Characteristics of cases of sexual violence that occurred in Alagoas between 2007-2016

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Abstract

Sexual violence stands out nationally as it is an important public health problem. Despite vitalizing various social segments, its incidence in historically vulnerable groups reflects a rooted patriarchal culture and gender violence. Although government efforts have advanced the quality of assistance, there are still omissions in the completeness of support. Thus, this study aimed to characterize the clinical and sociodemographic profile of female victims of sexual violence treated at a referral center in Alagoas during the period 2007-2016. Analytical cross-sectional study of historical series was performed with secondary data for the analysis of 920 records of care collected between August/2017 to December/2018 in the referral center for women's health located in Maceió, Alagoas. The profile of the victims was characterized as adolescents (57.0%), brown (68.5%), single (80.8%), students (59.6%) and those who had completed elementary school (51.3%). The most frequent type of violence was rape (96.5%), committed at home (39.4%), by a single aggressor (85.9%), during the nighttime (43.1%). Extra-family violence predominated (87.9%) with an unknown perpetrator (59.4%). In the intrafamilial forms, stepfather (4.0%) and father (3.2%) were the main perpetrators. Pregnancy as a consequence of violence was present in only 2.8% of cases. However, the minority managed to perform legal abortion in the institution (31.8%). This study highlights the profile of victims of sexual violence in Alagoas through a descriptive approach focusing on the various factors surrounding it.

Keywords: Sexual Offenses. Child Abuse. Women's Health. Violence against Women. Epidemiology.

INTRODUCTION

Sexual violence, one of the facets of the complex phenomenon of violence, stands out in the public health scenario in Brazil for its frightening statistics, and is characterized in recent years as a crime against the sexual dignity of significant impact[1-3].

Data produced by the Brazilian Public Security Forum (FBSP) and the Datafolha Institute in 2019 on violence at the national level, indicate that for every ten Brazilian women aged sixteen or older, about three suffered some type of violence throughout

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2018. In 2017, this data translated into around 503 attacks per hour[4]. Data from Dial 100 in 2017 regarding violence against children and adolescents show sexual violence as the fourth highest rate of reports, behind only neglect and physical and psychological violence[5].

Despite the high rates, researchers from the Institute of Applied Economic Research (Ipea) and FBSP analyzing data from the 2016 Ministry of Health Mortality Information System (MIS) point out that the incidence of this condition should be considered as much higher than those quantified, since 85.0% to 90.0% of the cases go through the underreporting process[2].

According to the Ministry of Health, sexual violence can be recognized as:

> "any action in which a person, by virtue of his position of power and using physical force, coercion, intimidation or psychological influence, whether or not using weapons or drugs, compels another person of any gender and age to have, witness or otherwise engage in sexual interactions, or otherwise use their sexuality for profit, revenge or any other purpose"[6].

Thus, sexual violence manifests itself in a variety of ways, including sexual harassment, rape, and child pornography, producing a huge list of victims, regardless of gender, age, or social class. However, the incidence of this phenomenon in children, adolescents and women points to the victimization of historically vulnerable social groups, reflecting a patriarchal culture built on subordination and expressed through discrimination in its various forms[1,7].

Although assistance to victims has increased in recent years through broader government action and laws that typify such acts as crimes, there are still omissions at the various levels of reception that create gaps which impact on the quality of care. Added to this scenario is the ingrained culture of violence and the unpreparedness of some professionals, which contributes, in varying degrees, to weaker support[7-10].

Given this context, this study aimed to characterize the clinical and sociodemographic profile of female victims of sexual violence treated at a referral center for women's health in Alagoas from 2007 to 2016. The approach proposed in this study is relevant in the context of current conjuncture of the country making known the situation of sexual violence that affects children, adolescents and women, especially in a reference center of Alagoas, of which studies with this theme and magnitude are limited.

MATERIALS AND METHODS

This was an analytical cross-sectional observational study of a historical series conducted through the analysis of suspected or confirmed cases of female sexual violence treated at the referral center for women's health in Alagoas, located in Maceió, AL, from 2007 to 2016.

