ORIGINAL ARTICLE

PROFILE OF SEXUAL VIOLENCE AGAINST WOMEN SERVED IN THE SERVICE OF WOMEN

PERFIL DA VIOLÊNCIA SEXUAL CONTRA MULHERES ATENDIDAS NO SERVIÇO DE APOIO À MULHER

PERFIL DE LA VIOLENCIA SEXUAL CONTRA MUJERES ATENDIDAS SERVICIO DE APOYO A LA MUJER

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ABSTRACT

Objective: to describe the profile of sexual violence against women assisted in a service to support women. Method: retrospective, descriptive, quantitative approach, carried out in the Attention to Women Victims of Violence. The statistical analysis used the STATA / SE 12.0 Software and Excel 2010, and the results were presented in the table. Results: the prevalence of rape victims aged between 20 and 49 years was shown to be predominantly female, single, single, Catholic, with reasonable education and defined professional occupation. Sexual assaults occurred overnight in a public thoroughfare in the metropolitan and capital city by an unknown assailant who used associated physical force of threats to commit rape vaginally against the victims. Conclusion: results should support specific actions with a focus on assisting women victims of sexual violence with articulation between different spheres, in order to provide integrated, holistic and resolutive assistance. Descriptors: Epidemiology; Sexual Violence; Women.

RESUMO

Objetivo: descrever o perfil da violência sexual contra as mulheres atendidas num serviço de apoio à mulher. Método: estudo retrospectivo, descritivo, de abordagem quantitativa, realizado no serviço de Atenção às Mulheres Vítimas de Violência. A análise estatística utilizou o Software STATA/SE 12.0 e o Excel 2010, e os resultados foram apresentados em tabela. Resultados: foi evidenciado o predomínio de mulheres vítimas de estupro com idades entre 20 a 49 anos, pardas, solteiras, católicas, com instrução razoável e ocupação profissional definida. As agressões sexuais ocorreram à noite, em via pública, na região metropolitana e capital, por agressor desconhecido que usou força física associada a ameaças para cometer o estupro por via vaginal contra as vítimas. Conclusão: os resultados devem subsidiar ações específicas com enfoque à assistência às mulheres vítimas de violência sexual com articulação entre diversas esferas, a fim de proporcionar uma assistência integralizada, holística e resolutiva. Descritores: Epidemiologia; Violência Sexual; Mulheres.

RESUMEN

Objetivo: describir el perfil de la violencia sexual contra las mujeres atendidas en un servicio de apoyo a la mujer. Método: estudio retrospectivo, descriptivo de enfoque cuantitativo llevado a cabo en el servicio de Atención a las Mujeres Víctimas de Violencia. El análisis estadístico utilizó el STATA / SE Software 12.0 y Excel 2010, y los resultados fueron presentados en tabla. Resultados: Se evidenció el predominio de las mujeres víctimas de violación de 20 a 49 años de edad, marrón, única, católica, con el conjunto de instrucciones razonables y la ocupación. Las agresiones sexuales ocurrieron en la noche en la carretera, en la región metropolitana y el capital, por asaltante desconocido, que utiliza la fuerza física amenazas asociadas a cometer violación por vía vaginal contra las víctimas. Conclusión: los resultados deben subvencionar acciones específicas centradas en la asistencia a las mujeres víctimas de violencia sexual con articulaciones entre los diferentes ámbitos con el fin de proporcionar una asistencia integral y de resolución de problemas. Descriptores: Epidemiología; Violencia Sexual; Mujeres.

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J Nurs UFPE on line., Recife, 11(Suppl. 5):2106-15, May, 2017 2106
INTRODUCTION

In Brazil, violence is a public health problem, being considered a complex issue, due to its multifactorial causes (use of licit and illicit drugs, social, family and economic conflicts, mental disorders...) that affect several subjects: the victim, their families and society. Currently, this problem is evidenced worldwide, reaching all the population age groups of different socioeconomic classes.¹

Notably, in the 1980s, in the Brazilian territory, it was perceived that the issue of violence began to be observed in the health area in a relevant way, as it caused biopsychosocial losses, especially the female population.¹ Its occurrence is considered a life, and its episodes have always been a constant fact in the history of mankind.

