. The point of convergence for both groups is the need for support and protection after the event. Regardless of age, welcoming victims is essential, whether in the legal sphere (police stations), or in medical settings as reference centers for assisting victims. Supportive, caring, humanized and quality care can prevent sexually transmitted infections, unwanted pregnancies and, above all, try to minimize the psychological consequences that directly affect the lives of these women (2).

Regarding the procedures performed in the first visit, more than 70% of the patients collected material for exams and received the prophylaxis recommended for such an event, values similar to those described by other authors (11-14). The importance of this conduct is emphasized for the prevention of major problems. However, in relation to the returns to the outpatient follow-up consultation provided for by the Protocol for Assistance to People in Situations of Sexual Violence, 40% of women attended a single visit and only 1.6% of the victims completed the ou-

tpatient follow-up. Such rates are slightly higher than those observed in another reference service in Curitiba (19), but still much lower than those recommended. Other authors (20) have already reported the low rate of return. In our understanding, health professionals who welcome VSV in the evaluated service are prepared for this function. However, we believe that it is necessary to improve the assistance to VSV and carry out continuing education for the professionals involved in the service. (2). In addition, it should be noted that outpatient follow-up suffers a strong negative influence from the victim's emotional aspects. It is known that VSV feel embarrassed to return to the clinic, because to return is to remember the traumatic experience that they would like to forget. It is possible that this is the main factor responsible for the low rate of adherence to the established monitoring protocol.

This study has some limitations due to its retrospective design. Some data on the notification forms are marked as ignored or incomplete. However, it is believed that the main data has been passed on. It is also emphasized that a large proportion of women, when suffering sexual violence, do not seek health services, for various reasons.

CONCLUSION

In our study, the profile of the victim of sexual violence showed a predominance of white, single and young women, with the median age decreasing over the years studied. The most frequent occurrence was rape in the night. The perpetrator was predominantly known to victims under the age of 18 and unknown to victims over the age of 18. After reception, most victims received prophylaxis for STIs and emergency contraception. Although medical and psychological monitoring is available, almost half of the victims did not return for any of the planned outpatient visits.

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TABLE 1 – SOCIODEMOGRAPHIC CHARACTERISTICS OF WOMEN VICTIMS OF SEXUAL VIOLENCE AND OCCURRENCE DATA OF CASES ASSISTED IN HUEM BETWEEN 2015 AND 2018

Variable	n	%
Age (years)		
12-15	120	47.6
18 -29	83	32.8
30-59	48	18.9
Above 60	1	0.4
Pregnancy		
Yes	15	6
No/ignored	237	93.9
Race/color		
White	151	59.9
Black	8	3.2
Others	93	36.9
Schooling		
Illiterate	3	1.2
Elementary school	112	44.4
High school	92	36.5
Higher education	29	11.5
Ignored	16	6.3
Gender identity		
Transsexual woman	2	0.8
Ignored	250	99.2

Marital status		
Single	185	73.4
Not single	67	26.5
Deficiency/Disorder		
Yes	34	13.5
No/ignored	218	86.5
Tipo de Deficiency/Disorder		
Mental	13	5.1
Intelectual	12	4.8
Hearing	6	2.4
Behavior	6	2.4
Others	5	2
Visual	2	0.8
Physical	1	0.4
Area		
Urban	229	90.8
Rural	7	2.7
Other	16	6.3
Period of the day		
Morning (6-12h59)	44	17.4
Afternoon (13-17h59)	39	15.4
Night (18-5h59)	156	61.9
Ignored	13	5.1
Place of occurrence		
Residency	95	37.6
Public area	93	37
School	2	0.8
Outher	62	24.3
Personal history of sexual violence		
Yes	45	17.8
No	182	72.2
Ignored	25	10

TABLE 2 – DATA ON VIOLENCE AND THE AGGRESSOR OF CASES ASSISTED IN THE HUEM BETWEEN 2015 AND 2018

Variable	n	%
Type de sexual violence		
Rape	156	61.9
Sexual harassment	80	31.7
Sexual exploitation	16	6.3
Child pornography	4	1.6
Violence		
Physical	113	44.8
Psycological	85	33.7
Associated with neglect or abandonment	16	6.3
Torture	5	2
Financial	4	1.6
Related to women traffic	2	0.8
Type of injury		
Beating	120	47.6
Threat	64	25.4
Other	38	15.1
Strangulation	9	3.6
Sharp object	8	3.2
Fire gun	6	2.4
Poisoning	4	1.6
Blunt object	1	0.4
Hot substance	1	0.4
Offender data		
One offender	168	66.7
Two or more offenders	62	24.6
Unknown	133	52.8
Known	110	43.7
Alcohol use	92	36.5