A total of 920 records of care selected from 1,003 records that met the inclusion criteria of the survey were analyzed: (1) victims of sexual violence treated at the institution and (2) care provided from January 1, 2007 to December[31]. The exclusion criteria adopted included cases where: (1) the victims were male (n=35) and (2) it was not possible to locate the medical records in the institution (n=48).

The sample was identified primarily through the institution's records. Data collection was performed from August 2017 to December 2018 through a specific and standardized form prepared based on the Technical Standard[11] recommended by the Ministry of Health. Subsequently, the information collected was systematized in Microsoft Excel through its study's own numbering aimed at preserving the confidentiality of the participants.

For the files analyzed, the variables used to delimit the profile of violence were related to the following aspects:

1. Sociodemographic data of the victims: age, ethnicity, occupation, education and marital status;
2. Records of the occurrence: date, time,

place, type of violence, number of people involved, alcohol use, form of intimidation, bond with the perpetrator, repeated violence, police report, expert examination and compulsory notification;

3. Emergency care data: date, time between crime and care, emergency contraception, prophylaxis for sexually transmitted infections (STIs), prophylaxis for human immunodeficiency virus (HIV), and prophylaxis for hepatitis B;

4. Pregnancy due to violence: occurrence, victim's wish, judicial request and legal abortion.

For each variable studied, only the data considered valid were collected and analyzed; thus, fields that were not recorded or ignored by the professionals responsible for care were excluded.

The analyzes were performed with the aid of the SPSS 21.0 software, using descriptive statistics for the distribution of data in absolute and relative frequencies. The linear correlation between the variables under study was expressed by the coefficient of determination (Pearson's r), using a significance level of 5% ($p<0.05$).

This study was approved by the Human Research Ethics Committee of the Alagoas State University of Health Sciences, under opinion number 2.130.554 (CAAE: 69147317.5.0000.5011) and authorized by the hospital where it was performed (Opinion No. 012/2017). The principles of ethics in research involving human beings in accordance with Resolution 466/12 were respected.

RESULTS

The analysis performed at the reference service for women's health in Alagoas showed that there were 920 suspected or confirmed cases of female sexual violence identified from January 2007 to December 2016. The proportion of the number of visits according to year of occurrence may be visualized in Graph 1. For the two variables presented, year and amount of care, Pearson's linear correlation test showed a strong positive correlation, with a high level of significance ($r=0.90$ and $p<0.001$).

The sociodemographic variables analyzed, presented in Table 1, characterized the victims aged between 7 months and 75 years, with a mean of 19.3 years and a standard deviation of 9.9 years. The most affected age group was adolescents, between 10 and 19 years old, totaling 57.0% of the cases. With regard to ethnic identity, 68.5% declared themselves brown, 21.7% white, 9.4% black, 0.3% yellow and 0.1% indigenous. Single (80.8%), students (59.6%) and those victims with an incomplete elementary school education prevailed (51.3%).

Regarding the data on violence, shown in Table 2, rape was the most reported type, comprising 96.5% of the cases analyzed, while sexual harassment was reported in 1.6% and violent indecent assault in 1.2% of notification forms. Most of the crimes were perpetrated by a single offender (85.9%), with the highest rates recorded at home (39.4%), during the nighttime (43.1%). The aggressors used bodily force/beatings (35.1%) as the main form of coercion, followed by the use of firearms (33.9%) to commit crimes through vaginal penetration (53.4%) and without suspicion of alcohol use (62.1%).

In the evaluation of the forms of sexual violence, detailed in Table 3, the most recorded were mainly characterized as extra-familial (87.9%), with unknown individuals making up the majority (59.4%). Of the intra-familial forms, present in 12.1% of the total analyzed, the main perpetrators corresponded to the stepfather (4.0%) and the father (3.2%) of the victims. Forms of repetitive violence were found in only 10.5% of the occurrences, while single-episode violence was present in 89.5%.