Violence against women is a phenomenon that has as its formation the naturalization of gender inequality, structured in the historically developed hierarchy, as an ideological practice capable of justifying the status among the different social classifications, emphasizing the distinction between genders.³

The female figure is often seen by society as a fragile sex, which allows women to be subjected to various forms of violence, especially sexual violence, involving significant numbers of cases against women⁵, and is considered an aggravating collective health problem High rates of female morbidity and mortality.⁴

Sexual violence is conceptualized as any action in which the aggressor, in a relationship of authority, exerts physical force, coercion or psychological intimidation, to compel the victim to submit or to perform a sexual act.² It is a universal event, without gender, age, ethnicity or social class distinctions. The main victims are men and women, at different times of their life. However, female and young adolescents are more vulnerable to this type of aggression.⁵

Unusually, this event happens by sexual attraction. In most cases, sexuality and aggressiveness are related, however, the practice of sexual aggression experienced by women is characterized as an expressive form of aggressor in relation to their various feelings against them, such as fury and contempt.⁶

This type of violence presents several forms of aggression: sexual harassment, sexual exploitation, rape and even unwanted sexual intercourse by women with their intimate partner, because they consider sexuality "as a conjugal duty, that is, a right For the man and an obligation for the woman."² This fact makes denunciation difficult due to women's concern to expose their intimacies.⁸

Rape is the most prevalent practice of sexual violence. Its definition, according to the World Health Organization (WHO), is considered as "any sexual act or attempt to obtain sexual act, invested or unwanted sexual comments against a person's sexuality using coercion." ⁵ In Brazilian law, rape is interpreted as Being "the act of constraining a person, by violence or grave threat, to have a carnal conjunction or to practice or allow another libidinous act to be practiced with him." ⁵

This mode of violence can immediately, lead, to unwanted pregnancy and Sexually Transmitted Infections (STIs), including Human Immunodeficiency Virus (HIV) infection, physical, psychological and sexual harm that will interfere with women's family and social relationships Victimized.²,⁹-¹⁰ A woman victim of violence, especially of the sexual type, needs humanized assistance without discrimination on the part of the health team.¹

With the purpose of modifying the conduct of the aggressors and reducing the rate of violence against women, the Brazilian government in 2006, promulgated the Maria da Penha Law and implemented, in 2008, the National Plan of Policies for Women with the purpose of promoting the confrontation of All types of violence against the age-independent female population, and provide skilled and skilled care for women's health.¹,¹¹

During the activity carried out in the Nursing Residency in Women's Health with emphasis on Obstetrics, of the City Hall of Recife, in the Service of Support to Women (SAM) of the state network, a relevant quantitative was observed in relation to cases of rape-type sexual violence Against women residing in the state of Pernambuco, and little public disclosure on the subject, making it difficult for the population to know about the statistics of the cases.

The objectives of this study were:

- To describe the profile of sexual violence against women assisted in a women's support service;
- To identify the profile of women victims;
- To describe the profile of sexual assault;
- To identify the relationship of alcohol and / or drug use by the victim and / or the abuser at the time of the aggression.
Profile of sexual violence against women...

Before starting to collect data and in order to systematize the data, a standard form with closed questions was created based on the initial data sheet that contained the data of the victim, the characteristics of the aggression and the aggressor.

Data collection was carried out from January to March 2015, after approval of the project by the Research Ethics Committee of Agamenon Magalhães Hospital with opinion No. 888. 327 (CAEE 38766814.0.0000.5197). The search of medical records was carried out from the users’ admissions books in the service, from January to December 2013.

The variables of the research were organized according to the sociodemographic characteristics of the victim: age, marital status, skin color, year of study, religion and profession; In relation to the profile of sexual violence: time of the event, place of approach, characteristics of the aggressor regarding the degree of intimacy with the victim (known or unknown), presence and type of intimidation (firearm, white weapon, physical force, threat Verbal and sexual), forms of sexual aggression (vaginal, anal, oral or more than one type), and the relationship of alcohol or drug use by the victim and / or aggressor at the time of the aggression.

When considering the data collection form of the presented study, the possible risks that could arise during the research were related to the violation of the right of the confidentiality and privacy of the data collected. The study intends to provide benefits both for the institution participating in the study and for the female population, since it will show the relevance of the subject with the purpose of favoring, directly and/or indirectly, the implementation of preventive strategies to reduce such Grievance.

Statistical analysis of the data was done using the software STATA / SE 12.0 and Excel 2010, and the results are presented in table form with their respective absolute and relative frequencies.

RESULTS

This study found that 740 women attended the Wilma Lessa Women’s Support Service (SAM / WL), in the year 2013, were subjected to violence, but, a sample of women who suffered rape-type sexual violence was composed of 284 (38.4 %) Victims.