Figure 1 – Interventions performed in the initial care of victims of sexual violence attended at the Mackenzie Evangelical University Hospital between 2015 and 2018 (n=252)

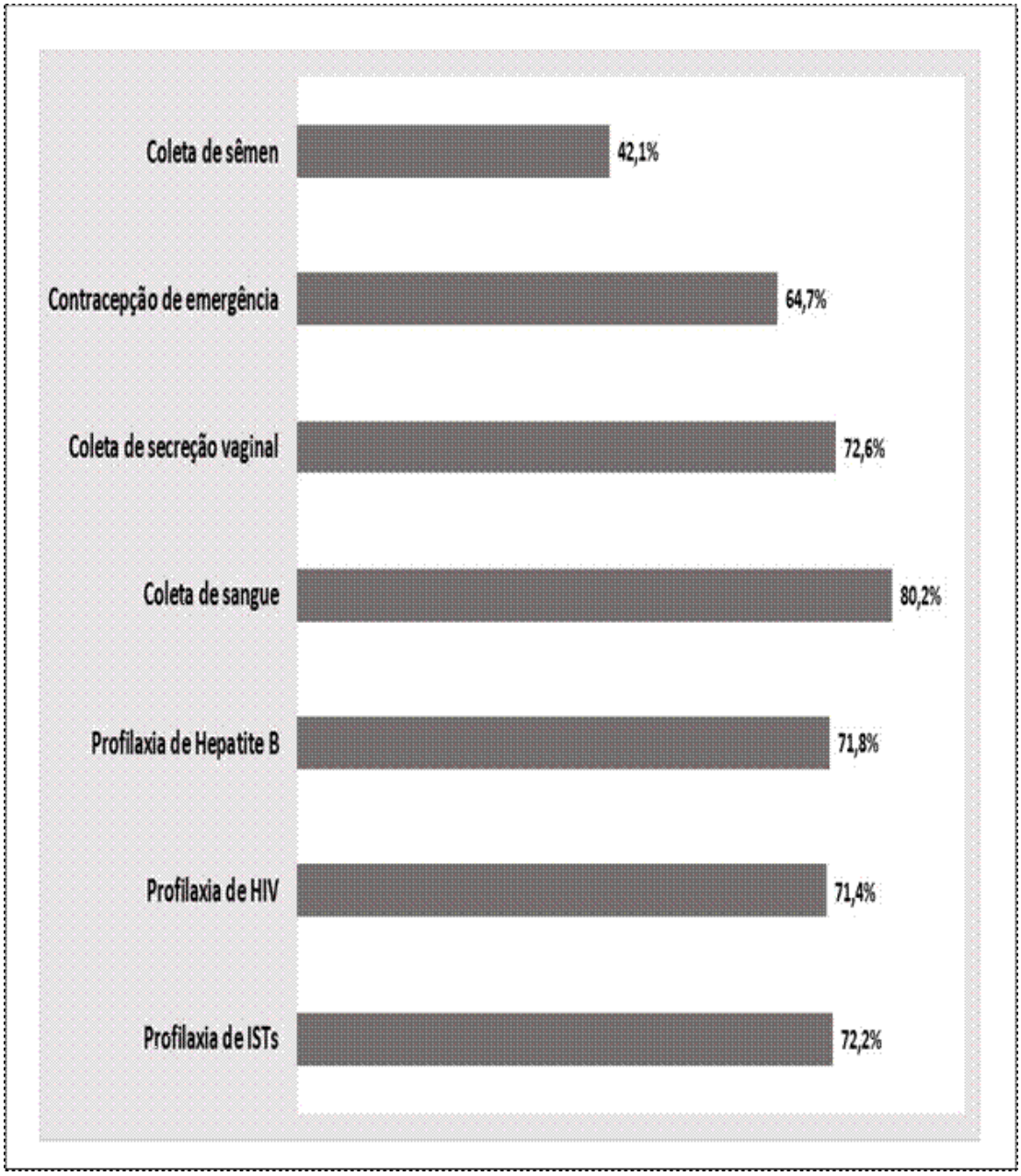
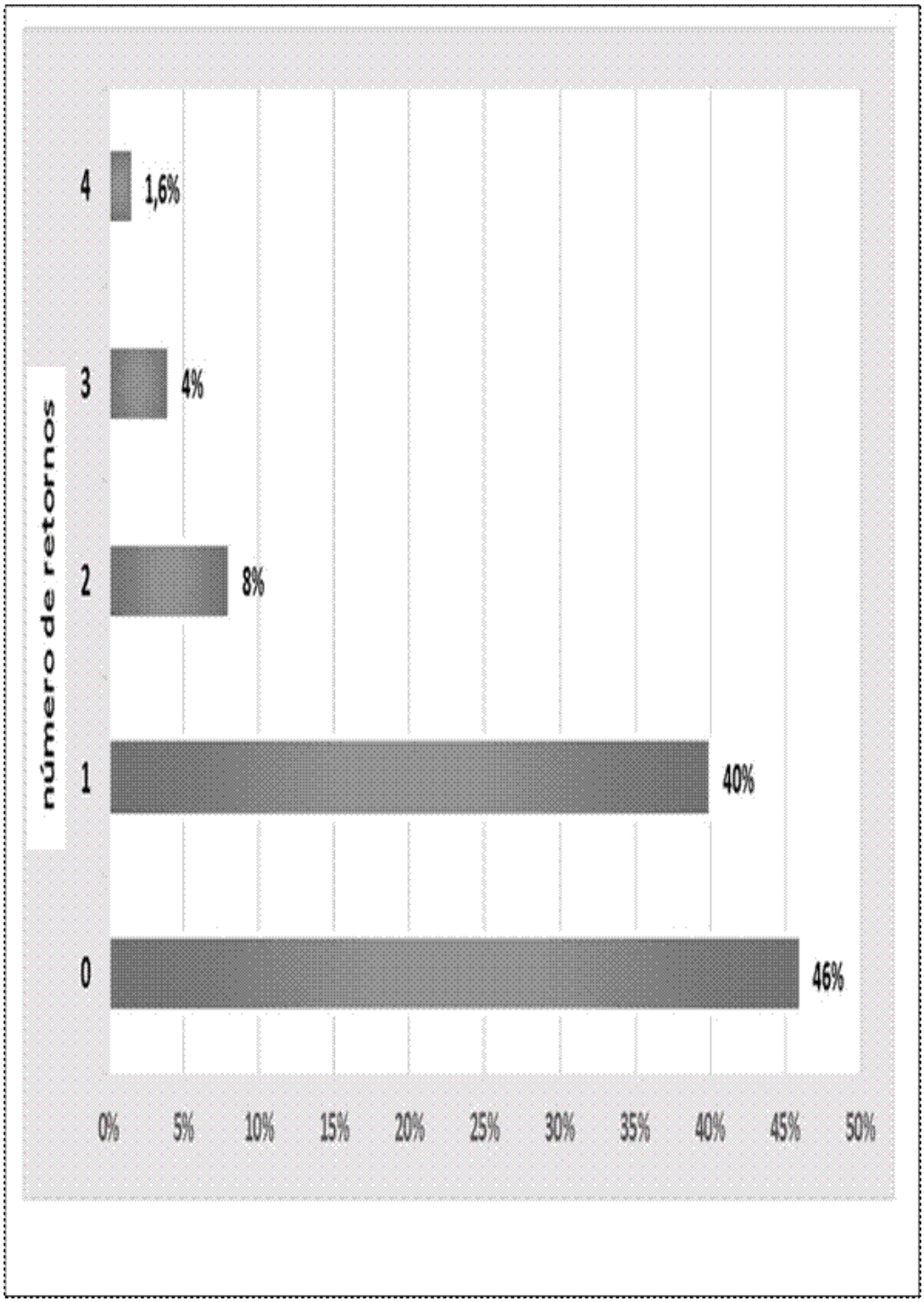


Figure 2. Number of returns to the outpatient clinic of victims of sexual violence attended at the Mackenzie Evangelical University Hospital between 2015 and 2018 (n=252)



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