Regarding the legal measures instituted, 90.4% of the patients received referrals or spontaneously sought to file a police report. Similarly, 88.3% of the users underwent the expert examination or were aware of the importance of performing it. Of the cases received at the institution, it was found that 96.5% had completed the compulsory notification form.

In the analysis of the aspects of emergency care, 76.3% of the victims sought assistance within the first 72 hours after the occurrence

of violence, motivating the institution of prophylactic measures that reflected in the reporting a total of 62.4% of cases in which emergency contraceptive medication was performed, 82.5% underwent hepatitis B prophylaxis, 86.0% underwent STI prevention, and 79.2% were referred for prophylaxis following HIV exposure.

As expressed in Table 4, pregnancy as a consequence of violence manifested itself in 26 cases (2.8%) of the total of 913 in which this information was recorded. Investigating the desire of the victims at the time of emergency care, it was found that 19 (82.6%) expressed a desire for termination, while 3 (13.0%) had decided to proceed with pregnancy and 1 (4.4%) used medication or other an abortifacient substance. Of the victims who wanted the interruption and who requested judicial authorization for the procedure, there was a request filed in 10 (66.7%) cases. However, in relation to the 22 cases of pregnancy due to aggression and information on the evolution of pregnancy was reported, only 7 (31.8%) were able to perform a legal abortion in the institution.

Table 1 – Proportion of cases of sexual violence according to the sociodemographic characteristics of the victims. Alagoas, 2007-2016.

Variables	n	%
Age		
Child (0 a 9 years)	68	7.4%
Adolescent (10 a 19 years)	521	57.0%
Young (20 a 24 years)	129	14.1%
Adult (25 a 59 years)	192	21.0%
Elderly (> 60 years)	4	0.5%
Total	914	100.0%
Ethnic identity		
Brown	606	68.5%
White	192	21.7%
Black	83	9.4%
Yellow	3	0.3%
Indigenous	1	0.1%
Total	885	100.0%
Marital status		
Single	696	80.8%
Married / Consensual Union	132	15.3%
Divorced	29	3.4%
Widow	4	0.5%
Total	861	100.0%

Variables	n	%
Schooling		
Illiterate	35	4.1%
1st to 4th grade incomplete	120	14.1%
4th grade complete	42	4.9%
5th to 8th grade incomplete	275	32.3%
Complete primary education	48	5.6%
Incomplete high school	149	17.5%
Complete high school	88	10.3%
Incomplete Higher Education	48	5.7%
Complete Higher Education	31	3.7%
Not applicable	15	1.8%
Total	851	100.0%
Occupation		
Student	495	59.6%
Maid	190	22.9%
Unemployed	145	17.5%
Total	830	100.0%

Source: Direct Research, 2019.

Table 2 – Proportion of cases of sexual violence according to the records of the occurrence. Alagoas, 2007-2016.

Variables	n	%
Type of sexual violence		
Rape	864	96.5%
Sexual harassment	14	1.6%
Indecent assault	11	1.2%
Others	6	0.7%
Total	895	100.0%
Location of occurance		
Residence	344	39.4%
Public highway	229	26.3%
Other	299	34.3%
Total	872	100.0%
Time of occurance		
Morning	97	13.2%
Evening	145	19.7%
Night	318	43.1%
Dawn	177	24.0%
Total	737	100.0%
Number Involved		
One	756	85.9%
Two or more	124	14.1%
Total	880	100.0%
Suspected alcohol use		
Yes	258	37.9%
No	422	62.1%
Total	680	100.0%
Form of coercion		
Bodily strength/Beating	264	35.1%
Firearm	255	33.9%
Other	232	31.0%
Total	751	100.0%
Type of penetration suffered		
Vaginal	356	53.4%
Anal	34	5.1%
Oral	19	2.8%
More than one type	258	38.7%
Total	667	100.0%

Source: Direct Research, 2019.