In order to simplify the understanding of the study, it was preferred to present the results in the form of tables. Initially, we sought to outline the socio-demographic characteristics of women victims of sexual...
violence treated in the SAM / WL (Table 1), the profile of sexual violence (Table 2) and the relationship between alcohol and / or drug use at the time of Sexual aggression (Table 3).

Table 1 presents the sociodemographic characteristics of women victims of sexual violence. Of the total, 190 (66.9%) had an age range of 20 to 49 years; 140 (49.2%) reported being of a brown color; 208 (73.1%), single; 109 (38.4%), Catholic; 130 (45.7%) had a level of education between nine and 11 years of schooling and 139 (49%) said they had a profession.

Table 2 describes the profile of sexual violence. The majority of cases, 108 (38.1%), occurred in the evening; 151 (53.2%), on public highway and 241 (84.8%) in the metropolitan region and capital of the State of São Paulo. Regarding the form of violence, 118 (41.5%) were vaginal intercourse, performed by an unknown aggressor, 181 (63.7%). On the form of intimidation, 58 (20.3%) had physical strength associated with threats.
Table 2. Characteristics of sexual violence against women seen in SAW / WL. Recife (PE), Brazil, 2013.

<table>
<thead>
<tr>
<th>Variables</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time of Occurrence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morning</td>
<td>54</td>
<td>19.0</td>
</tr>
<tr>
<td>Afternoon</td>
<td>62</td>
<td>21.8</td>
</tr>
<tr>
<td>Night</td>
<td>108</td>
<td>38.1</td>
</tr>
<tr>
<td>Dawn</td>
<td>49</td>
<td>17.3</td>
</tr>
<tr>
<td>Uninformed</td>
<td>11</td>
<td>3.9</td>
</tr>
<tr>
<td><strong>Location of Aggression</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim's residence</td>
<td>52</td>
<td>18.3</td>
</tr>
<tr>
<td>Agressor's residence</td>
<td>30</td>
<td>10.6</td>
</tr>
<tr>
<td>Public highway</td>
<td>151</td>
<td>53.2</td>
</tr>
<tr>
<td>Others (motel, apt of friends, college)</td>
<td>29</td>
<td>10.2</td>
</tr>
<tr>
<td>Uninformed</td>
<td>22</td>
<td>7.7</td>
</tr>
<tr>
<td><strong>Place of occurrence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recife and Metropolitan Area</td>
<td>241</td>
<td>84.8</td>
</tr>
<tr>
<td>Interior</td>
<td>42</td>
<td>14.8</td>
</tr>
<tr>
<td>Others</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>Forms of violence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal</td>
<td>118</td>
<td>41.5</td>
</tr>
<tr>
<td>Oral</td>
<td>12</td>
<td>4.2</td>
</tr>
<tr>
<td>Anal</td>
<td>15</td>
<td>5.3</td>
</tr>
<tr>
<td>Vaginal / oral</td>
<td>47</td>
<td>16.5</td>
</tr>
<tr>
<td>Vaginal / anal</td>
<td>24</td>
<td>8.5</td>
</tr>
<tr>
<td>Oral / anal</td>
<td>7</td>
<td>2.5</td>
</tr>
<tr>
<td>Vaginal / oral / anal</td>
<td>38</td>
<td>13.4</td>
</tr>
<tr>
<td>Not informed</td>
<td>23</td>
<td>8.1</td>
</tr>
<tr>
<td><strong>Relation with aggressor</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>181</td>
<td>63.7</td>
</tr>
<tr>
<td>Known</td>
<td>101</td>
<td>35.6</td>
</tr>
<tr>
<td>Do not know / not informed</td>
<td>2</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>Forms of intimidation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White gun</td>
<td>14</td>
<td>4.9</td>
</tr>
<tr>
<td>Fire gun</td>
<td>23</td>
<td>8.1</td>
</tr>
<tr>
<td>Physical strength</td>
<td>42</td>
<td>14.8</td>
</tr>
<tr>
<td>Threats</td>
<td>24</td>
<td>8.5</td>
</tr>
<tr>
<td>Melee weapon + firearm</td>
<td>2</td>
<td>0.7</td>
</tr>
<tr>
<td>Melee weapon + physical force</td>
<td>3</td>
<td>1.1</td>
</tr>
<tr>
<td>Melee weapon + threats</td>
<td>12</td>
<td>4.2</td>
</tr>
<tr>
<td>Melee weapon + Physical Strength + Threats</td>
<td>12</td>
<td>4.2</td>
</tr>
<tr>
<td>Firearm + Physical Strength</td>
<td>4</td>
<td>1.4</td>
</tr>
<tr>
<td>Firearm + Threats</td>
<td>17</td>
<td>6.0</td>
</tr>
<tr>
<td>Firearm + Physical Strength + Threats</td>
<td>40</td>
<td>14.1</td>
</tr>
<tr>
<td>Physical force + threats</td>
<td>58</td>
<td>20.3</td>
</tr>
<tr>
<td>Melee weapon + firearm + physical force + threats</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>Uninformed</td>
<td>32</td>
<td>11.3</td>
</tr>
</tbody>
</table>