Table 3 – Characterization of the relationship between the aggressor and the victim according to intra- and extra-familial forms of sexual violence. Alagoas, 2007-2016.Alagoas, 2007-2016.

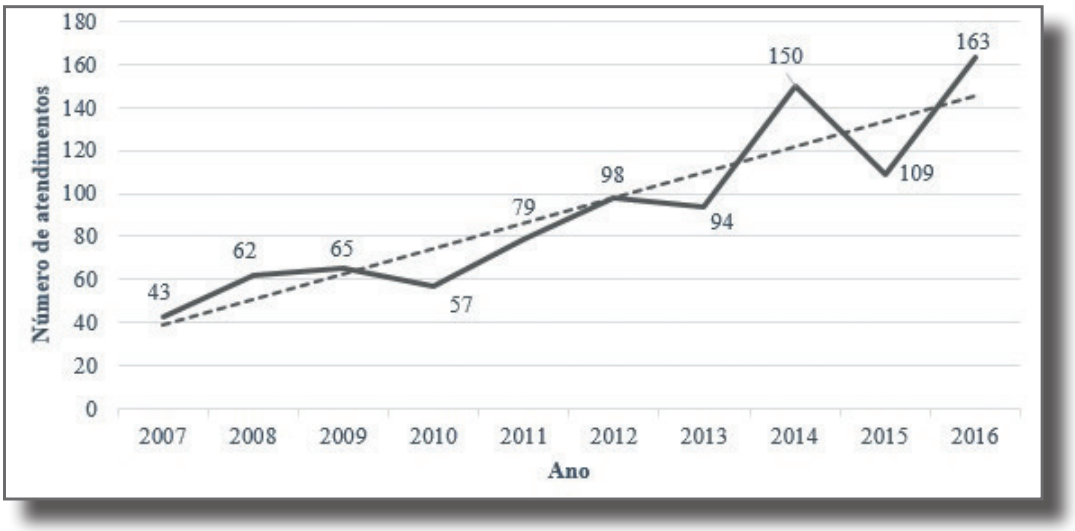
Variables	n	%
Extrafamily Violence		
Stranger	520	59.4%
Friends/acquaintances	212	24.2%
Others	38	4.3%
Intrafamily Violence		
Stepfather	35	4.0%
Father	28	3.2%
Companion	16	1.8%
Cousins	11	1.2%
Former companion	7	0.8%
Brother	5	0.6%
Grandmother/grandfather	4	0.5%
Total	876	100.0%

Source: Direct Research, 2019.

Table 4 – Distribution of pregnancy as a consequence of violence, according to occurrence, victim's desire, legal request and legal abortion. Alagoas, 2007-2016.

Variables	n	%
Pregnancy due to violence		
Yes	26	2.8%
No	887	97.2%
Total	913	100.0%
Victim's desire		
Continue pregnancy	3	13.0%
Interruption	19	82.6%
Abortion	1	4.4%
Total	23	100.0%
Court request granted		
Yes	10	66.7%
No	5	33.3%
Total	15	100.0%
Legal abortion		
Yes	7	31.8%
No	15	68.2%
Total	22	100.0%

Source: Direct Research, 2019.



Source: Direct Research, 2019.

Graph 1 – Number of treamtents per year in Alagoas from 2007 to 2016 and its corresponding line of linear regression.

DISCUSSION

The analysis carried out at the Alagoas referral service from 2007 to 2016 showed a linear increase in the incidence of victims of sexual violence who sought assistance and were received into the center being studied. This result follows a national trend of increasing number of notifications for sexual violence in recent years, as shown by studies conducted with data from the Notification of Disease Information System (SINAN) between 2009-2013[12] and 2011-2014[13]. However, it is worth mentioning the impossibility of categorizing this finding only as a result of the absolute increase in the number of cases due to the interference of the decrease in underreporting rates caused by the greater dissemination and expansion of services across the country[11,13,14].

Considering the wide period evaluated and the absence of age limits as an exclusion criterion, we obtained a significant variation in the age of the victims, which presented minimum and maximum values, respectively, of 7 months and 75 years. This is a result that differs from the reference found due to the restriction imposed by age[1,7,15-18] and the reduced number of healthcare or notification forms analyzed[1,16-18] present in the methodological design involved in the observed studies.

The finding that the majority of victims were composed of adolescents from 10 to 19 years corroborates data from other studies, which emphasize the predominance of the violence in younger age groups[12,13,19-22]. Because this is an age of psychological and sexual development, violence causes severe physical and psychological damage, with repercussions on the overall health of patients[21-25]. The interferences in the cognitive, emotional and behavioral field24 with recent and recurrent violence are associated with increased victims' morbidity, and childhood violence is related to the development of mental disorders in adulthood, especially depression[23].

The predominance of brown ethnic identity among the population analyzed in Alagoas is compatible with results from other Northeastern states, such as Recife[26] and Piauí1. However, three surveys conducted in Rio Grande do Sul7,[16,21] and one in São Paulo[24]

showed different results, where a majority were white. This difference may be due to the predominance of whites in southern and southeastern Brazil, a historical reflection of the occupation, and the intense miscegenation most characteristic of other Brazilian areas, as confirmed by the 2010 demographic census conducted by the Brazilian Institute of Geography and Statistics (IBGE)[27].

The low education level and lack of income that characterized 51.3% and 77.1% of the victims of this analysis, respectively, are consistent with other studies[1,12,26]. This finding, although expected by the prevalence of crime in adolescents, can also be attributed to governmental awareness actions with more significant impact on this population. This would, thus, increase the demand for assistance and notifications in this group, as reinforced by a national study developed based on SINAN[12] data. Although sexual violence is distributed across all age groups and population segments, a review of studies published between 2000 and 2013 showed that low socioeconomic status and low education are risk factors associated with gender violence[28], and these important factors condition and expose their victims to violent relationships perpetuated by dependency and subordination[1,7,16,26].

The finding of rape as the most reported type of violence corroborates data presented by other studies conducted in Brazil[12,15-18,24]. Although the legally definition of rape has changed since 2009, through Law no. 12.01529, which now encompasses the cases previously classified as indecent assault, and the instruction of the Ministry of Health6 to highlight and guide this change, it is still noted that in the studied center there are a percentage of notifications classified as violent indecent assault (1.2%), which alerts to the existence of misclassification due to carelessness or a lack of professional updating[6,14]. An aggravating factor of this scenario is the persistence of the field intended to register this classification in the notification forms, which exposes professionals to a higher error rate[14]. However, it is important to point out that the high rates of globally quantified rape in the studies evaluated can be attributed to the fact that this is the most explicit and cruel type of violence. There may also be a selection bias that makes its victims seek assistance, while those of the other injuries end for having their aggression naturalized and neglected in the face of patriarchal ideology[7].

The predominance of crime in the residential environment follows the trend of other studies[1,20,22,30]. Although several analyses indicate that the main perpetrators are known to the victims[2,4,7,20,22,25,26,31], we observed in the studied center results that are contrary to this finding through the higher proportion of extra-family violence committed by a stranger. However, when considering the forms of intra-familial violence, the highest records of aggressors characterized by close parental figures, such as father and stepfather, resemble data from other studies[13,19,22]. Although Alagoas is a state with high rates of urban violence, we cannot infer low frequency of intra-familial forms. This is because we need to consider that known perpetrators can act intimidatingly, generating fear of judgment and misunderstanding in the victims; which lead them not to seek help and to be silenced in the face of violence[4,15].

Regarding the applicable legal measures, it was found that the majority obtained access to carry them out. However, these data should be carefully evaluated due to the cross-sectional analysis performed and the abandonment of outpatient follow-up of the patients; without which relying on the record of desire cannot be contributed to the outcome resulting in police reporting or expert examination. It is worth mentioning the analysis developed by Ipea in 2014 showing that, of the total cases of sexual violence, only 10% filled out a police report[2]. A study conducted in 2019[4] shows that this variable has not increased considerably over the years, since around 18% of women who suffer some kind of violence arrive at police stations. This result may result from disbelief in the Brazilian judicial system, despite the

expansion of punitive laws for aggressors and protection for victims, such as the creation of Law no. 11.340 in 2006[32], known as the Maria da Penha Law[15].