Source: SAM-WL Record

Table 3 shows the relationship of alcohol and/or drug use by the victim and/or aggressor at the time of the aggression. It was evidenced that 204 (71.9%) women did not use these substances at the moment of the aggression, but, 131 (46.1%) aggressor(s) were under their effect.
DISCUSSION

Before starting the discussion of the data, it is important to show that the admissions quantified by the sector coordination in the year of approval of the study does not converge with the results presented after the survey, where an average of 480 new cases of violence against women, and an incidence of 740 cases occurred, of which 284 were specific to sexual violence in the analyzed year. This fact that calls attention to the deficiency of the dimension of the cases attended in the service where the study was carried out.

The epidemiological analysis carried out in this study identified that sexual violence (VS) reached women in different phases of life. In the profile of the victims of SV, the prevalence of the age group that included women in the classification of the population with reproductive and reproductive age was studied. Studies indicate that women at young ages are more vulnerable to sexual violence. The fact of the woman is in the youth can arouse diverse feelings in the man, favoring the occurrence of the VS, nevertheless, this can not be considered as a justification for such behaviors of the male population.

The color self-referenced by the women participating in the study is consistent with Pernambuco's reality and Brazilian miscegenation. According to the Brazilian Institute of Geography and Statistics - IBGE, the population of Pernambuco has 53.3% of brown residents. A similar study indicated that 51.3% of the women reported being brown. In contrast, other studies have shown that women who suffered from VS were white. The verification of the influence of racial factors on the occurrence of sexual violence against women is extremely complex, since this kind of violence denies race and social class.

In this study, a significant frequency of single women, was found 73.1%, data similar to the studies surveyed. This fact is likely to occur due to the lack of information from the population about the modalities that characterize the situation of the individual. It is suggested that many women consider themselves unmarried on the grounds that they believe that the marriage of the couple is only recognized by legal formalization.

Regarding education level, the majority of women attended had between nine and eleven years of study with an established profession, a similar study was found, but the predominance was from studies that demonstrated contradictory results, predominating up to eight years of study (Elementary school), but with occupational occupation. It was soon perceived that, sexual violence against women in general is an event that affects the female population at different levels of education, because the study showed that women without education And those who had ≥12 years of study were not deprived of the aggression.

When investigating the religiosity of women in situations of sexual violence attended by the service under study, the majority reported being Catholic. In the last decades, there has been a change in the predominance of the religiosity of the Brazilian population, where there was a decline of Catholicism and the ascendancy of other religions was evangelical. However, Catholic practice remained high in the South and Northeast. In the meantime, the 2010 Demographic Census, of IBGE, shows that the spiritist religion (28%) is predominant in the general and female population residing in Pernambuco, a result that differs from the study. Religiousness can not be considered as an element of vulnerability for the occurrence of sexual aggression, since No study was found that observed this attribute to the female population victimized, and also because of the country being secular.

As for the characteristics of sexual violence against women, the study found that, in most of the cases analyzed sexual violence, occurred at night. This result corroborates with other studies that, besides the night, also showed the relation of this shift with the dawn for the occurrence of sexual aggression. This circumstance that
reflects on several issues, such as the search for discretion on the part of the aggressor to perform their acts, taking preference of dark places, so that they are not perceived by the victims. And by other people, and the surprise factor. 6, 21

Regarding the location of aggression and the relationship between the victim and the aggressor, the survey data showed that much of the sexual violence occurred on public roads and was perpetrated by unknown men. This result is similar to that of a study carried out in a university reference service in São Paulo. 5 Violence in public spaces usually has an unknown aggressor, while those occurring in the victim's or aggressor's residence are probably known, since, in these Violence occurs because the majority of the author has a relationship of trust with the victim 2, 5, 12, 21, 5,6. However, there is also the possibility that unknown perpetrators invade women's homes to commit libidinal acts. 5,6

The place of occurrence of the sexual aggression evidenced in the study was in metropolitan region and capital of the State. It is likely that there are a number of factors that influence the reduction of the demand for support services located in the capital by women victims of sexual violence living in the interiors. They are: the existence of specialized services or teams prepared to serve women victims of violence, That the Unified Health System (UHS) covers the regionalization of health services; the creation of Technical Standard22: prevention and treatment of diseases resulting from sexual violence against women and adolescents, which guides the target population in health services; The embarrassment and the issue of the fear of exposure by the victim, and the displacement to another municipality.