Urgent care, preferably performed within the first 72 hours after violence, aims to provide assistance with prophylactic measures directed at acting in one of the spheres of consequences for the victims[15,16,18,21]. In this context, the finding of 76.3% of victims seeking shelter within this period, considered as a window of opportunity, is an encouraging fact that is reflected in the vast majority receiving prophylactic measures, as well as in the low prevalence of unwanted pregnancy; which was present in only 2.8%.

A study based on the assessment of violence in children and adolescents shows variation in the average risk of pregnancy as a consequence of violence between 0.5% and 5.0%[8]; data that resemble those found by this study. Factors associated with increased risk of pregnancy in these situations were early age, low education, and recurrent violence[21], whereas early care and emergency contraceptive medication were protective factors[15]. It is interesting to note that the proportion of pregnancy presented in this study may not reflect the totality of the cases that obtained this manifestation as an outcome of violence, due to the fact that a portion of these women did not attend outpatient follow-up appointments; a fact that undermines the actual analysis of this variable.

From the recorded information, it can be verified that, although most victims expressed a desire for interruption, legal abortion in the institution still has a low coverage, benefiting a restricted portion of victims in the state. Although abortion in cases of sexual violence is a woman's right guaranteed by law, several factors can intervene in its realization, such as lack of knowledge about health services or this right, access outside the indication period, the need for a legal representative in the interruption of minors, as well as social and cultural issues that may interfere to varying degrees in the access of victims to health services[3,17,18,33].

Results of a qualitative study with victims of sexual violence who underwent legal abortion after rape show the various feelings surrounding this experience, characterized mainly by guilt, anguish, sadness and fear[3]. In this scenario, the right to legal abortion comes with a feeling of relief in the face of this violence. However, it is necessary to consider the various factors that stand between discovery and access to legal interruption, a fact that makes many women resort to illegal procedures not to proceed with an unwanted pregnancy. Although there is no data on the magnitude of this process in Alagoas, the registration of a miscarriage performed without medical assistance at the state referral center warns of its existence and severity, as this constitutes an important cause of maternal morbidity and mortality.

CONCLUSION

The profile of victims of sexual violence in the state of Alagoas from 2007 to 2016 was characterized as adolescents, brown, single, students, with an incomplete elementary school education. The most commonly reported type of violence was rape by a stranger at home with bodily force as the main form of coercion. In the intra-familial forms, father and stepfather were the main perpetrators. Most of the victims performed legal measures and received appropriate prophylactic interventions. Pregnancy as a consequence was present in the minority of cases. Although most victims expressed a desire to terminate pregnancy in emergency care, the legal procedure was reserved for a small portion of cases.

Through the results found, we can see the variety of forms and situations involved in the practice of sexual violence, which mainly subjects

historical vulnerable individuals who compose the group of the main victims. Much of the data resembles those observed in studies of other referral centers. However, the disagreements are a reflection of the particularity of each area and center, the determination of which is fundamental for the planning of local prevention actions and for the improvement of care.

Thus, the variety of information about the circumstances surrounding this crime and its victims provided by this study enables a broad knowledge of the state's reality that can serve as a basis for public policies aimed at this population, a warning for health professionals about the greater need for awareness of reporting information and warning the general population about the existence of sexual violence and its magnitude. These measures taken together can be decisive in breaking the cycle of violence and stopping its progression.

REFERENCES

1. Araujo RP, Sousa FMS, Feitosa VC, Coelho DMM, Sousa MFA. Perfil sociodemográfico e epidemiológico da violência sexual contra as mulheres em Terezina/Piauí. Rev enferm UFSM 2014; 4(4):739-50.
2. Cerqueira D, Lima RS, Bueno S, Neme C, Ferreira H, Coelho D, et al. Atlas da Violência 2018. Brasília, Instituto de Pesquisa Econômica Aplicada; 2018.
3. Guimarães ACM, Ramos KS. Sentimentos de mulheres na vivência do abortamento legal decorrente de violência sexual. Rev enferm UFPE on line 2017; 11(6):2349-56.
4. Bueno S, Lima RS, Sobral CNI, Pinheiro M, Marques D, Scarance V, et al. Visível e Invisível: A vitimização de mulheres no Brasil – 2ª Edição. São Paulo, Fórum Brasileiro de Segurança Pública - Datafolha; 2019.
5. Brasil. Ministério dos Direitos Humanos. Balanço Anual da Ouvidoria do Ministério dos Direitos Humanos 2017. Brasília, Ministério dos Direitos Humanos; 2018.
6. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Vigilância de Doenças e Agravos Não Transmissíveis e Promoção da Saúde. Viva: instrutivo notificação de violência interpessoal e autoprovocada. Brasília, Ministério da Saúde; 2016.
7. Oliveira LAS, Leal SMC. Mulheres em situação de violência que buscaram apoio no centro de referência Geny Lehnen/RS. Enferm. foco 2016; 7(2):78-82.
8. Deslandes SF, Vieira LJES, Cavalcanti LF, Silva RM. Atendimento à saúde de crianças e adolescentes em situação de violência sexual, em quatro capitais brasileiras. Interface 2016; 20(59):865-77.
9. Moreira GAR, Freitas KM, Cavalcanti LF, Vieira LJES, Silva RM. Qualificação de profissionais da saúde para a atenção às mulheres em situação de violência sexual. Trab. educ. saúde 2018; 16(3):1039-55.
10. Oliveira PS, Rodrigues VP, Morais RLGL, Machado JC. Health professionals' assistance to women in situation of sexual violence: an integrative review. J Nurs UFPE on line 2016; 10(5):1828-39.
11. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Prevenção e tratamento dos agravos resultantes da violência sexual contra mulheres e adolescentes - Norma Técnica. Brasília, Ministério da Saúde; 2012.
12. Gaspar RS, Pereira MUL. Evolução da notificação de violência sexual no Brasil de 2009 a 2013. Cad. Saúde Pública 2018; 34(11):e00172617.
13. Cerqueira D, Coelho DSC, Ferreira H. Estupro no Brasil: vítimas, autores, fatores situacionais e evolução das notificações no sistema de saúde entre 2011 e 2014. Rev. bras. segur. pública 2017; 11(1):24-48.
14. Delziovo CR, Bolsoni CC, Lindner SR, Coelho EBS. Qualidade dos registros de violência sexual contra a mulher no Sistema de Informação de Agravos de Notificação (Sinan) em Santa Catarina, 2008-2013. Epidemiol. serv. Saúde 2018; 27(1):e20171493.
15. Silva CD, Gomes VLO, Acosta DF, Barlem ELD, Fonseca AD. Epidemiology of violence against women: characteristics of the attacker and the violent act. J Nurs UFPE on line 2013; 7(1):8-14.
16. Amarijo CL, Acosta DF, Silva CD, Gomes VLO. Factors associated with sexual violence against women: analysis of police reports. Cogitare Enferm 2014; 19(4):761-7.
17. Passos AIM, Gomes DAY, Gonçalves CLD. Profile of victims of sexual violence receiving care in Campinas. Rev. Bioét. 2018; 26(1):67-76.
18. Nunes MCA, Lima RFF, Morais NA. Violência sexual contra mulheres: um estudo comparativo entre vítimas adolescentes e adultas. Psicol. ciênc. prof. 2017; 7(4):956-69.
19. Cerqueira D, Coelho DSC. Estupro no Brasil: uma radiografia segundo os dados da Saúde (versão preliminar). Brasília, IPEA; 2014.
20. Moreira GAR, Soares PS, Farias FNR, Vireira LJES. Reporting of sexual violence against women in Brazil. Rev Bras Promoç Saúde 2015; 28(3):327-36.
21. Delziovo CR, Coelho EBS, D'orsi E, Lindner, SR. Violência sexual contra a mulher e o atendimento no setor saúde em Santa Catarina – Brasil. Ciênc. saúde coletiva 2018; 23(5):1687-96.
22. Platt VB, Back IC, Hauschild DB, Guerdert JM. Violência sexual contra crianças: autores, vítimas e consequências. Ciênc. saúde coletiva 2018; 23(4):1019-31.
23. Satyanarayana VA, Chandra PS, Vaddiparti K. Mental health consequences of violence against women and girls. Curr Opin Psychiatry 2015; 28(5):350-6.
24. Chehab MAD, Paiva LS, Figueiredo FWS, Daboin BEG, Reato LFN, Adami F. Características do abuso sexual em Santo André, São Paulo, Brasil: das vítimas ao agressor, do diagnóstico ao tratamento. J. Hum. Growth Dev. 2017; 27(2):228-34.