It was found that the most frequent form of sexual violence was by vaginal intercourse, a result similar to that found in other studies. 5,6,24 The type of sexual exposure (vaginal, oral, anal) can cause several damages to psychological, and physical, since the victim may present potential risks for: psychological alterations of different degrees; The occurrence of unwanted pregnancies; Sexually Transmitted Infections/STI; Problems with their sexuality. Early contact with the health service is fundamental to promote the quality of care. 5 A woman who is sexually victimized, in addition to drug treatment, requires the reception of a professional or a team qualified to provide comfort and listen to her anguishs and fears 6, so that the possible damages are minimized.

Regarding the form of intimidation, the study evidenced that the physical strength associated with threats, was used more frequently to intimidate and coerce women. Some studies have shown isolated physical force or serious threat as the aggressor's approach to the victim. 5,14 It is important to emphasize that these forms of approaches may be associated with the paradigm established by society that the male figure is stronger than the female. Another hypothesis that may also clarify the problem described above is the creation of the Disarmament Statute in 2005, which favored the reduction of the circulation of firearms 6 to the present day.

As to alcohol and/or drug consumption by the aggressor and/or the victim at the time of the aggression, it was identified in this study that the vast majority of women who were victims of SV had not consumed any alcoholic and/or illicit substances on the day of aggression. However, in contrast, there was a significant amount of reports about the victim's perception of the use of alcohol and/or drugs by the aggressor at the time of the violence. Several researches show that there is a close link between alcohol/drug use and the practice of violent acts. 5,16 Abusive ingestion of these psychoactive substances pose a risk for man to commit offenses such as criminal acts, and increase vulnerability of the woman to become a victim of sexual violence 16, because these substances have an euphoric and also numbing action, and can lead to amnesia among the users. Several aggressors use drugs as a sexual stimulant. The main drugs consumed to have this effect are: crack/cocaine, opiates, ecstasy among others 5. However, it is not possible to defend exclusive association of the harmful use of psychoactive drugs to criminal practices, especially, to the libidinous acts of the male population, since crime is an abstract and multifactorial event. 16

It is important to note that there was a limitation of the study, since the lack of systematization of the medical records by the professionals, and some incomplete information, did not invalidate the findings, but rather required careful interpretation of the data, especially Related to the time of the occurrence of violence and the relation of the use of alcohol / drugs by the aggressor at the moment of the aggression.

Before starting the data discussion, it is relevant to show that the mean number of admissions of the cases suggested.
CONCLUSION

This study made it possible to describe the profile of sexual violence against women assisted in a women’s support service, showing the following characteristics: brown women, aged between 20 and 49 years, single, Catholic, with a reasonable level of education (≥nine years 11 years of study) and defined professional occupation.

Much of the violence occurred in Recife and in the metropolitan region of the state, especially at night time, on public roads, and had as an unknown offender, who, under the influence of alcohol and/or drugs, used the associated physical force, of threats, to commit sexual aggression, mainly of the vaginal type, against these women.

These results should support specific actions with a focus on assisting women victims of sexual violence with articulation between the social, legal, educational and health spheres in order to provide integrated, holistic and resolutive assistance.

In order to qualify care for the female population victims of sexual violence, the study recommends that the subject be inserted in the academic training, so that the health professional, especially the nurse, understands the extent of the problem, and is prepared to approach this Specific population, since there are several entrance doors for women victims of violence to seek support.

Other studies must be carried out, due to the multifactorial nature of this aggravation, in order to understand the relevance of this type of violence in the lives of women, so that strategies are designed to reduce this type of violence.

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Profile of sexual violence against women...

m/index.php/revista/article/download/4720/pdf_6273

Submission: 2016/02/17
Accepted: 2016/04/11
Publishing: 2017/05/15

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J Nurs UFPE on line., Recife, 11(Suppl. 5):2106-15, May, 2017