25. Fontes LFC, Conceição OC, Machado S. Childhood and adolescent sexual abuse, victim profile and its impacts on mental health. Cien Saude Colet 2017; 22(9):2919-28.
26. Trevisan SB, Leal SMC, Fensterseifer LM. Characteristics of women in violence situation assisted at Jacobina Center. J Nurs UFPE on line 2015; 9(8):9197-206.
27. Brasil. Instituto Brasileiro de Geografia e Estatística – IBGE. Censo Demográfico – 2010: Características Gerais da População, Religião e Pessoas com Deficiência. Rio de Janeiro, IBGE; 2012.
28. Puente-Martinez A, Ubillos-Landa S, Echeburua E, Paez-Rovira D. Factores de riesgo asociados a la violencia sufrida por la mujer en la pareja: una revisión de meta-análisis y estudios recientes. Anal. Psicol. 2016; 32(1):295-306.
29. Brasil. Lei nº 12.015, de 7 de agosto de 2009. Altera o Título VI da Parte Especial do Decreto-Lei no 2.848, de 7 de dezembro de 1940 – Código Penal, e o art. 1º da Lei no 8.072, de 25 de julho de 1990, Altera o Título VI da Parte Especial do Decreto-Lei no 2.848, de 7 de dezembro de 1940 - Código Penal, e o art. 1º da Lei no 8.072, de 25 de julho de 1990, que dispõe sobre os crimes hediondos, nos termos do inciso XLIII do art. 5o da Constituição Federal e revoga a Lei no 2.252, de 1o de julho de 1954, que trata de corrupção de menores. Diário Oficial da União 2009; 7 ago.
30. Garcia LP, Sillva GDM. Violência por parceiro íntimo: perfil dos atendimentos em serviços de urgência e emergência nas capitais dos estados brasileiros, 2014. Cad. Saúde Pública 2018; 34(4):e00062317.
31. Dartnall E, Jewkes R. Sexual violence against women: The scope of the problem. Best Pract Res Clin Obstet Gynaecol 2013; 27(1):3-13.
32. Brasil. Lei nº 11.340 de 7 de agosto de 2006. Cria mecanismos para coibir a violência doméstica e familiar contra a mulher, nos termos do § 8o do art. 226 da Constituição Federal, da Convenção sobre a Eliminação de Todas as Formas de Discriminação contra as Mulheres e da Convenção Interamericana para Prevenir, Punir e Erradicar a Violência contra a Mulher; dispõe sobre a criação dos Juizados de Violência Doméstica e Familiar contra a Mulher; altera o Código de Processo Penal, o Código Penal e a Lei de Execução Penal; e dá outras providências. Diário Oficial da União 2006; 7 ago.
33. Bezerra JF, Lara SRG, Nascimento JL, Barbieri M. Care for women subjected to sexual violence and public health policies: an integrative literature review. Rev Bras Promoç Saúde 2018; 31(1):1-12.

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